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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
Vacant (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, JULY 20, 2022

**MHSA ADMINISTRATION BUILDING
2001 NORTH GAREY AVENUE, POMONA, CA
5:00 P.M.**

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. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. If you wish to speak on a matter that is not on the agenda, you will be given the opportunity to do so at the Public Comment section.

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

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

CALL TO ORDER

Chair Leano calls the meeting to Order.

ROLL CALL

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

POSTING OF AGENDA

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

CONSENT CALENDAR**1. APPROVAL OF MINUTES FROM THE JUNE 15, 2022 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of June 15, 2022.”

2. CONSIDERATION OF RESOLUTION NO. 662 CONTINUING THE TEMPORARY EXPANSION OF VACATION AND COMPENSATORY CASH OUT POLICY AND PROCEDURE NO. I.17 THROUGH JUNE 30, 2023

Recommendation: “A motion to adopt Resolution No. 662 continuing the Temporary Expansion of Vacation and Compensatory Cash-Out Policy No. I.17 through June 30, 2023.”

3. CONSIDERATION OF RESOLUTION NO. 663 ADOPTING REVISED ON-CALL POLICY AND PROCEDURE NO. II.20 EFFECTIVE JULY 21, 2022

Recommendation: “A motion to adopt Resolution No. 663 establishing the revised On-Call Policy and Procedure No. II.20, effective July 21, 2022.”

NEW BUSINESS**4. AUTHORIZATION TO NEGOTIATE T-MOBILE ENTERPRISE ADOPTION**

Recommendation: “A motion to authorize the Executive Director to negotiate terms for the transfer of all Tri-City mobile lines to T-Mobile, contingent on agreeable terms.”

5. APPROVAL OF RESOLUTION NO. 664 ADOPTING THE PROPOSED OPERATING BUDGET AND CASH FLOW BUDGET FOR FY 2022-23

Recommendation: “A motion to approve Resolution No. 664 adopting Tri-City’s FY 2022-23 Operating Budget and Cash Flow Budget.”

6. ELECTION OF VICE CHAIRPERSON AFTER A VACANCY EXISTS

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

MONTHLY STAFF REPORTS

7. **RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT**
8. **DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
9. **LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**
10. **SEYYAM TEIMOORI, MEDICAL DIRECTOR REPORT**
11. **DANA BARFORD, INTERIM DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
12. **NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**
13. **KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT**

Recommendation: “A motion to receive and file the month of July 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 may at this time speak regarding any Tri-City related issue, provided that no action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

ADJOURNMENT

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, August 17, 2022 at 5:00 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE GOVERNING BOARD JUNE 15, 2022 – 5:00 P.M.

The Governing Board met on Wednesday, June 15, 2022 at 5:30 p.m. in the La Verne City Hall Council Chambers, 3660 “D” Street, La Verne, California.

CALL TO ORDER Chair Leano called the meeting to order at 5:30 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
Ronald T. Vera, City of Claremont, Board Member

ABSENT: Elizabeth Ontiveros-Cole, City of Pomona, Board Member

STAFF: Rimmi Hundal, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Interim Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Ken Riomales, Chief Information Officer
Mica Olmos, JPA Administrator/Clerk

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 Lantz seconded, to approve the Consent Calendar. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

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

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

AGENDA ITEM NO. 1

2. APPROVAL OF MINUTES FROM THE MAY 18, 2022 GOVERNING BOARD AND MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board and Mental Health Commission Regular Joint Meeting of May 18, 2022.”

3. CONSIDERATION OF APPROVAL OF RESOLUTION NO. 658 ADOPTING REVISED JOB DESCRIPTION FOR THE DIRECTOR OF MENTAL HEALTH SERVICES ACT AND ETHNIC SERVICES POSITION EFFECTIVE JUNE 15, 2022

Recommendation: “A motion to approve and adopt Resolution No. 658 Revising the Job Description for the Director of MHSA and Ethnic Services Position.”

NEW BUSINESS

4. CONSIDERATION OF AWARDING COMMUNITY WELLBEING GRANTS FOR FISCAL YEAR 2022-23 UNDER THE COMMUNITY CAPACITY BUILDING PROJECT OF THE PREVENTION AND EARLY INTERVENTION (PEI) PLAN

Board Member Lantz recused from the meeting citing that she has relationships with a variety of these community groups, including God's Pantry, Just Us 4 Youth, Pomona Hope, and Purpose Church, noting that she also receives remuneration from some of these organizations.

Executive Director Hundal reported that Tri-City received this year 36 applications, out of which 13 are being presented to the Governing Board for its approval to award funding; that these are the Community Wellbeing Grants that are awarded annually; that communities can apply for grants for up to three years for up to \$10,000; that this year, Tri-City is awarding average of \$6,500; that these CWG are budgeted under PEI; and that based on the information presented, staff is asking for approval of the Community Wellbeing Grants.

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

There being no comment, Board Member Nolte moved, and Board Member Vera seconded, to award thirteen Community Wellbeing Grants totaling \$79,600.00 to be funded under the PEI Plan in FY 2022-23. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: Board Member Lantz. ABSENT: Board Member Ontiveros-Cole.

5. CONSIDERATION OF RESOLUTION NO. 659 AUTHORIZING THE EXPENDITURE OF \$767,000 FROM ITS CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PLAN FUNDS TO IMPLEMENT SEVERAL TECHNOLOGY PROJECTS

Chief Information Officer Riomales reported that this item represents a CFTN Plan that was presented to stakeholders approximately six weeks ago; that it has gone through a 30-day public posting for review; and just recently the Mental Health Commission approved it for presentation to the Governing Board; and that this Plan encompasses multiple projects in the technology sector for Tri-City involving optimization and keeping up with technology needs in order to maintain current our operational needs, as it relates to technology.

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 Lantz seconded, to adopt Resolution No. 659 authorizing the Expenditure of \$767,000 from its CFTN Plan Funds to implement several technology projects. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

6. CONSIDERATION OF RESOLUTION NO. 660 AUTHORIZING AN AGREEMENT WITH SYRACUSE UNIVERSITY, IN AN AMOUNT NOT TO EXCEED \$313,264, FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES PROJECT EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2025

MHSA Program Manager Barford reported that the Agreement is the final piece to be able to implement the PADs (Psychiatric Advance Directives) Project beginning July 1st; that Syracuse University is going to act as the fiscal intermediary between the seven different counties that are part of this collaborative, noting that they will oversee all of the subcontractors that will be working on this project, handling the finances, ensuring that all the forms are correct, and that all of any regulations are met; thus, staff was asking for the Governing Board to approve this Agreement.

Board Member Vera referred to 17 of 19 under the Statement of Work, stating he noticed that the total cost for contracts for three years is of \$272,404, which is less than the \$313K that the Governing Board will be approving. MHSA Program Manager Barford explained that the total cost for Syracuse will be \$40,860, that for all sub-contracts is \$272,404, and together they add up to \$313,264.

Chair Leano inquired about the need to have an intermediary as the fiscal agent, as opposed to just the counties receiving the funds and then administrating the project. MHSA Program Manager Barford replied that the project is through a collaborative; thus, it is preferred that someone will be handling the money rather than each of the counties having to engage the subcontractors and paying them directly; that the counties want to do this together as a collaborative, and with each of the county's input and with our project manager, the funds will be distributed through the intermediary.

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

There being no comment, Board Member Vera moved, and Board Member Cockrell seconded, to adopt Resolution No. 660 authorizing the Executive Director to execute an Agreement with Syracuse University, in an amount not to exceed \$313,264 for the development and implementation of the Multi-County Psychiatric Advance Directives (PDAs) effective July 1, 2022 through June 30, 2025. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

7. CONSIDERATION OF RESOLUTION NO. 661 AUTHORIZING THE FIRST AMENDMENT TO THE AGREEMENT WITH PRIORITY BUILDING SERVICES, LLC FOR JANITORIAL SERVICES

Chief Financial Officer Acosta indicated that Tri-City entered into a lease for some additional space at the Royalty building; that this is an amendment to add janitorial services to this suite, noting that the Governing Board awarded the contract to Priority Building Services back in July 2021 and this amendment increases janitorial services.

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

There being no comment, Board Member Cockrell moved, and Board Member Nolte seconded, to adopt Resolution No. 661 Authorizing the Executive Director to execute the First Amendment to the Agreement with Priority Building Services, LLC for Janitorial Services. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

MONTHLY STAFF REPORTS

8. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

Executive Director Hundal reported that during her first two weeks as the new Executive Director she has attended both the Claremont and the La Verne Council Meetings where she had the pleasure of being introduced; that she also attended two public meetings in Pomona and has introduced herself to community members; and that based on the article that came out in the Claremont courier, she has received several calls from community members congratulating her, and pointed out that it has been a very humbling experience. She then reported that Tri-City staff has formed a social committee; that Chief Information Officer Riomales has taken the lead, and the first meeting took place last month, noting that its purpose is to build a stronger community within our agency because the past two years have been difficult for Tri-City staff; that staff lost touch with each other and we are trying to see each other and building those relationships again. She then said that during the last month, there were seven new hires and three separations; that she has getting to know what each department head and their department does; and that she has asked staff to invite her to their staff meetings so that she can meet with them in person instead of just sending an email.

Vice Chair Carder commented that she was very thrilled that Ms. Hundal is the new Executive Director, pointing out that it is the end of a wonderful time for her since she was stepping down from the Governing Board; she then congratulated Ms. Hundal and stated that she meet Ms. Hundal's children during the La Verne City Council meeting and they were adorable.

Chair Leano, also congratulated Executive Director Hundal; and then inquired where the agency is right now with regards to staffing, what is our deficit, and what are we doing solve this issue.

Executive Director Hundal stated that things are getting better; that more people are applying for jobs at Tri-City; that in the next six months she is planning to build relationships with local colleges and universities that are producing mental health professionals so that they can intern with Tri-City and also apply for jobs here. Chief Clinical Officer Renteria added that staffing seems to be stabilizing on the clinical teams, which is good news because we can then provide the services that we all are here to do and support, and pointed out that we are still short staffed in the Access-to-Care team, which is the entry way to Tri-City's programming, noting that it is little troubling; however, overall in the clinical side there have been more hires than resignations, citing the action of Board in approving a new clinical salary structure put Tri-City on the right track.

Chair Leano sought clarification regarding the Access-to-Care team. Chief Clinical Officer Renteria explained that they are the clinicians that do the intake and assessments when people are coming into care, noting that right now there is only one staff member in the team whom is doing well and other teams are helping; that the Children's team is very solid and almost completely filled and the Adult team is about two thirds of the way, which is a lot of progress.

9. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta reported that on the onset of the pandemic staff had anticipated that Tri-City's Mental Health Services Act revenues would take a significant dip in FY 2022-23; however, last year we experienced a small increase because of the delay in tax return filings; and this year, as of yesterday, Tri-City received another remittance and have exceeded our projected revenues of \$12.6 million; that we have received \$17.4 million, which is almost \$4.5 million dollars in excess of what we had originally projected. She then announced that Tri-City has received approval from the City of Pomona to move forward with our Therapeutic Community Garden upgrade; and that in the next couple of months she will present to the Board for approval an agreement for a contractor after we issue an RFP.

Board Member Vera stated that it seems that Tri-City will have \$25 million to carry carryover in addition to our reserves, and inquired if this amount does not include the anticipated revenues that we are going to receive in the next fiscal year from the state. Chief Clinical Office replied in the affirmative, noting that it is just an estimate as of the end of this fiscal year with just a couple weeks away. Board Member Vera further inquired if there was any danger of any of that money having to go back because it is not spent. Chief Financial Officer replied in the negative, stating that there is no risk of reversion. Board Member Vera requested that maybe during the next meeting she could explain how that money is going to be spent over the next couple of years in our communities. Chief Financial Officer replied in the affirmative, and pointed out that because we were anticipating some excess dollars, we brought forth a request to transfer some money from CSS to one-time projects under CFTN.

Discussion ensued regarding the excess \$4 million dollars; and about the process to determine how this money can be spent; and about the stakeholder process.

10. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria reported that Tri-City's Therapeutic Community Garden team is fully staffed, noting that this was a program that was suspended and has started it again; that to address the flow of clients coming into the adult program, which was one of the most impacted by the staffing shortages, it was decided to have our TAY, Transition Age Youth, be served in the Children's clinic since we already had our First Episode Psychosis Program and the Transition Age FSP program already in that clinic, to provide some relief which resulted in being able to make the caseloads more manageable across the teams. She then reported that we had recently concluded the last of our stakeholder engagement meetings for both our Mental Health Student Services Act (MHSSA) and our Mobile Crisis Unit (MCU) meetings involving law enforcement, schools, and community members; that staff is putting a report with their input about what to do with his program; and that we will start our first meeting of our planning collaborative next week to start looking at the data and decide how we are going to use those funds to enhance care.

Discussion ensued regarding the stakeholder meetings for the MHSSA and MCU grants.

11. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Executive Director Hundal stated she would answer any questions regarding Dr. Teimoori's report since he was not in attendance. There were no questions from the Board.

12. VACANT, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Executive Director Hundal reported that June is pride month and the Rainbow Advisory Council, which is Tri-City's LGBTQ+ advisory council, is hosting on June 22nd the webinar 'starting the conversation' regarding how to support social inclusion in LGBTQ+ communities, noting that it will provide an overview on how to foster safe, affirming, and welcoming conversations with LGBTQ+ individuals and families; that our African American Wellness Advisory Council partnered with our local NAACP Pomona Valley and hosted an informational booth on June 14th and 15th, to bring awareness to the history of Juneteenth and why we celebrate the emancipation of enslaved African Americans; that the Wellness Center hosts a talent show every year for our clients and it took place again this year, which featured local participants who performed a variety of music, art and poetry selection; and that several Wellness Center staff volunteered to participate in this year's NAMI Walk, noting that organizers for the event expressed gratitude to staff for attending and supporting this important annual event because we are not allowed yet to do community events and staff participation was on a voluntary basis.

13. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart reported she would talk about Tri-City's internal compliance program, and provided the definition, the origin, and evolution of health care compliance and its correlation with Tri-City's internal program and processes. She explained that health care compliance is the practice of ensuring adherence to laws and regulations that govern healthcare compliance which are rooted in ethics; pointing out that everything is based with the goal of ensuring client safety, equity, confidentiality, and integrity. She then discussed the risks of non-compliance, which can result in patient care risk for unsafe practices; there could be fines and penalties to our Tri-City and to our providers individually; Tri-City's reputation can be damaged; and productivity can decrease. Therefore, striving to meet and maintain compliance, Tri-City can assure patient safety; provide security for its revenue; and to have a stable reputation and credibility with its community, stakeholders, clients, and its regulatory agencies; also client and staff morale and confidence increases because they know that processes are in place to ensure compliance; and provided real life examples of what compliance monitors on a day-to-day basis such as making sure that informed consents from client and participants are obtained and that the right person consents for services that we provide; that the medication room meets and maintains standards; that medications are stored and destroyed in the proper manner and time; that client and participant information is protected and is only used and disclosed in the proper manner; that clients are receiving services within the parameters of industry 'standards of care'; that service providers have the right credentials and are eligible to provide services; or that billed services have the right detail and the proper supporting documentation. She then talked about the regulatory bodies of compliance at the federal, state, and county level, pointing out that there are several levels and layers of regulatory bodies that oversee compliance. She also provided a brief history of compliance which got its origins during the civil war when the False Claims Act was established in 1863 which has grown and there been several amendments throughout the years and grew to several different other laws regarding referrals, healthcare fraud, HIPAA (Health Insurance Portability and Accountability Act), and more recently the Affordable Care Act in 2010

which declared that any provider of MediCal or MediCare services must establish a compliance program and have internal governance over the compliance activities. She explained that Tri-City's Best Practices Division began in 2008 when the Quality Assurance Team was re-established which focused on quality claiming, patient care, and billing; then in 2012, the department grew to the Data and Outcomes Division to support the MHSA reporting and performance outcomes; then Quality Improvement was created in 2015; and in 2018, the formal Compliance Program was established and she was appointed the Chief Compliance Officer; therefore, under the umbrella of the Best Practices Department there is compliance oversight, quality assurance, quality improvement, data analytics, and HIPAA Privacy, noting that in 2021 the Best Practices Department assumed the responsibility of HIPAA compliance and she became the HIPAA Privacy Officer and now works with the IT Department that oversees the HIPAA security piece. She then talked about the Best Practices Department current priorities that include the onboarding a new Electronic Health Record (workflow compliance and procedural policy); access to care (removing barriers and ensure access at any point of entry into the system); CalAIM (MediCal redesigned); Telehealth and HIPAA (new laws coming on board); and indicated that as new trends and new programs are established, priorities shift. She then talked about internal compliance and how staff navigate and oversee compliance which is triggered by a mandate or regulation, new program or service, an operational change, or a trend or initiative; then conducts research of the laws and regulations; then processes are developed and implemented; then adoption of policies and procedures take place; and then train and educate staff; lastly, we monitor and report outcomes to make sure the compliance that was established is maintained. She noted that there is also second layer of compliance for when there is a risk that has been identified, which is investigated; its severity is assessed; that the severity of risk can be low, moderate, or high level risk; that an internal finding report is prepared and submitted to the executive director, the executive team, and the appropriate leadership staff; and enforce a plan of correction. She also explained that there are times when staff has to report externally, such as when there is a HIPAA violation; and discussed the various scenarios of reporting. She then reiterated that compliance laws and regulations are intended to maximize client and staff safety; to ensure that treatment is provided within the standards of care; to uphold confidentiality, the integrity of services that we provide, and the funds that we generate from the claims that we build; that non-compliance costs in client care, revenue reputation, productivity, and morale, etc.; that compliance is a continuous process because it is not only established, but it is also maintained, and that we want to make sure that the legal, ethical and professional standards are communicated, implemented, and always upheld throughout our agency at all times; and that almost everything that we do here at Tri-City has an associated regulation tied to it. Lastly, she stated that compliance is everyone's responsibility, that "*the best Defense is a good offense*" which is really having good and solid procedures and policies in place to stay ready at any given time to ensure compliance.

Board Member Vera commented that we forget how regulated healthcare is, in particular for Tri-City; that we are fortunate to have a good compliance program; that he likes the idea of calling it best practices; thanked Chief Compliance Officer Majors-Stewart for reminding us of what we have to do; and expressed gladness for Tri-City having a good compliance program in place.

14. KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT

Chief Information Officer Riomales reported that staff still going through Tri-City's EHR implementation with Cerner; that the go live date was originally anticipated on June 28th; that as the project progressed, it was deemed necessary to allow more time for greater success of the agency; and that August 16th is the new live date on the new system.

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 receive and file the month of July staff reports. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

PUBLIC COMMENT

Chair Leano announced he would briefly out of order for convenience sake and opened the meeting for public comment. There was no public comment.

GOVERNING BOARD COMMENTS

Chair Leano recognized Vice-Chair Robin Carter, indicating that this is her last meeting on the Governing Board of Tri-City Mental Health Authority.

Executive Director Hundal expressed sadness for Vice-Chair Carder's departure; she stated that she started working at Tri-City in 2008, and Vice-Chair Carder began to serve in the Governing Board in 2009; that her leadership has made Tri-City a better place; that she has always been so supportive of Tri-City staff and of the work they do; that her engagement with her community is just beyond praise, noting that she cared very much about La Verne; that she is such a strong leader; that she will be missed at Tri-City as a leader and as a friend. She then presented her with an award from Tri-City which read: "*successful is the person who leaves the world better than they found it. Robin, Tri-City is a better place because of your contribution. Thank you for your unwavering commitment and leadership.*" She also thanked Vice-Chair for her service and for the amazing work she did at Tri-City.

Board Member Lantz stated that she was the Chair when Vice-Chair Carder joined the Governing Board; that she joined at a very difficult time and she hit the ground running; that she has been such a great asset; that as the Board progressed, she became the leader and did a wonderful job; and that she will be sorely missed.

Board Member Cockrell stated that it has been a pleasure to serve on this Board with Vice-Chair Carder; and that, as a fellow La Vernite, she expressed gladness for Vice Chair Carder being such a big part of this.

Board Member Nolte stated that he has been on several boards, that and as a chairperson, Vice-Chair Carder was very professional and efficient; that he always felt the Board was in good hands and the public was being listened to; that her level of understanding of the subject matter was always top notch, and that if he ever felt a little bit behind on something, he knew Vice-Chair Carder make sure we were all informed; and expressed appreciation for her stellar board Chair.

Board Member Vera indicated that she has known Vice-Chair Carder since 1995; that when she says that she is going to do something, she will do it; that she is first and foremost collaborative, punctual, and dedicated to all what she did; that she has done so much for the community of La Verne; that the hours that she has put into have been on a volunteer time; that the way she interacts with staff is never demeaning and is always respectful to everyone; and that he just cannot say enough in terms of the quality of person that Vice-Chair Carder is. Lastly, he indicated that today is her wedding anniversary.

Vice Chair Carder indicated that today it was her 48th wedding anniversary.

Chair Leano thanked Vice-Chair Carder for running such a wonderful Board, noting that it was informative for him just watching her every month the way she went about her business; that he feels he has big shoes to fill; and presented her with flowers on behalf of the Board.

Chief Financial Officer Acosta wished Vice-Chair Carder happy anniversary; she then thanked her for her leadership and for always making her feel so comfortable; expressed appreciation for her support for Tri-City; and wished her the best on her next adventure.

Chief Compliance Officer Majors-Steward expressed appreciation for Vice-Chair Carder; she then read a quote from Maya Angelo: *“I’ve learned that people will forget you. They will forget what you said. People will forget what you did, but people will never forget how you made them feel.”*; that the “how you made them feel” part really stands out because of the caring and warm feelings that she always brought into the room when she entered it; thanked her for faithfully serving Tri-City’s board for many years and for always demonstrating enthusiasm and joy in her collaboration with staff to bring about the best outcomes for the work that we do and the clients we serve; she then shared that when Ms. Majors joined the executive team in 2015, she was welcomed right away by Vice-Chair Carder who always made her feel appreciated and valued since then; that Vice-Chair Carder’s positivity and warmth has always shined through, whether it’s a bright smile, or a kind compliment; and thanked her for her affirming remarks to show appreciation of Ms. Major’s efforts, noting that it meant so much to her; that she will truly be missed; and thanked her for many years of dedicated service and for making staff feel supported and valued; and wished her the the best.

Controller Bogle thanked Vice-Chair Carder for all her support, and expressed appreciation for watching her run the meetings and learning from a distance; he then shared a story when she helped staff during the RFP process to select an audit firm, and that he learned the perspective from the Board, noting that he appreciated her guidance and her efforts she put into that.

MHSA Projects Manager Barford stated that Vice-Chair Carder makes an impact without even realizing it; that when she does presentations before the Board, she would look at Vice-Chair Carder for reassurance because she would always project support which would allow her to keep going. She then shared a story of encouragement during a Public Hearing during a time when she was very nervous and Vice-Chair Carder helped calmed her down without realizing what she had done, and pointed out that Vice-Chair Carder does little things and has no idea of the impact and encouragement that she provides without even a word of encouragement..

Counsel Pieper stated that Vice-Chair Carder entered the Board in interesting times, and they both have been through many interesting times together; and expressed appreciation for all of the support and leadership that she gave, not only as Chair, but in those interesting times as they came out into the much brighter day that we are enjoying now; he then said that she had done a wonderful job and thanked her very much for all that she had done for the Board and for Tri-City.

Chief Clinical Officer Renteria stated that she did not get to work with Vice-Chair Carder very long, but that she is a person that can convey warmth through zoom and invite participation and engagement; and expressed appreciating for making her transition to Tri-City very warm and welcoming, and thanked her for her service.

Vice-Chair Carder shared that when she came to Tri-City 13 years ago, she did not know anything about mental health nor what Tri-City was about; that she was nervous because she did not know if she could really contribute; that former Executive Director Jesse Duff and Tony Navarro gave her an introduction to help her get up to speed; also that former Executive Director Toni Navarro shared with her that when she came on as Director, it was her leadership skills that were helping her move forward, noting that at that time she felt that she could contribute in that area. She then stated that she had learned so much from all staff; that she supports them and admires each and every one of them for what they do, noting that they were reaching out to our communities and making such a difference, especially during this time when we find more homeless and the mental illness issues; and that staff is needed and they are really making an impact on our communities. She also said that this was one of her favorite Boards to sit with because they enjoy each other and respect each other, and they also make a difference; and lastly, she said that everyone had touched her heart.

ADJOURNMENT

At 6:38 p.m., on consensus of the Governing Board its meeting of June 15, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, July 20, 2022 at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela P. Olmos, JPA Administrator/Clerk



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Kitha Torregano, Human Resources Manager

SUBJECT: Consideration of Resolution No. 662 Continuing the Temporary Expansion of the Vacation and Compensatory Cash-Out Policy and Procedure No. I.17, through June 30, 2023

Summary:

In response to continued growing economic concerns as a result of the pandemic and the national inflation, Tri-City is requesting to continue the temporary expansion of its Vacation Accrual Cash-Out provision as documented in the Personnel Rules and Regulations, Rule VI. Leave Benefits, Section 1F which temporarily increases the amount of hours that can be cashed out.

Background:

As part of our current Personnel Rules and Regulations, Rule VI. Leave Benefits, Section 1F: Vacation Accrual Cash Out, full-time, regular employees are allowed to cash-out up to a maximum of 80 hours of accrued vacation leave in a fiscal year provided that 40 hours of vacation accruals remain on the books after the cash-out. On October 21, 2020, Tri-City's Governing Board approved a temporary policy expanding the vacation cash-out policy to allow employees to cash out an additional 40 hours of vacation accruals and any compensatory leave accruals within the 2020-2021 Fiscal Year.

On July 21, 2021, Tri-City's Governing Board approved the extension of the temporary cash-out policy for the 2021-2022 Fiscal Year due to the impacts of the pandemic and increased employee utilization.

Again, Tri-City is requesting to extend the temporary cash-out policy. As Tri-City employees are essential workers and have been actively working throughout the pandemic to provide in-demand services for our communities, it is our continued hope that the temporary expansion of Tri-City's cash-out provision will provide employees more access to earned leave in an effort to meet any additional financial needs which have been impacted by the pandemic and present-day economics. By continuing the temporary cash-out policy, Tri-City can preserve staffing for workforce and community needs.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 662 Continuing the Temporary Expansion of the Vacation and Compensatory Cash-Out Policy and Procedure No. I.17, through June 30, 2023
July 20, 2022
Page 2

Fiscal Impact:

None. These are leave accruals that employees have already earned and does not increase the Agency's financial obligations.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 662 approving the continuation of the Temporary Expansion of Vacation and Compensatory Cash-Out Policy and Procedure No. I.17 effective July 1, 2022 through June 30, 2023.

Attachments

Attachment 2-A: Resolution No. 662 – Draft

Attachment 2-B: Revised Temporary Expansion of Vacation and Compensatory Cash Out Policy and Procedure No. I.17, effective 07/01/2022 – DRAFT

Attachment 2-C: Temporary Expansion of Vacation and Compensatory Leave Policy and Procedure No I.17 – ANNOTATED

RESOLUTION NO. 662

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY CONTINUING ITS POLICY AND PROCEDURE NO. I.17 –TEMPORARY EXPANSION OF THE VACATION AND COMPENSATORY CASH OUT– THROUGH JUNE 30, 2023

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) desires to continue its Policy and Procedure No. I.17, a Temporary Expansion of the Vacation and Compensatory Cash Out provision as documented in the Personnel Rules and Regulations, Rule VI. Leave Benefits, Section 1F, in an effort to meet any additional economic/financial needs that employees may be experiencing as a result of the COVID-19 pandemic.

B. The continuation of the temporary policy expansion would allow employees to cash out an additional 40 hours of vacation accruals and any compensatory time off accruals during Fiscal Year 2022–23.

2. Action

The Governing Board approves the continuation of its Temporary Expansion of the Vacation and Compensatory Cash Out Policy and Procedure No. I.17, and will remain in effect through June 30, 2023.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on July 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: _____



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 1 of 4
APPROVED BY: Governing Board Executive Director	SUPERCEDES: All Others	ORIGINAL ISSUE DATE: 10/21/2020 07/01/2021	RESPONSIBLE PARTIES: Finance Human Resources All Staff

1. PURPOSE

In continued response to the growing economic concerns as a result of the pandemic, Tri-City temporarily expanded its Vacation Accrual Cash Out provision as documented in the Personnel Rules and Regulations, Rule VI. Leave Benefits, Section 1F on October 21, 2020. As we have continued to move through the current pandemic and the State and Federal government have continued to extend their coronavirus emergency regulations, Tri-City would like to extend our current temporary vacation and compensatory leave provisions until June 30, 2023.

2. VACATION ACCRUAL CASH-OUT EXPANSION POLICY

- 2.1 Under this temporary expansion, employees will be allowed to cash out an additional 40 hours of vacation accruals, for a total of 120 hours, in the fiscal year.
- 2.2 Employees will still be required to maintain a vacation accrual balance of 40 hours in order to complete the cash-out request.

3. PROCEDURES

3.1 Eligibility Criteria for Vacation Accrual Cash-Out Expansion

3.1.1 Eligibility criteria for a vacation accrual cash-out are as follows:

- 3.1.1.1 The employee must be a regular, full-time employee who has completed his/her/their initial probationary period, if applicable.
- 3.1.1.2 A vacation accrual balance of 40 hours will remain following the completion of the cash-out request.
- 3.1.1.3 Employee has not exceeded a combined three vacation or compensatory cash-out requests in the current fiscal year.

4. COMPENSATORY ACCRUAL CASH-OUT EXPANSION POLICY

- 4.1 Under this temporary expansion, employees who hold a Compensatory Time Off (“comp”) accrual balance, i.e. full-time, exempt employees, will be allowed to cash out part or all of their comp accrual balance in the current fiscal year.



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 2 of 4
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- 4.2 There will be no remaining comp accrual balance required in order to complete the cash-out, however, employees must have a remaining balance of 40 hours of vacation to complete the comp leave cash-out request.
- 4.3 Employees will be allowed to cash out the entirety of their comp accrual balances if they choose.

5. PROCEDURES

- 5.1 Eligibility criteria for a compensatory accrual cash-out are as follows:
 - 5.1.1 The employee must be a regular, full-time, exempt employee, who has completed his/her/their initial probationary period, if applicable.
 - 5.1.2 A vacation accrual balance of 40 hours will remain following the completion of the cash-out request.
 - 5.1.3 Employee has not exceeded a combined three vacation or compensatory cash-out requests, in any combination, in the current fiscal year.

6. EXPIRATION, CAPS AND INCREMENTS

- 6.1 This policy is temporary and shall expire on June 30, 2023 at which time the vacation accrual cash-out provisions will return to those set forth in the current Personnel Rules and Regulations and the compensatory cash-out provision will cease.
- 6.2 Employees are not permitted to cash out more than 120 hours of vacation accruals during the fiscal year.
- 6.3 A maximum of three cash-outs, in any combination (i.e. vacation and/or compensatory), will be permitted in the current fiscal year.
- 6.4 Vacation and Comp Accrual Cash-Outs will be paid out at the base rate of pay plus bilingual incentive pay, if applicable.
- 6.5 Only full hour increments of accrued vacation and comp leave may be requested.
- 6.6 Approval of an employee's Vacation and Comp Cash Out request will be limited to time periods during which an adequate cash flow is available to Tri-City to accommodate potential requests by multiple employees as determined by the Chief Financial Officer.



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 3 of 4
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7. FORMS

- 7.1 Employees who meet the Eligibility Criteria for a vacation and/or compensatory accrual cash-out should complete and submit the Vacation and Comp Accrual Cash-Out Request Form available on Summit.
- 7.2 Human Resources and Finance will review the request form for approval or denial.
- 7.3 EXHIBIT A – Vacation and Comp Accrual Cash-Out Request Form

DRAFT

EXHIBIT A



VACATION & COMPENSATORY ACCRUAL CASH-OUT REQUEST FORM

EMPLOYEE NAME: _____ **DATE:** _____

DEPARTMENT: _____

TYPE OF CASH OUT: **VACATION** **COMPENSATORY** **BOTH**

The following requirements must be met in order to be eligible for a vacation accrual cash-out:

1. I am a full-time, regular employee.
2. I am a full-time, regular, **exempt** employee if cashing out comp accruals.
3. I have not cashed out more than 120 hours of vacation accruals during the current fiscal year (July 1 – June 30), or a combination of three total cash-outs of vacation or compensatory leave.
4. I will have a remaining vacation leave balance of 40 hours upon completion of the cash-out request.

I am requesting a vacation accrual cash-out for _____ hours.

I am requesting a compensatory accrual cash out for _____ hours.

NOTE: You may cash out vacation accrual hours in any increments up to 120 hours in a fiscal year or you may cash out the entirety of your compensatory accruals up to a combined maximum of three total vacation or compensatory cash-out requests in the fiscal year.

EMPLOYEE SIGNATURE: _____

FOR OFFICE USE ONLY

Items (1) and (2) below to be completed by Human Resources and Finance:

(1) Total Vacation Accrual Hours available at the end of the current pay period: _____

(2) Approval PAF completed on: _____

Review and Decision by Executive/Deputy Director:

Vacation/Compensatory Accrual Cash-out Request is: ___ approved. ___ denied.



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 1 of 6
APPROVED BY: Governing Board [ED signs here] Executive Director	SUPERCEDES: All Others	ORIGINAL ISSUE: 10/21/2020	RESPONSIBLE PARTIES: Finance Human Resources All Staff

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1. PURPOSE

In continued response to the growing economic concerns as a result of the pandemic, Tri-City temporarily expanded its Vacation Accrual Cash Out provision as documented in the Personnel Rules and Regulations, Rule VI. Leave Benefits, Section 1F on October 21, 2020. As we have continued to move through the current pandemic and the State and Federal government have continued to extend their coronavirus emergency regulations, Tri-City would like to extend our current temporary vacation and compensatory leave provisions until June 30, 2023.

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2. VACATION ACCRUAL CASH-OUT EXPANSION POLICY

- 2.1 Under this temporary expansion, employees will be allowed to cash out an additional 40 hours of vacation accruals, for a total of 120 hours, in the fiscal year.
- 2.2 Employees will still be required to maintain a vacation accrual balance of 40 hours in order to complete the cash-out request.

3. PROCEDURES

3.1 Eligibility Criteria for Vacation Accrual Cash-Out Expansion

3.1.1 Eligibility criteria for a vacation accrual cash-out are as follows:

- 3.1.1.1 The employee must be a regular, full-time employee who has completed his/her/their initial probationary period, if applicable.
- 3.1.1.2 A vacation accrual balance of 40 hours will remain following the completion of the cash-out request.
- 3.1.1.3 Employee has not exceeded a combined three vacation or compensatory cash-out requests in the current fiscal year.

4. COMPENSATORY ACCRUAL CASH-OUT EXPANSION POLICY

- 4.1 Under this temporary expansion, employees who hold a Compensatory Time Off ("comp") accrual balance, i.e. full-time, exempt employees, will be allowed to cash out part or all of their comp accrual balance in the current fiscal year.

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ATTACHMENT 2-C



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 2 of 4
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4.2 There will be no remaining comp accrual balance required in order to complete the cash-out, however, employees must have a remaining balance of 40 hours of vacation to complete the comp leave cash-out request.

4.3 Employees will be allowed to cash out the entirety of their comp accrual balances if they choose.

5. PROCEDURES

5.1 Eligibility criteria for a compensatory accrual cash-out are as follows:

5.1.1.1 The employee must be a regular, full-time, exempt employee, who has completed his/her/their initial probationary period, if applicable.

5.1.1.2 A vacation accrual balance of 40 hours will remain following the completion of the cash-out request.

5.1.1.3 Employee has not exceeded a combined three vacation or compensatory cash-out requests, in any combination, in the current fiscal year.

6. EXPIRATION, CAPS AND INCREMENTS

6.1 This policy is temporary and shall expire on ~~June 30, 2023~~ at which time the vacation accrual cash-out provisions will return to those set forth in the current Personnel Rules and Regulations and the compensatory cash-out provision will cease.

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6.2 Employees are not permitted to cash out more than 120 hours of vacation accruals during the fiscal year.

6.3 A maximum of three cash-outs in any combination (i.e. vacation and/or compensatory), will be permitted in the current fiscal year.

6.4 Vacation and Comp Accrual Cash-Outs will be paid out at the base rate of pay plus bilingual incentive pay, if applicable.

6.5 Only full hour increments of accrued vacation and comp leave may be requested.

6.6 Approval of an employee's Vacation and/or Comp Cash Out request will be limited to time periods during which an adequate cash flow is available to Tri-City to accommodate potential requests by multiple employees as determined by the Chief Financial Officer.

7. FORM



POLICY & PROCEDURE

SUBJECT: Temporary Expansion of Vacation and Compensatory Leave	POLICY NO.: I.17	EFFECTIVE DATE: 07/01/2022	PAGE: 3 of 4
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7.1 Employees who meet the Eligibility Criteria for a vacation and/or compensatory accrual cash-out should complete and submit the Vacation and Comp Accrual Cash-Out Request Form available on Summit.

7.2 Human Resources and Finance will review the request form for approval or denial.

7.3 EXHIBIT A – Vacation and Comp Accrual Cash-Out Request Form

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DRAFT

EXHIBIT A



VACATION & COMPENSATORY ACCRUAL CASH-OUT REQUEST FORM

EMPLOYEE NAME: _____ DATE: _____

DEPARTMENT: _____

TYPE OF CASH OUT: VACATION COMPENSATORY BOTH

The following requirements must be met in order to be eligible for a vacation accrual cash-out:

1. I am a full-time, regular employee.
2. I am a full-time, regular, **exempt** employee if cashing out comp accruals.
3. I have not cashed out more than 120 hours of vacation accruals during the current fiscal year (July 1 – June 30) or a combination of three total cash-outs of vacation or compensatory leave.
4. I will have a remaining vacation leave balance of 40 hours upon completion of the cash-out request.

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I am requesting a vacation accrual cash-out for _____ hours.

I am requesting a compensatory accrual cash out for _____ hours.

NOTE: You may cash out vacation accrual hours in any increments up to 120 hours in a fiscal year or you may cash out the entirety of your compensatory accruals up to a **combined** maximum of three total vacation or compensatory cash-out requests in the fiscal year.

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EMPLOYEE SIGNATURE: _____

FOR OFFICE USE ONLY

Items (1) and (2) below to be completed by Human Resources and Finance:

(1) Total Vacation Accrual Hours available at the end of the current pay period: _____

Review and Decision by Human Resources and Finance:

Vacation/Compensatory Accrual Cash-out Request is: ___ approved. ___ denied.

HR/Finance: _____ Dated _____

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Revised 07/20/2022



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Kitha Torregano, Human Resources Manager

SUBJECT: Consideration of Resolution No. 663 Adopting Revised On-Call Policy and Procedure No. II.20 Effective July 21, 2022

Summary:

As Tri-City has grown over the last decade, the need to revisit and revise the current On-Call Policy and pay structure has become apparent. Therefore, Tri-City is requesting approval to adopt the revised On-Call Policy in an effort to bring it into alignment with the current needs of the Agency, while also creating flexibility and accessibility to departments, programs and positions that were previously left out of the current policy.

Background:

The current On-Call Policy provides on-call pay, a stipend of \$2100 and \$2000 annually for participating employees and supervisors, respectively, within our Clinical Program. This policy was last revised on October 19, 2011. Since then, the need for on-call pay has spread across various departments within the Agency, such as Information Technology and Facilities, as well as non-licensed positions that are not included in the current policy as it is written.

Additionally, after researching on-call policies and the pay structures of similar agencies, it was proven that our stipend of \$2100 and \$2000 annually is out of alignment with the pay and structuring of pay of all of our surrounding Counties, which uses a percentage-based approach to provide more of an incentive to perform on-call duties. Therefore, in an effort to be competitive and provide a policy that can be utilized across departments, programs and positions, Tri-City has revised the current policy and presents it here for Governing Board approval.

The revised policy provides inclusivity of non-clinical departments and programs as well as non-licensure positions. It also brings into alignment and formalizes any other pay practices, such as the "after hours crisis supplemental pay" which has been historically maintained separately from our current on-call practices.

By adopting this revised On-Call Policy, Tri-City will not only be able to provide a competitive incentive for staff that participate in providing services for our community after normal business hours, but it will also create uniformity across the Agency for the payment of on-call.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 663 Adopting Revised On-Call Policy and Procedure No. II.20 Effective July 21, 2022
July 20, 2022
Page 2 of 2

Lastly, it will open the policy for utilization in departments that are non-clinical but may be called upon to perform essential, emergency services and functions outside of normal business hours.

Fiscal Impact:

None. This cost is accounted for in budgeted salaries and benefits across the Agency.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 663 approving the revised On-Call Policy and Procedure No. II.20 effective July 21, 2022.

Attachments:

Attachment 3-A: Resolution No. 663 – DRAFT

Attachment 3-B: Revised On-Call Policy No. II.20, Effective July 21, 2022 – DRAFT

Attachment 3-C: On-Call Policy No. II.20, – ANNOTATED

RESOLUTION NO. 663

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED ON-CALL POLICY AND PROCEDURE NO: II.20 EFFECTIVE JULY 21, 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 ("TCMHA" or "Authority") desires to update its On-Call Policy and Procedure No. II.20, to bring it into alignment with the current needs of the Agency and to create flexibility and accessibility to departments, programs and positions, which were not included in the policy when it was first established.

B. Tri-City Policies are routinely reviewed and updated in order to have congruency with current regulations, mandates, and processes.

2. Action

The Governing Board approves the Authority's revised On-Call Policy and Procedure No. II.20, effective July 21, 2022, replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on July 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:_____



POLICY & PROCEDURE

SUBJECT: On-Call Policy	POLICY NO.: II.20	EFFECTIVE DATE: 07/21/2022	PAGE: 1 of 3
APPROVED BY: Governing Board Executive Director	SUPERCEDES: All Others	ORIGINAL ISSUE DATE: 01/01/1998 10/19/2011	RESPONSIBLE PARTIES: Executive Director All Applicable Department Heads

1. PURPOSE

Staff may be required to serve in an on-call capacity to provide appropriate staff coverage for unforeseen circumstances, emergencies/crises or general service needs of consumers or the Agency outside of regular business hours. Staff, where applicable, may also be required to provide on-call supervision, where qualifications allow, or report to work after the end of the employee's regularly scheduled work shift and before the beginning of their next scheduled shift.

2. POLICY

- 2.1 It is the policy of Tri-City to assign staff to provide on-call coverage and to provide payment for such hours worked as necessitated by consumer and Agency service needs. Departments requiring on-call coverage shall be designated by the respective Department Director.
- 2.2 This policy shall supersede any previous on-call or after-hours supplemental crisis pay policies, practices or procedures.
- 2.3 All pay provided under this policy shall be compensated only for the time actually worked in the assigned on-call capacity unless expressly provided otherwise.
- 2.4 On-call pay shall not apply to any leave time unless expressly provided. Employees must be in a paid status to receive on-call pay.
- 2.5 Rates established under this policy shall apply to exempt and non-exempt staff.

3. PROCEDURES

To properly staff and pay for on-call hours worked, the following procedures will be followed:

3.1 On-Call Duty – Assignment

- 3.1.1 On-call duty shall be assigned to affected staff to meet the needs of the Agency on a mandatory rotating basis at the discretion of the respective Department Head or Manager.



POLICY & PROCEDURE

SUBJECT: On-Call Policy	POLICY NO.: II.20	EFFECTIVE DATE: 07/21/2022	PAGE: 2 of 3
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3.1.2 An on-call supervisor will be available at all times for consultation and back up where required or applicable due to licensure, regulatory or procedural requirements.

3.1.3 For Clinical on-call assignments, either the on-call supervisor or the employee assigned to the on-call duty must be a licensed mental health professional and LPS designated to write involuntary 5150/5585 72 hour holds.

3.1.4 The applicable Department Head or his/her/they designee will ensure that an additional supervisor or consultation is available to on-call staff at all times through their own availability or via a designee, where required by licensure, regulatory requirements or otherwise.

3.2 On-Call Duty – Compensation. The agency must have staff on-call and available to respond to the needs of any consumer enrolled for services, or any potential consumer for whom an intake appointment has already been scheduled, or any Agency staff that require after hours assistance for Governing Board, commission and stakeholder meetings, etc. Rates established under this policy shall apply to exempt and non-exempt staff.

3.2.1 Standby Rate. An employee or supervisor who is assigned to on-call duty, shall be compensated in the form of \$6.00 per hour for each full or partial hour of duty while on standby. The compensation shall cease when the employee takes a phone call, reports to the field, reports to work for their regularly scheduled work shift, or the on-call assignment ceases. Compensation shall resume at the completion of the phone call or field rate.

3.2.2 Phone Call Rate. An employee or supervisor who is assigned to on-call duty and takes a phone call shall be paid at time and one-fourth (1 ¼) the base rate of pay for each full or partial hour spent on an actual consumer, potential consumer or customer call. The compensation shall cease when the employee completes the call, reports to the field, or resumes standby status. Compensation shall resume at the completion of the phone call or field visit.

3.2.3 Field Rate. An employee or supervisor who is assigned to on-call duty and is unable to complete their work via a phone or virtual call, will be physically called back to work to perform a field visit. An employee on on-call duty who performs a field visit or is called back to work (i.e. reports physically) and is not part of a regular work shift shall be paid a minimum credit of four (4) hour's work at time and one-half (1½) the



POLICY & PROCEDURE

SUBJECT: On-Call Policy	POLICY NO.: II.20	EFFECTIVE DATE: 07/21/2022	PAGE: 3 of 3
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employee/supervisor's base rate of pay. All field visits or physical call-back work shall be compensated at time and one-half (1 ½) the base rate of pay. If the employee should complete the field visit or field work required, and subsequently be recalled, either physically or remotely, during the minimum credit period, the employee shall not be entitled to additional compensation until the minimum credit period has expired.

3.3 Responsibilities. Employees and supervisors with an on-call duty assignment are subject to the following requirements:

- 3.3.1** Will be required to carry an Agency assigned cell phone for contact by the Agency or consumers as the need arises. Upon being contacted, the employee shall immediately, or within 15 minutes, answer the phone and, if necessary, physically respond to the necessary venue within one hour, or by a specific time pursuant to operational requirements established by the employee's department/program.
- 3.3.2** Where applicable and the department or program requires, ff the on-call staff in order to respond appropriately to the after hours needs must go out into the field (jail, hospital, residence, etc.), the on-call staff member must notify the on-call supervisor prior to leaving for the field. When the work performed in the field is completed, the on-call staff must again contact the on-call supervisor to inform the person that he/she/they are no longer in the field.
- 3.3.3** Where applicable and the department or program requires, The on-call employee must appropriately contact the on-call supervisor when performing on-call responsibilities.
- 3.3.4** During on-call duty, the assigned employee shall not be restricted in movement and/or activities and may effectively use on-call standby time for his/her/their personal purposes, provided that he/she/they can immediately answer a call and respond appropriately. However, the employee must refrain from intoxicants or other activities which might impair the ability to perform assigned duties; and
- 3.3.5** Notify the on-call supervisor or the employee's supervisor immediately if the employee is unable to be on-call due to an unforeseen emergency.
- 3.3.6** If an employee fails to appropriately answer and respond to a call, he/she/they may be subject to disciplinary action.



Policy & Procedure

SUBJECT: TRI-CITY Mental Health On-Call Policy	POLICY NO.: XXX	EFFECTIVE DATE: <u>07/20/2022</u>	PAGE: 1 of 3
APPROVED BY: Executive Director	SUPERCEDES:	ORIGINAL ISSUE DATE: 01/01/1998	RESPONSIBLE PARTIES: Executive Director <u>All Applicable Department Heads</u>



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PURPOSE

1.1 Staff may be required to serve in an on-call capacity to provide appropriate staff coverage for unforeseen circumstances, emergencies/crises or general service needs of consumers or the Agency outside of regular business hours. Staff, where applicable, may also be required to provide on-call supervision, where qualifications allow, or report to work after the end of the employee's regularly scheduled work shift and before the beginning of their next scheduled shift.

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POLICY

2.1 It is the policy of Tri-City to assign staff to provide on-call coverage and to provide payment for such hours worked as necessitated by consumer and Agency service needs. Departments requiring on-call coverage shall be designated by the respective Department Director.

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2.2 This policy shall supersede any previous on-call or after-hours supplemental crisis pay policies, practices or procedures.

2.3 All pay provided under this policy shall be compensated only for the time actually worked in the assigned on-call capacity unless expressly provided otherwise.

2.4 On-call pay shall not apply to any leave time unless expressly provided. Employees must be in a paid status to receive on-call pay.

2.5 Rates established under this policy shall apply to exempt and non-exempt staff.

PROCEDURES

To properly staff and pay for on-call hours worked, the following procedures will be followed:

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3.1 **On-Call Duty – Assignment**



SUBJECT:
On-Call Policy

POLICY NO.:

EFFECTIVE DATE:
07/20/2022

PAGE:
2 of 3

Policy & Procedure

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3.1.1 On-call duty shall be assigned to affected staff to meet the needs of the Agency on a mandatory rotating basis at the discretion of the respective Department Head or Manager.

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3.1.2 An on-call supervisor will be available at all times for consultation and back up where required or applicable due to licensure, regulatory or procedural requirements.

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3.1.3 For Clinical on-call assignments, either the on-call supervisor or the employee assigned to the on-call duty must be a licensed mental health professional and LPS designated to write involuntary 5150/5585 72 hour holds.

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3.1.4 The applicable Department Head or his/her/they designee will ensure that an additional supervisor or consultation is available to on-call staff at all times through their own availability or via a designee, where required by licensure, regulatory requirements or otherwise.

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3.1.4

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Deleted: or back up for the on-call supervisor or, if the on-call supervisor is unavailable, for any

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3.2 On-Call Duty – Compensation

The agency must have staff on-call and available to respond to the needs of any consumer enrolled for services, or any potential consumer for whom an intake appointment has already been scheduled, or any Agency staff that require after hours assistance for Governing Board, commission and stakeholder meetings, etc. Rates established under this policy shall apply to exempt and non-exempt staff.

Deleted: On-call compensation is determined by the on-call program and capacity.

3.2.1 **Standby Rate.** An employee or supervisor who is assigned to on-call duty, shall be compensated in the form of \$6.00 per hour for each full or partial hour of duty while on standby. The compensation shall cease when the employee takes a phone call, reports to the field, reports to work for their regularly scheduled work shift, or the on-call assignment ceases. Compensation shall resume at the completion of the phone call or field rate.

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Deleted: supervisor rotation shall be compensated in the form of a flat dollar amount of \$2,000 per year.

3.2.2 **Phone Call Rate.** An employee or supervisor who is assigned to on-call duty and takes a phone call shall be paid at time and one-fourth (1 ¼) the base rate of pay for each full or partial hour spent on an actual consumer, potential consumer or customer call. The compensation shall cease when the employee

Deleted: <#>Rate. . . When an on-call employee or supervisor is called upon to perform work after hours the following reimbursements shall apply: ¶ <#>If an employee or supervisor performs the on-call duties from his/her home via telephone, or leaves his/her home to travel to another venue, the employee or supervisor shall be reimbursed at the regular overtime/compensatory hours rate for their job classification status (i.e., exempt or non-exempt). ¶



SUBJECT: On-Call Policy	POLICY NO.:	EFFECTIVE DATE: 07/20/2022	PAGE: 3 of 3
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Policy & Procedure

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completes the call, reports to the field, or resumes standby status. Compensation shall resume at the completion of the phone call or field visit.

3.2.3 **Field Rate.** An employee or supervisor who is assigned to on-call duty and is unable to complete their work via a phone or virtual call, will be physically called back to work to perform a field visit. An employee on on-call duty who performs a field visit or is called back to work (i.e. reports physically) and is not part of a regular work shift shall be paid a minimum credit of four (4) hour's work at time and one-half (1 ½) the employee/supervisor's base rate of pay. All field visits or physical call-back work shall be compensated at time and one-half (1 ½) the base rate of pay. If the employee should complete the field visit or field work required, and subsequently be recalled, either physically or remotely, during the minimum credit period, the employee shall not be entitled to additional compensation until the minimum credit period has expired.

3.3 Responsibilities

3.3.1 **Employees and supervisors** with an on-call duty assignment **are subject to the following requirements:**

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3.3.1.1 **Will** be required to carry an Agency assigned cell phone for contact by the Agency **or consumers** as the need arises. Upon being contacted, the employee shall immediately, **or within 15 minutes**, answer the phone and, if necessary, physically respond to the necessary venue within one hour, **or by a specific time pursuant to operational requirements established by the employee's department/program.**

3.3.1.2 **Where applicable and the department or program requires, ff** the on-call staff in order to respond appropriately to the after hours needs must go out into the field (jail, hospital, residence, etc.), the on-call staff member must notify the on-call supervisor prior to leaving for the field. When the work performed in the field is completed, the on-call staff must again contact the on-call supervisor to inform **the person that he/she,they are** no longer in the field.

Deleted: <#>During the on-call duty, the assigned employee shall not be restricted in movement and/or activities and may effectively use on-call time for his/her personal purposes, provided that he/she can immediately answer a call and respond appropriately.¶
<#>If an employee fails to appropriately answer and respond to a call, he/she may be subject to disciplinary action.¶
<#>If

3.3.1.3 **Where applicable and the department or program requires,** The on-call **employee** must appropriately **contact** the on-call supervisor when performing on-call responsibilities.

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3.3.1.4 **During on-call duty, the assigned employee shall not be restricted in movement and/or activities and may effectively use on-call standby time for his/her/their personal purposes, provided that he/she/they can immediately answer a call and respond appropriately. However, the**



SUBJECT: On-Call Policy	POLICY NO.:	EFFECTIVE DATE: 07/20/2022	PAGE: 4 of 3
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Policy & Procedure

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employee must refrain from intoxicants or other activities which might impair the ability to perform assigned duties; and

3.3.1.5 Notify the on-call supervisor or the employee's supervisor immediately if the employee is unable to be on-call due to an unforeseen emergency.

3.3.1.6 If an employee fails to appropriately answer and respond to a call, he/she/they may be subject to disciplinary action.

FORMS

Not Applicable



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

DATE: July 20, 2022
TO: Governing Board of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
BY: Ken Riomales, Chief Information Officer
SUBJECT: Authorization to Negotiate T-Mobile Enterprise Adoption

Summary:

Staff is seeking approval from the Governing Board to authorize the Executive Director to negotiate terms for transferring our current mobile wireless spend to T-Mobile; and contingent on agreeable terms, also authorize the transfer of all Tri-City mobile lines to T-Mobile.

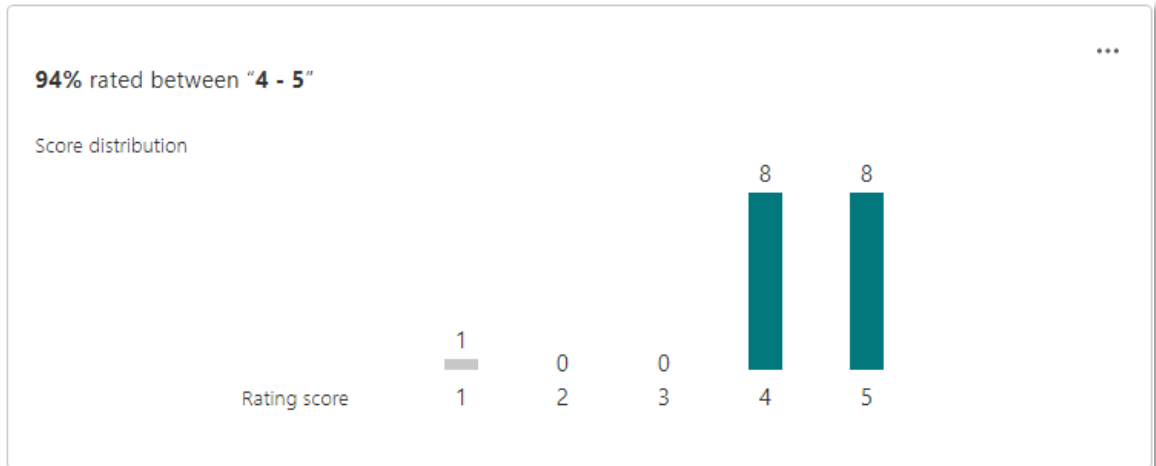
Background:

In October 2021, the I.T. department began engaging Verizon support to troubleshoot existing issues. Efforts spanned over several weeks with no clear root cause identified. As a result of ongoing issues, the Executive Team approved a pilot program to determine if a different carrier could provide better service to the Agency. The pilot program involved swapping out the current Verizon devices and service with T-Mobile provided hardware and coverage. It was identified early on that the Crisis team, along with a few others, would be ideal candidates for the pilot due to their status as “field staff” but also their on-going issues with our current service.

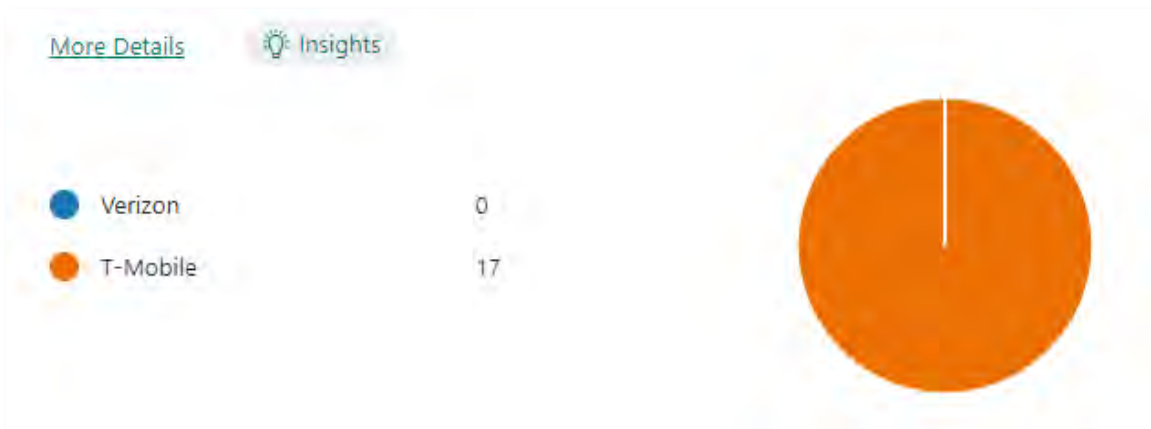
Additionally, as a result to recent price increases and a change to the Verizon’s device purchase structure, it made sense for the Agency to explore other options to maintain fiscal responsibility with our wireless mobile spend.

The following is feedback we received from the Tri-City pilot users:

- **How Satisfied (1-5 scale) are you overall with the new T-Mobile cell service?**



- In your opinion, which cell service has given you a better experience?



- Would you recommend that Tri-City adopt T-Mobile's cell service organization-wide? Why or why not?
 - o "Yes, calls are not dropped, phone calls that are incoming/outgoing come through clearly."
 - o "Haven't had any dropped calls since switching over and service is great"
 - o "Yes, because the service actually works (no dropped calls, no cut-off calls, staff can attend to individuals needs in real time, also staff have increased safety in the field by having access that works)"
 - o "It is great service, has not given me any trouble"
 - o "I feel like I get better service with T-Mobile"
 - o "Unsure. Less than 1 month of cell use in the community hasn't been a fair amount of time for me to judge."

Fiscal Impact:

Governing Board of Tri-City Mental Health Authority
Authorization to Negotiate T-Mobile Enterprise Adoption
July 20, 2022
Page 3 of 3

The Tri-City I.T. team has been working with the T-Mobile government sector to secure exclusive rates and device pricing. In our discussions, we were able to secure an unlimited 5G plan (with the inclusion of hotspot data) for \$34.99/line (\$39.10 with tax and fees). Additionally, T-Mobile agreed to provide Tri-City with two mobile device offerings at no cost to us: iPhone 12 and Samsung S22 FE. Under the T-Mobile Government plan, we are not subject to contracts (we would be liable for the device should we need to cancel service within the first 18 months). The following is a price comparison of the two services:

Verizon	T-Mobile
▷ Service per line ranges from \$45-\$70 depending on the plan/contract/device payments/overages.	▷ Service per line @ \$39.10 flat rate (tax included). Devices included at no additional cost.
▷ We average \$10,000 to \$12,000 monthly.	▷ \$8641.10 monthly.
▷ \$120,000 to \$144,000 annually	▷ \$103,693.20 annually.
▷ Variable contractual obligations.	▷ No contractual obligations.

Recommendation:

Staff recommends that the Governing Board authorize the Executive Director to negotiate terms for a potential enterprise adoption of T-Mobile.

Attachment:

None.



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Diana Acosta, Chief Financial Officer
Trevor Bogle, Controller

SUBJECT: Consideration of Resolution No. 664 Adopting the Proposed Operating Budget and Cash Flow Budget for Fiscal Year 2022-23

The proposed operating and cash flow budget presented herein provides projected revenues and expenses for fiscal year 2022-23. This document presents all of the proposed activity in a consolidated basis (TCMH Clinic activity and MHSA activity), and individually for the TCMH Clinic and Mental Health Services Act (MHSA) activities. A detailed budget is also presented for each of the respective programs within TCMH Clinic (i.e. Child/Family and Adult Outpatient Services), and each of the programs related to the five MHSA plans (CSS, PEI, INN, WET and CFTN).

The preparation of the budget involved communication with the executive team, department managers and supervisors as deemed necessary in order to gather information regarding their respective departments and programs specifically relating to their department personnel needs and operating cost needs. In addition, Tri-City gathered information from various sources, including the California Behavioral Health Directors Association (CBHDA), Los Angeles County and from the state Department of Health Care Services (DHCS), which assisted in the development of projected revenues and expenditures.

Revenues

As noted in the Consolidated and Consolidating operating budgets, the most significant revenues consist of Medi-Cal FFP, Realignment and MHSA revenues. Medi-Cal FFP revenues are projected through the analysis of units of service anticipated to be billed, consisting of projected direct service hours to be provided, divided by projected costs associated with providing these services. Realignment revenue is typically consistent from year to year with only slight increases experienced, however this is based on sales tax generated by the State and is subject to change from year to year. As such Tri-City has projected that the Realignment funding in fiscal 2022-23 to be consistent with prior year's actuals which includes the guaranteed minimum distribution from the State's Mental Health Sub-account as well as an additional amount of growth consistent with prior years' receipts. MHSA revenues recognized (reflected in the operating budget as revenues) do vary from year to year however the amount of revenue that is recognized is based on approved MHSA plans and the respective program costs projected to be

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 664 Adopting the Proposed Operating Budget and Cash
Flow Budget for Fiscal Year 2022-23
July 20, 2022
Page 2 of 3

funded in the upcoming fiscal year. Actual MHSA cash receipts expected to be collected during the fiscal are reflected within the Cash Flow Statement and are further discussed below under the caption Cash Flows.

Other revenues are projected not only based on prior results or contracted revenues (such as grants), but on assumptions made from information currently available.

Expenses

Expenses are primarily projected through analysis of current expense data, and known events or transactions either in the prior year or in the upcoming year. Expenses specifically relating to MHSA programs are projected with the use of the MHSA Plan Updates as approved through the stakeholder process, in order to ensure proper planning of costs and to meet program goals and objectives. Careful consideration is made in planning and projecting costs to ensure all program goals are met and the staffing requirements are properly planned for. The significant changes from the prior year budget to the current year budget are as follows:

Total Agency Budgeted Expenses	Current Year Budget FY 2022-23	Prior Year Budget FY 2021-22	Budget to Budget Comparison
Salary Costs	\$ 27,683,424	\$ 22,719,002	\$ 4,964,422
Facility Costs	1,028,408	1,021,505	6,903
Equipment Costs	382,252	415,422	(33,170)
Other Services & Supplies	2,547,877	2,344,681	203,196
Specific Costs	2,710,125	2,073,832	636,293
Depreciation & Amortization	598,328	581,161	17,167
Total Costs	\$ 34,950,414	\$ 29,155,603	\$ 5,794,811

- **Salary Costs:** Total salary and benefits related costs in the FY 2022-23 Budget are projected to be approximately \$8.4 million higher than the projected actuals for FY 2021-22 which is primarily due to unfilled vacancies during fiscal year 2021-22 and additional positions to be included in the proposed FY 2022-23 Budget. When compared to the FY 2021-22 Budget, the increase is approximately \$5.0 million and is primarily due to additional positions (approximately 17 FTE's) as well as the partial implementation of the Koff compensation and classification study. This study was approved in March of 2022 increasing the base salaries of some classifications by an average of 30% in order to bring those classifications up to market.
- **Facility Costs:** Overall facilities costs are projected to be approximately \$37 thousand higher in the FY 2022-23 Budget than projected actuals. The primary reason for the increase is anticipation of increased costs for maintenance, repairs and upkeep for all of Tri-City buildings. However, noted to be approximately \$7

thousand higher than prior year's budget when comparing the prior budget to the current year budget.

- Other Services and Supplies: The overall increase from projected actuals in FY 2021-22 and the FY 2022-23 Budget is approximately \$256 thousand which is primarily the result of increases to estimated professional liability insurance, ambulance costs and computer related systems costs. However, when comparing the prior year budget to the FY 2022-23 budget, the primary overall increases noted are due to security, ambulance, client related costs, and the most significant being computer systems related to the upcoming transition to a new electronic healthcare record system.
- Specific Costs: The budget reflects an overall increase of \$1.4 million in this category when comparing the projected actuals for FY 2021-22 to the FY 2022-23 budget. The increase is primarily related to \$1.2 million in "Unique MHSA Program Related Costs" in the WET, INN and CFTN Plans that were approved in the annual MHSA planning process which was ultimately approved by the Board in May of 2022.

Cash Flows

As presented in the Consolidated and the Consolidating Cash Flow Budget, an overall increase to cash in the approximate amount of \$100 thousand is projected for the fiscal year ending 2022-23. Approximately \$153 thousand for TCMH Clinic and a decrease of approximately \$53 thousand for MHSA. The projected increase in cash for TCMH of approximately \$153 thousand is primarily the result of clinical operations along with anticipated growth in 1991 Realignment of approximately \$700 thousand. The cash flow budget also projects a decrease in MHSA cash in the approximate amount of \$53 thousand. As noted within the budget document, expected costs associated with CFTN one-time projects in the approximate amount of \$1.2 million. Also attributing to the cash flow projections in fiscal 2022-23 include increased costs for operations, mostly associated with the expected increase in costs for salaries and wages as a result of vacancies that are planned to be filled.

Recommendation

Staff hereby recommends that the Governing Board approve Resolution No. 664 adopting the Proposed Operating Budget and Cash Flow Budget for FY 2022-23.

Attachments

Attachment 5-A: Resolution No. 664 - DRAFT

Attachment 5-B: Proposed Operating Budget and Cash Flow Budget for Fiscal Year 2022-23 - DRAFT

RESOLUTION NO. 664

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS OPERATING BUDGET AND CASH FLOW BUDGET 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 (“Authority or TCMHA”) desires to adopt the Authority’s Operating and Cash Flow Budget for Fiscal Year 2022-23.

2. Action

A. The Governing Board approves Fiscal Year 2022-23 Operating Budget and Cash Flow Budget as presented.

B. The Governing Board authorizes the Executive Director and/or Chief Financial Officer 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 July 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:_____

TRI-CITY MENTAL HEALTH AUTHORITY

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2022-23

DRAFT

ATTACHMENT 5-B

**TRI-CITY MENTAL HEALTH AUTHORITY
BUDGET FOR THE FISCAL YEAR 2022-23
ASSUMPTIONS**

The following Operating and Cash Flow Budget reflects Tri-City Mental Health Authority's (Tri-City's) estimated revenues and expenditures for the fiscal year ending June 30, 2023. The budget is divided into two main sections 1) the Tri-City Mental Health Outpatient Clinic Budget and 2) the Mental Health Services Act (MHSA) Budget.

ABOUT TRI-CITY

Tri-City Mental Health Authority ("Tri-City") was formed on June 21, 1960 and established through a Joint Powers Authority Agreement between the Cities of Pomona, Claremont and La Verne pursuant to the provisions of the Joint Exercise of Powers Act, Article 1, Chapter 5, Division 7, Title 1 of the Government Code of the State of California, Section 6500, et seq. relating to the joint exercise of powers common to public agencies, and the provisions of the Bronzan-McCorquodale Act/Short-Doyle Act, Part 2, Section 5600, et seq., of the Welfare and Institutions Code (WIC) of the State of California, to deliver mental health services to the residents of the three Cities. This action was taken out of a desire on the part of officials from the three Cities to provide the highest quality services for local residents. For approximately sixty years, Tri-City has cared for and served local children, youth, adults and older adults.

Pursuant to the Joint Powers Authority Agreement, Tri-City is a quasipublic agency governed by a Governing Board ("Board) composed of seven members. The Governing Board has the powers common to public agencies as enumerated in the Joint Exercise of Powers Act, and the authority deemed necessary and required for the operation and maintenance of Tri-City to serve those individuals residing in the three Cities.

As the Mental Health Authority, Tri-City is limited to and responsible only for providing outpatient speciality mental health services to residents of the cities of LaVerne, Pomona, and Claremont. Tri-City is not a Mental Health Plan and therefore not bound by the MHP provisions of Title 9 CCR. Tri-City is one of two cities that are not considered to be MHPs that receive Realignment Revenues from the State of California and also receive directly Mental Health Services Act (MHSA) funds which are used in its MHSA program, which is separate and apart from the MHSA program of Los Angeles County. Because Tri-City has not been reflected in waivers between the State of California and the federal government, namely CMS, and to be consistent with 42 CFR 438.60, the State has required Tri-City to contract with Los Angeles County through a Legal Entity Agreement so that the State may pay State General Funds and Federal Financial Participation funds relating to Tri-City's Non-EPSTD (i.e. Adult and Expanded Medi-Cal) and EPSTD services to a MHP, in this case Los Angeles County, who then passes through those funds to Tri-City. This agreement provides Tri-City the mechanism to drawdown federal and state Medi-Cal funding as well as EPSTD funding.

Since Tri-City's formation as the Mental Health Authority, Tri-City is responsible for and has provided outpatient specialty mental health care services for the residents of Pomona, Claremont and LaVerne. These services are provided to all age groups including children (0-15), transition age youth (16-25), adults (26-59) and older adults (60+), and in most cases the consumers are eligible under the Medi-Cal programs or are indigent. As further described below and throughout this budget document, with the passage of Proposition 63, and through the approval of Tri-City's MHSA Plan, Tri-City receives MHSA funds to provide an array of

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

mental health services. Over the past ten plus years, Tri-City has continued to develop and expand its system of care for the residents of the three cities. This includes the continuation of Tri-City's outpatient clinics and the implementation of programs approved through the Mental Health Service Act (MHSA).

ABOUT MHSA

In November 2004, California voters approved Ballot Proposition 63 and the Mental Health Services Act (MHSA) became State law effective January 1, 2005. The MHSA addresses a broad continuum of prevention, early intervention and service needs, as well as new innovative programs to treat mental illness. In addition, MHSA provides funding for necessary infrastructure, technology and training elements that will effectively support this system, with the purpose of promoting recovery for individuals with serious mental illness. The MHSA is funded through the imposition of a 1% State income tax on personal income in excess of \$1 million.

As a result of the passage of Proposition 63, in addition to the outpatient clinical operations, Tri-City has operations established through the Mental Health Services Act (MHSA). Tri-City Mental Health Authority's staff and community partners continue to grow the system of care for the residents of the three cities through the maturing of its MHSA programs approved as part of its five Plans that include Community Services and Support (CSS), Prevention and Early Intervention (PEI), Workforce, Education and Training (WET), Innovation (INN) and Capital Facilities and Technology Needs (CFTN).

These plans include the establishment of group services available to the community at both the outpatient clinics and the Wellness Center, with the Wellness Center programs continuing to be a central focus. Tri-City continues to experience the integration of services between its Full Service Partnerships, Navigators and Community building programs and during the last several years, Tri-City has continued to expand its office space to accommodate additional FSP staff in existing buildings and to centrally locate most of the staff related to other MHSA programs, including PEI, INN and WET. This includes rented office space and a building, which was purchased back in 2015-16 in order to house MHSA staff. During 2015-16, Tri-City also purchased a home in Claremont which was utilized to provide housing for Tri-City clients, however this specific property is now scheduled to become part of a recently approved larger project in the near future that will house more clients.

With regard to the history of approved MHSA Plans and corresponding programs, the initial MHSA CSS programs were approved in June 2009 and continue to be fully operational. PEI programs were initially approved in March 2010, and in fiscal 2011-12. The initial Innovations programs were approved in fiscal 2011-12 and completed in fiscal 2014-15, while two new Innovation programs began implementation in the second quarter of fiscal 2014-15. In November 2012, the Workforce, Education and Training (WET) Plan was approved and in May 2013 the Technology Needs projects (TEC) under CFTN were approved.

CFTN and WET funds are considered one-time dollars and in order to continue programs or projects within these two plans, transfers must be made from the CSS plan and must be completed through a stakeholder process. As initial funding for these two plans have since been exhausted, in May 2016, during the 2016-17 MHSA Plan Update a transfer in the amount of \$450 thousand from the CSS Plan to the WET Plan was approved in order to continue programs and projects funded by the WET Plan in addition to a transfer of \$500 thousand from

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

the CSS Plan to the CFTN Plan. Additional transfers were also approved during Fiscal years 2018-2019, 2019-20, 2021-22 and the most recent was approved for 2022-23.

As a result of the ongoing implementation of MHPSA programs noted above, Tri-City continues to allocate the executive team's time spent on the MHPSA functions to the MHPSA budget, thereby appropriately sharing the administrative burden with the outpatient clinic's budget. The costs of the MHPSA programs are separately funded from the State of California as required by Proposition 63 legislation. The MHPSA funds received by Tri-City can only be used for programs established under Tri-City's approved CSS, PEI, INN, WET and CFTN plans or any future approved programs/projects under these MHPSA plans.

Further information on these plans can be found in this budget document under the respective plan tabs/sections.

GENERAL

Annually, Tri-City participates in training and continually strives to stay abreast of legislation and various changes that may financially impact the agency or the services we provide. California's Advancing Innovation in Medi-Cal (CalAIM) is the State's long-term commitment to transform and strengthen Medi-Cal. The goal is to provide Californians with more equitable, coordinated and person-centered care. As part of this implementation, the key priorities are to improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. While the state continues to advance and fully implement the initiatives of CalAIM, Tri-City continues to attend monthly meetings with CBHDA for key updates. Specifically, Tri-City's finance department continues to closely follow any updates related to payment reform and while Tri-City expects and prepares for comprehensive changes to reimbursable service rates, no definitive information has been made available as of yet.

During Fiscal Year 2021-22 various resolutions were approved by the Governing Board including updates to salary schedules as part of a comprehensive classification and compensation study that began during Fiscal Year 2020-21 however, it has not yet been fully implemented. This budget includes the partial implementation of this study and has included projected salaries in this budget. The following is significant updated information that has previously impacted Tri-City or continues to impact either Tri-City's funding or the services we provide:

On January 1, 2014, the Affordable Care Act became effective, including the expansion of Medicaid (Medi-Cal) services to single adults ages 19 to 64. Tri-City continues to be a major partner with its community and LA County Department of Mental Health (LA DMH) to ensure that all Tri-City residents seeking services that become eligible under expanded Medi-Cal (MCE) will be served. The cost of services provided by Tri-City for residents qualifying under MCE and through the Federal Financial Participation (FFP) were to be reimbursed at 100% for the first three years (calendar years 2014 through 2016), and beginning January 2017 the reimbursement rate was reduced to 95%, to 94% in January of 2018, to 93% in January of 2019 and then finally to 90% in January of 2020 and going forward. In order to ensure proper reimbursement, Tri-City's current agreement with LA DMH includes language regarding MCE and Tri-City's authority to bill for such services through LA DMH.

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

Considering the continued and well known and initial negative economic impact lead by the COVID-19 crisis and based on information previously obtained from CBHDA, the State's 2021-22 budget was expected to affect not only the allocation of 1991 Realignment dollars provided to Tri-City but the allocation of MHSAs funds as well. As such, Tri-City has continued to closely watch for changes in projections of these funding sources and projections monitored by CBHDA. The California Behavioral Health Directors Association (CBHDA) is a non-profit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). At the beginning of the pandemic, preliminary projections provided by CBHDA indicated MHSAs funding would likely not reach the previously expected levels due to delay in tax return filings. As such while the end of fiscal year 2019-20 experienced a decline in MHSAs receipts, a temporary increase in MHSAs receipts was experienced in fiscal year 2020-21 however, in 2021-22 Tri-City experienced a significant increase with MHSAs funds reaching \$17.3 million. CBHDA had also previously predicted a significant decline in MHSAs dollars during fiscal year 2022-23 however, as recently as June of 2022, these projections have been updated by CBHDA which indicated MHSAs funds will be more in line with funds received in fiscal 2021-22. As a result Tri-City has included a projected \$16.5 million in MHSAs Funds for Fiscal Year 2022-23.

With respect to 1991 Realignment, CBHDA has advised county behavioral health agencies to expect the base and minimal growth for approximately three to five years. Over the last four years Tri-City has received a minimum of \$3.9 million in 1991 Realignment Funding which is in excess of the base. In line with this information, Tri-City has projected that in addition to the base of approximately \$3.6 million, Tri-City is anticipating an additional \$800 thousand in growth in 1991 Realignment will be received during fiscal year 2022-23.

Based on the information noted above with regard to MHSAs funding, MHSAs funding projected to be received in Fiscal 2022-23 is \$16.5 million which is included in the Cash Flow Budget, while the amount that is recognized as revenue in the Operating Budget (amounts to be expended for the CSS, PEI and INN Plans) is \$14.8 million. With regard to transfers from CSS to WET or CFTN, in years when amounts are transferred, these amounts would not appear in the revenue section of the budget as these types of transfers are made from previously recognized and therefore would also not appear in the cash flow section as these funds have already been received. The amounts to be expended in fiscal year 2022-23 are in line with the MHSAs Update recommended for approval by both the Stakeholders and Mental Health Commission, and then approved by the Governing Board in April 2022.

During fiscal 2016-17 a new program was approved in California's budget by Governor Brown which will reduce MHSAs funding to all counties for several years, including Tri-City, by 7% for the purpose of funding a new program titled No place Like Home. The 7% reduction in funding has appropriately been reflected in this budget.

Clinical training and best practices standards remain to be a top priority to ensure that the best quality control policies and documentation requirements are met as well as ensuring that clinical outcome objectives are met. The quality assurance and improvement teams continue to work with both existing and new clinical staff to ensure proper training on the electronic health record systems, collaborative documentation, writing progress notes and billing requirements, especially during these unprecedented times. This training is an ongoing process for clinical staff and other affected staff to ensure that changes related to the electronic health records/billing system that are either mandated by the State or County or a result of improvement in Tri-City's systems are implemented. As expected, the corona virus crisis

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

impacted how service is provided and as noted above, documentation of progress notes and training remain a top priority. As further detailed below, in May of 2021, the Governing Board approved a new Capital Facilities & Technology Needs (CFTN) Plan to expend approximately \$300,436 to implement a new electronic health record system and a new client referral management platform. Those approved expenditures were captured in prior year budget and currently in the midst of going live with the new electronic health record system.

During fiscal 2021-22, Tri-City provided mental health services to approximately 2,313 unduplicated clients who were served under both MHSa Full Service Partnership programs and Tri-City's outpatient clinic programs. The outpatient clinic operations depend on the funding from Realignment and Medi-Cal reimbursement. Realignment, which is funded through dedicated State taxes (including sales taxes), is the only source of funds that can be used to provide outpatient Medi-Cal services provided in the outpatient clinics, which are then reimbursed through Medi-Cal claim submission. Realignment is also the only source of funds for non Medi-Cal/non MHSa program outpatient clinic services. As a direct result of COVID-19, sales tax had been previously impacted not only by the economic halt, but also the postponement of sales tax payments by retailers in California in fiscal year 2020-21. However, the experience of realignment funding has been higher than expected and despite this experience, this budget has projected that realignment funding will be limited to the basic base projected by CBHDA. Medi-Cal FFP, which is considered a reimbursement of eligible costs incurred, provides funding for 50% of costs incurred, for services provided to eligible clients under Full Scope Medi-Cal (Short-Doyle/Medi-Cal) and 90% for services provided to eligible clients under MCE.

Effective May 1, 2016, undocumented children under age 19 became eligible for full-scope Medi-Cal health benefits regardless of their immigration status, which would include mental health services. Starting in January 1, 2020 full scope Medi-Cal was made available to young adults under the age of 26 regardless of immigration status (provided all other Medi-Cal eligibility rules are met). In addition, the State provides Medi-Cal match dollars for Early Periodic Screening Diagnosis and Treatment services provided to Medi-Cal eligible clients under the age of 21. Therefore, it is important that Tri-City manages its level of services to produce the appropriate level of State and Federal reimbursement and ensure that unreimbursed costs do not exceed the Realignment base of funds.

Operating Budget

The operating budget (income/loss statement) presented herein has been prepared to take into consideration expected revenues and expenses associated with Tri-City's total Agency operations. This includes the outpatient clinic operations, which provide services to Medi-Cal eligible residents under Tri-City's agreement with LA DMH, and outpatient services to non-funded residents. In addition, this budget includes all MHSa services under the approved CSS, PEI, INN, WET and CFTN Programs/Projects as well as anticipated MHSa planning and administrative costs.

The operating budget is organized to show the projected 2022-23 operating budget for the Agency as a whole and for each major component of Tri-City's operations and compared to fiscal 2021-22 **projected and unaudited** operating results.

1. **Consolidated and Consolidating Operating Budgets.** This section presents the combination of the Clinic and MHSA operations into consolidated^{ed} and consolidating^{ing} formats in order to see Tri-City's projected operating budget in totality.
 - The consolidated^{ed} operating budget presents the combined total fiscal 2022-23 budget by quarters and the full year and compared to the prior fiscal year 2021-22 **projected and unaudited** results of operations.
 - The consolidating^{ing} operating budget presents the total 2022-23 fiscal year budgeted for TCMH Clinic, MHSA and each component's prior fiscal year 2021-22 **projected and unaudited** results of operations.
2. **TCMH Clinic or TCMH.** Tri-City's existing clinical operations located at 2008 N. Garey Avenue and 1900 Royalty Street in Pomona consist of the following programs:
 - Children Outpatient Program
 - Adult Outpatient Program
 - Grant Programs (includes various one-time grants received by Tri-City)
 - Administration
3. **MHSA.** Operations under Tri-City's approved Mental Health Services Act Plans currently consist of the following programs:

Community Services and Support (CSS):

- Full Service Partnerships (FSP) – Children, TAY, Adult and Older Adult
- Community Navigators
- Wellness Center
- Supplemental Crisis Services
- Field Capable Clinical Services For Older Adults
- Permanent Supportive Housing
- Administration for the CSS programs above

Prevention and Early Intervention (PEI):

- Community Capacity Building Programs (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training/Trainers)
- Older Adult Wellbeing (Peer Mentor)
- Transition-Age Youth Wellbeing (Peer Mentor)
- Family Wellbeing
- NAMI Community Capacity Building Program (Ending the Silence)
- Housing Stability Program
- Therapeutic Community Gardening

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

- Early Psychosis Program
- Administration for the PEI programs above

Innovation (INN):

- Help @ Hand Tech Suite Project
- Administration for the INN programs above

Workforce, Education and Training (WET):

- Learning and Improvement
- Volunteers and Future Employees
- Administration for the WET programs above

Capital Facilities and Technology Needs Projects (CFTN): With regard to the CFTN Plan, CFTN funds are one-time use funds and in order to continue projects in the CFTN plan, transfers of MHSA CSS Plan must be made into the CFTN Plan. These transfers must first be approved by the stakeholders. Over the years several transfers have been into the CFTN plan to fund various projects with the most recent transfers approved in the Fiscal Year 2022-23 Annual Update in the total amount of \$2.7 million.

The following projects are either on-going, scheduled to begin during Fiscal Year 2022-23 or are near completion during Fiscal Year 2022-23 and as such are included in this budget respectively.

- Electrical Upgrade & Office Space Remodel (Included in the 2020 CFTN Plan)
- Capital Improvements to Therapeutic Community Garden (Included in the 2020 CFTN Plan)
- IT Infrastructural Needs Plan, Including but Not Limited to Computer Turnover & Network Refresh (Included in the 2022 CFTN Plan)
- Administrative Professional Building (Only the remaining depreciation expense related to this project have been included in this budget)
- Administration for the CFTN Projects

Cash Flow Budget

The cash flow budget presented herein has been prepared to take into consideration expected funding and costs associated with Tri-City's operations including revenues passed through to Tri-City through its agreement with LA DMH for the provision of outpatient mental health services for Medi-Cal eligible Tri-City residents, and the MHSA CSS, PEI, INN, WET and CFTN approved plans. It should be noted that the funding sources from MHSA can only be used for the approved MHSA programs/projects and planning costs.

Tri-City Mental Health Authority
Budget For The Fiscal Year 2022-23
Assumptions

The Realignment funding is only used for Tri-City's outpatient clinic and other costs relating to the provision of mental health care that does not fall under any MHSA programs. Medi-Cal funding reimburses costs incurred to provide Medi-Cal services to Medi-Cal eligible consumers. Therefore, this budget includes Medi-Cal reimbursement for the outpatient clinic operations as well as Medi-Cal services provided through the Full Service Partnership ("FSP") and although the Field Capable Services for Older Adults program has the potential to generate some Medi-Cal reimbursement revenue, only a minimal amount is currently projected to be collected in fiscal 2022-23.

The projected cash flow is susceptible to change and represents a broad overview of Tri-City's cash flow. The respective cash flows for Tri-City's clinical operations (TCMH) and MHSA programs are based on management's best estimates of when various events may take place, some of which may not always be within Tri-City's control, including the following:

1. Receipt of funds for Medi-Cal services billed through the LA DMH system.
2. Receipt of remaining Medi-Cal reimbursements previously withheld by LA DMH.
3. Purchasing of capital items.
4. Funding of awards issued under the MHSA PEI programs.
5. Timing of expenditures under the MHSA programs/projects.
6. Receipt of projected MHSA funding.

The cash flow budget is organized to show the projected cash flow budget for the Agency as a whole and for each major component of Tri-City's operations as follows:

Consolidated and Consolidating Cash Flow Budgets. This section presents the combination of the Clinic and MHSA operations into consolidated and consolidating formats in order to see Tri-City's projected cash flow budget in totality.

- The consolidated cash flow budget presents the combined total budget by quarters and the full year and compared to the prior fiscal year 2021-22 projected cash flow.
- The consolidating cash flow budget presents the total fiscal year budgeted for TCMH Clinic, MHSA and Total, and compared to the prior fiscal year 2021-22 projected cash flow.

TRI-CITY MENTAL HEALTH AUTHORITY

Proposed

CONSOLIDATED AND CONSOLIDATING OPERATIONS

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2022-23

DRAFT

**TRI-CITY MENTAL HEALTH AUTHORITY-TOTAL AGENCY
CONSOLIDATED OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED FY 2021-22 (Note)	% to Rev	\$\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
REVENUE									
MEDI-CAL ADULT FFP	\$ 2,017,595	\$ 2,017,595	\$ 2,017,595	\$ 2,017,595	\$ 8,070,380	23.2%	\$ 4,666,155	18.9%	\$ 3,404,225
MEDI-CAL CHILDREN FFP	1,036,932	1,036,932	1,036,932	1,036,932	4,147,729	11.9%	2,218,955	9.0%	1,928,774
MEDI-CAL CHILDREN EPSDT--STATE	942,702	942,702	942,702	942,702	3,770,806	10.8%	1,655,394	6.7%	2,115,412
REALIGNMENT	1,100,000	1,100,000	1,100,000	1,100,000	4,400,000	12.6%	4,457,168	18.1%	(57,168)
MEDICARE	3,525	3,525	3,525	3,525	14,100	0.0%	13,700	0.1%	400
PATIENT FEES/INSURANCE	275	275	275	275	1,100	0.0%	1,100	0.0%	-
MHSA FUNDING	3,695,215	3,695,215	3,695,215	3,695,215	14,780,860	42.5%	11,566,688	46.9%	3,214,172
CITY SHARE - LA VERNE	-	-	12,000	-	12,000	0.0%	12,000	0.0%	-
CITY SHARE - CLAREMONT	-	-	14,561	-	14,561	0.0%	14,561	0.1%	-
CITY SHARE - POMONA	-	-	43,675	-	43,675	0.1%	43,675	0.2%	-
GRANTS	206,250	206,250	206,250	206,250	825,000	2.4%	489,844	2.0%	335,156
INTEREST INCOME	43,455	43,455	43,455	43,455	173,820	0.5%	110,698	0.4%	63,122
RENTAL AND OTHER INCOME	26,897	26,897	26,897	26,897	107,588	0.3%	110,038	0.4%	(2,450)
ESTIMATED M/C DENIALS/DISALLOWANCE	(394,523)	(394,523)	(394,523)	(394,523)	(1,578,092)	-4.5%	(710,439)	-2.9%	(867,653)
TOTAL REVENUES	8,678,323	8,678,323	8,748,559	8,678,323	34,783,527	100.0%	24,649,537	100.0%	10,133,990
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	5,193,159	5,193,159	5,193,159	5,193,159	20,772,635	59.7%	15,214,294	61.7%	5,558,341
INSURANCE-Health/workers comp/life	849,402	849,402	849,402	849,402	3,397,607	9.8%	1,984,646	8.1%	1,412,961
RETIREMENT COSTS	631,082	631,082	631,082	631,082	2,524,328	7.3%	1,781,605	7.2%	742,723
PAYROLL TAXES	125,556	125,556	125,556	125,556	502,224	1.4%	265,970	1.1%	236,254
MISC COSTS	121,658	121,658	121,658	121,658	486,630	1.4%	86,226	0.3%	400,404
	6,920,856	6,920,856	6,920,856	6,920,856	27,683,424	79.6%	19,332,741	78.4%	8,350,683
FACILITY COSTS									
STORAGE LEASES	12,042	12,042	12,042	12,042	48,166	0.1%	47,265	0.2%	901
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	14,208	0.1%	(14,208)
FACILITY RENT	152,866	152,866	152,866	152,866	611,462	1.8%	555,108	2.3%	56,354
UTILITIES	22,772	22,772	22,772	22,772	91,086	0.3%	96,541	0.4%	(5,455)
BUILDING REPAIRS AND MAINTENANCE	41,535	41,535	41,535	41,535	166,141	0.5%	168,303	0.7%	(2,162)
JANITORIAL SERVICES & SUPPLIES	23,163	23,163	23,163	23,163	92,653	0.3%	91,157	0.4%	1,496
WASTE DISPOSAL	4,725	4,725	4,725	4,725	18,900	0.1%	18,920	0.1%	(20)
	257,102	257,102	257,102	257,102	1,028,408	3.0%	991,502	4.0%	36,906
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	27,663	27,663	27,663	27,663	110,652	0.3%	108,688	0.4%	1,964
EQUIP MAINT/REPAIRS	5,172	5,172	5,172	5,172	20,687	0.1%	20,726	0.1%	(39)
EQUIP/FURNITURE PURCHASES EXPENSED	4,833	4,833	4,833	4,833	19,332	0.1%	36,134	0.1%	(16,802)
AUTO EXPENSES	3,735	3,735	3,735	3,735	14,941	0.0%	17,447	0.1%	(2,506)
AUTO INSURANCE	13,566	13,566	13,566	13,566	54,263	0.2%	54,016	0.2%	247
CELLULAR/PAGER LEASES	40,594	40,594	40,594	40,594	162,377	0.5%	148,784	0.6%	13,593
	95,563	95,563	95,563	95,563	382,252	1.1%	385,795	1.6%	(3,543)

**TRI-CITY MENTAL HEALTH AUTHORITY-TOTAL AGENCY
CONSOLIDATED OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED FY 2021-22	% to Rev	\$\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	50,031	50,031	50,031	50,031	200,123	0.6%	108,118	0.4%	92,005
MILEAGE REIMBURSEMENT	1,532	1,532	1,532	1,532	6,128	0.0%	6,575	0.0%	(447)
PERSONNEL ADS	15,912	15,912	15,912	15,912	63,646	0.2%	56,944	0.2%	6,702
PROFESSIONAL LIABILITY INSURANCE	67,877	67,877	67,877	67,877	271,509	0.8%	248,382	1.0%	23,127
SECURITY	139,383	139,383	139,383	139,383	557,533	1.6%	547,461	2.2%	10,072
DUES & SUBSCRIPTIONS	25,999	25,999	25,999	25,999	103,996	0.3%	47,557	0.2%	56,439
OTHER SUPPLIES	11,609	11,609	11,609	11,609	46,435	0.1%	50,492	0.2%	(4,057)
PRINTING	4,416	4,416	4,416	4,416	17,663	0.1%	21,862	0.1%	(4,199)
CLIENT EXPENSES	56,760	56,760	56,760	56,760	227,039	0.7%	119,712	0.5%	107,327
LAB COST	3,054	3,054	3,054	3,054	12,217	0.0%	11,637	0.0%	580
AMBULANCE COSTS	15,943	15,943	15,943	15,943	63,772	0.2%	31,561	0.1%	32,211
OFFICE SUPPLIES	5,742	5,742	5,742	5,742	22,968	0.1%	22,048	0.1%	920
POSTAGE	1,091	1,091	1,091	1,091	4,364	0.0%	4,090	0.0%	274
RECORD DESTRUCTION	1,759	1,759	1,759	1,759	7,037	0.0%	7,169	0.0%	(132)
TELEPHONE EXPENSES	77,735	77,735	77,735	77,735	310,938	0.9%	304,237	1.2%	6,701
COMPUTER SYSTEMS & SOFTWARE	57,300	57,300	57,300	57,300	229,200	0.7%	458,186	1.9%	(228,986)
DATA PROCESSING/LICENSES	72,540	72,540	72,540	72,540	290,160	0.8%	146,647	0.6%	143,513
IT RELATED EXPENSES-Consulting/Training	21,369	21,369	21,369	21,369	85,477	0.2%	36,003	0.1%	49,474
MISCELLANEOUS	6,918	6,918	6,918	6,918	27,672	0.1%	63,008	0.3%	(35,336)
	636,969	636,969	636,969	636,969	2,547,877	7.3%	2,291,689	9.3%	256,188
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	206,905	206,905	206,905	206,905	827,619	2.4%	691,127	2.8%	136,492
UNIQUE MHSA PROGRAM RELATED COSTS	287,835	287,835	287,835	287,835	1,151,339	3.3%	-	0.0%	1,151,339
COMMUNITY GRANTS	20,000	20,000	20,000	20,000	80,000	0.2%	93,923	0.4%	(13,923)
WET--LEARNING & OUTREACH	23,750	23,750	23,750	23,750	95,000	0.3%	74,466	0.3%	20,534
PROFESSIONAL SERVICES	34,210	34,210	34,210	34,210	136,839	0.4%	82,721	0.3%	54,118
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	11,921	11,921	11,921	11,921	47,684	0.1%	26,148	0.1%	21,536
PROFESSIONAL SERVICES	58,333	58,333	58,333	58,333	233,333	0.7%	158,417	0.6%	74,916
ATTORNEY FEES	22,068	22,068	22,068	22,068	88,273	0.3%	94,950	0.4%	(6,677)
BANK FEES	3,685	3,685	3,685	3,685	14,738	0.0%	7,621	0.0%	7,117
AUDIT FEES	8,825	8,825	8,825	8,825	35,300	0.1%	40,477	0.2%	(5,177)
	677,531	677,531	677,531	677,531	2,710,125	7.8%	1,269,850	5.2%	1,440,275
DEPRECIATION AND AMORT	149,582	149,582	149,582	149,582	598,328	1.7%	593,478	2.4%	4,850
TOTAL COSTS	8,737,604	8,737,604	8,737,604	8,737,604	34,950,414	100.5%	24,865,055	100.9%	10,085,359
INCOME (LOSS) FROM OPERATIONS	\$ (59,281)	\$ (59,281)	\$ 10,955	\$ (59,281)	\$ (166,887)	-0.5%	\$ (215,518)	-0.9%	\$ 48,631

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on 9 months results through March 31, 2022.
Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 BUDGET			FY 2021-22 PROJECTED (Note)			INCREASE (DECREASE) 2023 BUDGET vs 2022 PROJECTED		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
REVENUE									
MEDI-CAL ADULT FFP	\$ 4,480,741	\$ 3,589,639	\$ 8,070,380	\$ 2,778,508	\$ 1,887,647	\$ 4,666,155	\$ 1,702,233	\$ 1,701,992	\$ 3,404,225
MEDI-CAL CHILDREN FFP	1,880,443	2,267,286	4,147,729	944,418	1,274,537	2,218,955	936,025	992,749	1,928,774
MEDI-CAL CHILDREN EPSDT--STATE	2,100,443	1,670,363	3,770,806	884,109	771,285	1,655,394	1,216,334	899,078	2,115,412
REALIGNMENT	4,400,000	-	4,400,000	4,457,168	-	4,457,168	(57,168)	-	(57,168)
MEDICARE	12,000	2,100	14,100	12,000	1,700	13,700	-	400	400
PATIENT FEES/INSURANCE	1,100	-	1,100	1,100	-	1,100	-	-	-
MHSA FUNDING	-	14,780,860	14,780,860	-	11,566,688	11,566,688	-	3,214,172	3,214,172
CITY SHARE - LA VERNE	12,000	-	12,000	12,000	-	12,000	-	-	-
CITY SHARE - CLAREMONT	14,561	-	14,561	14,561	-	14,561	-	-	-
CITY SHARE - POMONA	43,675	-	43,675	43,675	-	43,675	-	-	-
GRANTS	825,000	-	825,000	489,844	-	489,844	335,156	-	335,156
INTEREST INCOME	23,400	150,420	173,820	16,012	94,686	110,698	7,388	55,734	63,122
RENTAL AND OTHER INCOME	12,188	95,400	107,588	13,577	96,461	110,038	(1,389)	(1,061)	(2,450)
ESTIMATED M/C DENIALS/DISALLOWANCE	(825,363)	(752,729)	(1,578,092)	(382,382)	(328,057)	(710,439)	(442,981)	(424,672)	(867,653)
TOTAL REVENUES	12,980,188	21,803,339	34,783,527	9,284,590	15,364,947	24,649,537	3,695,598	6,438,392	10,133,990
EXPENSES									
SALARY COSTS									
<i>FTE's</i>	<i>96.3</i>	<i>151.3</i>	<i>247.6</i>	<i>76.7</i>	<i>119.3</i>	<i>196.0</i>	<i>19.6</i>	<i>32.0</i>	<i>51.6</i>
SALARY AND WAGES	8,515,991	12,256,644	20,772,635	6,278,718	8,935,576	15,214,294	2,237,273	3,321,068	5,558,341
INSURANCE-Health/workers comp/life	1,380,398	2,017,209	3,397,607	780,938	1,203,708	1,984,646	599,460	813,501	1,412,961
RETIREMENT COSTS	1,058,464	1,465,864	2,524,328	687,292	1,094,313	1,781,605	371,172	371,551	742,723
PAYROLL TAXES	204,924	297,300	502,224	115,572	150,398	265,970	89,352	146,902	236,254
MISC COSTS	199,044	287,586	486,630	42,928	43,298	86,226	156,116	244,288	400,404
	11,358,821	16,324,603	27,683,424	7,905,448	11,427,293	19,332,741	3,453,373	4,897,310	8,350,683
FACILITY COSTS									
STORAGE LEASES	24,634	23,532	48,166	23,915	23,350	47,265	719	182	901
MORTGAGE INTEREST (2008 Garey)	-	-	-	14,208	-	14,208	(14,208)	-	(14,208)
FACILITY RENT	281,009	330,453	611,462	260,912	294,196	555,108	20,097	36,257	56,354
INTERCOMPANY FACILITY CHARGES	(46,529)	46,529	-	(51,375)	51,375	-	4,846	(4,846)	-
UTILITIES	20,831	70,255	91,086	22,155	74,386	96,541	(1,324)	(4,131)	(5,455)
BUILDING REPAIRS AND MAINTENANCE	97,164	68,977	166,141	96,507	71,796	168,303	657	(2,819)	(2,162)
JANITORIAL SERVICES & SUPPLIES	29,171	63,482	92,653	30,117	61,040	91,157	(946)	2,442	1,496
WASTE DISPOSAL	4,234	14,666	18,900	4,328	14,592	18,920	(94)	74	(20)
	410,514	617,894	1,028,408	400,767	590,735	991,502	9,747	27,159	36,906
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	40,124	70,528	110,652	40,576	68,112	108,688	(452)	2,416	1,964
EQUIP MAINT/REPAIRS	8,228	12,459	20,687	8,253	12,473	20,726	(25)	(14)	(39)
EQUIP/FURNITURE PURCHASES EXPENSED	11,537	7,795	19,332	19,426	16,708	36,134	(7,889)	(8,913)	(16,802)
AUTO EXPENSES	2,491	12,450	14,941	2,585	14,862	17,447	(94)	(2,412)	(2,506)
AUTO INSURANCE	7,200	47,063	54,263	9,252	44,764	54,016	(2,052)	2,299	247
CELLULAR/PAGER LEASES	59,424	102,953	162,377	61,301	87,483	148,784	(1,877)	15,470	13,593
	129,004	253,248	382,252	141,393	244,402	385,795	(12,389)	8,846	(3,543)

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 BUDGET			FY 2021-22 PROJECTED (Note)			INCREASE (DECREASE) 2023 BUDGET vs 2022 PROJECTED		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	30,012	170,111	200,123	29,944	78,174	108,118	68	91,937	92,005
MILEAGE REIMBURSEMENT	1,174	4,954	6,128	2,169	4,406	6,575	(995)	548	(447)
PERSONNEL ADS	25,656	37,990	63,646	25,871	31,073	56,944	(215)	6,917	6,702
PROFESSIONAL LIABILITY INSURANCE	93,983	177,526	271,509	94,795	153,587	248,382	(812)	23,939	23,127
SECURITY	142,685	414,848	557,533	143,851	403,610	547,461	(1,166)	11,238	10,072
DUES & SUBSCRIPTIONS	18,351	85,645	103,996	17,817	29,740	47,557	534	55,905	56,439
OTHER SUPPLIES	20,223	26,212	46,435	20,119	30,373	50,492	104	(4,161)	(4,057)
PRINTING	4,891	12,772	17,663	12,081	9,781	21,862	(7,190)	2,991	(4,199)
CLIENT EXPENSES	10,815	216,224	227,039	18,818	100,894	119,712	(8,003)	115,330	107,327
LAB COST	9,675	2,542	12,217	9,394	2,243	11,637	281	299	580
AMBULANCE COSTS	8,194	55,578	63,772	7,956	23,605	31,561	238	31,973	32,211
OFFICE SUPPLIES	9,763	13,205	22,968	9,641	12,407	22,048	122	798	920
POSTAGE	1,534	2,830	4,364	1,997	2,093	4,090	(463)	737	274
RECORD DESTRUCTION	4,061	2,976	7,037	3,943	3,226	7,169	118	(250)	(132)
TELEPHONE EXPENSES	137,554	173,384	310,938	136,777	167,460	304,237	777	5,924	6,701
COMPUTER SYSTEMS & SOFTWARE	129,166	100,034	229,200	125,414	332,772	458,186	3,752	(232,738)	(228,986)
DATA PROCESSING/LICENSES	148,439	141,721	290,160	73,857	72,790	146,647	74,582	68,931	143,513
IT RELATED EXPENSES-Consulting/Training	15,477	70,000	85,477	15,026	20,977	36,003	451	49,023	49,474
MISCELLANEOUS	10,618	17,054	27,672	47,650	15,358	63,008	(37,032)	1,696	(35,336)
	822,271	1,725,606	2,547,877	797,120	1,494,569	2,291,689	25,151	231,037	256,188
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	26,790	800,829	827,619	150,362	540,765	691,127	(123,572)	260,064	136,492
UNIQUE MHSA PROGRAM RELATED COSTS	-	1,151,339	1,151,339	-	-	-	-	1,151,339	1,151,339
COMMUNITY GRANTS	-	80,000	80,000	-	93,923	93,923	-	(13,923)	(13,923)
GRANTS	-	-	-	-	-	-	-	-	-
WET--LEARNING & OUTREACH	-	95,000	95,000	-	74,466	74,466	-	20,534	20,534
PROFESSIONAL SERVICES	312	136,527	136,839	3,997	78,724	82,721	(3,685)	57,803	54,118
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	10,684	37,000	47,684	10,373	15,775	26,148	311	21,225	21,536
PROFESSIONAL SERVICES	108,740	124,593	233,333	136,188	22,229	158,417	(27,448)	102,364	74,916
ATTORNEY FEES	34,003	54,270	88,273	33,014	61,936	94,950	989	(7,666)	(6,677)
BANK FEES	8,400	6,338	14,738	5,684	1,937	7,621	2,716	4,401	7,117
AUDIT FEES	13,843	21,457	35,300	15,381	25,096	40,477	(1,538)	(3,639)	(5,177)
	202,772	2,507,353	2,710,125	354,999	914,851	1,269,850	(152,227)	1,592,502	1,440,275
DEPRECIATION AND AMORT									
	163,429	434,899	598,328	171,248	422,230	593,478	(7,819)	12,669	4,850
TOTAL COSTS	13,086,811	21,863,603	34,950,414	9,770,975	15,094,080	24,865,055	3,315,836	6,769,523	10,085,359
INCOME (LOSS) FROM OPERATIONS	\$ (106,623)	\$ (60,264)	\$ (166,887)	\$ (486,385)	\$ 270,867	\$ (215,518)	\$ 379,762	\$ (331,131)	\$ 48,631

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2022.
Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY--TOTAL AGENCY
CONSOLIDATED CASH FLOW BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 QUARTERS				BUDGET FY 2022-23	PROJECTED FY 2021-22
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
CASH FLOWS FROM OPERATING ACTIVITIES						
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	\$ 3,540,378	\$ 2,208,664	\$ 2,208,664	\$ 5,780,023	\$ 13,737,731	\$ 9,474,019
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(1,667,166)	(1,667,166)	(1,667,166)	(1,667,166)	(6,668,662)	(5,323,332)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(6,920,856)	(6,920,856)	(6,920,856)	(6,920,856)	(27,683,424)	(19,982,647)
NET CASH USED BY OPERATING ACTIVITIES	(5,047,643)	(6,379,357)	(6,379,357)	(2,807,998)	(20,614,356)	(15,831,960)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES						
MHSA FUNDING	4,118,188	3,294,550	4,941,825	4,118,188	16,472,750	17,339,838
REALIGNMENT	1,100,000	1,100,000	1,100,000	1,100,000	4,400,000	4,457,479
GRANTS	206,250	206,250	206,250	206,250	825,000	489,844
CONTRIBUTIONS FROM MEMBER CITIES	-	-	70,236	-	70,236	70,236
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	5,424,438	4,600,800	6,318,311	5,424,438	21,767,986	22,357,397
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES						
PURCHASE OF CAPITAL ASSETS:						
BUILDING AND IMPROVEMENTS	(481,829)	(368,153)	(254,477)	(140,801)	(1,245,260)	(76,515)
LAND	-	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(10,000)	(10,000)	(10,000)	(10,000)	(40,000)	(316,554)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(20,000)	(15,000)	(5,000)	(10,000)	(50,000)	-
VEHICLES	-	-	-	-	-	-
PRINCIPAL PAYMENTS ON CAPITAL DEBT	-	-	-	-	-	(771,676)
OTHER - CSS HOUSING PROJECTS	-	-	-	-	-	-
INTEREST PAID ON CAPITAL DEBT	-	-	-	-	-	(11,840)
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(511,829)	(393,153)	(269,477)	(160,801)	(1,335,260)	(1,176,585)
CASH FLOW FROM INVESTING ACTIVITIES						
INTEREST RECEIVED	43,455	43,455	43,455	43,455	173,820	79,248
OTHER INCOME RECEIVED	26,897	26,897	26,897	26,897	107,588	-
NET CASH PROVIDED BY INVESTING ACTIVITIES	70,352	70,352	70,352	70,352	281,408	79,248
CASH FLOWS FROM REORGANIZATIONAL ITEMS						
PRE-BANKRUPTCY FUNDS FROM CAL DMH IN ERROR-REPAID	-	-	-	-	-	-
DISTRIBUTION TO BANKRUPTCY UNSECURED CREDITORS	-	-	-	-	-	-
	-	-	-	-	-	-
NET CHANGE IN CASH	(64,683)	(2,101,358)	(260,171)	2,525,990	99,779	5,428,100
CASH BEGINNING BALANCE (Projected)	40,326,638	40,261,956	38,160,598	37,900,426	40,326,638	34,898,538
CASH ENDING BALANCE	\$ 40,261,956	\$ 38,160,598	\$ 37,900,426	\$ 40,426,417	\$ 40,426,417	\$ 40,326,638
CASH RECAP:						
FUNDS AVAILABLE FOR TCMH-CLINICAL OPERATIONS	\$ 8,387,345	\$ 7,713,382	\$ 7,109,655	\$ 7,887,153	\$ 7,887,153	\$ 7,734,594
FUNDS AVAILABLE FOR MHSA OPERATIONS	31,874,611	30,447,216	30,790,772	32,539,264	32,539,264	32,592,045
	\$ 40,261,956	\$ 38,160,598	\$ 37,900,426	\$ 40,426,417	\$ 40,426,417	\$ 40,326,638

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2022. Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING CASH FLOW BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 BUDGET			PROJECTED FY 2021-22 (Note)		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
CASH FLOWS FROM OPERATING ACTIVITIES						
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	\$ 7,852,089	\$ 5,885,642	\$ 13,737,731	\$ 4,852,277	\$ 4,621,743	\$ 9,474,019
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(1,564,561)	(5,104,101)	(6,668,662)	(1,999,263)	(3,324,069)	(5,323,332)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(11,358,821)	(16,324,603)	(27,683,424)	(8,465,049)	(11,517,597)	(19,982,647)
NET CASH USED BY OPERATING ACTIVITIES	(5,071,294)	(15,543,062)	(20,614,356)	(5,612,036)	(10,219,924)	(15,831,960)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES						
MHSA FUNDING	-	16,472,750	16,472,750	-	17,339,838	17,339,838
REALIGNMENT	4,400,000	-	4,400,000	4,457,479	-	4,457,479
GRANTS	825,000	-	825,000	489,844	-	489,844
CONTRIBUTIONS FROM MEMBER CITIES	70,236	-	70,236	70,236	-	70,236
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	5,295,236	16,472,750	21,767,986	5,017,559	17,339,838	22,357,397
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES						
PURCHASE OF CAPITAL ASSETS:						
BUILDING AND IMPROVEMENTS	(108,500)	(1,136,760)	(1,245,260)	(15,000)	(61,515)	(76,515)
LAND	-	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(20,000)	(20,000)	(40,000)	(89,419)	(227,135)	(316,554)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(25,000)	(25,000)	(50,000)	-	-	-
VEHICLES	-	-	-	-	-	-
PRINCIPAL PAYMENTS ON CAPITAL DEBT	-	-	-	(771,676)	-	(771,676)
OTHER - CSS HOUSING PROJECTS	-	-	-	-	-	-
INTEREST PAID ON CAPITAL DEBT	-	-	-	(11,840)	-	(11,840)
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIONS	46,529	(46,529)	-	624,081	(624,081)	-
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(106,971)	(1,228,289)	(1,335,260)	(263,854)	(912,731)	(1,176,585)
CASH FLOW FROM INVESTING ACTIVITIES						
INTEREST RECEIVED	23,400	150,420	173,820	14,628	64,620	79,248
OTHER INCOME RECEIVED	12,188	95,400	107,588	-	-	-
NET CASH PROVIDED BY INVESTING ACTIVITIES	35,588	245,820	281,408	14,628	64,620	79,248
CASH FLOWS FROM REORGANIZATIONAL ITEMS						
RECOGNITION OF BANKRUPTCY DEBT SETTLEMENT	-	-	-	-	-	-
PRE-BANKRUPTCY FUNDS FROM CAL DMH IN ERROR-REPAID	-	-	-	-	-	-
DISTRIBUTION TO BANKRUPTCY UNSECURED CREDITORS	-	-	-	-	-	-
NET CHANGE IN CASH	152,560	(52,781)	99,779	(843,702)	6,271,803	5,428,100
CASH BEGINNING BALANCE (Projected)	7,734,594	32,592,045	40,326,638	8,578,296	26,320,242	34,898,538
CASH ENDING BALANCE	\$ 7,887,153	\$ 32,539,264	\$ 40,426,417	\$ 7,734,594	\$ 32,592,045	\$ 40,326,638

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2022. Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY
TCMH - HISTORICAL OUTPATIENT CLINICAL OPERATIONS**

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2022-23

DRAFT

TCMH – HISTORICAL OUTPATIENT CLINICAL OPERATIONS

BUDGETED OPERATING INCOME

GENERAL INFORMATION

The Outpatient Clinical (TCMH) budget includes the projected funding and operating costs of the Adult Outpatient Clinic Program, the Child and Family Outpatient Clinic Program, the associated Administration of these programs and the various Grant programs currently being administered by Tri-City.

Revenues for these programs, as previously noted, include 1991 Realignment, Medi-Cal cost reimbursement from FFP and State EPSDT Medi-Cal as well as a few State and Local grants. These revenues were projected based on Tri-City's past experience, expected increases to service requests and projected state revenue information obtained from the California Behavioral Health Director Association.

Total budgeted costs for the above noted Outpatient programs of \$13.1 million include salaries and benefits of approximately \$11.4 million and approximately \$1.7 million in other operating costs including cost for facilities, equipment, and other services and supplies. This budget assumes various vacancies will be fully occupied throughout the fiscal year, however actual experience will differ. For fiscal 2022-23, the salaries and benefits associated with Tri-City's Executive team, Senior Management team, and administrative staff who serve the entire Agency, are anticipated to spend approximately 38% of their time on TCMH programs. This budget includes a total of 33.0 FTEs of allocated time for these staff which have been allocated to reflect the staffing proportions of the Agency.

The program descriptions for each of the programs included in the Outpatient Clinic Budget are discussed below:

- Children and Family Outpatient Program
- Adult Outpatient Program
- Grant Programs
- Administration

CHILDREN AND FAMILY OUTPATIENT PROGRAM

Since 1960, Tri-City Mental Health has been providing outpatient specialty mental services for the residents of Pomona, Laverne and Claremont. These services are provided to children and youth ages 0 to 21 at the children's outpatient clinic located in Pomona (the Royalty Building). Funding for this program includes 1991 Realignment, and Federal and State Medi-Cal funding. Medi-Cal funds are made up of Federal Financial Participation (FFP) and the State's match, Early and Periodic Screening, Diagnostic and Treatment (EPSDT). 1991 Realignment is derived from State Vehicle License Fees and Sales Tax collected at the State level.

ADULT OUTPATIENT PROGRAM

Since 1960, Tri-City Mental Health has been providing outpatient specialty mental services for the residents of Pomona, Laverne and Claremont. These services are provided to adults age 18 and over at the adult outpatient clinic also located in Pomona (the Garey Building). Funding for this program includes 1991 Realignment and Medi-Cal funding, Federal Financial Participation (FFP). 1991 Realignment is derived from State Vehicle License Fees and Sales Tax collected at the State level.

GRANT PROGRAMS

On occasion, Tri-City is the recipient of grants for specific programs or purposes and typically include one-time funding or limited and short-term in nature. Within the Grants Programs caption, various grant funds and corresponding expenditures have been budgeted to include the following described programs:

Crisis Care Mobile Units (CCMU) - The CCMU program integrates monies from state general funds that are part of the Behavioral Health Continuum Infrastructure Program, and from DHCS funding from Substance Abuse Mental Health Services Administration through the Coronavirus Response and Relief Supplemental Appropriations Act. The funding seeks to prioritize services to individuals 25 and younger, which may include activities such as conducting needs assessments for youth services; placing mobile units near schools and universities, outreach, public education campaigns, and taking measurable steps towards addressing the youth and young adult crisis needs within the community. Tri-City Mental Health Authority submitted a proposal that was accepted and funded for the amount of \$200,000.00. The grant is for developing an action plan to expand mobile crisis response for youth in the Tri-City catchment area. The planning phase of this program began during fiscal year 2021-22 and the remaining portion of this planning grant is included in this budget (2022-23).

Mental Health Student Services Act (MHSSA) - The Mental Health Services Oversight & Accountability Commission (Commission) Strategic Plan includes the priorities and objectives for the years 2020-2023. One of these objectives is to “promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods.” This will be accomplished through the implementation of the Mental Health Student Services Act (MHSSA) as the Commission will have the opportunity to work with grantees who can share lessons learned and identify areas for improvement.

The MHSSA is intended to foster stronger school-community mental health partnerships that can leverage resources to help students succeed by authorizing counties and local educational agencies to enter into partnerships to create programs that include targeted interventions for pupils with identified social-emotional, behavioral, and academic needs. School-community mental health partnerships offer an opportunity to reach children and youth in an environment where they are comfortable and that is accessible. Tri- City Mental Health Authority submitted a proposal that was accepted and funded in the amount of \$3,820,932.00.

ADMINISTRATION

These costs include the administrative functions required to oversee the various programs primarily funded through 1991 Realignment within the Tri-City Mental Health Outpatient Budget. The outpatient budget includes salary costs, professional fees, attorney fees, information system costs, equipment costs, and supply costs. Personnel costs include 96.3 FTEs of various personnel who directly work on with the varying programs, in addition to allocated time of Executive/Senior Management, as well as data collection, billing and accounting personnel.

REVENUES

Revenues were projected based on existing program funding, including Realignment funding, Medi-Cal cost reimbursement from the Federal Medicaid Program and California Departments of Health Care Services (“DCHS” or “State”), and other funding and sometimes grant funds.

Tri-City submits its Medi-Cal claims through LAC DMH and receives FFP cost reimbursement for all qualifying mental health services, as well as additional cost reimbursement from State Mental Health Funds (SMHF) for qualifying mental health services to children and youth under age 21 through Early Periodic Screening Diagnosis and Treatment services funding (EPSDT/SMHF). The Medi-Cal FFP and EPSDT/SMHF revenues are estimated based on projected level of service hours to be provided by care providers employed or to be hired by Tri-City.

Annually, Tri-City participates in training and continually strives to stay abreast of legislation and various changes that may financially impact the agency or the services we provide. California’s Advancing Innovation in Medi-Cal (CalAIM) is the State’s long-term commitment to transform and strengthen Medi-Cal. The goal is to provide Californians with more equitable, coordinated and person-centered care. As part of this implementation, the key priorities are to improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. While the state continues to advance and fully implement the initiatives of CalAIM, Tri-City continues to attend monthly meetings with CBHDA for key updates. Specifically, Tri-City’s finance department continues to closely follow any updates related to payment reform and while Tri-City expects and prepares for comprehensive changes to reimbursable service rates, no definitive information has been made available as of yet.

1. **Realignment.** The estimated \$4.4 million is based on the most current information obtained from the California Behavioral Health Directors Association’s (CBHDA) analysis of the state budget. Realignment funding in Fiscal 2022-23 collections are still expected to be in line with what was collected by Tri-City in 2021-22 and Tri-City is budgeting realignment revenue up to the minimum baseline plus anticipated growth for a total of \$4.4 million.

Tri-City’s Realignment funds come from dedicated State taxes allocated to the State’s Mental Health Fund and are considered tax funds that qualify to be used for public expenditures. Therefore, these funds must be used in the provision of Medi-Cal services in order for Tri-City to receive FFP reimbursement, or they must be used to “match” the FFP. Realignment funds not used as Medi-Cal match can be used to:

- a. Provide mental health services and costs that are not covered by the Medi-Cal program – primarily indigent care;
- b. Cover program costs in excess of revenues
- c. Cover administrative costs not covered by the Medi-Cal program; and
- d. Provide for capital expenditures

Based on the 2022-23 operating budget, 36.9% of the projected Realignment funds will be used to “match” Medi-Cal costs, 39.9% will be used to cover indigent care, 7.2% will be used to cover the Non-Covered portion of MCE, 15.9% will be used to cover program costs in excess of revenues including administrative costs that exceed 15% of direct program costs and not considered as Medi-Cal reimbursable costs per Tri-City’s negotiated agreement with LAC DMH and to cover capital and operating expenditures.

2. **Medi-Cal Adult FFP.** Medi-Cal FFP for the adult outpatient program is estimated based on the projected level of service hours to be provided by care providers employed or to be hired by Tri-City. This level of service is measured in units of service which are multiplied by the Agency’s projected cost per unit of service. The related charges/costs are assumed to be covered by Federal reimbursement (FFP) and Realignment. The Federal reimbursement (FFP) will be 50% of the costs to provide services to those individuals that qualify under the original Short-Doyle/MC program. The remaining 50% of those costs will be covered by Realignment. In addition, due to the expanded Medi-Cal program (MCE) under the Affordable Healthcare Act for single adults ages 19 to 64, projected revenues include the FFP reimbursement for the MCE services provided will be reimbursed at the rate of 90% of the costs, thereby replenishing the majority of the upfront realignment used to provide the services. The FFP reimbursement under MCE was originally 100% for the first three calendar years (2014 thru 2016), 95% as of January 1, 2017, 94% as of January 1, 2018, 93% as of January 1, 2019, and finally the reimbursement was reduced to 90% beginning January 1, 2020. Additionally, as previously noted, starting January 1, 2020, a new California law will provide full scope Medi-Cal to young adults under the age of 26 regardless of immigration status.
3. **Medi-Cal Children FFP.** Medi-Cal FFP for the children outpatient programs is estimated based on the projected level of service hours to be provided by care providers employed or to be hired by Tri-City. This level of service is measured in units of service which are multiplied by the Agency’s projected cost per unit of service. The related charges/costs are assumed to be covered by Federal (FFP) and State (EPSDT/SMHF) reimbursement. The Federal reimbursement (FFP) rate is currently at 50% of the costs, and the other 50% is projected to be covered by EPSDT State Mental Health Funds as noted below.
4. **Medi-Cal Children EPSDT – State.** Based on the State budget and the analysis of CBHDA it is projected that the EPSDT allocation rates from the State for fiscal year 2022-23 will range from 43% to 50% of the cost of services provided.
5. **Medicare.** This represents the expected reimbursement for mental health services provided to consumers that qualify under Medicare. The projected amount is based on prior experience and amounts collected in prior years.

6. **City Share.** This funding is based on the “Local Realignment Maintenance of Effort Funds (SB681)” required for Tri-City to receive realignment. The projected city shares are based on amounts received in prior years as well as the minimum required for realignment purposes.
7. **Grants.** These funds represent expected amounts to be received for various grant programs as previously described, which may be one-time, limited term grants or on-going programs.
8. **Interest Income.** These funds represent interest earned on cash invested in the Local Agency Investment Fund (“LAIF”), as well as other interest bearing operating bank accounts. The amount budgeted for interest income for FY 2022-23 is based on the projected interest from current clinic operation cash balances and based on past experience.
9. **Medi-Cal Denials/Disallowances:** This allowance represents a conservative 10% reserve for disallowances of FFP and State EPSDT Medi-Cal claims billed.

OPERATING EXPENSES

1. **Salary Costs.** Salary costs of \$11.4 million include salaries and wages of \$8.5 million and employee benefits of \$2.9 million. These salaries and benefits include \$8.9 million of clinical and direct staff, \$1.8 million of administrative personnel, and \$675 thousand for grant funded programs. The costs were based on the Agency’s actual current employee roster (as of March 2022) plus any vacant or new positions for fiscal year 2022-23. Clinical staff salaries are budgeted to increase from the projected actuals from fiscal 2021-22 due to expected filling of several positions that were vacant during the year and increases that resulted from the comprehensive classification and compensation study currently being conducted, however not yet completed.

Salaries and benefits associated with Tri-City’s Executive team, Senior Management team, and administrative staff who serve the entire Agency, are allocated to TCMH and MHSA at the rate of 38% and 62%, respectively. This allocation of costs for these staff, are reflective of the staffing proportions of the Agency.

Employee benefits, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages. The average percentage of employee benefits agency wide is estimated at approximately 32.72%.

2. **Facility Costs.** Facility costs for the 2022-23 Budget include the costs of maintaining Tri-City’s adult outpatient clinic operations at 2008 N. Garey Avenue, the rent and related costs for the children’s outpatient clinic operations at 1900 Royalty Street, and allocation of the rent and maintenance costs associated with the administrative offices in Claremont. The intercompany facility charges and income reflected under the Adult O/P program relates to costs of the 2008 N. Garey building that will be allocated to MHSA operations also located at the facility (primarily staffing for FSP Adult and FSP Older Adults). The amounts charged to the MHSA programs are consistent with the prior year and are based on actual costs and allocated by square foot.

The costs for storage leases include the rental of space for archiving documents that are legally required to be retained, and are primarily fixed costs with minor increases to rates. Storage costs that do fluctuate are associated with the storage of medical records and will fluctuate based on usage/access of these documents.

3. **Equipment Costs.** This amount reflects the anticipated equipment costs, such as equipment rentals, leases, repairs, non-capital equipment and furniture purchases, desk phones and maintenance fees.
4. **Other Service and Supply Costs.** Other service and supply costs are projected based on actual costs incurred in FY 2021-22 and adjusted for inflation and for specific known increases or decreases. The most significant of these costs are explained as follows:
 - a. Conference, Seminars & Related Costs. These budgeted costs reflect the Agency's commitment to keep staff up-to-date on all new regulations under the Affordable Care Act, expanded Medi-Cal, new billing requirements and the related client outcome and meaningful use programs. As such it is important that staff continue to attend conferences and seminars.
 - b. Professional Liability Insurance. These costs represent necessary insurance for general claims, if any, against Tri-City and other insurance coverages.
 - c. Security Expense. These budgeted costs include the cost of having security guards at several Tri-City locations and are projected based on past experience.
 - d. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.
 - e. Lab and Med Costs. These projected costs relate directly to the implementation of meaningful use outcomes which include monitoring of physical systems as well as mental diagnosis.
 - f. Data Processing/Licenses. These budgeted costs include costs for required licensing and continued support for data base programs.
5. **Specific Costs.** These costs are mostly comprised of costs identified solely as administrative in nature, with the exception of client support expenses described below.
 - a. Client Support Costs. These costs mainly represent the cost of leasing five apartment units located in Pomona. These units are mainly occupied by Tri-City clients (both outpatient clinic and FSP clients) who pay Tri-City rent. The rental income is reflected in revenue.
 - b. Directors and Officers Insurance. These administrative insurance costs are allocated between the Clinic and MHSA operations.
 - c. Professional Services. These costs include various professional services including media and communication costs and other costs anticipated for special projects including the implementation of a new electronic health record system. This amount also includes a general allowance for unforeseen professional services. During fiscal

2021-22 some one-time costs for professional services were budgeted but were not incurred. Some of these costs are re-budgeted for fiscal 2022-23.

Professional Services costs generally vary from year to year and although the budgeted 2022-23 amount shows an increase from the amount budgeted in 2021-22, it is in line with prior years' budgeted amounts. Additionally, this budget also allows for unexpected services to be required.

- d. Attorney Fees. These costs include the legal fees expected to be incurred for services to be provided by the General Counsel for normal operating items as well as miscellaneous legal fees in connection with human resources/employment matters. The amount budgeted for 2022-23 is in line with prior years' budgeted amounts for legal fees and considered prudent to allow for unexpected matters if they arise.
- e. Audit Fees. These costs represent the fees incurred for the outside independent auditor, which are allocated between Clinic Operations and MHSA operations.

BUDGETED CASH FLOW

GENERAL

The budgeted cash flow for Tri-City's clinical operations for fiscal 2021-22 reflects a net increase to cash of approximately \$153 thousand, thereby estimating a cash balance of approximately \$7.9 million at June 30, 2023. The primary reason for the expected net increase to cash is the projected collection of outstanding receivables due from LADMH and as a result of operations from the clinic. The detail of the cash flow activity is described below.

CASH FLOWS FROM OPERATING ACTIVITIES

There are three major components to cash flows from operating activities:

1. Cash received from and on behalf of patients includes the following:
 - a. Expected receipts of Medi-Cal FFP and Medi-Cal EPSDT/SMHF for the budgeted fiscal period 2022-23 includes reimbursement received for current year services as well as collection of prior years' FFP and EPSDT. The receipts budgeted for claims relating to fiscal year 2022-23 services are anticipated to be received approximately 60 to 90 days after submission of claims due to the time it takes LAC DMH and State DMH to process and pay the claims. Amounts associated with Medi-Cal audit and cost report settlements are also included. These audits or settlements are now only taking between 18 to 24 months and most recently they have been caught up noting that through the end of fiscal 2021-22, the only outstanding Medi-Cal audit or settlements were for fiscal years 2020-21 and 2021-22.
 - b. Collection of receipts for billed services within the last quarter of the current fiscal year, 2021-22.

- c. Other collections, including patient fees, client rental payments, and any grant funds.
2. Cash payments to suppliers and contractors cost.
3. Payments to or on behalf of employees. This amount includes the gross salaries plus benefits for both active employees and projected but presently vacant positions.

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

There are two major components to cash flows from noncapital financing activities:

1. Realignment. As previously discussed Realignment funds are projected based on prior year receipts, and on information obtained from State Budget Projections.
2. Contribution from member cities.

CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES

This section reflects TCMH's projected capital needs for fiscal year 2022-23 including potential investments to the facility located at 2008 N. Garey Avenue and leasehold improvements at the Royalty suites as well as, projected furniture and equipment needs. Additionally, the cash flow for the comparable prior year (2021-22) reflects mortgage related payments as noted below. The projected purchases include the following:

1. The amount of \$108 thousand is being budgeted this year for building and leasehold improvements. This amount represents the projected cost for expected and unexpected improvements that may be required at the 2008 Garey site as well as any necessary leasehold improvements to the Royalty suites occupied by the Children and Family programs. These costs include the projected costs of replacing air conditioning units, anticipated improvement to lighting fixtures, as well as other necessary improvements to accommodate additional space for employees as deemed necessary throughout the year.
2. The amount of \$20 thousand is being budgeted for office furniture, and equipment and include estimated for costs related to replacement of miscellaneous equipment, furniture as needed throughout the year.
3. Approximately \$25 thousand has been projected for the replacement and improvement of hardware and software during fiscal 2022-23 presumed to be capitalized. However the majority of anticipated costs are included in the operating budget for non-capitalized items under the capital Computer Systems & Software. This includes continual improvement or scheduled replacement of servers, renewal of software licenses, replacement of aged computers and replacement and improvement of various information technology related equipment. As a result of COVID-19 and the need for a majority of Tri-City staff to telecommute, additional replacement of computers and some additional equipment is anticipated to be a continued necessity.
4. The amounts reflected in the projected fiscal year 2021-22 cash flow budget for principal and interest paid on debt which was secured by the property at 2008 N. Garey Avenue was based on the mortgage loan that was refinanced in June 2012 with a 25-year amortization and interest at 5%. As disclosed in Tri-City's Annual Audited Financial Statements, this

mortgage had a balloon payment due in June of 2022 which required the remaining balance at June 2022 to be paid. After appropriate analysis was presented during fiscal year 2021-22, a decision was proposed and supported by the Governing Board and the remaining debt was paid in October of 2022.

CASH FLOW FROM INVESTING ACTIVITIES

This section reflects TCMH's projected interest income from the cash deposited in Tri-City's current investment portfolio.

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**TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED FY 2021-22 (Note)	% to Rev	\$\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
REVENUE									
MEDI-CAL ADULT FFP	\$1,120,185	\$1,120,185	\$1,120,185	\$1,120,185	\$ 4,480,741	34.5%	\$ 2,778,508	29.9%	\$ 1,702,233
MEDI-CAL CHILDREN FFP	470,111	470,111	470,111	470,111	1,880,443	14.5%	944,418	10.2%	936,025
MEDI-CAL CHILDREN EPSDT--STATE	525,111	525,111	525,111	525,111	2,100,443	16.2%	884,109	9.5%	1,216,334
REALIGNMENT	1,100,000	1,100,000	1,100,000	1,100,000	4,400,000	33.9%	4,457,168	48.0%	(57,168)
MEDICARE	3,000	3,000	3,000	3,000	12,000	0.1%	12,000	0.1%	-
PATIENT FEES/INSURANCE	275	275	275	275	1,100	0.0%	1,100	0.0%	-
MHSA FUNDING	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - LA VERNE	-	-	12,000	-	12,000	0.1%	12,000	0.1%	-
CITY SHARE - CLAREMONT	-	-	14,561	-	14,561	0.1%	14,561	0.2%	-
CITY SHARE - POMONA	-	-	43,675	-	43,675	0.3%	43,675	0.5%	-
GRANTS	206,250	206,250	206,250	206,250	825,000	6.4%	489,844	5.3%	335,156
INTEREST INCOME	5,850	5,850	5,850	5,850	23,400	0.2%	16,012	0.2%	7,388
RENTAL AND OTHER INCOME	3,047	3,047	3,047	3,047	12,188	0.1%	13,577	0.1%	(1,389)
ESTIMATED M/C DENIALS/DISALLOWANCE	(206,341)	(206,341)	(206,341)	(206,341)	(825,363)	-6.4%	(382,382)	-4.1%	(442,981)
TOTAL REVENUES	3,227,488	3,227,488	3,297,724	3,227,488	12,980,188	100.0%	9,284,590	100.0%	3,695,598
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	2,128,998	2,128,998	2,128,998	2,128,998	8,515,991	65.6%	6,278,718	67.6%	2,237,273
INSURANCE-Health/workers comp/life	345,100	345,100	345,100	345,100	1,380,398	10.6%	780,938	8.4%	599,460
RETIREMENT COSTS	264,616	264,616	264,616	264,616	1,058,464	8.2%	687,292	7.4%	371,172
PAYROLL TAXES	51,231	51,231	51,231	51,231	204,924	1.6%	115,572	1.2%	89,352
MISC COSTS	49,761	49,761	49,761	49,761	199,044	1.5%	42,928	0.5%	156,116
	2,839,705	2,839,705	2,839,705	2,839,705	11,358,821	87.5%	7,905,448	85.1%	3,453,373
FACILITY COSTS									
STORAGE LEASES	6,159	6,159	6,159	6,159	24,634	0.2%	23,915	0.3%	719
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	14,208	0.2%	(14,208)
FACILITY RENT	70,252	70,252	70,252	70,252	281,009	2.2%	260,912	2.8%	20,097
INTERCOMPANY FACILITY CHARGES	(11,632)	(11,632)	(11,632)	(11,632)	(46,529)	-0.4%	(51,375)	-0.6%	4,846
UTILITIES	5,208	5,208	5,208	5,208	20,831	0.2%	22,155	0.2%	(1,324)
BUILDING REPAIRS AND MAINTENANCE	24,291	24,291	24,291	24,291	97,164	0.7%	96,507	1.0%	657
JANITORIAL SERVICES & SUPPLIES	7,293	7,293	7,293	7,293	29,171	0.2%	30,117	0.3%	(946)
WASTE DISPOSAL	1,059	1,059	1,059	1,059	4,234	0.0%	4,328	0.0%	(94)
	102,629	102,629	102,629	102,629	410,514	3.2%	400,767	4.3%	9,747
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	10,031	10,031	10,031	10,031	40,124	0.3%	40,576	0.4%	(452)
EQUIP MAINT/REPAIRS	2,057	2,057	2,057	2,057	8,228	0.1%	8,253	0.1%	(25)
EQUIP/FURNITURE PURCHASES EXPENSED	2,884	2,884	2,884	2,884	11,537	0.1%	19,426	0.2%	(7,889)
AUTO EXPENSES	623	623	623	623	2,491	0.0%	2,585	0.0%	(94)
AUTO INSURANCE	1,800	1,800	1,800	1,800	7,200	0.1%	9,252	0.1%	(2,052)
CELLULAR/PAGER LEASES	14,856	14,856	14,856	14,856	59,424	0.5%	61,301	0.7%	(1,877)
	32,251	32,251	32,251	32,251	129,004	1.0%	141,393	1.5%	(12,389)

**TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED FY 2021-22 (Note)	% to Rev	\$\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	7,503	7,503	7,503	7,503	30,012	0.2%	29,944	0.3%	68
MILEAGE REIMBURSEMENT	294	294	294	294	1,174	0.0%	2,169	0.0%	(995)
PERSONNEL ADS	6,414	6,414	6,414	6,414	25,656	0.2%	25,871	0.3%	(215)
PROFESSIONAL LIABILITY INSURANCE	23,496	23,496	23,496	23,496	93,983	0.7%	94,795	1.0%	(812)
SECURITY EXPENSE	35,671	35,671	35,671	35,671	142,685	1.1%	143,851	1.5%	(1,166)
DUES & SUBSCRIPTIONS	4,588	4,588	4,588	4,588	18,351	0.1%	17,817	0.2%	534
OTHER SUPPLIES	5,056	5,056	5,056	5,056	20,223	0.2%	20,119	0.2%	104
PRINTING	1,223	1,223	1,223	1,223	4,891	0.0%	12,081	0.1%	(7,190)
CLIENT EXPENSES	2,704	2,704	2,704	2,704	10,815	0.1%	18,818	0.2%	(8,003)
LAB/MED COST	2,419	2,419	2,419	2,419	9,675	0.1%	9,394	0.1%	281
AMBULANCE COSTS	2,049	2,049	2,049	2,049	8,194	0.1%	7,956	0.1%	238
OFFICE SUPPLIES	2,441	2,441	2,441	2,441	9,763	0.1%	9,641	0.1%	122
POSTAGE	384	384	384	384	1,534	0.0%	1,997	0.0%	(463)
RECORD DESTRUCTION	1,015	1,015	1,015	1,015	4,061	0.0%	3,943	0.0%	118
TELEPHONE EXPENSES	34,389	34,389	34,389	34,389	137,554	1.1%	136,777	1.5%	777
COMPUTER SYSTEMS & SOFTWARE	32,292	32,292	32,292	32,292	129,166	1.0%	125,414	1.4%	3,752
DATA PROCESSING/LICENSES	37,110	37,110	37,110	37,110	148,439	1.1%	73,857	0.8%	74,582
IT RELATED EXPENSES-Consulting/Training	3,869	3,869	3,869	3,869	15,477	0.1%	15,026	0.2%	451
MISCELLANEOUS	2,655	2,655	2,655	2,655	10,618	0.1%	47,650	0.5%	(37,032)
	205,568	205,568	205,568	205,568	822,271	6.3%	797,120	8.6%	25,151
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	6,698	6,698	6,698	6,698	26,790	0.2%	150,362	1.6%	(123,572)
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	0.0%	0	0.0%	-
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%	0	0.0%	-
PROFESSIONAL SERVICES	78	78	78	78	312	0.0%	3,997	0.0%	(3,685)
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	2,671	2,671	2,671	2,671	10,684	0.1%	10,373	0.1%	311
PROFESSIONAL SERVICES	27,185	27,185	27,185	27,185	108,740	0.8%	136,188	1.5%	(27,448)
ATTORNEY FEES	8,501	8,501	8,501	8,501	34,003	0.3%	33,014	0.4%	989
BANK FEES	2,100	2,100	2,100	2,100	8,400	0.1%	5,684	0.1%	2,716
AUDIT FEES	3,461	3,461	3,461	3,461	13,843	0.1%	15,381	0.2%	(1,538)
	50,693	50,693	50,693	50,693	202,772	1.6%	354,999	3.8%	(152,227)
DEPRECIATION AND AMORT	40,857	40,857	40,857	40,857	163,429	1.3%	171,248	1.8%	(7,819)
TOTAL COSTS	3,271,703	3,271,703	3,271,703	3,271,703	13,086,811	100.8%	9,770,975	105.2%	3,315,836
INCOME (LOSS) FROM OPERATIONS	\$ (44,215)	\$ (44,215)	\$ 26,021	\$ (44,215)	\$ (106,623)	-0.8%	\$ (486,385)	-5.2%	\$ 379,762

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2022. Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CONSOLIDATING OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	CHILD OP	ADULT OP	GRANTS	ADMIN	TOTAL
REVENUE					
MEDI-CAL ADULT FFP	\$ -	\$ 4,480,741	\$ -	\$ -	\$ 4,480,741
MEDI-CAL CHILDREN FFP	1,880,443	-	-	-	1,880,443
MEDI-CAL -STATE	1,880,443	220,000	-	-	2,100,443
REALIGNMENT	512,848	3,186,481	-	700,671	4,400,000
MEDICARE	-	12,000	-	-	12,000
PATIENT FEES/INSURANCE	-	1,100	-	-	1,100
MHSA FUNDING	-	-	-	-	-
CITY SHARE - LA VERNE	-	12,000	-	-	12,000
CITY SHARE - CLAREMONT	-	14,561	-	-	14,561
CITY SHARE - POMONA	-	43,675	-	-	43,675
GRANTS	20,000	-	805,000	-	825,000
INTEREST INCOME	-	-	-	23,400	23,400
RENTAL AND OTHER INCOME	100	1,000	-	11,088	12,188
ESTIMATED M/C DENIALS/DISALLOWANCE	(376,089)	(449,274)	-	-	(825,363)
TOTAL REVENUES	3,917,745	7,522,284	805,000	735,159	12,980,188
EXPENSES					
SALARY COSTS					
<i>FTE's</i>	25.9	49.3	8.0	13.1	96.3
SALARY AND WAGES	2,241,761	4,433,172	508,825	1,332,233	8,515,991
INSURANCE-Health/workers comp/life	361,311	723,285	80,495	215,307	1,380,398
RETIREMENT COSTS	272,691	569,031	61,466	155,276	1,058,464
PAYROLL TAXES	53,586	107,380	12,466	31,492	204,924
MISC COSTS	51,837	104,684	12,059	30,464	199,044
	2,981,186	5,937,552	675,311	1,764,772	11,358,821
FACILITY COSTS					
STORAGE LEASES	6,448	12,217	-	5,969	24,634
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-
FACILITY RENT	161,903	33,212	-	85,894	281,009
INTERCOMPANY FACILITY CHARGES	-	(46,529)	-	-	(46,529)
UTILITIES	-	20,472	-	359	20,831
BUILDING REPAIRS AND MAINTENANCE	6,444	88,551	-	2,169	97,164
JANITORIAL SERVICES & SUPPLIES	9,510	14,425	-	5,236	29,171
WASTE DISPOSAL	1,767	2,440	-	27	4,234
	186,072	124,788	-	99,654	410,514
EQUIPMENT COSTS					
EQUIPMENT RENTAL/LEASE	8,675	24,327	-	7,122	40,124
EQUIP MAINT/REPAIRS	2,437	4,355	-	1,436	8,228
EQUIP/FURNITURE PURCHASES EXPENSED	1,657	4,969	-	4,911	11,537
AUTO EXPENSES	1,339	163	-	989	2,491
AUTO INSURANCE	2,939	2,476	-	1,785	7,200
CELLULAR/PAGER LEASES	19,370	27,273	-	12,781	59,424
	36,417	63,563	-	29,024	129,004

**TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CONSOLIDATING OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	CHILD OP	ADULT OP	GRANTS	ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES					
CONFERENCES, SEMINARS & RELATED COSTS	7,366	6,726	-	15,920	30,012
MILEAGE REIMBURSEMENT	390	701	-	83	1,174
PERSONNEL ADS	8,723	7,513	-	9,420	25,656
PROFESSIONAL LIABILITY INSURANCE	27,768	52,481	-	13,734	93,983
SECURITY EXPENSE	20,076	114,798	-	7,811	142,685
DUES & SUBSCRIPTIONS	199	808	-	17,344	18,351
OTHER SUPPLIES	3,818	8,273	-	8,132	20,223
PRINTING	399	909	-	3,583	4,891
CLIENT EXPENSES	180	10,635	-	-	10,815
LAB/MED COST	160	9,515	-	-	9,675
AMBULANCE COSTS	1,596	6,598	-	-	8,194
OFFICE SUPPLIES	1,476	3,619	-	4,668	9,763
POSTAGE	-	-	-	1,534	1,534
RECORD DESTRUCTION	1,403	2,658	-	-	4,061
TELEPHONE EXPENSES	37,206	66,719	-	33,629	137,554
COMPUTER SYSTEMS & SOFTWARE	30,566	60,347	-	38,253	129,166
DATA PROCESSING/LICENSES	44,659	101,482	-	2,298	148,439
IT RELATED EXPENSES-Consulting/Training	-	-	-	15,477	15,477
MISCELLANEOUS	83	2,294	-	8,241	10,618
	186,068	456,076	-	180,127	822,271
SPECIFIC COSTS					
PROGRAMS:					
CLIENT SUPPORT COSTS	-	26,790	-	-	26,790
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-
COMMUNITY GRANTS	-	-	-	-	-
GRANTS	-	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-	-
PROFESSIONAL SERVICES	209	103	-	-	312
ADMINISTRATIVE:					
DIRECTORS & OFFICERS INSURANCE	-	-	-	10,684	10,684
PROFESSIONAL SERVICES	-	-	-	108,740	108,740
ATTORNEY FEES	-	-	-	34,003	34,003
BANK FEES	-	-	-	8,400	8,400
AUDIT FEES	-	-	-	13,843	13,843
	209	26,893	-	175,670	202,772
DEPRECIATION AND AMORT	32,317	89,515	3,553	38,044	163,429
ALLOCATION OF ADMINISTRATIVE COSTS (15% OF DIRECT COSTS)	513,340	1,004,758	101,830	(1,619,928)	-
TOTAL COSTS	3,935,609	7,703,145	780,694	667,363	13,086,811
INCOME (LOSS) FROM OPERATIONS	\$ (17,864)	\$ (180,861)	\$ 24,306	\$ 67,796	\$ (106,623)

**TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CASH FLOW BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 QUARTERS				BUDGET FY 2022-23
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	
CASH FLOWS FROM OPERATING ACTIVITIES					
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	\$ 2,598,942	\$ 1,267,228	\$ 1,267,228	\$ 2,718,689	\$ 7,852,089
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(391,140)	(391,140)	(391,140)	(391,140)	(1,564,561)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(2,839,705)	(2,839,705)	(2,839,705)	(2,839,705)	(11,358,821)
NET CASH USED BY OPERATING ACTIVITIES	(631,903)	(1,963,617)	(1,963,617)	(512,156)	(5,071,294)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES					
REALIGNMENT	1,100,000	1,100,000	1,100,000	1,100,000	4,400,000
CONTRIBUTIONS FROM MEMBER CITIES	-	-	70,236	-	70,236
GRANTS	206,250	206,250	206,250	206,250	825,000
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	1,306,250	1,306,250	1,376,486	1,306,250	5,295,236
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES					
PURCHASE OF CAPITAL ASSETS:					
BUILDING AND IMPROVEMENTS	(27,125)	(27,125)	(27,125)	(27,125)	(108,500)
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(5,000)	(5,000)	(5,000)	(5,000)	(20,000)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(10,000)	(5,000)	(5,000)	(5,000)	(25,000)
PRINCIPAL PAYMENTS ON CAPITAL DEBT	-	-	-	-	-
INTEREST PAID ON CAPITAL DEBT	-	-	-	-	-
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIONS	11,632	11,632	11,632	11,632	46,529
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(30,493)	(25,493)	(25,493)	(25,493)	(106,971)
CASH FLOW FROM INVESTING ACTIVITIES					
INTEREST RECEIVED	5,850	5,850	5,850	5,850	23,400
OTHER INCOME RECEIVED	3,047	3,047	3,047	3,047	12,188
NET CASH PROVIDED BY INVESTING ACTIVITIES	8,897	8,897	8,897	8,897	35,588
NET CHANGE IN CASH	652,751	(673,963)	(603,727)	777,498	152,560
CASH BEGINNING BALANCE (Projected)	7,734,594	8,387,345	7,713,382	7,109,655	7,734,594
CASH ENDING BALANCE	\$ 8,387,345	\$ 7,713,382	\$ 7,109,655	\$ 7,887,153	\$ 7,887,153

TRI-CITY MENTAL HEALTH AUTHORITY
MHSA – MENTAL HEALTH SERVICES ACT PROGRAM OPERATIONS

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2022-23

DRAFT

MHSA – MENTAL HEALTH SERVICES ACT PROGRAMS

BUDGETED OPERATING INCOME

GENERAL INFORMATION

The Mental Health Services Act (“MHSA”) budget includes the projected funding and operating costs of the approved MHSA Plans including the Community Services and Supports (“CSS”) programs, the Prevention and Early Intervention (“PEI”) programs, the Innovations (“INN”) programs, the Workforce, Education & Training (WET) programs and the Capital Facilities and Technology Needs projects (CFTN). Tri-City receives its share of MHSA funding directly from the State, which is then required to be allocated to three plans: 5% to the INN Plan; and then the remainder to the CSS Plan (80% or 76% of the total allocation) and the PEI Plan (20% or 19% of the total allocation).

Revenues within the MHSA plans include MHSA funding and Medi-Cal cost reimbursement from FFP and State EPSDT. These revenues were projected based on Tri-City’s approved MHSA Plans and reflect the estimated budgets included in the respective plans and updates.

Total budgeted costs for MHSA programs of \$21.9 million reflect an increase of approximately \$3.8 million when compared to the prior year’s budget of \$18.1 million. However, the projected final costs of \$15.1 million for fiscal 2021-22 when compared to the fiscal 2022-23 budget, the increase is approximately \$6.8 million, which is primarily the result of increased salaries and benefits and assumes that programs will be fully staffed. For fiscal 2022-23, the salaries and benefits associated with Tri-City’s Executive team, Senior Management team, and administrative staff who serve the entire Agency, are anticipated to spend approximately 62% of their time on MHSA programs. This budget includes a total of 36.8 FTEs of allocated time for these staff which have been allocated to reflect the staffing proportions of the Agency.

The program descriptions for each of the five plans included herein are discussed below:

COMMUNITY SERVICES AND SUPPORTS PLAN

This plan includes the following programs:

1. **Full Service Partnerships (FSP).** This program represents individualized services and supports that are required to assist person(s)/family(s) in achieving the goals identified in their wellness/recovery plan. Full Service Partnership (FSPs) are for people who are experiencing severe mental illness and are homeless or at risk of homelessness or other devastating consequences. During fiscal year 2021-22 and through April 2022, approximately 641 total unduplicated clients have been served within the FSP programs. Based on past experience and current data, the number of anticipated FSP clients to be served (active clients at any given time) during fiscal 2022-23 is broken into four age groups.
 - a. Children ages 0-15
 - b. Transitional Age Youth (TAY) ages 16-25
 - c. Adult ages 26-59
 - d. Older Adult ages 60 and over

The operation of the FSP program has been in full swing since 2009-10. As a result of the level of required services, approximately 21 vacant FSP dedicated personnel positions are currently budgeted to include Therapists, Psychiatrists, Psychiatric Technicians, program support and Clinical Wellness Advocates.

The Clinical Wellness Advocates mentioned above were new positions approved in fiscal 2016-17 whose role has been to provide advocacy, guidance, feedback, outreach and support to help clients and families access and work more effectively with the systems involved, and to build on the continuity of care for those clients receiving formal treatment services.

This budget reflects the direct costs of approximately \$10.0 million incurred by Tri-City to provide FSP services to all FSP clients. These services are reflected in the natural expense classifications. The majority of Tri-City's FSP costs consist of salaries and benefits of approximately \$8.2 million (73.3 FTEs), projected client support costs (FLEX funds) of approximately \$801 thousand.

2. **Community Navigators.** The Community Navigators program includes a team of 9 individuals that develop relationships with all manner of organizations and social service agencies throughout the three cities' region. The goal is to assist individuals who need services to help them quickly identify currently available services and/or refer them to the Tri-City system of care.
3. **Wellness Center.** The Wellness Center facility was completed and opened at the beginning of November 2011. The Wellness Center was conceived as a place of support for people who struggle with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. The Wellness Center provides self-help groups, peer and family support services, educational and employment resources, recreational and cultural activities, assessment and linkage services and provides programs as an adjunct and/or stepdown from formal treatment services. During fiscal 2018-19, the Wellness Center had over 31,000 visits, however as a direct result of COVID-19, the Wellness Center visits are now only reaching to approximately 17,400 but expect that the visits will continue to occur despite the limited hours and while complying with social distancing requirements. Virtual meetings are currently being held and expect to grow and management is continually considering adding new group programs to assist the community. As a result of the continued needs of the community, the FTEs included in this budget include 14.5 FTEs for fiscal 2022-23 which is 1.0 FTE higher than the prior year.
4. **Supplemental Crisis Services.** This program provides crisis response services in three distinct ways which includes the after-hour crisis support, walk-in crisis services, and field based intensive outreach and engagement services for those who are not currently enrolled as Tri-City clients. The Supplemental Crisis Services System provides clinical support for the person in crisis, their family members, police, and/or others present. All of these services work collaboratively with the "Access to Care" team and the Community Navigator Programs to improve the likelihood that persons in crisis will be enrolled for ongoing treatment services. This budget includes both crisis services and the provision of ambulance services. This program includes a budget for clinicians to work after-hours and during the weekend, with the total hours available equaling up to 9.0 FTEs.

5. **Field Capable Clinical Services for Older Adults.** This program involves clinicians spending time engaging with seniors who have serious mental health issues, either in their home, in senior centers, or other locations where seniors are present, to provide clinical services and connectivity to other providers of senior services in the Tri-City area. The budget includes 1.0 FTE of clinical employees for outreach and engagement of seniors in the area as well as to train new and existing staff on specialized mental health needs of older adults.
6. **CSS Permanent Supportive Housing.** This program is designed to help people with mental illness maintain their current housing or find a more appropriate place of residence. This program was established through the CSS Housing Plan approved by the Governing Board in fiscal 2011-12. The costs included in this budget reflect salary costs and professional fees anticipated to continue to support the various housing CalHFA projects, in addition to the continued costs associated with maintaining properties owned by Tri-City, which provide housing. The rental income reflected on the CSS Housing budget reflects the anticipated rents from these housing projects.

Tri-City Mental Health Authority (Tri-City), its MHSA Stakeholders, and its Mental Health Commission recommended that Tri-City's Governing Board approve a transfer of \$1.2 million in unspent Community Services and Supports (CSS) funds to the Permanent Supportive Housing Program. In January of 2017 the Governing Board approved this transfer of \$1.2 million of CSS dollars to CSS Housing. The purpose of this transfer of funds was to allow Tri-City to be proactive and responsive to potential housing project needs and the pending implementation of the 'No Place Like Home' (NPLH) program which was originally scheduled to begin in July of 2017. Additionally, in April of 2019, another \$1.6 million of CSS dollars was also recommended for transfer to the Permanent Supportive Housing Program which was presented to the Governing Board and was approved at the May 2019 Governing Board meeting. In Fiscal Year 2020-21 the total of \$2.8 million in designated housing funds was expended for the West Mission Housing Project.

7. **Administrative CSS Costs.** These costs include the administrative functions required to oversee the various programs included in the CSS plan and includes salary costs, professional fees, attorney fees, information system costs, equipment costs, and supply costs. Personnel costs include 20.5 FTEs of various personnel who indirectly work on CSS programs which includes allocated time of Executive/Senior Management, as well as data collection, billing and accounting personnel.

PREVENTION AND EARLY INTERVENTION PLAN

1. **Community Capacity Building.** This project supports under-served cultural communities and individuals across the three cities through three main projects:
 - a. Community Wellbeing
 - b. Community Mental Health Trainers
 - c. Stigma Reduction and Suicide Prevention

The *Community Wellbeing* project supports initiatives for unserved and under-served communities to promote the wellbeing of their members. Over the past eleven years, the

Agency has granted approximately \$1.4 million in community grants to support local community groups to promote wellbeing of their members and it is projected that an additional \$80 thousand will be granted in fiscal 2022-23. The focus of this program in 2022-23 will continue to be on children and TAY ages 0-25. In line with community capacity building, communities that receive the funds are trained in Results-Based Accountability, which assists communities in identifying the benefits of their efforts.

The *Community Mental Health Training* Project was initially implemented in fiscal 2010-2011 and in its first two years certified over 70 Mental Health First Aid instructors (MHFA). Over the course of seven years, almost 4,000 individuals had been trained across the three cities who are prepared to offer support to anyone they encounter who is experiencing mental or emotional distress. Although Mental Health First Aid was considered a highly successful program since its inception, a steady decline in the number of trainings requested was noted over a few years and therefore the full-time trainers were eventually eliminated in fiscal 2017-18. Since then, Tri-City has continued to provide trainings conducted by existing staff, even adding new trainings. Tri-City has expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, the Recovery Model, Non-Suicidal Self-Harm and parenting classes. Additionally, in FY 2018-19, Tri-City expanded its training programs with the addition of a new Trauma Training: Adverse Childhood Experiences (ACEs). With the increase in requests for trainings and the expansion of the program, the need for a full-time trainer was supported by the stakeholders.

Tri-City's Stigma Reduction program also known as Room for Everyone began in fiscal 2013-14. Activities offered in this program include stigma reduction efforts, suicide prevention training, a speakers bureau and a community art gallery located at Tri-City's 2001 N. Garey Ave. site.

The total budget for the Community Capacity Building program includes costs of approximately \$448 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$322 thousand for 3.3 FTEs, \$80 thousand in Community grants, approximately \$13 thousand for facility and equipment costs and approximately \$33 thousand on various services and supplies.

2. **Older Adult Wellbeing.** This project focuses on older adults, and in particular, the disparities in access to mental health services experienced by older adults, as well as the high risk of suicide for this age group. This program includes two main projects:
 - a. Peer Mentoring, and
 - b. Specialty Groups/Programming Offered at the Wellness Center

The *Peer Mentoring* Project, a prevention and early intervention program, provides peer counseling and peer support groups for older adults from unserved and under-served communities through the engagement of partners in the communities across the three cities to identify older adults who could benefit from these programs. The Peer Mentor Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for normal services or are transitioning out of formal services. This project trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer mentors can offer both

individual and group mentoring, and additional support through linkages to age and culturally-appropriate resources.

This budget includes costs of approximately \$111 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$95 thousand for 0.8 FTE. The remaining costs include supplies, equipment costs, training and other miscellaneous expenses.

3. **TAY-Adult Wellbeing.** This project focuses on transitional-aged young adults, including young adults from under-served cultural populations, young adults at risk of serious psychiatric illness, young adults exposed to trauma, young adults in stressed families, and others. This program includes two projects:
 - a. Peer Mentoring, *and*
 - b. Specialty Groups/Programming Offered at the Wellness Center

The Peer Mentors Support Program provides peer counseling and peer support groups for transitional-aged young adults from unserved and under-served communities through the engagement of partners in the communities across the three cities to identify young adults who could benefit from the programs under this project. The Peer Mentor Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for normal services or are transitioning out of formal services. The Peer Mentoring Program also trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer mentors can offer both individual and group mentoring, and additional support through linkages to age and culturally-appropriate resources.

This budget includes costs of approximately \$104 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$95 thousand for 0.8 FTE. The remaining costs include training and other miscellaneous expenses.

4. **Family Wellbeing.** This project focuses on family members and caregivers, particularly of young children, as a way of providing support to children and youth in stressed families, including family members from unserved and under-served cultural populations. The Family Wellbeing Project is building trusting relationships and provides supports to family members and caregivers of people who participate in the Wellness Center, the Peer Support Programs, and other PEI programs. Families who need these supports will be identified through the engagement of partners in the communities across the three cities including schools, colleges, health clinics, and other primary care providers and organizations.

This budget includes costs of approximately \$103 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$101 thousand for 1.0 FTE. The remaining costs include other miscellaneous expenses.

5. **NAMI.** This program was originally approved in fiscal 2010-11 in Tri-City's MHSA 2011-12 Annual Update. In FY 2011-12, NAMI Pomona Valley entered into a partnership under Tri-City's PEI plan to provide training in schools located in the cities of Claremont, La Verne and Pomona. The original program budget provided funding to NAMI Pomona Valley to support their community capacity building programs with the "Inter-Faith Collaboration on Mental

Illness” and “Parents and Teachers as Allies” communities. In July 2019, Parents and Teachers as Allies (PTAA) was replaced by a more comprehensive training called Ending the Silence (ETS), which included the same components as PTAA as well as a component dedicated to training students to recognize early warning signs of mental illness. Of these programs, Ending the Silence was the only program that was continued during fiscal 2020-21 by NAMI. In April of 2021, stakeholders unanimously agreed to add NAMI 101 to the existing Ending the Silence program thereby creating two training options for community members. The original funding allocation for ETS of \$35,500 per year will remain the same and NAMI Pomona Valley will now be able to submit invoices for both programs under this revised plan. This program modification was made part of the MHSA Annual Update for FY 2021-22 and was approved by the Governing Board in June 2021. The resulting NAMI budget for fiscal 2022-23 is approximately \$35.5 thousand which includes amounts for professional services for the NAMI programs and related stipends and amounts for miscellaneous expenses for training conferences. As would be expected, the trainings and conferences offered by NAMI Pomona Valley are being provided through video and teleconferencing as a direct result of COVID-19.

6. **Housing Stability (previously Building Bridges between Landlords, Mental health Providers and Clients—AKA Landlords).** This program was approved by the Governing Board in the PEI Update submitted in fiscal 2011-12 to expand and strengthen the system of care towards community wellbeing by focusing on ways that landlords and Tri-City Mental Health Authority can work together to 1) identify mental health needs; and 2) provide assistance in ways that allow Tri-City Mental Health Authority clients to access or maintain their housing arrangement. In addition, due to the recent housing projects that were completed in 2015-16 and completed during 2017-18, major efforts continue to take place to assure that clients in need of housing will be signed up to apply for this housing. As a result, Tri-City had previously increased the staffing during fiscal 2015-16 to include 2.0 FTE positions of wellness advocates budgeted within the CSS Plan. This budget includes costs of approximately \$205 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$175 thousand for 1.8 FTEs. The remaining costs include facility costs, equipment costs and other services and supplies.
7. **Therapeutic Community Gardening.** This program was originally approved by the Governing Board in the Annual MHSA 2012-13 Update submitted in fiscal 2011-12. This project seeks to increase access to mental health services and supports for select populations through a community-wide urban farm. The project originally focused on three priority populations who suffer isolation from friends, family and the broader community -- veterans, school-aged children and their families, and youth transitioning out of foster care. During the 2014-15 MHSA update, it was determined that the Therapeutic Community Gardening should be open to all qualifying clients. As a result of the success of this program, more groups have been added over the past several years and therefore, Tri-City had increased the budget for one additional clinical staff. This has remained consistent for fiscal year 2022-23.

This budget includes costs of approximately \$372 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$298 thousand for 2.9 FTEs, \$13 thousand in facility and equipment costs, \$61 thousand in other services and supplies which includes a security expense for a security guard at the garden location.

8. **Early Psychosis Costs.** In 2018 the Mental Health Service Act was amended to include specific prevention and intervention program priorities and this included the establishment of

an Early Psychosis program. This program was established by Tri-City in Fiscal Year 2018-19 which was also recommended as part of the Stakeholder process for the 2018-19 MHSA Plan Update. The purpose of this project was to develop an early psychosis program in order to address the identification and diagnosis of individuals ages 16 to 25, who are suffering from psychosis and are not currently enrolled in mental health services. The original amount of \$240 thousand in funds were designated for a two-year project that utilized one-time PEI dollars on program development and early implementation. As a result of the development of this project, Tri-City identified the PIER (Prevention, Intervention, Enforcement and Reentry) model as the most comprehensive and effective to meet the needs of Tri-City clients and community members. This evidence-based treatment uses three key components – community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. Tri-City staff will focus on hosting early psychosis trainings with the goal of informing community partners of this opportunity and hopefully increasing interest in attendance. The amounts budgeted for 2022-23 will be utilized to focus on developing and training a new clinical team comprised of Tri-City staff who will implement the PIER

This budget includes total costs of approximately \$162 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$153 thousand for approximately 1.2 FTEs and other anticipated costs associated with developing and implementing the program such as training and professional services.

9. **Administrative PEI Costs.** These costs include the administrative functions required to oversee the various programs included in the PEI plan and includes salary costs, facility costs, attorney fees, and other miscellaneous costs. Personnel costs include 2.4 FTEs for the PEI Coordinator and allocated time of data collection, billing, and accounting personnel and allocated Executive/Senior Management team time.

INNOVATIONS PLAN

The purpose of the Innovation projects is to promote learning through innovative programs and processes in order to increase access to underserved groups and increase the quality of services provided and identifying if better outcomes result. INN projects are three-year projects that may be extended up to 5 years, and are evaluated at the end of the project to determine if the learning from the projects can be implemented into other MHSA programs. In January 2012, the initial Innovation Plan was approved by the Governing Board and included two projects, 1) Modified Cognitive Enhancement Therapy and 2) Integrated Care Project. These two projects were completed in fiscal 2014-15.

In May 2014, the Governing Board approved two additional innovations projects, 1) Cognitive Remediation Therapy and 2) Employment Stability, which have also been completed. The Employment Stability Program was completed during Fiscal Year 2017-18 and the Cognitive Remediation Therapy Program which was completed during Fiscal Year 2018-19.

At the May 2018 MHSA Public Hearing, the Stakeholders and the Mental Health Commission recommended that the Governing Board approve the INN Technology Suite project (now named Help at Hand). This project was approved by the Governing Board at the June 2018 Governing Board meeting and was also subsequently presented to and approved by the Mental Health Oversight and Accountability Commission (OAC) in September of 2018. The Help at Hand (formerly named the Technology Suite) project and the Multi-County Psychiatric Advance Directives (PADs) project are the two approved projects included in this budget.

The current program descriptions are noted as follows:

1. **INN Technology Suite Project.** This project was originally proposed as a three year project (and later extended to a five year project) and the intention of the project is to engage in a joint, multi-county Innovation project which explores the impact and effectiveness of a technology-based mental health approach to providing services. The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of 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. More details are included in the New Innovation Project Proposed document posted on Tri-City's website.

This budget includes projected costs of approximately \$269 thousand. The main components of the budgeted expenses for this program include \$183 thousand in salaries and benefits for staff time of personnel who will be working on implementing the program. In addition, the amount of \$72 thousand is for professional services specifically related to the INN Technology Suite Project and is estimated for its implementation, and will be paid to a third party via a Participation Agreement with the California Mental Health Services Authority which was authorized at the Governing Board Meeting on November 14, 2018.

2. **Psychiatric Advance Directives (PADs).** This three-year project is a multi-county cloud-based technology platform which operates in real-time, where consumer can create, access, store and share their PAD with their appointed advocate, loved ones, and providers. It is a shared system for Healthcare providers and first responder to allow immediate access to consumer's PAD during crisis.

The project was endorsed by the Tri-City's MHSA Stakeholders and was presented and approved by the Governing Board on April 20, 2022 and later approved by the Mental Health Services Oversight and Accountability Commission (MHSAOAC.) The plan is going into effect on July 1, 2022 and therefore is included in this fiscal year 2022-23 budget.

3. **Administrative INN Costs.** These costs include the administrative functions required to oversee INN programs included in the INN plan and includes salary costs, facility costs, and other miscellaneous costs. Personnel costs of \$62 thousand include .3 FTEs for the allocated time of Management as well as data collection, billing, and accounting personnel, and for costs of staff allocated to work on INN Programs administratively.

WORKFORCE, EDUCATION & TRAINING PLAN

This plan was originally approved in November 2012 and began implementation in the third quarter of fiscal 2012-13. The purpose of the WET programs is to promote learning and staff development as well as to provide a means to educate the community and to develop a base for future employees and volunteers in the provision of community mental health. WET funding is considered one-time funding and, once exhausted, in order to continue programming in the WET Plan, transfers of available funding from the CSS Plan are required. As noted in prior years' budgets, several transfers have been made to continue the programs in WET. The most recent transfers approved were included within the Fiscal Year 2022-23 Annual Update in the total amount of \$2.7 million (\$1.7 to CFTN and \$1.0M to WET). As these have now been approved, these transfers are now scheduled to take place during Fiscal Year 2022-23.

As with other county mental health agencies, Tri-City was facing a resignation and hiring crisis. To ensure future mental health personnel, Tri-City has identified the need to develop a more effective recruitment and retention strategy. Therefore, during a virtual stakeholders meeting in August 2021, a proposal to amend the MHSA Annual Update FY2021-22 was approved by stakeholders to 1) create two new staff position in WET; Social Media Specialist to enhance Tri-City's web promoting employment, and Diversity Equity and Inclusion Coordinator focus on ensuring an inclusive and equitable presentation within Tri-City's system and 2) to develop a loan repayment program.

Included in the initial WET plan, was the implementation of two projects/programs (that to date have been continued as a result of transfers) and those projects/programs are described as follows:

1. **Learning and Improvement.** This project supports the development and training of current staff to enable better service to Tri-City's clients. This program provides all staff the opportunity to attend a myriad of trainings covering various topics including clinical best practices, HR related issues, facilities, project management, IT, front office, etc. Other specific trainings include online and live classes and seminars presented by Fred Pryor Seminars and Relias Learning. During the last several years, Tri-City brought to the existing workforce specialized trainings on a variety of topics including trauma treatment, motivational interviewing, co-occurring disorders treatment, leadership development and most recently, training on Adverse Childhood Experiences (ACES). These specific types of training will continue in fiscal 2022-23.

This budget includes costs of approximately \$367 thousand. The main components of the budgeted expenses are salaries and benefits of approximately \$262 thousand for 2.8 FTEs, \$4 thousand for facility/equipment related costs, \$6 thousand for other services and supplies costs and \$95 thousand in costs relating to training and the development and/or purchase of educational software. These expenditures will continue to support the Learning and Improvement programs noted above by providing training opportunities to staff on leadership and management, purchase and make online training libraries available, and provide specialized trainings on a variety of topics including how-to engage difficult clients and the Trauma Resiliency Model.

2. **Volunteers & Future Employees.** This project focuses on outreach to the community to educate and train a pool of future employees and volunteers for the provision of community health. The WET Supervisor has in the past recruited approximately 237 volunteers during

fiscal years 2013-14 through 2018-19, and approximately 20 volunteers in 2019-20 for different programs at Tri-City which included students from the local colleges, public high schools, and private high schools and as well as community members within the three cities. During fiscal 2013-14 the WET Supervisor started the WISH program (Working Independence Skills Helping) which trains current and former Tri-City clients on skills to prepare them for formal volunteer work both within and outside the Tri-City system of care. The WET Supervisor has participated in various community outreach events to introduce careers in mental health. There are a number of volunteers on a waiting list at Tri-City to be trained and placed within the system of care. As might be expected, and due to Covid-19 restrictions, the consistency of volunteers has been limited. In addition to the prior success of the program, during fiscal 2014-15 Tri-City began publishing the “Vital Volunteer” monthly newsletter that features one volunteer’s story about how volunteering at Tri-City has played a role in their life. Although this practice is expected to continue, due to the significant interruption by the pandemic, the publishing of the Vital Volunteer newsletter is currently on hold.

This year’s budget includes costs of approximately \$285 thousand that are expected to cover the costs to continue community outreach events. The main components of the budgeted expenses are salaries and benefits of approximately \$30 thousand for 0.3 FTE, and \$5 thousand for community outreach costs. Tri-City continues to pursue partnering with Claremont High School and Pomona Unified School District to be a part of their career day events for high school students (when permitted as a result of COVID-19). Also, Tri-City will continue to outreach to the High Schools in La Verne to provide presentations on careers in mental health. Tri-City will also continue to partner with ULV in their service learning class to provide volunteer opportunities for 15-20 students per semester and as noted above, continue the W.I.S.H program to train individuals with lived experience to prepare for volunteer and work opportunities in field of mental health.

3. **Administrative WET Costs.** These costs include .5 FTE of administrative staff support.

CAPITAL FACILITIES/TECHNOLOGY NEEDS PROJECTS

In May 2013 the Governing Board approved the initial CFTN plan which included Technology Needs projects at a total projected expenditure of approximately \$1.1 million. This initial plan approved three technology projects to 1) improve the Agency’s infrastructure, 2) create better consumer access to computing resources, and 3) provide systems to monitor programs and provide service outcome support. Implementations of all these projects began in June 2013 and were completed by the end of fiscal 2015-16. CFTN funds are considered one-time use funds and in order to continue projects in the CFTN plan, transfers of MHSA CSS Plan funds must be made into the CFTN Plan. These transfers must first be approved by the stakeholders and then by the Mental Health Commission and the Governing Board. Over the years several transfers have been made into the CFTN plan to fund various projects and the following are projects that are either underway or currently active:

1. **MHSA Administrative Professional Building.** In March 2015, the CFTN plan was updated and approved by the Governing Board which included a new Capital Facilities project for the purchase (including required improvements) of an office building for MHSA Administrative Professional staff. The purchase of an office building was completed in July of 2015 at which time Tri-City commenced the renovations and improvements. The Capital Facilities plan, after amendments, included a total cost of approximately \$1.7 million for the

acquisition and improvements. The renovation of the building was completed during fiscal 2015-16 and was fully occupied in May of 2016. The costs of operating the building (not including depreciation associated with the building and building improvements) are allocated to the appropriate MHSA programs based on the staff that occupy the building, which include programs such as Community Capacity, Stigma Reduction, Community Mental Health Trainers, Employment Stability, Learning and Improvement, Volunteers and Future Employees, and various other PEI and CSS related programs including Administrative support staff directly working on MHSA programs. As such, the only costs presented in this budget related to this project include only the annual depreciation of approximately \$62 thousand for the building and related improvements.

2. **Electrical Upgrade and Office Remodel at the MHSA Administrative Building.** With the continuing expansion of Agency personnel, it was determined that additional office space may be created by reconfiguring a large space located at the MHSA Administrative Building. In addition, the electrical panel required updating so that the building could safely accommodate increased staffing, appliances, emergency generator and a separate air conditioning panel. On January 8, 2020, community stakeholders gathered to review the CFTN projects proposed and the proposal was subsequently posted for a 30-day comment period beginning on January 31, 2020. This project was subsequently approved by the Governing Board in March 2020. Additionally, this project was included in the fiscal year 2020-21 MHSA 3-Year Plan which was approved by the Governing board on June 17, 2020. Preliminary estimates for this project totaled \$509 thousand and as of June of 2022, the Electrical project is almost complete while the Office Remodel portion of the project is moving forward in fiscal year 2022-23. This budget includes the remaining amount necessary to complete this project in the Cash Flow Budget under the caption Cash Flow from Capital and Related Financing Activities.
3. **Improvements to the Therapeutic Community Garden.** In June 2016 community stakeholders and local Mental Health Commission recommended to Tri-City's Governing Board, who in turn, approved the transfer of \$500,000 from Community Services and Supports (CSS) to Capital Facilities and Technology Needs to enhance the Therapeutic Community Gardening Program. This request was made to establish a permanent garden site consisting of planting beds and construction of an outdoor structure/room designed to accommodate year-round garden activities and support groups. In addition to serving individuals participating in the Therapeutic Community Garden program, this space will be used for the benefit of clients participating in other MHSA programs including Full Service Partnerships and the Peer Mentoring program. On January 8, 2020, community stakeholders gathered to review the CFTN projects proposed and the proposal was subsequently posted for a 30-day comment period beginning on January 31, 2020. This project was subsequently approved by the Governing Board in March 2020. Additionally, this project was included in the fiscal year 2020-21 MHSA 3-Year Plan which was approved by the Governing board on June 17, 2020. Preliminary estimates for this project totaled \$462 thousand and is set to move forward in fiscal year 2022-23, as such this amount has been included in the Cash Flow Budget under the caption Cash Flow from Capital and Related Financing Activities.
4. **IT Infrastructural Needs Plan.** In May 2022, a new CFTN plan was posted for a 30 day public comment period. In order to maintain high operational computers and network, increase system security and compliance, provide reliable data backup, etc., in June of 2022, the Governing Board approved an amount of \$767 thousand in CFTN funds to

implement those IT Infrastructure Needs projects. The funding for this plan will come out of the \$1.7 million that was approved to be transferred from the CSS plan to the CFTN plan in April 2022. These improvements to IT are schedule to begin in July of 2022 and as such \$767 thousand has been included in this budget to cover these costs.

BUDGETED CASH FLOWS

GENERAL COMMENTS

The projected cash flow for MHSA operations include expected inflows of cash from the receipt of MHSA funding received from the State and Medi-Cal reimbursement. The budget includes Medi-Cal reimbursement for services provided to Medi-Cal eligible clients served in the Full Service Partnership program, and a minimal amount related to the Field Capable Services program.

History of MHSA Cash Flow: Although the MHSA legislation began implementation in fiscal 2005-06, Tri-City began applying for MHSA funds at the end of fiscal 2008-09 after emergence from bankruptcy. As a result of the late start, funds that had been allocated to Tri-City in fiscal 2006-07, 2007-08 and 2008-09 were available for use when Tri-City filed its initial CSS plan in April 2009. Funds are considered available for spending upon approval of plans and Tri-City's first three-year plan was approved in May 2009 which included the process of requesting funds from the State to fund the plan. This process continued through fiscal 2009-10 whereby funds requested for the next year's operations were actually received in the year requested.

In fiscal 2010-11 the State decided to transfer to the counties (including Tri-City) all MHSA allocations that were not previously requested. Therefore, Tri-City began receiving unrequested and unapproved funds for all MHSA components from the State as a monthly allocation. Beginning in fiscal 2011-12 the State began to transfer MHSA funds based on tax collections. As such the receipt of these funds does not correlate to the funds approved to be expended in the MHSA updates or submission of new plans. The funds received by Tri-City that have not been approved for expenditure are reflected as deferred revenues (deferred inflows of resources). However, the Cash Flow Statements reflect the actual cash receipt of MHSA funds when they are received. As existing MHSA programs and new Plans are approved, the funds received in prior years in addition to funds to be received in fiscal 2022-23 can be used to fund the new approved expenditures in fiscal 2022-23.

As previously mentioned, during fiscal 2016-17 a new program was created by legislation known as NPLH which reduced MHSA funding to all counties, including Tri-City, by 7% for the purpose of funding a new program titled No place Like Home. The 7% reduction in funding was expected to take effect until fiscal 2020-21 and as such this reduction has been reflected in this budget.

Annually, Tri-City participates in training and continually strives to stay abreast of legislation and various changes that may financially impact the agency or the services we provide. California's Advancing Innovation in Medi-Cal (CalAIM) is the State's long-term commitment to transform and strengthen Medi-Cal. The goal is to provide Californians with more equitable, coordinated and person-centered care. As part of this implementation, the key priorities are to improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. While the state continues to advance and fully

implement the initiatives of CalAIM, Tri-City continues to attend monthly meetings with CBHDA for key updates. Specifically, Tri-City's finance department continues to closely follow any updates related to payment reform and while Tri-City expects and prepares for comprehensive changes to reimbursable service rates, no definitive information has been made available as of yet.

CASH FLOWS FROM OPERATING ACTIVITIES

There are three major components to cash flows from operating activities:

1. Cash received from and on behalf of patients includes the following.
 - a. Expected receipts of Medi-Cal FFP for Medi-Cal services performed under the Full Service Partnerships (FSP). This includes FFP reimbursement for Medi-Cal eligible clients, clients that were previously un-funded but now qualify for Medi-Cal under Medi-Cal Expansion and coverage of undocumented children under the age 19 as previously approved in the Governor's budget. As previously noted, young adults under the age of 26 are now eligible for full scope Medi-Cal.
 - b. Expected receipts of Medi-Cal State EPSDT for Medi-Cal services performed under FSP for children and youth under age 21.
 - c. Collection of client rental payments.
2. Cash payments to suppliers and contractors. These amounts include costs of operating all MHSA related programs.
3. Payments to or on behalf of employees. This amount includes the gross salaries plus benefits.

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

MHSA funding is the only component to cash flows from non-capital financing activities. The amount included in the budget reflects the estimated State 2022-23 allocations that were included in the MHSA 2022-23 Annual Update proposed at the April 12, 2022 Public Hearing and presented and approved at the April 20, 2022 Governing Board Meeting. These funds are released by the State based on dedicated State tax revenues collected by the State and put into the State's Mental Health Fund. As noted previously, and as a direct result of COVID-19, the projections for MHSA funding had been directly impacted. However, the most significant impact was experienced in FY 2020-21 and as of most recent, it is projected that slightly more funding will come in FY 2022-23. These increased revenues are expected to be collected during the first, third and fourth quarters of the year. It should also be noted that the amounts projected to be received were based on the projections provided by the California Behavioral Health Directors Association (CBHDA) as of the most recent projections in February of 2022 and then updated through June 2022.

CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES

This section reflects MHSA's projected investments in capital facilities, equipment or general capital purchases for the MHSA programs. The projected purchases include the following:

1. Approximately \$25 thousand has been projected for the replacement and improvement of hardware and software during fiscal 2022-23. This includes continual improvement or scheduled replacement of servers, renewal of software licenses, replacement of aged computers and replacement and improvement of various information technology related equipment. Although other IT related infrastructure related costs are projected to be expended, they are not all located in the cash flow budget and instead located in the operating budget under CFTN due to the uncertainty of whether or not they will be capitalized at this time. It also includes outflows related to the new electronic healthcare record system implementation as approved in the fiscal year 2021-22 MHSA Plan Update.
2. The amount of \$20 thousand is being budgeted for general and capitalizable projected needs of office furniture, office equipment, and other equipment related purchases required for various programs. These costs also include amounts to essentially account for unanticipated purchases as these programs may continue to grow, including FSP, the Wellness Center, the Therapeutic Community Garden and other PEI programs.
3. Approximately \$1.1 million has been included in the cash flow budget to account for approximately \$200 thousand in projected improvements to buildings and include lighting upgrades, restroom upgrades, replacement of air conditioning units and other building related improvements. In addition, as indicated earlier in this document, the Capital Facilities and Technology (CFTN) plan included projects to be completed in fiscal year 2022-23 which included improvements to the MHSA Administrative Building and improvement to the Therapeutic Community Garden. The total estimated costs for these projects is approximately \$900 thousand and are included in this Cash Flow Budget.

CASH FLOW FROM INVESTING ACTIVITIES

This section reflects MHSA's projected interest income from the cash deposited in the LAIF account and money market and savings accounts. The amount projected is based on the current interest rates.

**TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT (MHSA) OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED 2021-22	% to Rev	\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
REVENUE							(see note)		
MEDI-CAL ADULT FFP	897,410	897,410	897,410	897,410	\$ 3,589,639	16.5%	1,887,647	12.3%	\$ 1,701,992
MEDI-CAL CHILDREN FFP	566,822	566,822	566,822	566,822	2,267,286	10.4%	1,274,537	8.3%	992,749
MEDI-CAL CHILDREN EPSDT--STATE REALIGNMENT	417,591	417,591	417,591	417,591	1,670,363	7.7%	771,285	5.0%	899,078
MEDICARE	-	-	-	-	-	0.0%	-	0.0%	-
PATIENT FEES/INSURANCE	525	525	525	525	2,100	0.0%	1,700	0.0%	400
MHSA FUNDING	-	-	-	-	-	0.0%	-	0.0%	-
MHSA FUNDING	3,695,215	3,695,215	3,695,215	3,695,215	14,780,860	67.8%	11,566,688	75.3%	3,214,172
CITY SHARE - LA VERNE	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - CLAREMONT	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - POMONA	-	-	-	-	-	0.0%	-	0.0%	-
GRANTS	-	-	-	-	-	0.0%	-	0.0%	-
INTEREST INCOME	37,605	37,605	37,605	37,605	150,420	0.7%	94,686	0.6%	55,734
RENTAL AND OTHER INCOME	23,850	23,850	23,850	23,850	95,400	0.4%	96,461	0.6%	(1,061)
ESTIMATED M/C DENIALS/DISALLOWANCE	(188,182)	(188,182)	(188,182)	(188,182)	(752,729)	-3.5%	(328,057)	-2.1%	(424,672)
TOTAL REVENUES	5,450,835	5,450,835	5,450,835	5,450,835	21,803,339	100.0%	15,364,947	100.0%	6,438,392
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	3,064,161	3,064,161	3,064,161	3,064,161	12,256,644	56.2%	8,935,576	58.2%	3,321,068
INSURANCE-Health/workers comp/life	504,302	504,302	504,302	504,302	2,017,209	9.3%	1,203,708	7.8%	813,501
RETIREMENT COSTS	366,466	366,466	366,466	366,466	1,465,864	6.7%	1,094,313	7.1%	371,551
PAYROLL TAXES	74,325	74,325	74,325	74,325	297,300	1.4%	150,398	1.0%	146,902
MISC COSTS	71,897	71,897	71,897	71,897	287,586	1.3%	43,298	0.3%	244,288
	4,081,151	4,081,151	4,081,151	4,081,151	16,324,603	74.9%	11,427,293	74.4%	4,897,310
FACILITY COSTS									
STORAGE LEASES	5,883	5,883	5,883	5,883	23,532	0.1%	23,350	0.2%	182
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	0	0.0%	-
FACILITY RENT	82,613	82,613	82,613	82,613	330,453	1.5%	294,196	1.9%	36,257
INTERCOMPANY FACILITY CHARGES	11,632	11,632	11,632	11,632	46,529	0.2%	51,375	0.3%	(4,846)
UTILITIES	17,564	17,564	17,564	17,564	70,255	0.3%	74,386	0.5%	(4,131)
BUILDING REPAIRS AND MAINTENANCE	17,244	17,244	17,244	17,244	68,977	0.3%	71,796	0.5%	(2,819)
JANITORIAL SERVICES & SUPPLIES	15,871	15,871	15,871	15,871	63,482	0.3%	61,040	0.4%	2,442
WASTE DISPOSAL	3,667	3,667	3,667	3,667	14,666	0.1%	14,592	0.1%	74
	154,474	154,474	154,474	154,474	617,894	2.8%	590,735	3.8%	27,159
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	17,632	17,632	17,632	17,632	70,528	0.3%	68,112	0.4%	2,416
EQUIP MAINT/REPAIRS	3,115	3,115	3,115	3,115	12,459	0.1%	12,473	0.1%	(14)
EQUIP/FURNITURE PURCHASES EXPENSED	1,949	1,949	1,949	1,949	7,795	0.0%	16,708	0.1%	(8,913)
AUTO EXPENSES	3,113	3,113	3,113	3,113	12,450	0.1%	14,862	0.1%	(2,412)
AUTO INSURANCE	11,766	11,766	11,766	11,766	47,063	0.2%	44,764	0.3%	2,299
CELLULAR/PAGER LEASES	25,738	25,738	25,738	25,738	102,953	0.5%	87,483	0.6%	15,470
	63,312	63,312	63,312	63,312	253,248	1.2%	244,402	1.6%	8,846

**TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT (MHSA) OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to Rev	PROJECTED 2021-22	% to Rev	\$\$ Variance
	1ST QRT	2ND QRT	3RD QRT	4TH QRT					
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COST	42,528	42,528	42,528	42,528	170,111	0.8%	78,174	0.5%	91,937
MILEAGE REIMBURSEMENT	1,239	1,239	1,239	1,239	4,954	0.0%	4,406	0.0%	548
PERSONNEL ADS	9,498	9,498	9,498	9,498	37,990	0.2%	31,073	0.2%	6,917
PROFESSIONAL LIABILITY INSURANCE	44,382	44,382	44,382	44,382	177,526	0.8%	153,587	1.0%	23,939
SECURITY EXPENSE	103,712	103,712	103,712	103,712	414,848	1.9%	403,610	2.6%	11,238
DUES & SUBSCRIPTIONS	21,411	21,411	21,411	21,411	85,645	0.4%	29,740	0.2%	55,905
OTHER SUPPLIES	6,553	6,553	6,553	6,553	26,212	0.1%	30,373	0.2%	(4,161)
PRINTING	3,193	3,193	3,193	3,193	12,772	0.1%	9,781	0.1%	2,991
CLIENT EXPENSES	54,056	54,056	54,056	54,056	216,224	1.0%	100,894	0.7%	115,330
LAB COST	636	636	636	636	2,542	0.0%	2,243	0.0%	299
AMBULANCE COSTS	13,895	13,895	13,895	13,895	55,578	0.3%	23,605	0.2%	31,973
OFFICE SUPPLIES	3,301	3,301	3,301	3,301	13,205	0.1%	12,407	0.1%	798
POSTAGE	708	708	708	708	2,830	0.0%	2,093	0.0%	737
RECORD DESTRUCTION	744	744	744	744	2,976	0.0%	3,226	0.0%	(250)
TELEPHONE EXPENSES	43,346	43,346	43,346	43,346	173,384	0.8%	167,460	1.1%	5,924
COMPUTER SYSTEMS & SOFTWARE	25,009	25,009	25,009	25,009	100,034	0.5%	332,772	2.2%	(232,738)
DATA PROCESSING/LICENSES	35,430	35,430	35,430	35,430	141,721	0.6%	72,790	0.5%	68,931
IT RELATED EXPENSES-Consulting/Training	17,500	17,500	17,500	17,500	70,000	0.3%	20,977	0.1%	49,023
MISCELLANEOUS	4,264	4,264	4,264	4,264	17,054	0.1%	15,358	0.1%	1,696
	431,402	431,402	431,402	431,402	1,725,606	7.9%	1,494,569	9.7%	231,037
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	200,207	200,207	200,207	200,207	800,829	3.7%	540,765	3.5%	260,064
UNIQUE MHSA PROGRAM RELATED COSTS	287,835	287,835	287,835	287,835	1,151,339	5.3%	0	0.0%	1,151,339
COMMUNITY GRANTS	20,000	20,000	20,000	20,000	80,000	0.4%	93,923	0.6%	(13,923)
WET--LEARNING & OUTREACH	23,750	23,750	23,750	23,750	95,000	0.4%	74,466	0.5%	20,534
PROFESSIONAL SERVICES	34,132	34,132	34,132	34,132	136,527	0.6%	78,724	0.5%	57,803
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	9,250	9,250	9,250	9,250	37,000	0.2%	15,775	0.1%	21,225
PROFESSIONAL SERVICES	31,148	31,148	31,148	31,148	124,593	0.6%	22,229	0.1%	102,364
ATTORNEY FEES	13,568	13,568	13,568	13,568	54,270	0.2%	61,936	0.4%	(7,666)
BANK FEES	1,585	1,585	1,585	1,585	6,338	0.0%	1,937	0.0%	4,401
AUDIT FEES	5,364	5,364	5,364	5,364	21,457	0.1%	25,096	0.2%	(3,639)
	626,838	626,838	626,838	626,838	2,507,353	11.5%	914,851	6.0%	1,592,502
DEPRECIATION AND AMORT	108,725	108,725	108,725	108,725	434,899	2.0%	422,230	2.7%	12,669
TOTAL COSTS	5,465,901	5,465,901	5,465,901	5,465,901	21,863,603	100.3%	15,094,080	98.2%	6,769,523
INCOME (LOSS) FROM OPERATIONS	\$ (15,066)	\$ (15,066)	\$ (15,066)	\$ (15,066)	\$ (60,264)	-0.3%	\$ 270,867	1.8%	\$ (331,131)

NOTE: The fiscal year 2021-22 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2022. Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA CONSOLIDATING BUDGET
FISCAL YEAR 2022-23**

	CSS PROGRAMS	PEI PROGRAMS	INN PROGRAMS	WET PROGRAMS	CFTN PROJECTS	TOTAL
REVENUE						
MEDI-CAL ADULT FFP	\$ 3,589,639	\$ -	\$ -	\$ -	\$ -	\$ 3,589,639
MEDI-CAL CHILDREN FFP	2,267,286	-	-	-	-	2,267,286
MEDI-CAL CHILDREN EPSDT--STATE	1,670,363	-	-	-	-	1,670,363
REALIGNMENT	-	-	-	-	-	-
MEDICARE	2,100	-	-	-	-	2,100
PATIENT FEES/INSURANCE	-	-	-	-	-	-
MHSA FUNDING	12,284,819	2,221,507	274,534	-	-	14,780,860
CITY SHARE - LA VERNE	-	-	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-	-	-
CITY SHARE - POMONA	-	-	-	-	-	-
GRANTS	-	-	-	-	-	-
INTEREST INCOME	95,992	29,235	11,643	4,869	8,681	150,420
RENTAL AND OTHER INCOME	95,400	-	-	-	-	95,400
ESTIMATED M/C DENIALS/DISALLOWANCE	(752,729)	-	-	-	-	(752,729)
TOTAL REVENUES	19,252,870	2,250,742	286,177	4,869	8,681	21,803,339
EXPENSES						
SALARY COSTS						
<i>FTE's</i>	<i>130.4</i>	<i>14.2</i>	<i>3.0</i>	<i>3.7</i>	<i>-</i>	<i>151.3</i>
SALARY AND WAGES	10,385,792	1,299,547	305,173	266,132	-	12,256,644
INSURANCE-Health/workers comp/life	1,727,810	215,995	30,882	42,522	-	2,017,209
RETIREMENT COSTS	1,254,602	156,988	22,125	32,149	-	1,465,864
PAYROLL TAXES	254,454	31,838	4,488	6,520	-	297,300
MISC COSTS	246,140	30,800	4,340	6,306	-	287,586
	13,868,798	1,735,168	367,008	353,629	-	16,324,603
FACILITY COSTS						
STORAGE LEASES	22,111	1,075	168	178	-	23,532
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-
FACILITY RENT	305,554	18,284	2,646	3,969	-	330,453
INTERCOMPANY FACILITY CHARGES	43,762	2,720	22	25	-	46,529
UTILITIES	60,380	7,943	1,144	788	-	70,255
BUILDING REPAIRS AND MAINTENANCE	59,948	6,808	1,322	899	-	68,977
JANITORIAL SERVICES & SUPPLIES	54,713	6,750	1,168	851	-	63,482
WASTE DISPOSAL	12,217	2,237	125	87	-	14,666
	558,685	45,817	6,595	6,797	-	617,894
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	60,900	7,623	1,144	861	-	70,528
EQUIP MAINT/REPAIRS	11,025	1,123	178	133	-	12,459
EQUIP/FURNITURE PURCHASES EXPENSED	7,356	336	54	49	-	7,795
AUTO EXPENSES	12,097	276	22	55	-	12,450
AUTO INSURANCE	43,714	3,164	90	95	-	47,063
CELLULAR/PAGER LEASES	83,541	17,390	917	1,105	-	102,953
	218,633	29,912	2,405	2,298	-	253,248

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA CONSOLIDATING BUDGET
FISCAL YEAR 2022-23**

	CSS PROGRAMS	PEI PROGRAMS	INN PROGRAMS	WET PROGRAMS	CFTN PROJECTS	TOTAL
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	89,283	16,981	778	63,069	-	170,111
MILEAGE REIMBURSEMENT	4,768	182	2	2	-	4,954
PERSONNEL ADS	30,105	2,529	209	5,147	-	37,990
PROFESSIONAL LIABILITY INSURANCE	156,494	16,379	2,664	1,989	-	177,526
SECURITY EXPENSE	343,859	65,525	3,197	2,267	-	414,848
DUES & SUBSCRIPTIONS	39,344	45,000	641	660	-	85,645
OTHER SUPPLIES	20,384	4,958	344	526	-	26,212
PRINTING	11,411	1,008	244	109	-	12,772
CLIENT EXPENSES	214,916	1,308	-	-	-	216,224
LAB COST	2,542	-	-	-	-	2,542
AMBULANCE COSTS	55,578	-	-	-	-	55,578
OFFICE SUPPLIES	11,185	1,671	197	152	-	13,205
POSTAGE	2,619	205	3	3	-	2,830
RECORD DESTRUCTION	2,976	-	-	-	-	2,976
TELEPHONE EXPENSES	152,612	16,283	2,523	1,966	-	173,384
COMPUTER SYSTEMS & SOFTWARE	89,871	7,976	1,203	984	-	100,034
DATA PROCESSING/LICENSES	139,126	1,789	394	412	-	141,721
IT RELATED EXPENSES-Consulting/Training	70,000	-	-	-	-	70,000
MISCELLANEOUS	13,154	3,513	272	115	-	17,054
	1,450,227	185,307	12,671	77,401	-	1,725,606
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	800,829	-	-	-	-	800,829
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	134,339	250,000	767,000	1,151,339
COMMUNITY GRANTS	-	80,000	-	-	-	80,000
WET--LEARNING & OUTREACH	-	-	-	95,000	-	95,000
PROFESSIONAL SERVICES	21,611	42,916	72,000	-	-	136,527
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	34,000	3,000	-	-	-	37,000
PROFESSIONAL SERVICES	110,000	12,882	883	828	-	124,593
ATTORNEY FEES	49,723	3,522	499	526	-	54,270
BANK FEES	6,204	101	18	15	-	6,338
AUDIT FEES	19,198	2,259	-	-	-	21,457
	1,041,565	144,680	207,739	346,369	767,000	2,507,353
DEPRECIATION AND AMORT						
	350,756	19,514	1,817	1,074	61,738	434,899
TOTAL COSTS						
	17,488,664	2,160,398	598,235	787,568	828,738	21,863,603
INCOME (LOSS) FROM OPERATIONS						
	\$ 1,764,206	\$ 90,344	\$ (312,058)	\$ (782,699)	\$ (820,057)	\$ (60,264)

NOTES: CSS=COMMUNITY SERVICES AND SUPPORT PEI=PREVENTION AND EARLY INTERVENTION INN=INNOVATION WET=WORKFORCE EDUCATION AND TRAINING
CFTN=TECHNOLOGY (PART OF THE MHSA FUNDS ALLOTTED TO CAPITAL FACILITIES AND TECHNOLOGY)

**TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT PROGRAMS CASH FLOW BUDGET
FISCAL YEAR 2022-23**

	FY 2022-23 QUARTERS				BUDGET FY 2022-23
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	
CASH FLOWS FROM OPERATING ACTIVITIES					
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	\$ 941,436	\$ 941,436	\$ 941,436	\$ 3,061,334	\$ 5,885,642
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(1,276,025)	(1,276,025)	(1,276,025)	(1,276,025)	(5,104,101)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(4,081,151)	(4,081,151)	(4,081,151)	(4,081,151)	(16,324,603)
NET CASH USED BY OPERATING ACTIVITIES	(4,415,740)	(4,415,740)	(4,415,740)	(2,295,842)	(15,543,062)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES					
MHSA FUNDING	4,118,188	3,294,550	4,941,825	4,118,188	16,472,750
OTHER DONATIONS	-	-	-	-	-
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	4,118,188	3,294,550	4,941,825	4,118,188	16,472,750
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES					
PURCHASE OF CAPITAL ASSETS:					
BUILDING AND IMPROVEMENTS	(454,704)	(341,028)	(227,352)	(113,676)	(1,136,760)
LAND	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(5,000)	(5,000)	(5,000)	(5,000)	(20,000)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(10,000)	(10,000)	-	(5,000)	(25,000)
PRINCIPAL PAYMENTS ON CAPITAL DEBT	-	-	-	-	-
INTEREST PAID ON CAPITAL DEBT	-	-	-	-	-
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIONS	(11,632)	(11,632)	(11,632)	(11,632)	(46,529)
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(481,336)	(367,660)	(243,984)	(135,308)	(1,228,289)
CASH FLOW FROM INVESTING ACTIVITIES					
INTEREST RECEIVED	37,605	37,605	37,605	37,605	150,420
OTHER INCOME RECEIVED	23,850	23,850	23,850	23,850	95,400
NET CASH PROVIDED BY INVESTING ACTIVITIES	61,455	61,455	61,455	61,455	245,820
NET CHANGE IN CASH	(717,434)	(1,427,395)	343,556	1,748,492	(52,781)
CASH BEGINNING BALANCE (Projected)	32,592,045	31,874,611	30,447,216	30,790,772	32,592,045
CASH ENDING BALANCE	\$ 31,874,611	\$ 30,447,216	\$ 30,790,772	\$ 32,539,264	\$ 32,539,264

**TRI-CITY MENTAL HEALTH AUTHORITY
COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM**

PROPOSED

OPERATING BUDGET

FISCAL YEAR 2022-23

DRAFT

COMMUNITY SERVICES AND SUPPORTS PLAN

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

Over the past fourteen years, Tri-City has received approximately \$100.3 million in CSS plan funds, of which approximately \$86.3 have been approved (through the stakeholder process) to be expended through 2021-22. The approved funds have been used to establish Prudent Reserves, fund prior year costs and are expected to cover approximately \$12.3 million of the projected fiscal year 2022-23 operating and capital costs for the CSS programs. In addition, it is expected that additional funds of approximately \$12.5 million relating to the State's 2022-23 allocation will be received throughout the new fiscal year. These funds would be available for use as required based on approval of Tri-City's MHPA Fiscal 2022-23 Annual Update. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHPA revenue but will be deferred and recognized as revenue when new plans have been approved and the funds are available for expenditure. The revenue that is deferred (as noted above) will be identified under the caption Deferred Inflows of Resources as MHPA Revenues Restricted for Future Period, on the Statement of Net Position in Tri-City's financial statements.

The current CSS Plan includes six programs:

- Full Service Partnerships (FSP) – Children, TAY, Adult and Older Adult
- Community Navigators
- Wellness Center
- Supplemental Crisis Support
- Field Capable Clinical Services for Older Adults
- Permanent Supportive Housing

REVENUE

1. **MHPA Funding.** MHPA funding represents the amount of funds approved through the MHPA 2022-23 Annual Plan process and available to be expended for CSS programs. As noted above, only the revenue that is approved for expenditures is recognized as revenue. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHPA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure.
2. **Medi-Cal Adult and Children FFP.** Medi-Cal FFP represents anticipated Federal reimbursement for Medi-Cal eligible costs that will be incurred under the Full Service Partnership (FSP) and Field Capable Clinical Services for Older Adult programs in the CSS plan that are being served by Tri-City staff. The amounts are based on estimated Medi-Cal billings and projected hours of services to be provided by clinical staff. This level of service is measured in units of service which are multiplied by the Agency's projected cost per unit of service.

The CSS 2022-23 budget assumes that enrollment in the FSP program will continue to increase to its full capacity. As noted previously in this budget, as of May 1, 2016, undocumented children under age 19 are eligible to receive full coverage and as such Tri-City anticipates that the number of unfunded clients will continue to slightly decrease. As a result of Medi-Cal Expansion (MCE), it is projected that the non Medi-Cal clients will continue to decrease.

It is expected that a percentage of the clients that are provided services by Tri-City will not qualify for Medi-Cal reimbursement and therefore, 100% of those service costs within these CSS programs will be funded by MHSA funds. This budget assumes that Tri-City will receive Federal Financial Participation funding (FFP) for services provided to clients that do qualify for Medi-Cal. 50% FFP reimbursement is projected for the cost of services provided to children and youth under the age of 21 and adults 21 and over that qualify for Medi-Cal under the original Short-Doyle M/C. As previously noted, as a result of Medi-Cal Expansion (MCE), approximately 90% FFP reimbursement is projected for the cost of services provided to single adults between the age of 18 and 65 that qualify. The budget also assumes that Tri-City will receive approximately 50% of the cost to provide Medi-Cal services to children and youth under the age of 21 years through the State EPSDT program. The remaining unreimbursed Medi-Cal service costs (i.e. local match) will be covered through the MHSA funding as noted above.

In October of 2015 Governor Brown approved Medi-Cal Expansion in the 2015 State Budget which provided for full coverage, as of May 1, 2016, to all low-income children in the state, regardless of their immigration status. These expanded services include mental health treatment. Additionally, starting January 1, 2020, a new California law allows for young adults under the age of 26 to be eligible for full scope Medi-Cal regardless of immigration status.

3. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and Benefits of \$13.9 million include \$11.4 million of direct provider/clinical staff salaries and \$2.5 million of administrative salaries. These costs were based on the historical staffing requirements of each program as determined by the Clinical Director and Program Managers. The costs include vacancies for approximately 11.15 FTE FSP positions which have been projected to be required in continuing to accommodate the FSP clients as well as the continued increase in clients resulting from expanded Medi-Cal eligibility. Tri-City is also projecting that there will be a greater need for services as a direct result of COVID-19. The projected staffing is as follows:

- a. Full Service Partnerships
 - (1) Children – 14.0 Full Time Equivalentents (FTEs)
 - (2) TAY – 19.3 FTEs
 - (3) Adult – 33.7 FTEs
 - (4) Older Adult – 6.3 FTEs

- b. Community Navigators – 9.0 FTEs
- c. Wellness Center – 14.5 FTEs
- d. Supplemental Crisis Support – 9.0 FTEs
- e. Field Capable Clinical Services for Older Adults – 1.0 FTEs
- f. Permanent Supportive Housing Program – 3.2 FTEs
- g. Administration CSS – 20.5 FTE's, includes direct CSS Administration costs which include allocated time of the MHSA Manager and MHSA Director, as well as allocated time of data collection and quality control personnel, and billing and accounting personnel. In addition, Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, are anticipated to spend approximately 62% of their time on MHSA programs, including CSS programs. This budget includes a total of 20.5 FTEs of allocated time for these staff.

All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house the current staff and any projected new staffing. The major portion of costs represents outside rental charges (leasing of office space), and intercompany facility charges that represent the allocation of costs to own and operate the administrative building located at 2001 N. Garey Ave. in Pomona and the clinic at 2008 N. Garey in Pomona. The costs are either reflected on the specific line item or are allocated to programs through the intercompany facility charge. Facility costs also include utilities, building repairs and maintenance costs and were projected based on actual historical costs per square foot and expected space required by each program.

The costs for storage leases include the rental of space for archiving documents that are legally required to be retained, and are primarily fixed costs with minor increases to rates. Storage costs that do fluctuate are associated with the storage of medical and financial records and will fluctuate based on usage/access of these documents as needed throughout the year.

3. **Equipment Costs.** This amount reflects the anticipated costs for equipment needs for each program.
4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred and/or as a percentage of salary costs. In addition, certain projected costs include non-recurring costs for training. The major costs included in this category are as follows:
- a. Conference, Seminar & Related Costs. These costs represent anticipated supplemental training of FSP and Wellness Center personnel, as well as the requirement of the MHSA administrative staff attending MHSA conferences and seminars. As might be anticipated, a significant number of trainings will be continued to be attended online and few will be in-person during fiscal year 2022-23.

- b. Transportation and Mileage Costs. These costs include the anticipated costs to be incurred by the Community Navigators and FSP personnel, since these positions require going out to the client to provide the required services. Transportation and mileage costs also include transportation costs associated with conferences, seminars and trainings. As might be anticipated, most trainings will be conducted online and few will be in-person during fiscal year 2022-23.
 - c. Professional Liability Costs. These costs represent the anticipated cost of professional liability insurance for clinical and support staff and are based on Tri-City's historical cost as it relates to salary costs.
 - d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations. The costs are then proportionately allocated to each of the programs by location and staff.
 - e. Client Costs. These costs represent varying miscellaneous costs used to support clients during their care.
 - f. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs as a percent of salary cost. In addition, other supply costs include program supplies anticipated to be required for the Wellness Center.
 - g. Data Processing/Licenses, Computer Systems. The data processing costs relate to the expected monthly charges to be allocated for Medi-Cal billing and statistical data reporting. The computer systems/IT related expenses represent the cost of upgrading hardware and connectivity. This includes the professional fees that may be paid to IT specialists.
5. **Specific Costs.** These costs are specific to certain programs and administrative expenditures.
- a. Client Support Costs. These are generally costs that do not qualify as mental health expenditures for Medi-Cal reimbursement but are necessary to assist a client in achieving their goals. These costs are primarily for housing, however generally include food, clothing, and education/employment training, and are called FLEX funds under the Full Service Partnership program. The FLEX funds are based on past experience, the current and projected need for the upcoming year and the number of Medi-Cal FSP clients receiving direct services.
 - b. Professional Services. These costs include consulting and professional services which include services related to the comprehensive compensation study currently being completed. These costs would include services provided to the Wellness Center by NAMI, recruitment fees, personnel related consultants, housing related professional fees and other general consulting and media costs. The budgeted professional service costs also allows for unexpected services to be required.
 - c. Attorney Fees. These costs included in the CSS administrative budget represent general legal fees expected in conjunction with the day-to-day program operations

Community Services and Supports Plan
Operating Budget For The Fiscal Year 2022-23
Assumptions

including contracting and human resources. The amount projected for 2022-23, is in line with prior years' budgeted amounts for legal fees and considered prudent to allow for unexpected matters to arise.

- d. Directors & Officers Insurance and Audit Fees. These are costs allocated to the CSS program.

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**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA--CSS OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
REVENUE						
MEDI-CAL ADULT FFP	\$ 897,410	\$ 897,410	\$ 897,410	\$ 897,410	\$ 3,589,639	18.6%
MEDI-CAL CHILDREN FFP	566,822	566,822	566,822	566,822	2,267,286	11.8%
MEDI-CAL CHILDREN EPSDT--STATE	417,591	417,591	417,591	417,591	1,670,363	8.7%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	525	525	525	525	2,100	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	3,071,205	3,071,205	3,071,205	3,071,205	12,284,819	63.8%
CITY SHARE - LA VERNE	-	-	-	-	-	0.0%
CITY SHARE - CLAREMONT	-	-	-	-	-	0.0%
CITY SHARE - POMONA	-	-	-	-	-	0.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	23,998	23,998	23,998	23,998	95,992	0.5%
RENTAL AND OTHER INCOME	23,850	23,850	23,850	23,850	95,400	0.5%
ESTIMATED M/C DENIALS/DISALLOWANCE	(188,182)	(188,182)	(188,182)	(188,182)	(752,729)	-3.9%
TOTAL REVENUES	4,813,218	4,813,218	4,813,218	4,813,218	19,252,870	100.0%
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	2,596,448	2,596,448	2,596,448	2,596,448	10,385,792	53.9%
INSURANCE-Health/workers comp/life	431,953	431,953	431,953	431,953	1,727,810	9.0%
RETIREMENT COSTS	313,651	313,651	313,651	313,651	1,254,602	6.5%
PAYROLL TAXES	63,614	63,614	63,614	63,614	254,454	1.3%
MISC COSTS	61,535	61,535	61,535	61,535	246,140	1.3%
	3,467,200	3,467,200	3,467,200	3,467,200	13,868,798	72.0%
FACILITY COSTS						
STORAGE LEASES	5,528	5,528	5,528	5,528	22,111	0.1%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	76,389	76,389	76,389	76,389	305,554	1.6%
INTERCOMPANY FACILITY CHARGES	10,941	10,941	10,941	10,941	43,762	0.2%
UTILITIES	15,095	15,095	15,095	15,095	60,380	0.3%
BUILDING REPAIRS AND MAINTENANCE	14,987	14,987	14,987	14,987	59,948	0.3%
JANITORIAL SERVICES & SUPPLIES	13,678	13,678	13,678	13,678	54,713	0.3%
WASTE DISPOSAL	3,054	3,054	3,054	3,054	12,217	0.1%
	139,671	139,671	139,671	139,671	558,685	2.9%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	15,225	15,225	15,225	15,225	60,900	0.3%
EQUIP MAINT/REPAIRS	2,756	2,756	2,756	2,756	11,025	0.1%
EQUIP/FURNITURE PURCHASES EXPENSED	1,839	1,839	1,839	1,839	7,356	0.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	3,024	3,024	3,024	3,024	12,097	0.1%
AUTO INSURANCE	10,929	10,929	10,929	10,929	43,714	0.2%
CELLULAR/PAGER LEASES	20,885	20,885	20,885	20,885	83,541	0.4%
	54,658	54,658	54,658	54,658	218,633	1.1%

**TRI-CITY MENTAL HEALTH AUTHORITY
MHA--CSS OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				BUDGET FY 2022-23	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	22,321	22,321	22,321	22,321	89,283	0.5%
MILEAGE REIMBURSEMENT	1,192	1,192	1,192	1,192	4,768	0.0%
PERSONNEL ADS	7,526	7,526	7,526	7,526	30,105	0.2%
PROFESSIONAL LIABILITY INSURANCE	39,124	39,124	39,124	39,124	156,494	0.8%
SECURITY EXPENSE	85,965	85,965	85,965	85,965	343,859	1.8%
DUES & SUBSCRIPTIONS	9,836	9,836	9,836	9,836	39,344	0.2%
OTHER SUPPLIES	5,096	5,096	5,096	5,096	20,384	0.1%
PRINTING	2,853	2,853	2,853	2,853	11,411	0.1%
CLIENT EXPENSES	53,729	53,729	53,729	53,729	214,916	1.1%
LAB COST	636	636	636	636	2,542	0.0%
AMBULANCE COSTS	13,895	13,895	13,895	13,895	55,578	0.3%
OFFICE SUPPLIES	2,796	2,796	2,796	2,796	11,185	0.1%
POSTAGE	655	655	655	655	2,619	0.0%
RECORD DESTRUCTION	744	744	744	744	2,976	0.0%
TELEPHONE EXPENSES	38,153	38,153	38,153	38,153	152,612	0.8%
COMPUTER SYSTEMS CONNECTIONS	22,468	22,468	22,468	22,468	89,871	0.5%
DATA PROCESSING/LICENSES	34,782	34,782	34,782	34,782	139,126	0.7%
IT RELATED EXPENSES-Consulting/Training	17,500	17,500	17,500	17,500	70,000	0.4%
MISCELLANEOUS (OPERATING RESERVE)	3,289	3,289	3,289	3,289	13,154	0.1%
	362,557	362,557	362,557	362,557	1,450,227	7.5%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	200,207	200,207	200,207	200,207	800,829	4.2%
UNIQUE MHA PROGRAM RELATED COSTS	-	-	-	-	-	0.0%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	5,403	5,403	5,403	5,403	21,611	0.1%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	8,500	8,500	8,500	8,500	34,000	0.2%
PROFESSIONAL SERVICES	27,500	27,500	27,500	27,500	110,000	0.6%
ATTORNEY FEES	12,431	12,431	12,431	12,431	49,723	0.3%
BANK FEES	1,551	1,551	1,551	1,551	6,204	0.0%
AUDIT FEES	4,800	4,800	4,800	4,800	19,198	0.1%
	260,391	260,391	260,391	260,391	1,041,565	5.4%
DEPRECIATION AND AMORT	87,689	87,689	87,689	87,689	350,756	1.8%
TOTAL COSTS	4,372,166	4,372,166	4,372,166	4,372,166	17,488,664	90.8%
INCOME (LOSS) FROM OPERATIONS	\$ 441,052	\$ 441,052	\$ 441,052	\$ 441,052	\$ 1,764,206	9.2%

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-COMMUNITY SERVICES AND SUPPORT (CSS) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	CHILD FSP	TAY FSP	ADULT FSP	OLDER ADULT-FSP	NAVI-GATORS	WELLNESS CENTER	SUPP CRISIS SUPPORT	FIELD CAPABLE-- OLDER AD	CSS HOUSING	CSS ADMIN	TOTAL
REVENUE											
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ 3,144,771	\$ 353,868	\$ -	\$ -	\$ -	\$ 91,000	\$ -	\$ -	\$ 3,589,639
MEDI-CAL CHILDREN FFP	960,442	1,306,844	-	-	-	-	-	-	-	-	2,267,286
MEDI-CAL-STATE	960,442	615,721	90,000	4,000	-	-	-	200	-	-	1,670,363
REALIGNMENT	-	-	-	-	-	-	-	-	-	-	-
MEDICARE	-	-	-	100	-	-	-	2,000	-	-	2,100
PATIENT FEES/INSURANCE	-	-	-	-	-	-	-	-	-	-	-
MHSA FUNDING	728,195	1,227,332	3,213,743	688,860	668,297	1,551,511	968,535	131,644	604,573	2,502,129	12,284,819
GRANTS	-	-	-	-	-	-	-	-	-	-	-
INTEREST INCOME	-	-	-	-	-	-	-	-	-	95,992	95,992
RENTAL AND OTHER INCOME	100	100	200	-	-	-	-	-	95,000	-	95,400
ESTIMATED M/C DENIALS/DISALLOWANCE	(192,088)	(192,257)	(323,477)	(35,787)	-	-	-	(9,120)	-	-	(752,729)
TOTAL REVENUES	2,457,091	2,957,740	6,125,237	1,011,041	668,297	1,551,511	968,535	215,724	699,573	2,598,121	19,252,870
EXPENSES											
SALARY COSTS <i>FTE's</i>	<i>14.0</i>	<i>19.3</i>	<i>33.7</i>	<i>6.3</i>	<i>9.0</i>	<i>14.5</i>	<i>9.0</i>	<i>1.0</i>	<i>3.2</i>	<i>20.5</i>	<i>130.4</i>
SALARY AND WAGES	1,155,247	1,532,658	2,961,564	514,828	472,316	913,209	634,816	94,274	210,963	1,895,917	10,385,792
INSURANCE-Health/workers comp/life	189,111	255,534	487,191	84,882	77,692	155,505	108,040	14,914	35,790	319,151	1,727,810
RETIREMENT COSTS	139,554	185,145	357,757	62,191	57,055	110,315	76,686	11,388	25,484	229,027	1,254,602
PAYROLL TAXES	28,303	37,551	72,559	12,613	11,572	22,374	15,553	2,310	5,169	46,450	254,454
MISC COSTS	27,379	36,324	70,188	12,202	11,193	21,643	15,045	2,234	4,999	44,933	246,140
	1,539,594	2,047,212	3,949,259	686,716	629,828	1,223,046	850,140	125,120	282,405	2,535,478	13,868,798
FACILITY COSTS											
STORAGE LEASES	2,179	4,670	5,914	1,245	-	-	-	-	-	8,103	22,111
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-	-	-	-	-	-
FACILITY RENT	68,396	107,443	17,257	-	-	-	-	-	-	112,458	305,554
INTERCOMPANY FACILITY CHARGES	-	-	28,297	6,175	-	-	8,173	-	-	1,117	43,762
UTILITIES	-	-	9,423	2,057	2,127	34,829	2,721	-	5,943	3,280	60,380
BUILDING REPAIRS AND MAINTENANCE	799	1,261	3,898	848	2,444	28,690	1,486	-	16,563	3,959	59,948
JANITORIAL SERVICES & SUPPLIES	3,581	7,668	9,909	2,060	1,937	15,086	2,724	-	2,746	9,002	54,713
WASTE DISPOSAL	-	-	2,005	245	234	3,867	1,894	-	3,609	363	12,217
	74,955	121,042	76,703	12,630	6,742	82,472	16,998	-	28,861	138,282	558,685
EQUIPMENT COSTS											
EQUIPMENT RENTAL/LEASE	3,300	6,924	17,105	3,619	1,795	9,373	4,800	12	2,534	11,438	60,900
EQUIP MAINT/REPAIRS	924	1,876	2,919	546	278	1,455	847	94	301	1,785	11,025
EQUIP/FURNITURE PURCHASES EXPENSED	119	255	1,000	198	64	-	3,379	-	1,223	1,118	7,356
AUTO EXPENSES	1,065	76	5,365	-	-	302	3,000	76	682	1,531	12,097
AUTO INSURANCE	4,831	2,640	9,276	-	-	7,995	9,732	2,686	2,203	4,351	43,714
CELLULAR/PAGER LEASES	9,707	10,632	20,396	4,393	2,894	9,671	5,567	639	8,000	11,642	83,541
	19,946	22,403	56,061	8,756	5,031	28,796	27,325	3,507	14,943	31,865	218,633

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-COMMUNITY SERVICES AND SUPPORT (CSS) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	CHILD FSP	TAY FSP	ADULT FSP	OLDER ADULT-FSP	NAVI-GATORS	WELLNESS CENTER	SUPP CRISIS SUPPORT	FIELD CAPABLE-- OLDER AD	CSS HOUSING	CSS ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES											
CONFERENCES, SEMINARS & RELATED COSTS	5,207	10,013	14,694	6,522	-	298	11,177	-	5,688	35,684	89,283
MILEAGE REIMBURSEMENT	682	1,630	1,891	356	-	-	-	112	-	97	4,768
PERSONNEL ADS	1,561	3,720	11,559	337	-	593	-	-	-	12,335	30,105
PROFESSIONAL LIABILITY INSURANCE	11,869	24,180	39,852	7,573	4,271	24,927	11,523	1,133	7,099	24,067	156,494
SECURITY EXPENSE	7,458	16,010	85,000	17,330	5,629	145,000	22,921	-	27,792	16,719	343,859
DUES & SUBSCRIPTIONS	49	272	607	156	52	-	-	-	453	37,755	39,344
OTHER SUPPLIES	845	1,318	5,065	2,556	427	1,918	1,004	-	607	6,644	20,384
PRINTING	424	594	976	81	-	-	119	117	-	9,100	11,411
CLIENT EXPENSES	1,500	1,400	7,500	1,800	-	76	2,622	18	200,000	-	214,916
LAB COST	-	-	-	-	-	-	1,892	650	-	-	2,542
AMBULANCE COSTS	1,605	10,142	25,000	1,831	-	-	17,000	-	-	-	55,578
OFFICE SUPPLIES	557	995	2,138	655	192	1,220	486	5	310	4,627	11,185
POSTAGE	-	-	-	-	-	-	-	-	54	2,565	2,619
RECORD DESTRUCTION	462	992	1,257	265	-	-	-	-	-	-	2,976
TELEPHONE EXPENSES	10,686	18,832	35,614	8,030	3,486	23,819	10,168	766	4,855	36,356	152,612
COMPUTER SYSTEMS CONNECTIONS	90	-	2,149	458	12,000	-	647	-	-	74,527	89,871
DATA PROCESSING/LICENSES	25,027	30,921	63,756	11,179	915	2,210	1,378	216	488	3,036	139,126
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	-	-	-	-	70,000	70,000
MISCELLANEOUS (OPERATING RESERVE)	139	139	139	139	-	-	-	-	-	12,598	13,154
	68,161	121,158	297,197	59,268	26,972	200,061	80,937	3,017	247,346	346,110	1,450,227
SPECIFIC COSTS											
PROGRAMS:											
CLIENT SUPPORT COSTS	80,000	7,141	576,929	136,759	-	-	-	-	-	-	800,829
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	-	-	-	-	-	-
COMMUNITY GRANTS	-	-	-	-	-	-	-	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-	-	-	-	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-	-	16,000	-	-	5,611	-	21,611
ADMINISTRATIVE:											
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	-	-	-	-	34,000	34,000
PROFESSIONAL SERVICES	-	-	-	-	-	-	-	-	-	110,000	110,000
ATTORNEY FEES	-	-	-	-	-	-	-	-	25,000	24,723	49,723
BANK FEES	-	-	-	-	-	-	-	-	204	6,000	6,204
AUDIT FEES	-	-	-	-	-	-	-	-	-	19,198	19,198
	80,000	7,141	576,929	136,759	-	16,000	-	-	30,815	193,921	1,041,565
DEPRECIATION AND AMORT	11,312	13,322	25,399	8,170	1,181	173,856	22,769	7,079	47,528	40,140	350,756
TOTAL COSTS	1,793,968	2,332,278	4,981,548	912,299	669,754	1,724,231	998,169	138,723	651,898	3,285,796	17,488,664
INCOME (LOSS) FROM OPERATIONS	\$ 663,123	\$ 625,462	\$ 1,143,689	\$ 98,742	\$ (1,457)	\$ (172,720)	\$ (29,634)	\$ 77,001	\$ 47,675	\$ (687,675)	\$ 1,764,206

**TRI-CITY MENTAL HEALTH AUTHORITY
PREVENTION AND EARLY INTERVENTION (PEI) PROGRAM**

PROPOSED

OPERATING BUDGET

FISCAL YEAR 2022-23

DRAFT

PREVENTION AND EARLY INTERVENTION PLAN

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

Over the past approximate fourteen years (including Fiscal 2021-22), Tri-City has received approximately \$26.6 million in PEI plan funds of which approximately \$25.1 million have been approved to use through 2021-22. These funds have been used to fund prudent reserves of approximately \$638 thousand and prior years' program costs, and it is estimated that it will be used to cover approximately \$2.2 million of the projected fiscal year 2022-23 operating and capital costs for the PEI programs. In addition, it is expected that additional funds of approximately \$3.1 million relating to the State's 2022-23 allocation will be received throughout the new fiscal year. A portion of the funds will be used for the approved 2022-23 expenditures and the remaining funds, will be available for use when the subsequent MHSA Fiscal 2023-24 Annual Update or interim update is submitted and approved by the Governing Board. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure. The revenue that is deferred will be identified under the caption of Deferred Inflows of Resources as MHSA Revenues Restricted for Future Period, on the Statement of Net Position in Tri-City's Financial Statements.

The current PEI Plan includes eight programs:

- Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention and Community Mental Health Training)
- Older Adult Wellbeing (Peer Mentor)
- Transition Age Youth (TAY) Wellbeing (Peer Mentor)
- Family Wellbeing
- NAMI Community Capacity Building Program (Ending the Silence)
- Housing Stability Program
- Therapeutic Community Gardening
- Early Psychosis

REVENUE

1. **MHSA Funding.** MHSA funding represents the amount of funds approved through the MHSA 2022-23 Annual Update and available to be expended for PEI programs. As noted above, only the revenue that is approved for expenditures is recognized as revenue. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure.
2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of \$1.7 million include \$1.2 million of direct provider/clinical staff salaries and \$497 thousand of administrative salaries. The costs were based on the historical staffing requirements of each program as determined by the MHSA Director. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to PEI programs, based on a methodology that reflects the staffing proportions of the Agency. The projected staffing is as follows:

- a. Community Capacity Building – 3.3 FTEs
- b. Older Adult and TAY-Adult Wellbeing programs – 1.6 FTE (0.8 FTE each)
- c. Family Wellbeing – 1.0 FTE
- d. NAMI -- 0 FTE
- e. Housing Stability – 1.8 FTE
- f. Therapeutic Community Gardening – 2.9 FTE
- g. Early Psychosis – 1.2 FTE which includes one full-time Psychologist
- h. Administration-PEI – 2.4 FTE

All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house staffing and include rent, intercompany facility charges, utilities, and maintenance costs. These costs were projected based on historical costs per square foot and expected space required for each program.

3. **Equipment Costs.** This amount reflects the anticipated equipment costs including computers, cellular phones and other equipment and related fees and rental expenses required for each program.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred and allocated as a percentage to salary costs. In addition, amounts have been projected for seminars and training costs. The major costs included in this category are as follows:

- a. Conference, Seminar & Related Costs. These costs represent anticipated conferences/training of personnel in the Community Capacity Building project, as well as personnel in the Wellbeing programs. In addition, MHSA administrative staff will also be attending MHSA conferences and seminars. As might be anticipated, most trainings will be conducted online and few will be in-person during fiscal year 2022-23.

Prevention and Early Intervention Plan
Operating Budget For The Fiscal Year 2022-23
Assumptions

- b. Transportation and Mileage Costs. These costs include the anticipated costs to be incurred by the PEI program staff and PEI administrative personnel, since these positions require going out to the community to provide the required services.
 - c. Professional Liability Costs. These costs represent the anticipated cost of professional liability insurance for staff and are based on Tri-City's historical cost and allocated as it relates to salary costs.
 - d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations including the Clinics. The costs are then proportionately allocated to each of the programs by location and staff.
 - e. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.
 - f. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs and allocated as a percent of salary cost.
 - g. Computer Systems Connections. The computer systems/IT related expenses represent the estimated cost specifically associated with the projected computer systems that will be required to operate programs.
 - h. Miscellaneous Costs. This amount is projected for use on operating categories that may be in excess of the original budgeted amount and estimated based on past experience.
5. **Specific Costs.** This includes amounts identified as specific program expenses and administrative costs.
- a. Community Grants. This is the expected award of community grants in fiscal 2022-23 as established through the Community Capacity Building programs.
 - b. Professional Services. These costs include contract fees and stipends for the NAMI program for the Ending the Silence Program (formerly Parents and Teachers as Allies program), and other general professional fees that may be required during the year such as potential project management or consulting fees for miscellaneous projects. These costs generally vary from year to year and amounts budgeted are in line with prior years' budgeted amounts and allows for unexpected services to be required.
 - c. Directors & Officers Insurance and Audit Fees. These are the costs allocated to the PEI program as a percentage of salary costs.

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PEI OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
REVENUE						
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	555,377	555,377	555,377	555,377	2,221,507	98.7%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	7,309	7,309	7,309	7,309	29,235	1.3%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	562,686	562,686	562,686	562,686	2,250,742	100.0%
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	324,887	324,887	324,887	324,887	1,299,547	57.7%
INSURANCE-Health/workers comp/life	53,999	53,999	53,999	53,999	215,995	9.6%
RETIREMENT COSTS	39,247	39,247	39,247	39,247	156,988	7.0%
PAYROLL TAXES	7,960	7,960	7,960	7,960	31,838	1.4%
MISC COSTS	7,700	7,700	7,700	7,700	30,800	1.4%
	433,792	433,792	433,792	433,792	1,735,168	77.1%
FACILITY COSTS						
STORAGE LEASES	269	269	269	269	1,075	0.0%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	4,571	4,571	4,571	4,571	18,284	0.8%
INTERCOMPANY FACILITY CHARGES	680	680	680	680	2,720	0.1%
UTILITIES	1,986	1,986	1,986	1,986	7,943	0.4%
BUILDING REPAIRS AND MAINTENANCE	1,702	1,702	1,702	1,702	6,808	0.3%
JANITORIAL SERVICES & SUPPLIES	1,688	1,688	1,688	1,688	6,750	0.3%
WASTE DISPOSAL	559	559	559	559	2,237	0.1%
	11,454	11,454	11,454	11,454	45,817	2.0%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	1,906	1,906	1,906	1,906	7,623	0.3%
EQUIP MAINT/REPAIRS	281	281	281	281	1,123	0.0%
EQUIP/FURNITURE PURCHASES EXPENSED	84	84	84	84	336	0.0%
AUTO EXPENSES	69	69	69	69	276	0.0%
AUTO INSURANCE	791	791	791	791	3,164	0.1%
CELLULAR/PAGER LEASES	4,348	4,348	4,348	4,348	17,390	0.8%
	7,478	7,478	7,478	7,478	29,912	1.3%

**TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PEI OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	4,245	4,245	4,245	4,245	16,981	0.8%
MILEAGE REIMBURSEMENT	46	46	46	46	182	0.0%
PERSONNEL ADS	632	632	632	632	2,529	0.1%
PROFESSIONAL LIABILITY INSURANCE	4,095	4,095	4,095	4,095	16,379	0.7%
SECURITY EXPENSE	16,381	16,381	16,381	16,381	65,525	2.9%
DUES & SUBSCRIPTIONS	11,250	11,250	11,250	11,250	45,000	2.0%
OTHER SUPPLIES	1,240	1,240	1,240	1,240	4,958	0.2%
PRINTING	252	252	252	252	1,008	0.0%
CLIENT EXPENSES	327	327	327	327	1,308	0.1%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	418	418	418	418	1,671	0.1%
POSTAGE	51	51	51	51	205	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	4,071	4,071	4,071	4,071	16,283	0.7%
COMPUTER SYSTEMS CONNECTIONS	1,994	1,994	1,994	1,994	7,976	0.4%
DATA PROCESSING/LICENSES	447	447	447	447	1,789	0.1%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	878	878	878	878	3,513	0.2%
	46,327	46,327	46,327	46,327	185,307	8.2%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	0.0%
COMMUNITY GRANTS	20,000	20,000	20,000	20,000	80,000	3.6%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	10,729	10,729	10,729	10,729	42,916	1.9%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	750	750	750	750	3,000	0.1%
PROFESSIONAL SERVICES	3,221	3,221	3,221	3,221	12,882	0.6%
ATTORNEY FEES	881	881	881	881	3,522	0.2%
BANK FEES	25	25	25	25	101	0.0%
AUDIT FEES	565	565	565	565	2,259	0.1%
	36,170	36,170	36,170	36,170	144,680	6.4%
DEPRECIATION AND AMORT	4,879	4,879	4,879	4,879	19,514	0.9%
TOTAL COSTS	540,100	540,100	540,100	540,100	2,160,398	96.0%
INCOME (LOSS) FROM OPERATIONS	\$ 22,586	\$ 22,586	\$ 22,586	\$ 22,586	\$ 90,344	4.0%

TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-PREVENTION AND EARLY INTERVENTION (PEI) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23

	COMMUNITY CAPACITY BUILDING	OLDER ADULT WELLBEING	TAY-ADULT WELLBEING	FAMILY WELLBEING	NAMI	HOUSING STABILITY	THERAPEUTIC COMMUNITY GARDENING	EARLY PSYCHOSIS	ADMIN PEI	TOTAL
REVENUE										
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MEDI-CAL CHILDREN FFP	-	-	-	-	-	-	-	-	-	-
MEDI-CAL CHILDREN EPSDT--STATE REALIGNMENT	-	-	-	-	-	-	-	-	-	-
MEDICARE	-	-	-	-	-	-	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-	-	-	-	-	-	-
MHSA FUNDING	445,097	109,104	104,006	103,067	35,500	196,527	371,806	162,003	694,397	2,221,507
CITY SHARE - LA VERNE	-	-	-	-	-	-	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-	-	-	-	-	-	-
CITY SHARE - POMONA	-	-	-	-	-	-	-	-	-	-
GRANTS	-	-	-	-	-	-	-	-	-	-
INTEREST INCOME	-	-	-	-	-	-	-	-	29,235	29,235
RENTAL AND OTHER INCOME	-	-	-	-	-	-	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUES	445,097	109,104	104,006	103,067	35,500	196,527	371,806	162,003	723,632	2,250,742
EXPENSES										
SALARY COSTS <i>FTE's</i>	3.3	0.8	0.8	1.0	-	1.8	2.9	1.2	2.4	14.2
SALARY AND WAGES	241,115	70,799	70,799	75,407	-	130,919	223,629	114,345	372,534	1,299,547
INSURANCE-Health/workers comp/life	39,692	11,907	11,907	12,937	-	21,836	36,643	19,156	61,917	215,995
RETIREMENT COSTS	29,127	8,553	8,553	9,109	-	15,815	27,015	13,813	45,003	156,988
PAYROLL TAXES	5,907	1,735	1,735	1,847	-	3,207	5,479	2,801	9,127	31,838
MISC COSTS	5,714	1,678	1,678	1,787	-	3,102	5,300	2,711	8,830	30,800
	321,555	94,672	94,672	101,087	-	174,879	298,066	152,826	497,411	1,735,168
FACILITY COSTS										
STORAGE LEASES	-	-	-	-	-	-	-	-	1,075	1,075
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-	-	-	-	-
FACILITY RENT	-	-	-	-	-	-	-	5,054	13,230	18,284
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	-	2,577	-	143	2,720
UTILITIES	2,335	1,077	-	-	-	1,294	2,807	-	430	7,943
BUILDING REPAIRS AND MAINTENANCE	2,684	1,238	-	-	-	1,486	354	544	502	6,808
JANITORIAL SERVICES & SUPPLIES	2,092	980	-	-	-	1,178	861	412	1,227	6,750
WASTE DISPOSAL	256	118	-	-	-	142	1,673	-	48	2,237
	7,367	3,413	-	-	-	4,100	8,272	6,010	16,655	45,817
EQUIPMENT COSTS										
EQUIPMENT RENTAL/LEASE	1,988	892	-	-	-	1,091	1,517	565	1,570	7,623
EQUIP MAINT/REPAIRS	446	-	-	-	-	169	268	-	240	1,123
EQUIP/FURNITURE PURCHASES EXPENSED	69	32	-	-	-	38	54	5	138	336
AUTO EXPENSES	-	-	-	-	-	131	-	-	145	276
AUTO INSURANCE	-	-	-	-	-	2,584	-	-	580	3,164
CELLULAR/PAGER LEASES	3,335	2,223	5,000	698	-	690	3,292	575	1,577	17,390
	5,838	3,147	5,000	698	-	4,703	5,131	1,145	4,250	29,912

**TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-PREVENTION AND EARLY INTERVENTION (PEI) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	COMMUNITY CAPACITY BUILDING	OLDER ADULT WELLBEING	TAY-ADULT WELLBEING	FAMILY WELLBEING	NAMI	HOUSING STABILITY	THERAPEUTIC COMMUNITY GARDENING	EARLY PSYCHOSIS	ADMIN PEI	TOTAL
OTHER SERVICES AND SUPPLIES										
CONFERENCES, SEMINARS & RELATED COSTS	2,850	2,026	2,026	-	-	3,792	-	-	6,287	16,981
MILEAGE REIMBURSEMENT	46	-	-	-	-	-	124	-	12	182
PERSONNEL ADS	578	-	517	-	-	-	-	-	1,434	2,529
PROFESSIONAL LIABILITY INSURANCE	6,399	455	-	-	-	2,611	3,633	74	3,207	16,379
SECURITY EXPENSE	6,181	2,853	-	-	-	3,423	49,966	858	2,244	65,525
DUES & SUBSCRIPTIONS	-	-	-	-	-	-	-	-	45,000	45,000
OTHER SUPPLIES	468	216	760	-	-	259	2,341	48	866	4,958
PRINTING	-	-	-	-	-	-	10	2	996	1,008
CLIENT EXPENSES	-	260	-	912	-	136	-	-	-	1,308
LAB COST	-	-	-	-	-	-	-	-	-	-
AMBULANCE COSTS	-	-	-	-	-	-	-	-	-	-
OFFICE SUPPLIES	723	90	-	-	-	116	149	36	557	1,671
POSTAGE	-	-	-	-	-	-	-	-	205	205
RECORD DESTRUCTION	-	-	-	-	-	-	-	-	-	-
TELEPHONE EXPENSES	4,650	942	-	-	-	2,120	3,213	521	4,837	16,283
COMPUTER SYSTEMS CONNECTIONS	-	-	-	-	-	-	286	-	7,690	7,976
DATA PROCESSING/LICENSES	724	-	-	-	-	274	434	-	357	1,789
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	-	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	1,030	1,030	370	-	-	-	-	1,083	3,513
	22,619	7,872	4,333	1,282	-	12,731	60,156	1,539	74,775	185,307
SPECIFIC COSTS										
PROGRAMS:										
CLIENT SUPPORT COSTS	-	-	-	-	-	-	-	-	-	-
UNIQUE MHS-A PROGRAM RELATED COSTS	-	-	-	-	-	-	-	-	-	-
COMMUNITY GRANTS	80,000	-	-	-	-	-	-	-	-	80,000
GRANTS	-	-	-	-	-	-	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-	-	-	-	-	-	-
PROFESSIONAL SERVICES	7,416	-	-	-	35,500	-	-	-	-	42,916
ADMINISTRATIVE:										
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	-	-	-	3,000	3,000
PROFESSIONAL SERVICES	-	-	-	-	-	-	-	-	12,882	12,882
ATTORNEY FEES	-	-	-	-	-	-	-	-	3,522	3,522
BANK FEES	-	-	-	-	-	-	-	-	101	101
AUDIT FEES	-	-	-	-	-	-	-	-	2,259	2,259
	87,416	-	-	-	35,500	-	-	-	21,764	144,680
DEPRECIATION AND AMORT	3,051	1,940	387	-	-	8,450	815	-	4,871	19,514
TOTAL COSTS	447,846	111,044	104,392	103,067	35,500	204,863	372,440	161,520	619,726	2,160,398
INCOME (LOSS) FROM OPERATIONS	\$ (2,749)	\$ (1,940)	\$ (386)	\$ -	\$ -	\$ (8,336)	\$ (634)	\$ 483	\$ 103,906	\$ 90,344

**TRI-CITY MENTAL HEALTH AUTHORITY
INNOVATION (INN) PROGRAM**

PROPOSED

OPERATING BUDGET

FISCAL YEAR 2022-23

DRAFT

INNOVATION PLAN

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

As noted prior years, there are several INN programs that have been approved, implemented and subsequently completed. INN projects are funded through the 5% of MHSA funds received and that are required to be allocated to INN annually. It is estimated that an additional \$823 thousand will be received/allocated to INN in fiscal 2022-23. As prescribed by code, prior to commencing expenditures on a specific project, the project must be approved not only by the Stakeholders and the Governing Board, but also by the State's Mental Health Services Oversight and Accountability Commission (OAC).

This current Innovation budget includes two projects.

- Help at Hand (formerly Technology Suite)
- Psychiatric Advance Directives (PADS)- A Multi-County Collaborative

Help at Hand

The Help at Hand project was approved by the Governing Board in June 2018 and approved by the State's Mental Health Services Oversight and Accountability Commission (OAC) in September of 2018. The name of this project is the INN Help at Hand and originally named Technology Suite project.

The INN Help at Hand (Technology Suite) project was originally approved by the OAC as a three-year project (and then later extended to a 5-year project by the OAC) and the intention of the project is to engage in a joint, multi-county Innovation project which explores the impact and effectiveness of a technology-based mental health approach to providing services. The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of 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. More details are included in the Innovation Project Plan document posted on Tri-City's website.

Psychiatric Advance Directives (PADS)

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.

The PADS program was endorsed by Tri-City's MSHA stakeholder and eventually approved by, Tri-City's Mental Health Commission and the Governing Board in April of 2022 and then was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

REVENUE

1. **MHSA Funding.** MHSA funding represents the amount of funds projected to be expended in fiscal 2022-23, and are amounts that are within the overall Innovation Plans that have been approved by the Governing Board.
2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of \$367 thousand include \$305 thousand of direct staff salaries and \$62 thousand of administrative salaries. The costs were based on expected staffing requirements of each program, which includes projected staff time to be spent in conjunction with the development of INN programs. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to INN programs, based on a methodology that reflects the staffing proportions of the Agency. The projected staffing in FTEs are projected as follows:
 - a. INN Technology Suite – 1.5 FTEs
 - b. PADs Program - 1.2 FTEs
 - b. Administration-INN – .3 FTEs

All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house the projected staffing and include intercompany facility charges for use of facilities, and maintenance costs. These costs were projected based on market rate per square foot and expected space required for each program by FTE.
3. **Equipment Costs.** This amount reflects the anticipated equipment costs of cellular phones and related fees required for each program.
4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred as a percentage to salary costs. In addition, certain projected costs include costs for seminars and training related costs for employees working on INN programs. The major costs included in this category are as follows:
 - a. Conference, Seminar and Related Costs. These costs represent anticipated conferences/training of existing and new personnel.

Innovation Plan
Operating Budget for the Fiscal Year 2022-23
Assumptions

- b. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations including the Clinics. The costs are then proportionately allocated to each of the programs by location and staff.
 - c. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.
 - d. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs as a percent of salary cost.
 - e. Computer Systems Connections. The computer systems/IT related expenses represent the estimated cost specifically associated with the projected computer systems that will be required for the current project.
 - f. Miscellaneous Costs. This amount is primarily used for any operating category that may be in excess of the original budgeted amount. This amount was also estimated as administrative costs that will be associated with implementing the INN Technology Suite Project.
5. **Specific Costs**. This includes amounts identified as specific program expenses and administrative costs.
- a. Professional Services. This amount for professional services is specifically related to the INN Technology Suite Project and are estimated for its implementation, and will be paid to a third party via a Participation Agreement with the California Mental Health Services Authority which was authorized at the Governing Board Meeting on November 14, 2018. The \$72 thousand in costs identified within the INN Technology Suite are estimated for peer salaries and stipends for listeners and liaisons related directly with the implementation of the Help at Hand/Technology Suite Project.
 - b. Unique MHPA Program Related Costs. Costs totaling \$134 thousand represents the first year of planned costs of the approved PAD's program operating budget.

**TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-INN OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
REVENUE						
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHS-A FUNDING	68,634	68,634	68,634	68,634	274,534	95.9%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	2,911	2,911	2,911	2,911	11,643	4.1%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	71,544	71,544	71,544	71,544	286,177	100.0%
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	76,293	76,293	76,293	76,293	305,173	106.6%
INSURANCE-Health/workers comp/life	7,721	7,721	7,721	7,721	30,882	10.8%
RETIREMENT COSTS	5,531	5,531	5,531	5,531	22,125	7.7%
PAYROLL TAXES	1,122	1,122	1,122	1,122	4,488	1.6%
MISC COSTS	1,085	1,085	1,085	1,085	4,340	1.5%
	91,752	91,752	91,752	91,752	367,008	128.2%
FACILITY COSTS						
STORAGE LEASES	42	42	42	42	168	0.1%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	662	662	662	662	2,646	0.9%
INTERCOMPANY FACILITY CHARGES	6	6	6	6	22	0.0%
UTILITIES	286	286	286	286	1,144	0.4%
BUILDING REPAIRS AND MAINTENANCE	331	331	331	331	1,322	0.5%
JANITORIAL SERVICES & SUPPLIES	292	292	292	292	1,168	0.4%
WASTE DISPOSAL	31	31	31	31	125	0.0%
	1,649	1,649	1,649	1,649	6,595	2.3%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	286	286	286	286	1,144	0.4%
EQUIP MAINT/REPAIRS	45	45	45	45	178	0.1%
EQUIP/FURNITURE PURCHASES EXPENSED	14	14	14	14	54	0.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	6	6	6	6	22	0.0%
AUTO INSURANCE	23	23	23	23	90	0.0%
CELLULAR/PAGER LEASES	229	229	229	229	917	0.3%
	601	601	601	601	2,405	0.8%

**TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-INN OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	195	195	195	195	778	0.3%
MILEAGE REIMBURSEMENT	1	1	1	1	2	0.0%
PERSONNEL ADS	52	52	52	52	209	0.1%
PROFESSIONAL LIABILITY INSURANCE	666	666	666	666	2,664	0.9%
SECURITY EXPENSE	799	799	799	799	3,197	1.1%
DUES & SUBSCRIPTIONS	160	160	160	160	641	0.2%
OTHER SUPPLIES	86	86	86	86	344	0.1%
PRINTING	61	61	61	61	244	0.1%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	49	49	49	49	197	0.1%
POSTAGE	1	1	1	1	3	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	631	631	631	631	2,523	0.9%
COMPUTER SYSTEMS CONNECTIONS	301	301	301	301	1,203	0.4%
DATA PROCESSING/LICENSES	99	99	99	99	394	0.1%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	68	68	68	68	272	0.1%
	3,168	3,168	3,168	3,168	12,671	4.4%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHS-A PROGRAM RELATED COSTS	33,585	33,585	33,585	33,585	134,339	46.9%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	18,000	18,000	18,000	18,000	72,000	25.2%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	221	221	221	221	883	0.3%
ATTORNEY FEES	125	125	125	125	499	0.2%
BANK FEES	5	5	5	5	18	0.0%
AUDIT FEES	-	-	-	-	-	0.0%
	51,935	51,935	51,935	51,935	207,739	72.6%
DEPRECIATION AND AMORT	454	454	454	454	1,817	0.6%
TOTAL COSTS	149,559	149,559	149,559	149,559	598,235	209.0%
INCOME (LOSS) FROM OPERATIONS	\$ (78,015)	\$ (78,015)	\$ (78,015)	\$ (78,015)	\$ (312,058)	-109.0%

TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-INNOVATIONS (INN) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23

	PADS	Technology Suite	INN ADMIN	TOTAL
REVENUE				
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -
MEDI-CAL CHILDREN FFP	-	-	-	-
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-
REALIGNMENT	-	-	-	-
MEDICARE	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-
MHSA FUNDING	256,357	-	18,177	274,534
GRANTS	-	-	-	-
INTEREST INCOME	-	-	11,643	11,643
RENTAL AND OTHER INCOME	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-
TOTAL REVENUES	256,357	-	29,820	286,177
EXPENSES				
SALARY COSTS <i>FTE's</i>	<i>1.2</i>	<i>1.5</i>	<i>0.3</i>	<i>3.0</i>
SALARY AND WAGES	122,018	137,081	46,074	305,173
INSURANCE-Health/workers comp/life	-	23,198	7,684	30,882
RETIREMENT COSTS	-	16,559	5,566	22,125
PAYROLL TAXES	-	3,359	1,129	4,488
MISC COSTS	-	3,249	1,091	4,340
	122,018	183,446	61,544	367,008
FACILITY COSTS				
STORAGE LEASES	-	-	168	168
MORTGAGE INTEREST (2008 Garey)	-	-	-	-
FACILITY RENT	-	-	2,646	2,646
INTERCOMPANY FACILITY CHARGES	-	-	22	22
UTILITIES	-	1,077	67	1,144
BUILDING REPAIRS AND MAINTENANCE	-	1,238	84	1,322
JANITORIAL SERVICES & SUPPLIES	-	980	188	1,168
WASTE DISPOSAL	-	118	7	125
	-	3,413	3,182	6,595
EQUIPMENT COSTS				
EQUIPMENT RENTAL/LEASE	-	910	234	1,144
EQUIP MAINT/REPAIRS	-	141	37	178
EQUIP/FURNITURE PURCHASES EXPENSED	-	32	22	54
AUTO EXPENSES	-	-	22	22
AUTO INSURANCE	-	-	90	90
CELLULAR/PAGER LEASES	-	671	246	917
	-	1,754	651	2,405

**TRI-CITY MENTAL HEALTH AUTHORITY
MHS-A-INNOVATIONS (INN) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23**

	PADS	Technology Suite	INN ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES				
CONFERENCES, SEMINARS & RELATED COSTS	-	-	778	778
MILEAGE REIMBURSEMENT	-	-	2	2
PERSONNEL ADS	-	-	209	209
PROFESSIONAL LIABILITY INSURANCE	-	2,167	497	2,664
SECURITY EXPENSE	-	2,852	345	3,197
DUES & SUBSCRIPTIONS	-	-	641	641
OTHER SUPPLIES	-	216	128	344
PRINTING	-	-	244	244
CLIENT EXPENSES	-	-	-	-
LAB COST	-	-	-	-
AMBULANCE COSTS	-	-	-	-
OFFICE SUPPLIES	-	97	100	197
POSTAGE	-	-	3	3
RECORD DESTRUCTION	-	-	-	-
TELEPHONE EXPENSES	-	1,766	757	2,523
COMPUTER SYSTEMS CONNECTIONS	-	-	1,203	1,203
DATA PROCESSING/LICENSES	-	323	71	394
IT RELATED EXPENSES-Consulting/Training	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	272	272
	-	7,421	5,250	12,671
SPECIFIC COSTS				
PROGRAMS:				
CLIENT SUPPORT COSTS	-	-	-	-
UNIQUE MHS-A PROGRAM RELATED COSTS	134,339	-	-	134,339
COMMUNITY GRANTS	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-
PROFESSIONAL SERVICES	-	72,000	-	72,000
ADMINISTRATIVE:				
DIRECTORS & OFFICERS INSURANCE	-	-	-	-
PROFESSIONAL SERVICES	-	-	883	883
ATTORNEY FEES	-	-	499	499
BANK FEES	-	-	18	18
AUDIT FEES	-	-	-	-
	134,339	72,000	1,400	207,739
DEPRECIATION AND AMORT	-	1,006	811	1,817
TOTAL COSTS	256,357	269,040	72,838	598,235
INCOME (LOSS) FROM OPERATIONS	\$ -	\$ (269,040)	\$ (43,018)	\$ (312,058)

**TRI-CITY MENTAL HEALTH AUTHORITY
WORKFORCE, EDUCATION AND TRAINING (WET) PROGRAM**

PROPOSED

OPERATING BUDGET

FISCAL YEAR 2022-23

DRAFT

WET PLAN

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

As noted previously, the WET Plan includes two programs that were originally approved in fiscal 2012-13 and began implementation in the third quarter of fiscal 2012-13 (refer to the MHSA Program Operations document for program descriptions):

- Learning and Improvement
- Volunteers and Future Employees

The funding for these programs included initial funds that had been previously transferred to the WET Plan from the CSS Plan. At the end of fiscal 2010-11, Tri-City received approximately \$1.1 million of one-time WET MHSA allocations. The original approved WET plan included two programs and through MHSA Annual Updates and annual Stakeholder involvement, the original \$1.1 million were approved and expended over several years by the end of fiscal 2015-16. Once these funds had been exhausted, a new transfer would have been required to continue the existing programs. As such, through MHSA Annual Updates and the Stakeholder process, the amount of \$450 thousand was transferred from the CSS Plan to the WET Plan during the Fiscal Year 2016-17 MHSA Annual Update process, and \$400 thousand during the Fiscal Year 2018-19 Annual Update process. These transfers were recommended and approved to continue the above noted programs and to provide continuing training and hire additional staff to support workforce development. This would also include specialized training needed due to continuing changes in county mental health/specialty mental health and as a result of the Affordable Care Act and Medicaid reform.

WET funds are considered one-time use funds and in order to continue projects within the WET plan, transfers of MHSA CSS Plan must be made into the WET Plan. These transfers must first be approved by the stakeholders. Over the years several transfers have been into the WET Plan to continue the programs initially started as noted above and to fund various projects including the following:

- Toward the end of fiscal year 2018-19, an additional transfer of \$600,000 from the CSS Plan to the WET Plan was approved by the stakeholders and the Governing Board. This transfer was made as a result of one-time excess funds identified.
- In November 2021, as an amendment to the MHSA Annual Update FY2021-22, the stakeholders and the Governing Board approved an additional transfer of \$900,000 from the CSS Plan to the WET Plan to fund the following: (1) two new staff positions in WET: Social Media Specialist and Diversity Equity and Inclusion Coordinator and (2) develop a student loan repayment program.
- The most recent transfers approved were included within the Fiscal Year 2022-23 Annual Update in the total amount of \$2.7 million (\$1.7M to CFTN and \$1.0M to WET). As these have now been approved, these transfers are now scheduled to take place during Fiscal Year 2022-23.

REVENUE

Tri-City's operating budget is prepared using the full-accrual method of accounting. Revenues reflected within the operating budget section represent revenues projected to be generated during this budget fiscal year and do not necessarily represent actual inflows of cash, however the Cash Flow Budget would reflect actual cash projected to be collected. Existing funds already on hand would not be reflected as new or generated revenues in the operating budget as transfers made into WET are made using previously recognized or collected MHSA dollars.

1. **MHSA Funding.** MHSA funding represents the amount of funds approved to be expended in fiscal 2022-23. Although there are funds available for spending in the WET Plan, these amounts have already been previously recognized as revenue within the CSS Plan. As noted above, dollars allocated to the WET Plan are one-time funds and in order to continue programs within the WET Plan, funds are required to be transferred in from the CSS plan. Pursuant to the Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET. Recognition of revenue occurs during the time period in which the funds received were originally approved for use, and as such, the actual expenditures may lag and occur at a later time. As a result, no revenues are expected to be presented in the operating budget for the WET Plan, with the exception of interest revenue projected to be earned in fiscal year 2022-23.
2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of \$354 thousand include \$292 thousand of direct provider staff salaries and \$62 thousand of administrative salaries. The costs were based on expected staffing requirements of each program and as considered during the stakeholder's process and included in the WET plan. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to WET programs based on staffing proportions of the Agency and by specific program. The projected staffing is as follows:
 - a. Learning and Improvement – 2.8 FTE for the WET Supervisor, Social Media Specialist and Diversity Equity and Inclusion Coordinator.
 - b. Volunteers & Future Employees– 0.3 FTE includes an allocation of the WET Supervisor.
 - c. Administration-WET – 0.5 FTE includes an allocation of Administrative support which includes an allocation of combined executive and administrative personnel costs.

All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the allocation of rent and other facility related expenses for the space required for current staffing.
3. **Equipment Costs.** This amount reflects the anticipated costs of equipment, cellular phones and related fees required for each program.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's best estimates however primarily utilizing past experience. The major costs included in this category are as follows:
 - a. Conference, Seminar & Related Costs. These costs represent anticipated supplemental training of personnel, as well as the requirement of the MHSA administrative staff attending educational and MHSA specific conferences and seminars, in addition to travel costs related to these trainings.
 - b. Personnel Ads. These projected costs are consistent with prior year and are for the recruitment of volunteers and future employees.
 - c. Professional Liability Insurance Costs. These costs represent the anticipated cost of professional liability insurance for staff and are based on Tri-City's historical cost as it relates to salary costs.
 - d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations. The costs are then proportionately allocated to each of the programs by location and staff.
 - e. Computer Systems Connections. The computer systems expenses represent the cost of upgrading hardware and connectivity. This includes the professional fees that may be paid to IT specialists. This would also include fees associated with a risk assessment of IT systems (for both software and hardware) which are included in IT Related Expenses, in order to comply with recent regulations.
 - f. Miscellaneous Costs. This amount is projected for use on operating categories that may be in excess of the original budgeted amount and estimated based on past experience.
5. **Specific Costs.** This includes amounts identified as specific program expenses.
 - a. WET Program Learning and Outreach (Staff Development and Mental Health Recruitment Costs). These costs include costs to 1) train the Tri-City clinical staff and enhance their development in the provision of mental health services, 2) to implement and continue outreach programs to colleges and schools to educate and recruit future community mental health workers, and 3) to fund a student loan repayment program that will pay up to \$7,500 on behalf of staff who have student loan debt upon completion of a year of employment. The student loan repayment program was approved as part of the FY 2022-23 Annual update after going through the stakeholder process and approved by the Governing Board. In addition, these amounts include costs of software updates required for data collection and educational programs.

**TRI-CITY MENTAL HEALTH AUTHORITY
MHA-WET OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
REVENUE						
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	-	-	-	-	-	0.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	1,217	1,217	1,217	1,217	4,869	100.0%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	1,217	1,217	1,217	1,217	4,869	100.0%
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	66,533	66,533	66,533	66,533	266,132	5465.8%
INSURANCE-Health/workers comp/life	10,631	10,631	10,631	10,631	42,522	873.3%
RETIREMENT COSTS	8,037	8,037	8,037	8,037	32,149	660.3%
PAYROLL TAXES	1,630	1,630	1,630	1,630	6,520	133.9%
MISC COSTS	1,577	1,577	1,577	1,577	6,306	129.5%
	88,407	88,407	88,407	88,407	353,629	7262.9%
FACILITY COSTS						
STORAGE LEASES	45	45	45	45	178	3.7%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	992	992	992	992	3,969	81.5%
INTERCOMPANY FACILITY CHARGES	6	6	6	6	25	0.5%
UTILITIES	197	197	197	197	788	16.2%
BUILDING REPAIRS AND MAINTENANCE	225	225	225	225	899	18.5%
JANITORIAL SERVICES & SUPPLIES	213	213	213	213	851	17.5%
WASTE DISPOSAL	22	22	22	22	87	1.8%
	1,699	1,699	1,699	1,699	6,797	139.6%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	215	215	215	215	861	17.7%
EQUIP MAINT/REPAIRS	33	33	33	33	133	2.7%
EQUIP/FURNITURE PURCHASES EXPENSED	12	12	12	12	49	1.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	14	14	14	14	55	1.1%
AUTO INSURANCE	24	24	24	24	95	2.0%
CELLULAR/PAGER LEASES	276	276	276	276	1,105	22.7%
	575	575	575	575	2,298	47.2%

**TRI-CITY MENTAL HEALTH AUTHORITY
MHA-WET OPERATING BUDGET
FISCAL YEAR 2022-23**

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	15,767	15,767	15,767	15,767	63,069	1295.3%
MILEAGE REIMBURSEMENT	1	1	1	1	2	0.0%
PERSONNEL ADS	1,287	1,287	1,287	1,287	5,147	105.7%
PROFESSIONAL LIABILITY INSURANCE	497	497	497	497	1,989	40.9%
SECURITY EXPENSE	567	567	567	567	2,267	46.6%
DUES & SUBSCRIPTIONS	165	165	165	165	660	13.6%
OTHER SUPPLIES	132	132	132	132	526	10.8%
PRINTING	27	27	27	27	109	2.2%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	38	38	38	38	152	3.1%
POSTAGE	1	1	1	1	3	0.1%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	492	492	492	492	1,966	40.4%
COMPUTER SYSTEMS CONNECTIONS	246	246	246	246	984	20.2%
DATA PROCESSING/LICENSES	103	103	103	103	412	8.5%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	29	29	29	29	115	2.4%
	19,350	19,350	19,350	19,350	77,401	1589.7%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHA PROGRAM RELATED COSTS	62,500	62,500	62,500	62,500	250,000	5134.5%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	23,750	23,750	23,750	23,750	95,000	1951.1%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	207	207	207	207	828	17.0%
ATTORNEY FEES	132	132	132	132	526	10.8%
BANK FEES	4	4	4	4	15	0.3%
AUDIT FEES	-	-	-	-	-	0.0%
	86,592	86,592	86,592	86,592	346,369	7113.8%
DEPRECIATION AND AMORT	269	269	269	269	1,074	22.1%
TOTAL COSTS	196,892	196,892	196,892	196,892	787,568	16175.1%
INCOME (LOSS) FROM OPERATIONS	\$ (195,675)	\$ (195,675)	\$ (195,675)	\$ (195,675)	\$ (782,699)	-16075.1%

TRI-CITY MENTAL HEALTH AUTHORITY
MNSA-WORKFORCE EDUCATION AND TRAINING (WET) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23

	VOLUNTEERS			TOTAL
	LEARNING & IMPROVEMENT	& FUTURE EMPLOYEES	WET ADMIN	
REVENUE				
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -
MEDI-CAL CHILDREN FFP	-	-	-	-
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-
REALIGNMENT	-	-	-	-
MEDICARE	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-
MNSA FUNDING	-	-	-	-
CITY SHARE - LA VERNE	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-
CITY SHARE - POMONA	-	-	-	-
GRANTS	-	-	-	-
INTEREST INCOME	-	-	4,869	4,869
RENTAL AND OTHER INCOME	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-
TOTAL REVENUES	-	-	4,869	4,869
EXPENSES				
SALARY COSTS <i>FTE's</i>	<i>2.8</i>	<i>0.3</i>	<i>0.5</i>	<i>3.7</i>
SALARY AND WAGES	197,415	22,643	46,074	266,132
INSURANCE-Health/workers comp/life	31,231	3,582	7,709	42,522
RETIREMENT COSTS	23,847	2,736	5,566	32,149
PAYROLL TAXES	4,837	554	1,129	6,520
MISC COSTS	4,678	537	1,091	6,306
	262,008	30,052	61,569	353,629
FACILITY COSTS				
STORAGE LEASES	-	-	178	178
MORTGAGE INTEREST (2008 Garey)	-	-	-	-
FACILITY RENT	-	-	3,969	3,969
INTERCOMPANY FACILITY CHARGES	-	-	25	25
UTILITIES	718	-	70	788
BUILDING REPAIRS AND MAINTENANCE	826	-	73	899
JANITORIAL SERVICES & SUPPLIES	654	-	197	851
WASTE DISPOSAL	79	-	8	87
	2,277	-	4,520	6,797
EQUIPMENT COSTS				
EQUIPMENT RENTAL/LEASE	606	-	255	861
EQUIP MAINT/REPAIRS	94	-	39	133
EQUIP/FURNITURE PURCHASES EXPENSED	22	-	27	49
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-
AUTO EXPENSES	-	-	55	55
AUTO INSURANCE	-	-	95	95
CELLULAR/PAGER LEASES	852	-	253	1,105
	1,574	-	724	2,298

TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-WORKFORCE EDUCATION AND TRAINING (WET) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2022-23

	VOLUNTEERS			
	LEARNING & IMPROVEMENT	& FUTURE EMPLOYEES	WET ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES				
CONFERENCES, SEMINARS & RELATED COSTS	-	-	63,069	63,069
MILEAGE REIMBURSEMENT	-	-	2	2
PERSONNEL ADS	-	4,781	366	5,147
PROFESSIONAL LIABILITY INSURANCE	1,462	-	527	1,989
SECURITY EXPENSE	1,901	-	366	2,267
DUES & SUBSCRIPTIONS	260	-	400	660
OTHER SUPPLIES	145	234	147	526
PRINTING	-	-	109	109
CLIENT EXPENSES	-	-	-	-
LAB COST	-	-	-	-
AMBULANCE COSTS	-	-	-	-
OFFICE SUPPLIES	65	-	87	152
POSTAGE	-	-	3	3
RECORD DESTRUCTION	-	-	-	-
TELEPHONE EXPENSES	1,177	-	789	1,966
COMPUTER SYSTEMS CONNECTIONS	-	-	984	984
DATA PROCESSING/LICENSES	305	-	107	412
IT RELATED EXPENSES-Consulting/Training	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	115	115
	5,315	5,015	67,071	77,401
SPECIFIC COSTS				
PROGRAMS:				
CLIENT SUPPORT COSTS	-	-	-	-
UNIQUE MHSA PROGRAM RELATED COSTS	-	250,000	-	250,000
COMMUNITY GRANTS	-	-	-	-
WET--LEARNING & OUTREACH	95,000	-	-	95,000
PROFESSIONAL SERVICES	-	-	-	-
ADMINISTRATIVE:				
DIRECTORS & OFFICERS INSURANCE	-	-	-	-
PROFESSIONAL SERVICES	-	-	828	828
ATTORNEY FEES	-	-	526	526
BANK FEES	-	-	15	15
AUDIT FEES	-	-	-	-
	95,000	250,000	1,369	346,369
DEPRECIATION AND AMORT	394	-	680	1,074
TOTAL COSTS	366,568	285,067	135,933	787,568
INCOME (LOSS) FROM OPERATIONS	\$ (366,568)	\$ (285,067)	\$ (131,064)	\$ (782,699)

**TRI-CITY MENTAL HEALTH AUTHORITY
CAPITAL FACILITIES & TECHNOLOGY NEEDS PLAN (CFTN)**

PROPOSED

OPERATING BUDGET

FISCAL YEAR 2022-23

DRAFT

CAPITAL FACILITIES & TECHNOLOGY NEEDS PLAN (CFTN)

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

At the end of fiscal 2010-11, Tri-City had received approximately \$2.7 million of CFTN MHA allocations to be used for approved Capital Facility and Technology Needs projects. In May 2013 the Governing Board approved the initial CFTN plan which included three Technology Needs projects at a total projected expenditure of approximately \$1.1 million. Implementation of these projects began in June 2013 and were completed by the end of fiscal 2015-16. These initial projects were:

- Electronic Health Record Improvement and Systems Enhancement
- Consumer Access to Computing Resources
- Program Monitoring and Service Outcome Support

CFTN funds are considered one-time use funds and in order to continue projects in the CFTN plan, transfers of MHA CSS Plan must be made into the CFTN Plan. These transfers must first be approved by the stakeholders. Over the years several transfers have been into the CFTN plan to fund various projects and including the following:

- In March 2015 and in July of 2015, the CFTN plan was updated and approved by the Governing Board to utilize the remaining funds of approximately \$1.6 million for the purpose of a new Capital Facilities project which included the purchase and required improvements of an office building for MHA Administrative Professional staff. This project was completed during fiscal 2015-16.
- As part of the MHA 2016-17 update, the amount of \$500 thousand was approved for transfer to the CFTN plan from the CSS plan. This amount was to be set aside for future capital facilities and technology projects that would need to first be identified and would be subject to approval by the Stakeholders and Governing Board. Toward the end of fiscal year 2018-19, an additional transfer of \$700,000 from the CSS Plan to the CFTN Plan was approved by the stakeholders and the Governing Board. This transfer was made as a result of one-time excess funds identified that would potentially be used for one-time capital improvement projects.
- During Fiscal 2019-20 two separate projects were identified and proposed as CFTN projects. The two projects including an Electrical Upgrade & Office Remodel, as well as the Capital Improvements to the Therapeutic Community Garden. On March 18, 2020, the Governing Board approved Resolution 524, authorizing the expenditure of \$970,968 from its Capital Facilities and Technology Needs (CFTN) plan funds for Electrical Upgrades, Office Space Remodel and Capital Improvements. In November of 2021, due to the rising cost of materials and labor, the stakeholders and the Governing Board approved an additional transfer of \$400,000 from the CSS plan to the CFTN plan to ensure the completion of the pre-approved projects from the Fiscal Year 2019-20. Since then, the Electrical Upgrade project at the 2001 N. Garey Avenue has been completed. This budget includes the proposed and approved remaining estimated expenditures to complete the Office Space Remodel as well as the Improvements to the Therapeutic

Community Garden. These projects are expected to move forward and complete during this fiscal year (2022-23).

- In May of 2021, the Governing Board approved a Capital Facilities & Technology Needs (CFTN) Plan to expend approximately \$300,436 to begin the implementation of a new electronic health record system and a new client referral management platform. These amounts are not included in this budget as they were expended in the prior year as they were been fully incurred and expended during the same fiscal year.
- In June of 2022 the Governing Board Approved a CFTN Plan for IT Infrastructural Needs Plan, Including but Not Limited to Computer Turnover & Network Refresh in the total amount of \$767 thousand. This budget includes \$767 thousand for various technology infrastructure related expenditures.

The most recent transfers approved were included within the Fiscal Year 2022-23 Annual Update in the total amount of \$2.7 million (\$1.7M to CFTN and \$1.0M to WET). As these have now been approved, these transfers are now scheduled to take place during Fiscal Year 2022-23.

REVENUE

Tri-City's operating budget is prepared using the full-accrual method of accounting. Revenues reflected within the operating budget section represent revenues projected to be generated during this budget fiscal year and do not necessarily represent actual inflows of cash, however the Cash Flow Budget would reflect actual cash projected to be collected and cash projected to be expended. Existing funds already on hand would then not be reflected as new or generated revenues in the operating budget.

1. **MHSA Funding.** MHSA funding represents any additional amount of funds that have been approved for capital facilities or technology related projects. Although there is approximately \$1.2M dollars available to fund CTFN projects, these amounts have already been previously recognized as revenue within the CSS Plan. Recognition of revenue occurs during the time period in which the funds received were originally approved for use, as such, the actual expenditures may lag and occur at a later time. Accordingly, no revenues are reflected within the CFTN plan in this budget, with the exception of interest revenue, and no other revenues are projected to be recognized or collected for fiscal 2022-23.
2. **Interest Income.** Interest income, if any, is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Depreciation Expense.** Depreciation expense is projected to be approximately \$62 thousand which represents the remaining depreciation of equipment and furniture purchased and capitalized over the past years as well as the current projection of depreciation for the recent purchase of the office building and improvements.

CAPITAL EXPENSES

1. **Capital Expenses.** The majority of the expenses that are expected to be incurred to implement the above noted projects are expected to be capital related and therefore would be presented within the Cash Flow Budget under the caption titled “Cash Flow From Capital and Related Financing Activities” and not within the operating expenses section of the Budget. Cash flows of approximately \$1.2M are reflected under this caption for two main projects currently underway which include the improvements to the Therapeutic Community Garden, and the Office Space Remodel.

DRAFT

TRI-CITY MENTAL HEALTH AUTHORITY
MHS-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET
FISCAL YEAR 2022-23

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
REVENUE						
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	-	-	-	-	-	0.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	2,170	2,170	2,170	2,170	8,681	100.0%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	2,170	2,170	2,170	2,170	8,681	100.0%
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	-	-	-	-	-	0.0%
INSURANCE-Health/workers comp/life	-	-	-	-	-	0.0%
RETIREMENT COSTS	-	-	-	-	-	0.0%
PAYROLL TAXES	-	-	-	-	-	0.0%
MISC COSTS	-	-	-	-	-	0.0%
FACILITY COSTS						
STORAGE LEASES	-	-	-	-	-	0.0%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	-	-	-	-	-	0.0%
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	0.0%
UTILITIES	-	-	-	-	-	0.0%
BUILDING REPAIRS AND MAINTENANCE	-	-	-	-	-	0.0%
JANITORIAL SERVICES & SUPPLIES	-	-	-	-	-	0.0%
WASTE DISPOSAL	-	-	-	-	-	0.0%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	-	-	-	-	-	0.0%
EQUIP MAINT/REPAIRS	-	-	-	-	-	0.0%
EQUIP/FURNITURE PURCHASES EXPENSED	-	-	-	-	-	0.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	-	-	-	-	-	0.0%
AUTO INSURANCE	-	-	-	-	-	0.0%
CELLULAR/PAGER LEASES	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%

TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET
FISCAL YEAR 2022-23

	FY 22-23 QUARTERS				Budget FY 22-23	% to Rev
	1ST QRT	2ND QRT	3RD QRT	4TH QRT		
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	-	-	-	-	-	0.0%
MILEAGE REIMBURSEMENT	-	-	-	-	-	0.0%
PERSONNEL ADS	-	-	-	-	-	0.0%
PROFESSIONAL LIABILITY INSURANCE	-	-	-	-	-	0.0%
SECURITY EXPENSE	-	-	-	-	-	0.0%
DUES & SUBSCRIPTIONS	-	-	-	-	-	0.0%
OTHER SUPPLIES	-	-	-	-	-	0.0%
PRINTING	-	-	-	-	-	0.0%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	-	-	-	-	-	0.0%
POSTAGE	-	-	-	-	-	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	-	-	-	-	-	0.0%
COMPUTER SYSTEMS CONNECTIONS	-	-	-	-	-	0.0%
DATA PROCESSING/LICENSES	-	-	-	-	-	0.0%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	191,750	191,750	191,750	191,750	767,000	8835.4%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ATTORNEY FEES	-	-	-	-	-	0.0%
BANK FEES	-	-	-	-	-	0.0%
AUDIT FEES	-	-	-	-	-	0.0%
	191,750	191,750	191,750	191,750	767,000	8835.4%
DEPRECIATION AND AMORT	15,435	15,435	15,435	15,435	61,738	711.2%
TOTAL COSTS	207,185	207,185	207,185	207,185	828,738	9546.6%
INCOME (LOSS) FROM OPERATIONS	\$ (205,014)	\$ (205,014)	\$ (205,014)	\$ (205,014)	\$ (820,057)	-9446.6%

TRI-CITY MENTAL HEALTH AUTHORITY
MHS-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET BY PROJECT
FISCAL YEAR 2022-23

	CAPITAL IMPROVEMENT TO					TOTAL
	ELECTRICAL UPGRADE & OFFICE SPACE REMODEL	THERAPEUTIC COMMUNITY GARDEN	IT Infrastructural Needs Plan	ADMINISTRATIVE PROFESSIONAL BUILDING	CTFN ADMIN	
REVENUE						
MEDI-CAL ADULT FFP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MEDI-CAL CHILDREN FFP	-	-	-	-	-	-
MEDI-CAL CHILDREN EPSDT--STATE REALIGNMENT	-	-	-	-	-	-
MEDICARE	-	-	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-	-	-
MHSA FUNDING	-	-	-	-	-	-
CITY SHARE - LA VERNE	-	-	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-	-	-
CITY SHARE - POMONA	-	-	-	-	-	-
GRANTS	-	-	-	-	-	-
INTEREST INCOME	-	-	-	-	8,681	8,681
RENTAL AND OTHER INCOME	-	-	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	-
TOTAL REVENUES	-	-	-	-	8,681	8,681
EXPENSES						
SALARY COSTS <i>FTE's</i>						
SALARY AND WAGES	-	-	-	-	-	-
INSURANCE-Health/workers comp/life	-	-	-	-	-	-
RETIREMENT COSTS	-	-	-	-	-	-
PAYROLL TAXES	-	-	-	-	-	-
MISC COSTS	-	-	-	-	-	-
FACILITY COSTS						
STORAGE LEASES	-	-	-	-	-	-
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-
FACILITY RENT	-	-	-	-	-	-
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	-
UTILITIES	-	-	-	-	-	-
BUILDING REPAIRS AND MAINTENANCE	-	-	-	-	-	-
JANITORIAL SERVICES & SUPPLIES	-	-	-	-	-	-
WASTE DISPOSAL	-	-	-	-	-	-
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	-	-	-	-	-	-
EQUIP MAINT/REPAIRS	-	-	-	-	-	-
EQUIP/FURNITURE PURCHASES EXPENSED	-	-	-	-	-	-
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	-
AUTO EXPENSES	-	-	-	-	-	-
AUTO INSURANCE	-	-	-	-	-	-
CELLULAR/PAGER LEASES	-	-	-	-	-	-
	-	-	-	-	-	-

DRAFT

TRI-CITY MENTAL HEALTH AUTHORITY
MHS-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET BY PROJECT
FISCAL YEAR 2022-23

	ELECTRICAL UPGRADE & OFFICE SPACE REMODEL	CAPITAL IMPROVEMENT TO THERAPEUTIC COMMUNITY GARDEN	IT Infrastructural Needs Plan	ADMINISTRATIVE PROFESSIONAL BUILDING	CTFN ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	-	-	-	-	-	-
MILEAGE REIMBURSEMENT	-	-	-	-	-	-
PERSONNEL ADS	-	-	-	-	-	-
PROFESSIONAL LIABILITY INSURANCE	-	-	-	-	-	-
SECURITY EXPENSE	-	-	-	-	-	-
DUES & SUBSCRIPTIONS	-	-	-	-	-	-
OTHER SUPPLIES	-	-	-	-	-	-
PRINTING	-	-	-	-	-	-
CLIENT EXPENSES	-	-	-	-	-	-
LAB COST	-	-	-	-	-	-
AMBULANCE COSTS	-	-	-	-	-	-
OFFICE SUPPLIES	-	-	-	-	-	-
POSTAGE	-	-	-	-	-	-
RECORD DESTRUCTION	-	-	-	-	-	-
TELEPHONE EXPENSES	-	-	-	-	-	-
COMPUTER SYSTEMS CONNECTIONS	-	-	-	-	-	-
DATA PROCESSING/LICENSES	-	-	-	-	-	-
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	-	-	-	-
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	-
UNIQUE MHS-CAPITAL FACILITIES & TECHNOLOGY (CFTN) RELATED COSTS	-	-	767,000	-	-	767,000
COMMUNITY GRANTS	-	-	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-	-	-
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-	-	-
ATTORNEY FEES	-	-	-	-	-	-
BANK FEES	-	-	-	-	-	-
AUDIT FEES	-	-	-	-	-	-
	-	-	767,000	-	-	767,000
DEPRECIATION AND AMORT	-	-	-	61,738	-	61,738
TOTAL COSTS	-	-	767,000	61,738	-	828,738
INCOME (LOSS) FROM OPERATIONS	\$ -	\$ -	\$ (767,000)	\$ (61,738)	\$ 8,681	\$ (820,057)



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

DATE: July 20, 2020
TO: Governing Board of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
BY: Mica Olmos, JPA Administrator/Clerk
SUBJECT: Election of Vice Chairperson After a Vacancy Exists

Summary:

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

Background:

Robin Carder, Governing Board Vice-Chair and City of La Verne Council Member, did not seek re-election during the June 7, 2022 General Election for the City of La Verne; therefore, June 15, 2022 was her last day serving as Vice-Chair to Tri-City's Governing Board, resulting in a vacancy. Accordingly, the Governing Board shall fill this vacancy at its meeting of July 20, 2022.

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

Funding:

None required.

Recommendation:

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



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

DATE: July 20, 2022
TO: Governing Board of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
SUBJECT: Executive Director's Monthly Report

BLACK, INDIGENOUS, PEOPLE OF COLOR (BIPOC) MENTAL HEALTH AWARENESS MONTH

July is Black, Indigenous, People of Color (BIPOC) Mental Health Awareness Month formally recognized as Bebe Moore Campbell National Minority Mental Health Awareness Month. Bebe Moore Campbell was an American author, journalist, teacher and a mental health advocate who worked tirelessly to shed light on the mental health needs of the Black community and other under-represented and historically marginalized communities. The Cultural Inclusion and Diversity Committee (CIDC) and the Prevention and Early Intervention (PEI) department will partner to host a webinar titled "In Community: A Conversation Around BIPOC Mental Health" on July 20th at 2pm. This webinar will highlight historical context around barriers to receiving mental health services, current statistics and will include a panel discussion with community members that identify as African American, Latinx, LGBTQ+ and Asian American Pacific Islander. More information about this webinar can we found on the Tri-City website.

NATIONAL 988 SUICIDE & CRISIS LIFELINE

Dial 988 is the State's new mental health crisis hotline. Beginning on Saturday, July 16, people who are experiencing a mental health crisis and in need of immediate help will be able to dial or text 988 and receive assistance through the new Suicide and Crisis Lifeline number.

In October 2020, then President Donald Trump signed a bipartisan bill to establish 988 as a national number. That law also gave states the option to fund call centers and mental health crisis services by attaching new fees to phone lines. This shortcut will make it simpler for people in crisis to tap into the state's network of 13 National Suicide Prevention Lifeline call centers. Between 2016 and 2020, California's National Suicide Prevention Lifeline call centers saw a 67% increase in calls, a number that's gone up still further as the pandemic drags on. Despite this, in-state call centers have been able to answer 90% of calls, according to data from the National Suicide Prevention Lifeline.

Los Angeles County Department of Mental Health (LACDMH) has response teams in place to enable Los Angeles County community members to call 988 and receive immediate help during a mental health crisis.

Governing Board of Tri-City Mental Health Authority
Monthly Staff Report of Rimmi Hundal
July 20, 2022
Page 2 of 3

LACDMH is partnering with Didi Hirsch Mental Health Services, which will serve as the 988 provider in L.A. County, to provide this resource to the residents by dialing 988. Trained operators will triage callers to receive the appropriate services, including suicide crisis counseling over the phone and mental health de-escalation counseling over the phone. They will also triage callers to determine when dispatching a mobile crisis team is appropriate and, in rare cases, connection to law enforcement when safety is of concern.

CERNER UPDATE

Back in 2021, Tri-City Mental Health selected Cerner as our new electronic health record (EHR) system to replace the current EHR - Welligent. The main reasons for the decision was to improve clinical documentation, outcomes, and billing by adopting a more robust EHR system that is better equipped to handle our interoperability and patient portal needs. The project is well underway and is nearing the finish line with an anticipated go-live date scheduled for August 16, 2022. The Tri-City project core team, consisting of members of the Best Practices Department and I.T. Department, along with key individuals within the agency have been working very hard behind the scenes, planning, and collaborating with all other departments to complete the project. In addition to coordinating project specific tasks, formal end-user training has begun and will continue up until we go-live.

HUMAN RESOURCES

Staffing – Month Ending June 2022

- Total Staff is 184 full-time and 11 part-time plus 37 full time vacancies 9 part-time vacancies for a total of 231 positions.
- There were 2 new hires in June.
- There were 1 separation in June.

Workforce Demographics in June 2022

- American Indian or Alaska Native 0.51%
- Asian 10.26%
- Black or African American 7.18%
- Hispanic or Latino 58.46%
- Native Hawaiian or Other Pacific Islander 0.51%
- Other 7.69%
- Two or more races 1.03%

Posted Positions in June 2022

- Accounting Technician (1 FTE)
- Clinical Supervisor I Access to Care (1 FTE)
- Clinical Therapist I/II Access to Care (3 FTEs) *2 hires pending*
- Clinical Therapist I/II - Adult (5 FTEs) *1 hire pending*

Governing Board of Tri-City Mental Health Authority
Monthly Staff Report of Rimmi Hundal
July 20, 2022
Page 3 of 3

- Clinical Therapist I/II – Child & Family (4 FTEs) *1 hire pending*
- Clinical Therapist II – PACT (1 FTE)
- Clinical Wellness Advocate I/II/III (1 FTE)
- Community Navigator (1 FTE) *1 hire pending*
- Director of MHSA & Ethnic Services (1 FTE)
- Mental Health Specialist – Adult (2 FTEs)
- Mental Health Worker – Adult FSP (1 FTE)
- Mental Health Worker – Wellness Center (1 FTE)
- MHSA Program Supervisor – Wellness Center (1 FTE) *1 hire pending*
- Program Support Assistant II (2 FTEs) *2 hires pending*
- Program Support Assistant II/III/IV (2 FTEs)
- Psychiatric Technician I/II/III - PACT (1 FTE) *1 hire pending*
- Senior Mental Health Specialist – Housing (1 FTE)
- Wellness Advocate – Wellness Center (1 FTE)

COVID-19 UPDATE

March 1, 2022 was the State required vaccination booster deadline for all healthcare workers who are booster eligible. As of July 7, 2022, Tri-City staff have a vaccination compliancy rate of 87.69% with a vaccination booster compliancy rate of 99.39%.



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Finance and Facilities Report

UNAUDITED FINANCIAL STATEMENTS FOR THE ELEVEN MONTHS ENDED MAY 31, 2022 (2022 FISCAL YEAR-TO-DATE)

The financials presented herein are the PRELIMINARY and unaudited financial statements for the ten months ended May 31, 2022. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$836 thousand. MHSA operations accounted for approximately \$1.3 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 \$16.2 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 \$430 thousand is from Clinic outpatient operations, which is the result of operations for the eleven months ended May 31, 2022 which includes one-time payments made at the beginning of the year.

Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director
Monthly Staff Report of Diana Acosta
July 20, 2022
Page 2 of 7

The total cash balance at May 31, 2022 was approximately \$39.6 million, which represents an increase of approximately \$4.7 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 \$1.3 million primarily as a result of the paid off mortgage, and delayed cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately \$5.6 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$14.3 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$8.1 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eleven months ended May 31, 2022. Additionally, \$1.3 million has been received through July 13, 2022.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update

We continue to closely monitor for any new developments and updated revenue projections from CBHDA. As such, planning appropriately to ensure we meet the needs of our community, and having the ability to make changes as we go will be necessary in the upcoming years, especially if projections wind up being significantly different than currently projected.

The Finance Department continues to turn their attention over to various projects including the development and completing the fiscal year 2022-23 Operating Budget, implementing Cerner, the new grants and the compensation study.

CalAIM

Tri-City management is currently working with CBHDA and LA DMH to prepare for the transition away from a cost reimbursement model to a fee for service model that will be resulting from the CalAIM initiatives. A few months ago, 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 eleven months ended May 31, 2022.

	MHSA
Cash at May 31, 2022	\$ 32,559,128
Receivables net of Reserve for Cost Report Settlements	(467,709)
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2021-22	(945,830) **
Reserved for future CFTN Projects including approved TCG Project	(1,247,389)
Total Estimated Adjustments to Cash	<u>(4,860,928)</u>
Estimated Available at June 30, 2022	<u>\$ 27,698,200</u>
Per Annual Update Estimated Expenses Planned for FY 2022-23	21,863,603
MHSA funds received in FY 2021-22 in excess of budget estimate	\$ 3,619,014

* 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.

MHSA Expenditures and MHSA Revenue Receipts – As announced at the June 15, 2022 Governing Board meeting, MHSA actual revenue receipts during fiscal year 2021-22 had actually exceeded the original projected amounts by approximately \$4.7 million. The Fiscal Year 2021-22 Operating budget included a projection of \$12.6 million in MHSA cash collections while the actual receipts totaled \$17.3 million.

Additionally, based on the most recent estimates disclosed by CBHDA, the amount of MHSA funds projected to be collected in Fiscal year 2022-23 is also expected to be in line with what was just collected. As such the Fiscal Year 2022-23 Operating budget reflects a projected collection of MHSA funds totaling \$16.5 million. As noted in the table below, the original estimate of new funding in the MHSA Annual Update was \$11.1 million. As a result of the updated projections the MHSA revenues are now expected to be \$5.3 million higher.

Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director
Monthly Staff Report of Diana Acosta
July 20, 2022
Page 4 of 7

For reference the following is the information included in the MHSA Fiscal Year 2022-23 Annual Update:

<u>Included in the MHSA FY 2022-23 Annual Update</u>	<u>CSS</u>	<u>PEI</u>	<u>Innovation</u>	<u>WET</u>	<u>CFTN</u>	<u>Totals</u>
Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299	28,352,076
Transfers in FY 2022-23	(2,700,000)	-		1,000,000	1,700,000	-
Available for Spending in FY 2022-23	16,578,875	4,037,204	2,697,746	1,808,952	3,229,299	28,352,076
Approved Plan Expenditures during FY 2022-23	(12,284,819)	(2,221,506)	(253,661)	(857,628)	(703,183)	(16,320,797)
Remaining Cash before new funding	4,294,056	1,815,698	2,444,085	951,324	2,526,116	12,031,279
Estimated New FY 2022-23 Funding	8,477,602	2,119,401	557,737			11,154,740
Estimated Ending FY 2022-23 Unspent Fund Balance	12,771,658	3,935,099	3,001,822	951,324	2,526,116	23,186,019

For reference the following information demonstrates the changes in estimated cash flow between the MHSA Fiscal Year 2022-23 Annual Update and the Fiscal Year 2022-23 Operating Budget:

<u>Included in the FY 2022-23 Operating Budget</u>	<u>CSS</u>	<u>PEI</u>	<u>Innovation</u>	<u>WET</u>	<u>CFTN</u>	<u>Totals</u>
Updated Funding Estimates for FY 2022-23	12,519,290	3,129,822	823,638	-	-	16,472,750
Previously Estimated New FY 2022-23 Funding	8,477,602	2,119,401	557,737	-	-	11,154,740
Difference/Projected Additional Funding	4,041,688	1,010,421	265,901	-	-	5,318,010

MHSA Reversion Update:

Each remittance of MHSA funds received by Tri-City is required to be allocated among three of the five MHSA Plans, CSS, PEI and INN. The first 5% of each remittance is required to be allocated to INN and the remaining amount is split 80% to CSS and 20% to PEI. While the WET and the CapTech plans have longer time frames in which to spend funds (made up of one-time transfers into these two plans), the CSS, PEI and INN plans have three years.

Amounts received within the CSS and PEI programs must be expended within three years of receipt. INN amounts must be programmed in a plan that is approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) within three years of receipt, and spent within the life of the approved program. Upon approval by the MHSOAC, INN amounts have to be expended within the life of said program. For

Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director
Monthly Staff Report of Diana Acosta
July 20, 2022
Page 5 of 7

example, a program approved for a five-year period will have the full five years associated with the program to expend the funds.

To demonstrate the three-year monitoring of CSS, PEI and INN dollars, the following tables are excerpts from DHCS's annual reversion report received by Tri-City in May of 2022 based on the fiscal year 2020-21 Annual Revenue and Expense Report (ARER):

CSS reversion waterfall analysis

CSS amounts received						
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Total
	8,676,848	8,797,914	9,293,482	11,824,329	13,178,277	51,770,850
Expended in:						
2017-18						-
2018-19	939,014					939,014
2019-20	7,737,834	1,290,269				9,028,103
2020-21		7,507,645	746,924			8,254,569
2021-22 *			8,546,558	719,597		9,266,155
2022-23 **				10,099,177		10,099,177
2023-24						-
Total Expended	8,676,848	8,797,914	9,293,482	10,818,774	-	37,587,018
Unspent Balance	-	-	-	1,005,555	13,178,277	14,183,832

*=These expenses are based on estimated to date and not final.

**=Planned Expenditures based on approved MHSA Plan

PEI reversion waterfall analysis

Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director
Monthly Staff Report of Diana Acosta
July 20, 2022
Page 6 of 7

PEI amounts received

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Total
	2,145,788	2,119,324	2,176,109	2,948,240	3,294,569	12,684,030
Expended in:						
2017-18	726,119					726,119
2018-19	1,419,669	387,017				1,806,686
2019-20		1,644,825				1,644,825
2020-21		87,482	1,746,984			1,834,466
2021-22 *			429,125	1,236,836		1,665,961
2022-23 **				1,711,404	510,102	2,221,506
2023-24						-
Total Expended	2,145,788	2,119,324	2,176,109	2,948,240	510,102	9,899,563
Unspent Balance	-	-	-	-	2,784,467	2,784,467

*=These expenses are based on estimated to date and not final.

**=Planned Expenditures based on approved MHSA Plan

INN reversion waterfall analysis

INN amounts received

	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Total
	575,034	580,471	550,879	784,114	866,992	3,357,490
Expended in:						
2017-18						-
2018-19						-
2019-20						-
2020-21	272,146			Need OAC		272,146
2021-22 *	255,953			Approval	Need OAC	255,953
2022-23 **	46,935	261,660		of \$271,456	Approval by FY 23/24	308,595
2023-24		318,811	284,669		of \$866,992	603,480
2024-25						-
2025-26						-
2026-27						-
Total Expended	575,034	580,471	284,669	-	-	1,440,174
Unspent Balance	-	-	266,210	784,114	866,992	1,917,316

*=These expenses are based on estimated to date and not final.

**=Planned Expenditures based on approved MHSA Plan

**PADS Project approved May of 2022
in the total amount of \$789,360.**

FACILITIES DEPARTMENT

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

- The Pharmacy-The construction phase is now complete. Final steps and other administrative processes, including awaiting final certifications, are currently under way by Genoa in preparation for opening the pharmacy which is currently expected to take place some time during the summer.
- Electrical/Power Upgrade Project at 2001 N. Garey Ave. (MHSA Administrative Building): Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. As previously reported, a contractor was selected back in October of 2021 and the project is now considered substantially complete and currently pending final review/inspection.
- 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 approval from the City to move forward on this project as of June 6, 2022 and the next phase will involve soliciting contractors through an RFP process. Target date of project completion continues to be closer to calendar year end 2022.
- Office Space Remodel at the MHSA Administrative Building: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently in the planning phase however had been temporarily on hold until the Electrical/Power Upgrade Project noted above, is complete as this project is also being performed in the same building, however conceptual plans have been prepared. The next phase will involve submitting formal construction plans to the City for approval and once approved, soliciting contractors through an RFP process. Target date of project completion will be closer to calendar year end 2022.

Attachments

Attachment 8-A: May 31, 2022 Unaudited Monthly Financial Statements

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

	AT MAY 31, 2022			AT JUNE 30, 2021		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Current Assets						
Cash	\$ 7,024,906	\$ 32,559,128	\$ 39,584,033	\$ 8,578,296	\$ 26,320,242	\$ 34,898,537
Accounts receivable, net of reserve for uncollectible accounts \$514,427 at May 31, 2022 and \$482,113 at June 30, 2021	3,969,577	2,371,233	6,340,810	3,656,192	2,344,087	6,000,279
Total Current Assets	<u>10,994,483</u>	<u>34,930,361</u>	<u>45,924,844</u>	<u>12,234,488</u>	<u>28,664,329</u>	<u>40,898,816</u>
Property and Equipment						
Land, building, furniture and equipment	3,828,354	9,744,182	13,572,536	3,778,377	9,595,862	13,374,238
Accumulated depreciation	(2,634,174)	(4,103,762)	(6,737,936)	(2,519,499)	(3,809,586)	(6,329,086)
Total Property and Equipment	<u>1,194,181</u>	<u>5,640,420</u>	<u>6,834,600</u>	<u>1,258,877</u>	<u>5,786,276</u>	<u>7,045,153</u>
Other Assets						
Deposits and prepaid assets	65,090	523,242	588,332	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>1,259,271</u>	<u>8,963,662</u>	<u>10,222,933</u>	<u>1,325,488</u>	<u>9,158,488</u>	<u>10,483,976</u>
Total Assests	<u>\$ 12,253,754</u>	<u>\$ 43,894,023</u>	<u>\$ 56,147,776</u>	<u>\$ 13,559,976</u>	<u>\$ 37,822,816</u>	<u>\$ 51,382,792</u>
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	2,893,978	-	2,893,978	2,893,978	-	2,893,978
Total Deferred Outflows of Resources	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>
Total Assets and Deferred Outflows of Resouces	<u>\$ 15,147,732</u>	<u>\$ 43,894,023</u>	<u>\$ 59,041,754</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</u>
LIABILITIES						
Current Liabilities						
Accounts payable	386,694	1,394	388,088	554,813	1,144	555,956
Accrued payroll liabilities	619,882	80,968	700,850	587,125	115,353	702,478
Accrued vacation and sick leave	603,261	1,027,908	1,631,169	633,584	1,078,193	1,711,777
Reserve for Medi-Cal settlements	3,387,823	2,838,942	6,226,765	3,062,368	2,537,262	5,599,630
Current portion of mortgage debt	-	-	-	771,676	-	771,676
Total Current Liabilities	<u>4,997,660</u>	<u>3,949,212</u>	<u>8,946,872</u>	<u>5,609,565</u>	<u>3,731,951</u>	<u>9,341,517</u>
Intercompany Acct-MHSA & TCMH	<u>(578,259)</u>	<u>578,259</u>	<u>-</u>	<u>(314,268)</u>	<u>314,268</u>	<u>-</u>
Long-Term Liabilities						
Mortgages and home loan	-	58,872	58,872	-	58,872	58,872
Net pension liability	6,325,906	-	6,325,906	6,325,906	-	6,325,906
Unearned MHSA revenue	-	13,172,993	13,172,993	-	435,392	435,392
Total Long-Term Liabilities	<u>6,325,906</u>	<u>13,231,865</u>	<u>19,557,771</u>	<u>6,325,906</u>	<u>494,264</u>	<u>6,820,170</u>
Liabilities Subject to Compromise						
Class 2 General Unsecured Claims	-	-	-	-	-	-
Class 3 Unsecured Claim of CAL DMH	-	-	-	-	-	-
Class 4 Unsecured Claim of LAC DMH	-	-	-	-	-	-
Total Liabilities Subject to Compromise	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total Liabilities	<u>10,745,307</u>	<u>17,759,336</u>	<u>28,504,643</u>	<u>11,621,203</u>	<u>4,540,483</u>	<u>16,161,686</u>
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	8,413,847	8,413,847
Deferred inflows related to the net pension liability	45,120	-	45,120	45,120	-	45,120
Total Deferred Inflow of Resources	<u>45,120</u>	<u>-</u>	<u>45,120</u>	<u>45,120</u>	<u>8,413,847</u>	<u>8,458,967</u>
NET POSITION						
Invested in capital assets net of related debt	1,194,181	5,640,420	6,834,600	487,201	5,786,276	6,273,477
Restricted for MHSA programs	-	20,494,267	20,494,267	-	19,082,210	19,082,210
Unrestricted	3,163,123	-	3,163,123	4,300,430	-	4,300,430
Total Net Position	<u>4,357,304</u>	<u>26,134,687</u>	<u>30,491,991</u>	<u>4,787,631</u>	<u>24,868,486</u>	<u>29,656,117</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 15,147,732</u>	<u>\$ 43,894,023</u>	<u>\$ 59,041,754</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
ELEVEN MONTHS ENDED MAY 31, 2022 AND 2021

	PERIOD ENDED 5/31/22			PERIOD ENDED 5/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 3,146,379	\$ 2,646,953	\$ 5,793,332	\$ 3,506,490	\$ 3,117,002	\$ 6,623,492
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	735,843	640,317	1,376,159	890,258	703,500	1,593,757
Medi-Cal SGF-EPSDT Prior Year	35,501	19,746	55,246	(29,906)	15,202	(14,704)
Medicare	12,460	4,890	17,350	1,755	1,850	3,605
Contracts	20,000	26,314	46,314	20,000	26,314	46,314
Patient fees and insurance	978	227	1,204	1,562	-	1,562
Rent income - TCMH & MHSA Housing	11,900	67,641	79,541	29,434	84,892	114,326
Other income	828	286	1,114	1,844	443	2,287
Net Operating Revenues	3,979,094	3,452,152	7,431,247	4,548,201	3,951,097	8,499,298
OPERATING EXPENSES						
Salaries, wages and benefits	7,338,541	10,768,959	18,107,500	7,078,308	10,977,906	18,056,215
Facility and equipment operating cost	769,969	1,259,074	2,029,043	610,446	1,046,580	1,657,027
Client lodging, transportation, and supply expense	165,820	601,657	767,478	280,926	1,415,342	1,696,268
Depreciation	151,544	391,503	543,047	134,090	386,695	520,786
Other operating expenses	600,959	1,119,976	1,720,935	540,355	1,207,371	1,747,726
Total Operating Expenses	9,026,833	14,141,170	23,168,003	8,644,126	15,033,895	23,678,021
OPERATING (LOSS) (Note 1)	(5,047,739)	(10,689,018)	(15,736,757)	(4,095,925)	(11,082,798)	(15,178,723)
Non-Operating Revenues (Expenses)						
Realignment	4,145,868	-	4,145,868	3,790,455	-	3,790,455
Contributions from member cities & donations	70,236	-	70,236	70,236	-	70,236
MHSA funds	-	11,870,954	11,870,954	-	13,522,587	13,522,587
Grants and Contracts	399,518	-	399,518	585,268	-	585,268
Cares Act Stimulus & Telehealth	-	-	-	185,943	-	185,943
Interest Income	16,201	80,062	96,263	25,569	123,825	149,393
Interest expense	(11,840)	-	(11,840)	(36,633)	-	(36,633)
Gain/(Loss) on disposal of assets	(2,571)	4,203	1,632	-	8,750	8,750
Total Non-Operating Revenues (Expense)	4,617,412	11,955,219	16,572,631	4,620,838	13,655,162	18,276,000
INCOME (LOSS)	(430,327)	1,266,201	835,874	524,913	2,572,364	3,097,277
INCREASE (DECREASE) IN NET POSITION	(430,327)	1,266,201	835,874	524,913	2,572,364	3,097,277
NET POSITION, BEGINNING OF YEAR	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
NET POSITION, END OF MONTH	\$ 4,357,304	\$ 26,134,687	\$ 30,491,991	\$ 4,404,288	\$ 25,218,234	\$ 29,622,521

(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
ELEVEN MONTHS ENDED MAY 31, 2022 AND 2021**

	PERIOD ENDED 5/31/22			PERIOD ENDED 5/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	\$ 3,969,230	\$ 3,737,041	\$ 7,706,271	\$ 5,567,690	\$ 4,686,644	\$ 10,254,334
Cash payments to suppliers and contractors	(1,703,347)	(2,931,488)	(4,634,834)	(1,302,458)	(3,967,591)	(5,270,049)
Payments to employees	(7,336,106)	(10,853,629)	(18,189,735)	(7,034,389)	(10,806,066)	(17,840,455)
	(5,070,223)	(10,048,076)	(15,118,298)	(2,769,156)	(10,087,013)	(12,856,169)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	16,194,598	16,194,598	-	13,997,664	13,997,664
CalHFA-State Administered Projects	-	110	110	-	35,690	35,690
Realignment	4,145,868	-	4,145,868	3,790,455	-	3,790,455
Contributions from member cities	70,236	-	70,236	70,236	-	70,236
Grants and Contracts	422,339	-	422,339	591,893	-	591,893
Cares Act Stimulus & Sierra Telehealth Funds	-	-	-	185,943	-	185,943
	4,638,443	16,194,709	20,833,152	4,638,527	14,033,354	18,671,882
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(89,419)	(249,570)	(338,989)	(142,700)	(220,505)	(363,205)
Principal paid on capital debt	(771,676)	-	(771,676)	(28,139)	-	(28,139)
Note receivable from Housing Development Project	-	-	-	-	(2,800,000)	(2,800,000)
Interest paid on capital debt	(11,840)	-	(11,840)	(36,633)	-	(36,633)
Intercompany-MHSA & TCMH	(263,990)	263,990	-	(1,056,407)	1,056,407	-
	(1,136,924)	14,420	(1,122,504)	(1,263,879)	(1,964,098)	(3,227,977)
Cash Flows from Investing Activities						
Interest received	15,314	69,707	85,021	39,084	193,008	232,091
Sale of investments	-	8,126	8,126	660	8,750	9,410
	15,314	77,833	93,147	39,744	201,758	241,502
Cash Flows from Reorganization Items						
Cash payments to Bankruptcy Class 3 and 4 Unsecured	-	-	-	(656,064)	-	(656,064)
	-	-	-	(656,064)	-	(656,064)
Net Increase (Decrease) in Cash and Cash Equivalents	(1,553,390)	6,238,886	4,685,496	(10,828)	2,184,001	2,173,173
Cash Equivalents at Beginning of Year	8,578,296	26,320,242	34,898,537	7,395,355	23,736,461	31,131,816
Cash Equivalents at End of Month	\$ 7,024,906	\$ 32,559,128	\$ 39,584,034	\$ 7,384,528	\$ 25,920,462	\$ 33,304,989

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
ELEVEN MONTHS ENDING MAY 31, 2022
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
OPERATING REVENUES									
Medi-Cal FFP	\$ 3,431,166	\$ 4,268,465	\$ (837,299)	\$ 2,886,535	\$ 3,578,735	\$ (692,200)	\$ 6,317,701	\$ 7,847,200	\$ (1,529,499)
Medi-Cal FFP Prior Year	16,581	-	16,581	49,923	-	49,923	66,504	-	66,504
Medi-Cal SGF-EPSDT	802,446	1,404,023	(601,577)	698,273	1,025,413	(327,139)	1,500,719	2,429,435	(928,716)
Medi-Cal SGF-EPSDT Prior Year	38,714	-	38,714	21,533	-	21,533	60,247	-	60,247
Medicare	12,460	1,833	10,627	4,890	1,833	3,057	17,350	3,667	13,684
Patient fees and insurance	978	1,925	(947)	227	-	227	1,204	1,925	(721)
Contracts	20,000	18,333	1,667	26,314	-	26,314	46,314	18,333	27,981
Rent income - TCMH & MHSA Housing	11,900	4,904	6,996	67,641	96,708	(29,068)	79,541	101,613	(22,071)
Other income	828	-	828	286	-	286	1,114	-	1,114
Provision for contractual disallowances	(355,979)	(283,624)	(72,355)	(303,470)	(181,686)	(121,784)	(659,449)	(465,310)	(194,139)
Net Operating Revenues	3,979,094	5,415,859	(1,436,765)	3,452,152	4,521,004	(1,068,852)	7,431,247	9,936,863	(2,505,616)
OPERATING EXPENSES									
Salaries, wages and benefits	7,338,541	8,439,872	(1,101,331)	10,768,959	12,385,880	(1,616,921)	18,107,500	20,825,752	(2,718,252)
Facility and equipment operating cost	771,756	781,855	(10,100)	1,261,711	1,192,371	69,340	2,033,466	1,974,226	59,241
Client program costs	156,456	231,901	(75,445)	560,068	1,075,725	(515,656)	716,525	1,307,626	(591,101)
Grants	-	-	-	79,519	77,917	1,602	79,519	77,917	1,602
MHSA training/learning costs	-	-	-	68,300	104,652	(36,352)	68,300	104,652	(36,352)
Depreciation	151,544	137,740	13,804	391,503	394,991	(3,488)	543,047	532,731	10,316
Other operating expenses	608,537	523,741	84,795	1,011,110	1,020,673	(9,563)	1,619,646	1,544,414	75,233
Total Operating Expenses	9,026,833	10,115,110	(1,088,276)	14,141,170	16,252,208	(2,111,038)	23,168,003	26,367,317	(3,199,314)
OPERATING (LOSS)	(5,047,739)	(4,699,250)	(348,489)	(10,689,018)	(11,731,204)	1,042,186	(15,736,757)	(16,430,454)	693,697
Non-Operating Revenues (Expenses)									
Realignment	4,145,868	3,625,732	520,136	-	-	-	4,145,868	3,625,732	520,136
Contributions from member cities & donations	70,236	70,236	-	-	-	-	70,236	70,236	-
MHSA Funding	-	-	-	11,870,954	12,222,954	(352,000)	11,870,954	12,222,954	(352,000)
Grants and contracts	399,518	316,531	82,987	-	-	-	399,518	316,531	82,987
Interest (expense) income, net	4,361	(22,556)	26,917	80,062	64,552	15,510	84,423	41,995	42,428
Other income-loss on disposal of assets	(2,571)	-	(2,571)	4,203	-	4,203	1,632	-	1,632
Total Non-Operating Revenues (Expense)	4,617,412	3,989,942	627,470	11,955,219	12,287,506	(332,287)	16,572,631	16,277,448	295,183
INCREASE(DECREASE) IN NET POSITION	\$ (430,327)	\$ (709,308)	\$ 278,981	\$ 1,266,201	\$ 556,302	\$ 709,899	\$ 835,874	\$ (153,007)	\$ 988,880

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

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

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

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

MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CFTN PROGRAMS)

Net Operating Revenues

Net operating revenues are lower than budget by \$2.5 million for the following reasons:

- 1 **Medi-Cal FFP revenues for FY 2021-22** were approximately \$1.5 million lower than the budget. Medi-Cal FFP revenues were \$837 thousand lower for TCMH and \$692 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$451 thousand and the children program revenues were lower by \$386 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$545 thousand and the Children and TAY FSP programs were lower by \$147 thousand. Additionally, as a result of the fiscal year 2018-19 interim cost report settlement, a total of approximately \$67 thousand in prior year Medi-Cal FFP revenues were recorded to the current year operations.
- 2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2021-22** were lower than budget by \$929 thousand of which \$602 thousand lower were from TCMH and \$327 thousand lower were from MHSA. As was mentioned above, an additional \$60 thousand in prior year Medi-Cal SGF-EPSDT revenues were recorded to the current year operations. 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 \$14 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 \$28 thousand mainly from MHSA. The contract amount at MHSA represent 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 \$22 thousand. The rental income represents the payments collected from Genoa Pharmacy space leasing at the 2008 Garey, and from the tenants staying at the Tri-City apartments on Pasadena and MHSA house on Park Avenue.
- 6 **Provision for contractual disallowances** for fiscal year 2021-22 is \$194 thousand higher than budget.

Operating Expenses

Operating expenses were lower than budget by approximately \$3.2 million for the following reasons:

- 1 **Salaries and benefits** are \$2.7 million lower than budget and of that amount, salaries and benefits are approximately \$1.1 million lower for TCMH operations and are \$1.6 million lower for MHSA operations. These variances are due to the following:
 - TCMH** salaries are lower than budget by \$584 thousand due to vacant positions and benefits are lower than budget by \$517 thousand.
 - MHSA** salaries are lower than budget by \$915 thousand. The direct program salary costs are lower by \$838 thousand due to vacant positions and the administrative salary costs are lower than budget by \$77 thousand. Benefits are lower than the budget by \$702 thousand. Of that, health insurance is lower than budget by \$381 thousand, retirement costs are lower by \$138 thousand, state unemployment insurance is lower by \$69 thousand and workers compensation is lower by \$59 thousand. Other insurance costs are lower by another \$55 thousand.
- 2 **Facility and equipment operating costs** were higher than the budget by \$59 thousand due to the start up costs for a new Electronic Health Record system.
- 3 **Client program costs** are lower than the budget by \$591 thousand mainly from MHSA due to lower FSP client costs.
- 4 **Grants for fiscal year 2021-22** awarded under the Community Wellbeing project are \$2 thousand higher than the budget.
- 5 **MHSA learning and training costs** are lower than the budget by approximately \$36 thousand.
- 6 **Depreciation** is \$10 thousand higher than the budget.
- 7 **Other operating expenses** were higher than the budget by \$75 thousand of which \$85 thousand higher were from TCMH and \$10 thousand lower were from MHSA. At TCMH, attorney fees were higher than budget by \$19 thousand, conference and mileage expenses were higher by \$16 thousand, personnel recruitment fees were higher by \$11 thousand, printing and other miscellaneous costs were higher by \$29 thousand. At MHSA, the lower costs were mainly from the professional fees and security expense offset by higher conference fees, attorney fees and personnel recruitment fees.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
ELEVEN MONTHS ENDING MAY 31, 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 \$295 thousand as follows:

- 1 **TCMH non-operating revenues** are \$627 thousand higher than the budget. Of that, realignment fund is higher than the budget by \$520 thousand due to the higher than normal receipts of the FY20-21 Sales Tax General Growth and VLF General Growth. Contributions from member cities were in line with the budget. Interest expense netted with interest income is lower than the budget by \$27 thousand. Grants and contracts are higher than the budget by \$83 thousand including the City of Pomona Measure H program, Los Angeles County Covid-19 Community Equity Fund, Pomona Rental Assistance Program, Adverse Childhood Experiences grant, Continuum of Care Permanent Support Housing program, Crisis Care Mobile Units and Mental Health Student Services Act.

- 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:

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

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 higher than budget by approximately \$16 thousand.

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

	PERIOD ENDED 5/31/22			PERIOD ENDED 5/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 3,146,379	\$ 2,646,953	\$ 5,793,332	\$ 3,506,490	\$ 3,117,002	\$ 6,623,492
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	735,843	640,317	1,376,159	890,258	703,500	1,593,757
Medi-Cal SGF-EPSDT Prior Year	35,501	19,746	55,246	(29,906)	15,202	(14,704)
Medicare	12,460	4,890	17,350	1,755	1,850	3,605
Realignment	4,145,868	-	4,145,868	3,790,455	-	3,790,455
MHSA funds	-	11,870,954	11,870,954	-	13,522,587	13,522,587
Grants and contracts	419,518	26,314	445,832	605,268	26,314	631,583
Cares Act Stimulus & Telehealth	-	-	-	185,943	-	185,943
Contributions from member cities & donations	70,236	-	70,236	70,236	-	70,236
Patient fees and insurance	978	227	1,204	1,562	-	1,562
Rent income - TCMH & MHSA Housing	11,900	67,641	79,541	29,434	84,892	114,326
Other income	828	286	1,114	1,844	443	2,287
Interest Income	16,201	80,062	96,263	25,569	123,825	149,393
Gain on disposal of assets	(2,571)	4,203	1,632	-	8,750	8,750
Total Revenues	8,608,346	15,407,371	24,015,717	9,205,672	17,606,259	26,811,931
EXPENSES						
Salaries, wages and benefits	7,338,541	10,768,959	18,107,500	7,078,308	10,977,906	18,056,215
Facility and equipment operating cost	769,969	1,259,074	2,029,043	610,446	1,046,580	1,657,027
Client lodging, transportation, and supply expense	165,820	601,657	767,478	280,926	1,415,342	1,696,268
Depreciation	151,544	391,503	543,047	134,090	386,695	520,786
Interest expense	11,840	-	11,840	36,633	-	36,633
Other operating expenses	600,959	1,119,976	1,720,935	540,355	1,207,371	1,747,726
Total Expenses	9,038,673	14,141,170	23,179,843	8,680,760	15,033,895	23,714,655
INCREASE (DECREASE) IN NET POSITION	(430,327)	1,266,201	835,874	524,913	2,572,364	3,097,277
NET POSITION, BEGINNING OF YEAR	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
NET POSITION, END OF MONTH	\$ 4,357,304	\$ 26,134,687	\$ 30,491,991	\$ 4,404,288	\$ 25,218,234	\$ 29,622,521

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: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, LMFT, Executive Director

FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

UPDATE: CRISIS CARE MOBILE CRISIS UNIT (CCMU) AND THE MENTAL HEALTH STUDENT SERVICES (MHSSA) GRANT

As part of the planning sessions for both CCMU and MHSSA grant community stakeholder meetings were held to engage the community in providing input for the development of these program.

- 12 public sessions; ~114 total participants during the months of May and June 2022
- Targeted sessions with school districts: PUSD, BUSD, CUSD
- Targeted sessions with Law Enforcement: PPD, CPD, LVPD

Structure

- Virtual sessions with three modes of feedback (Verbal, Chat, Sticky notes)
- Verbal consent and interpretation in Spanish and Vietnamese
- Broad questions, transition to specific feedback; feedback anonymized

Significant Findings (Mental Health Services)

- Systems are inaccessible and have high barriers
- More training and support for mental health professionals
- Stigma reduction
- Lack of awareness about options for treatment/support
- What works? Validating youth, culturally relevant care, peer support, community connections, stigma reduction, transparency
- What doesn't work? Lack of information sharing, not explaining interventions, poor handoff/communications between partners, talking down to youth

Significant Findings (Crisis Care)

- Systems are inaccessible and have high barriers
- Youth feel criminalized during crisis
- Services are slow with long wait times and challenging transportation
- Lack of clarity around roles/responsibilities
- What works? Dedicated trauma teams, peer support, collaboration, establish trust, follow-up/follow-through, a clear definition of crisis.
- What doesn't work? Long wait times and lack of access during crisis, support staff without training, criminalization, regular shortage of beds

Community Suggestions

- Increased 24/7 care options (crisis)
- More beds and staffing (both)
- Decriminalization strategies (crisis)
- Culturally competent crisis response (both)
- Location-based services (both)
- Peer support/peer mentoring (both)
- Support for well-being of mental health staff (services)
- Communications campaigns for stigma reduction (services)
- Support for intergenerational communication/education (services)

ACCESS TO CARE

A total of 156 service requests were made for adults 26 and older in the month of June at our Garey location. In terms of request type, 48 were walk-in service requests, 75 were called-in, there were 19 SRTS referrals/SRTS *hospital discharge* referrals, there were 14 in-writing referrals and 0 FSP/FCCS. Some of the “in-writing” referrals may also be SRTS referrals but may have been coded incorrectly. There was a total of 10 service requests that were hospital discharges. There were 11 referrals received from IOET for adults.

Below is a breakdown of dispositions based on the 156 service requests received for June 2022

- .64% (1) Already receiving MH services
- 78.20% (122) Initial Appointment Given
- .64% (1) Crisis 5150/5585 put on hold at service request
- 2.56% (4) Individual/collateral declined services
- 3.20% (5) Referred back to private insurance
- 1.92% (3) Referred to another MH agency
- .64% (1) Referred to Other Type of Agency
- 12.17% (19) Unable to contact individual/collateral

Intakes

There was a total of 82 intakes initiated by staff during the month of June for both adults and children by the following departments: ATC, AOP, COP, FSP, SPT, and IOET.

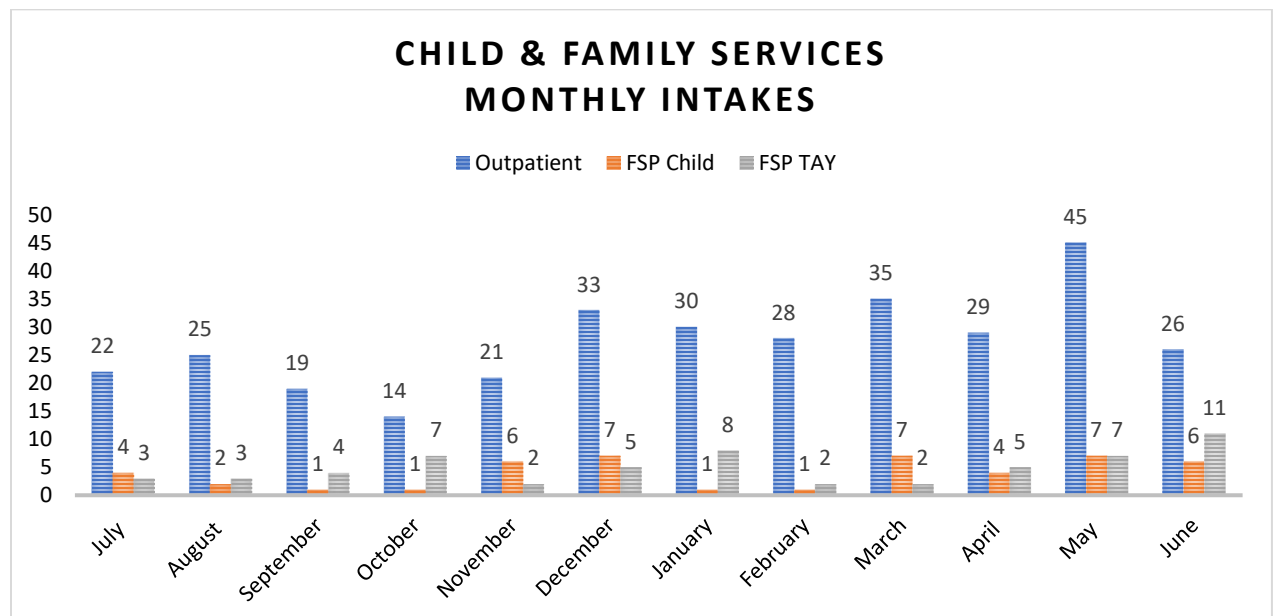
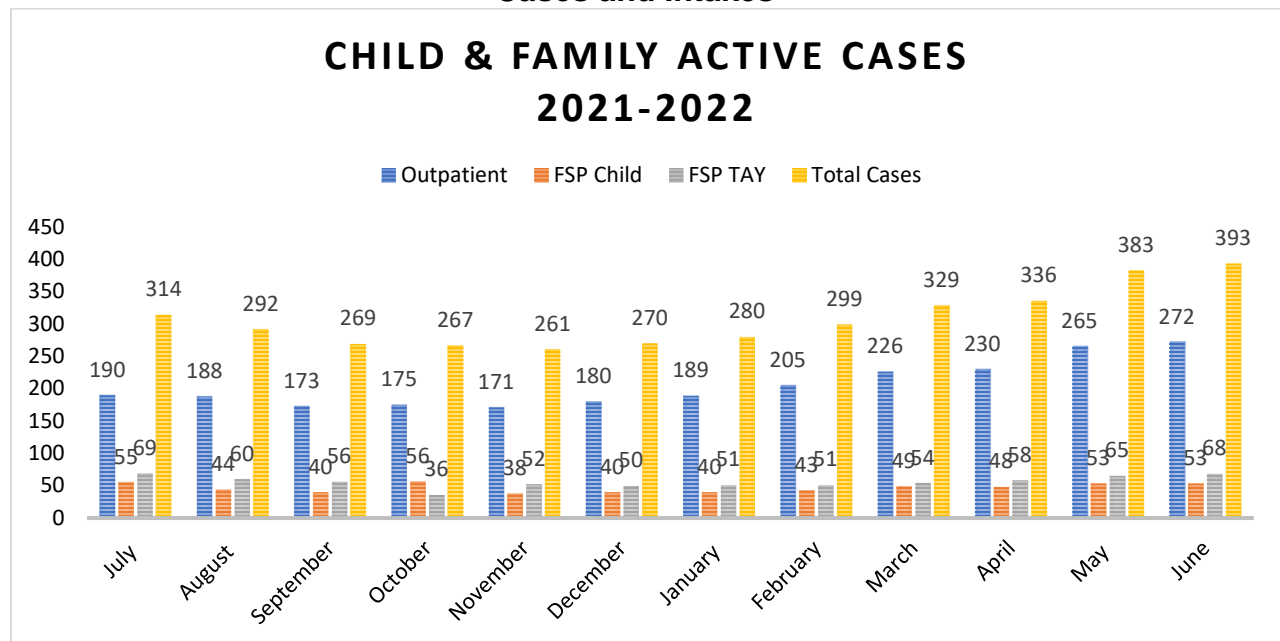
Individuals assessed were assigned to the following clinical programs

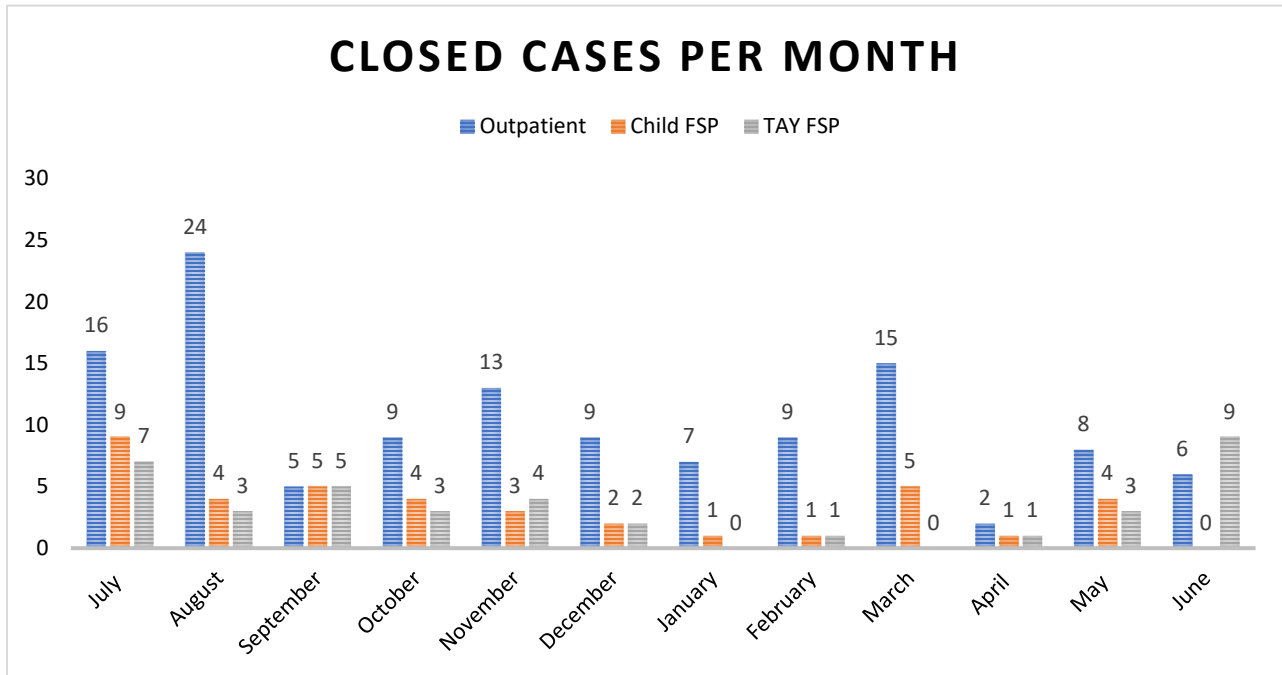
- 39 AOP (47.56%)
 - 23 COP (28.04%)
 - 4 FSP Adult (4.87%)
 - 0 FCCS (0%)
 - 6 FSP Children (7.31%)
 - 10 FSP TAY (12.19%)
- (Total: 82)

Access to Care clinician initiated a total of 21 intakes which is 25.60% of the total number of intakes initiated for the month of June for the entire agency. Access to Care department when staffed appropriately previously completed approximately 50% of the intakes-initiated agency wide.

CHILD AND FAMILY SERVICES

**Child and Family Services
Cases and Intakes**





Data overview

This month there was 78 total intake appointments offered, 60 for outpatient, 10 for FSP TAY and 8 for FSP child. Only 40% of the outpatient intakes were completed due to a large percentage of no-shows (20%) and cancellations (35%). This maybe due to the start of the summer as well as the length of time between initial outreach and actual intake scheduled for most being around 30 days. The FSP intakes had an 88% intake completion this success is possibly a result of the various outreach provided as well as coordination with clients transferring from outpatient to FSP.

The total number of clients continues to slowly increase 383 to 393 and the number of young adults clients are continuing to be come in for services.

Housing

There are no current FSP clients receiving assistance.

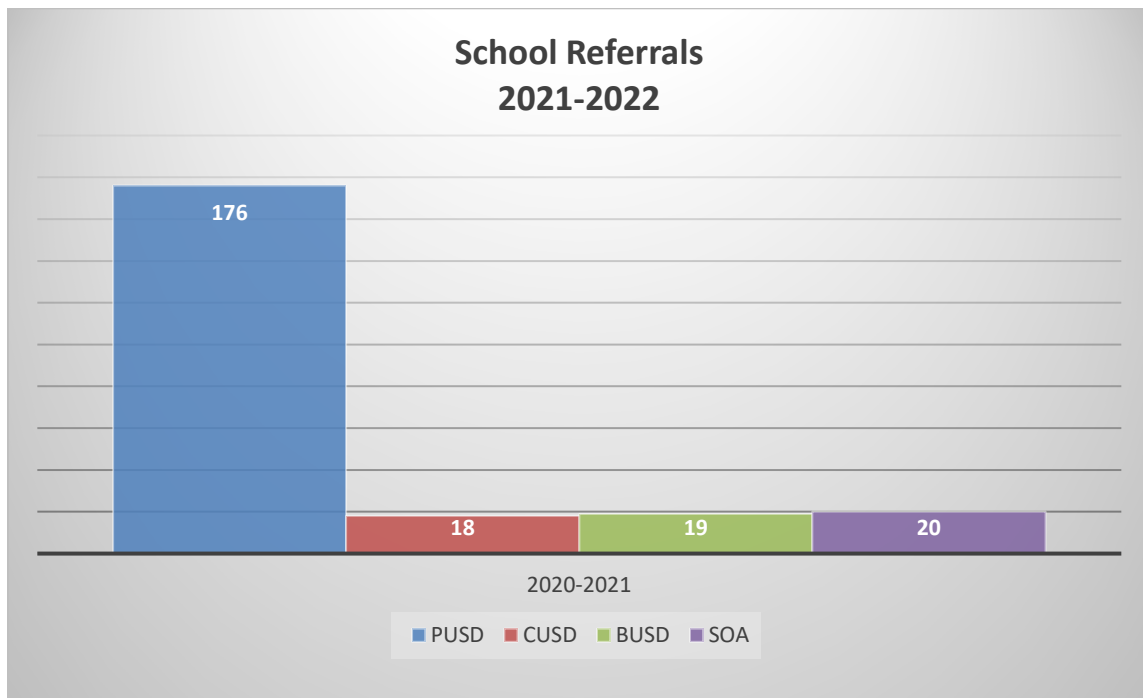
Early Psychosis

This month, the team held an early psychosis workshop with 8 participants total including youth and parents. There was positive feedback from many of the participants. As a result, additional members will be joining the MFG group. This month has had the highest attendance thus far for the workshop and MFG group. The team will be working on a Spanish workshop next month and hopefully be able to have enough clients and families to have a Spanish MFG group.

Crisis assessments

This month the department continued to focus on suicide prevention, response, and treatment. The team has made a consistent effort to screen regularly for S/I and provide better safety planning. As a result, there has been a decrease in crisis assessments this month there was only 2 hold assessments needed this month.

School Partnership Team



**estimated data*

The data above is the rough estimate of referrals received this year per district. This month SPT supervisor will be working with QI to ensure accuracy of data and provide final numbers next month. The ongoing collaboration has increased the number of referrals for Claremont and Bonita with the plan for increase in referrals for the next school year.

THERAPEUTIC COMMUNITY GARDEN (TCG)



Above : (left) Volunteer Sunflower wonderland; (center) Participant Harvest : sunflower bouquet, warm-weather vegetable starts & produce (right) Female native gathering pollen from disc flowers

Harvest Outreach

This month TCG was able to share the bounty of the garden with some local Pomona non-profits. Lopez Urban Farm adopted our extra organically grown Black Cherry Tomato and Marigold seedlings. The seedlings were then planted in the garden by kids from the Jr. Farmers Summer Program and community volunteers (some which are TCG participants). Much of the fruits and vegetables that Lopez Farm produces goes towards providing food security for the immediate neighborhood and helps to extend the reach of the good that TCG can do by cultivating relationships such as this one. We were also able to donate 30 pounds of apples to the Inland Valley Hope Partners Food Bank to further aid in our own efforts to alleviate food insecurity for the Tri-City area.

Internal Collaboration

TCG assisted in facilitating a wellness group alongside Dr. Mao for medical residents that work at Pomona Valley hospital. TCG assisted medical residents in learning methods to maintain their wellness through use of mindfulness skills as well as connecting to nature. These activities were also done with the community in mind. As the medical residents take time to care for themselves, they can better assist in the care of the community.

TCG Success Story

With a larger team, TCG has been able to engage in supporting the community much more than before. Donations to Lopez Farms, donations to Inland Valley Food Pantry, a workshop with medical residents, and continued groups and harvests for current participants are an example of how much the team has been able to do now with a larger team. The TCG team plans to continue to build our engagement within the community and grow the program overall.

HOUSING

Between July 2021 and June 2022, the Housing Division received 185 referrals from the Clinical departments. All referred clients must attend a Supportive Options Group(SOG) session which is held once each week where they are provided educational information about the housing market, subsidized housing programs, and are provided resources for the common obstacles people encounter when looking for housing. The individual's housing needs are reviewed to identify if there is an active housing goal the team can help work towards, or they are provided additional resource information to help them get to the place where their goal is attainable. The exception for SOG attendance is for those referred with immediate eviction concerns.

Number of referrals that attended SOG	92
Referrals opened with active goal	53
Shared housing goal	12
1 bedroom goal	12
2 bedroom goal	10
3 bedroom + goal	3
Eviction assistance	18
Referral opted to remain in current housing	16
Insufficient income for referral's preferred goal	14
Not open to shared housing	9
Did not attend SOG/were unresponsive to outreach/closed out of services without connecting to housing	93

A list of clients identified as homeless is updated quarterly by the housing team for the purpose of connecting them to the Coordinated Entry System and being their point of contact if matched to a housing opportunity.

Quarter	Total Households	Female	Male	Families
Summer 2021	149	65	64	22
Fall 2021	129	58	54	17
Winter 2022	111	56	43	12
Spring 2022	114	53	49	12

Of the unhoused households being tracked between July 2021 and June 2022: 14 found housing, 1 turned out to not be homeless, 4 reunified with family, and 57 closed out of services.

In our MHSA Permanent Supportive Housing sites

	Current Occupancy	FY21-22 Move-Outs	FY 21-22 Move-Ins
Parkside Family Apartments	21 units/21 units	0	0
Cedar Springs Apartments	8 units/8 units	2	2
Holt Family Apartments	25units/25 units	1	2

CO-OCCURRING SUPPORT TEAM (COST)

Cost offers a variety of recovery support groups for clients including Transition Age Youth support groups, Women's Wellness and Recovery, Teen Recovery Group, SMART Recovery and Seeking Safety (a trauma and substance recovery support group). The Recovery Support Group has the most consistent client attendance with an average of 20 participants per session.

**SUCCESS STORY CLINICAL WELLNESS ADVOCATES SUCCESS
(Peer Support Specialists) (Client names are not used and demographic and identifying information have been changed to protect client privacy)**

Client is a 27-year-old transgender female in Adult FSP. Client struggles with SI and self-harm regularly. In the month of June 2022, client voluntarily utilized her wellness tools that were created with the support of the CWA and checked herself into the hospital when she felt suicidal as a way to keep herself safe.

Client is a 48- year old female in the Adult FSP program who had been struggling with her mental health to the point where she did not have the ability to consistently focus on pursuing a career outside of be consistent with meeting with the clinical team for mental health support. Client reports due to her becoming more stable in her mental health that she was able to pursue employment on her own and is now gainfully employed. Client reports maintaining a positive life outlook and enjoying her new job.



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director

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

SUBJECT: Medical Director's Monthly Report

TRI-CITY MENTAL HEALTH AUTHORITY'S INVOLVEMENT IN PROVIDING MENTAL HEALTH EDUCATION AND HANDS ON EXPERIENCE TO FUTURE MEDICAL PROVIDERS

The annual prevalence of psychiatric disorders is approximately 25% in the United States with a lifetime prevalence of up to 50%. These common disorders carry significant societal impact and cost. Up to 40% of patients seen in primary care have active psychiatric problems and up to 74% of mental health care is delivered in primary care settings. Unfortunately, Primary care physicians often believe their behavioral health training is inadequate, with subsequent poor recognition and treatment resulting in 50 to 70% of episodes of major depressive disorder not being accurately diagnosed or treated in the primary care setting. These concerns show how important mental health education is for our future generation of physicians in current training, particularly if they become primary care physicians.

Our clinic is an outpatient psychiatry education training site for Western University and UCR medical students, as well as PVHMC family medicine residents.

In 2021 to 2022 academic year, 15 medical students complete third year core psychiatry clerkship, and 2 medical students completed their 4th year psychiatry elective at our clinic. Students are engaged with Intensive Outreach and Engagement Team, pop up clinic, observe therapeutics groups, TCG groups, shadow doctors and complete power point presentation on a mental health topic to medical and clinical staff.

All three classes of family medicine residents, 24 in total, rotate through our site with outreach team and pop-up street medicine clinic to provide collaborative care to unsheltered individuals.



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

DATE: July 20, 2022
TO: Governing Board of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
BY: Dana Barford, Interim Director MHS and Ethnic Services
SUBJECT: Monthly MHS and Ethnic Services Report

ETHNIC SERVICES

The Cultural Inclusion Diversity Committee (CIDC) focused on education, collaboration, and outreach this month. Partnering with Tri-City's Social Committee allowed an opportunity to highlight the diversity in Wellness Advisory Councils. This outreach brought awareness to crucial events celebrated in the month of June. The RAINBOW: LGBTQ+ and Transitional Age Youth (TAY) Wellness Advisory Councils developed an informative newsletter that highlighted PRIDE month: its historical ties to the Stonewall Riots and how this uprising became the groundwork for the LGBTQ+ civil rights.

Additionally, the African American Family Wellness Advisory Council (AAFWAC) provided education around the history of Juneteenth, the emancipation proclamation, and its recognition as a federal holiday in 2021 by President Joe Biden. Highlighting the significance of each celebration/commemoration allows the advisory councils to bring awareness to staff, clients, and community members while also bringing attention to the work that is still needed.

COMMUNITY NAVIGATORS

The Community Navigator Program continues to expand its staff with three new Navigator positions pending. In addition, a new fulltime Navigator will be stationed in the city of La Verne beginning July 25th.

Hope for Home is no longer quarantined, and Navigators have resumed making referrals to the five cohort beds available, which are accessible to adult individuals who are experiencing homelessness in the Tri-City area and ready to go into a shelter program.

Community Navigator's outreach efforts in June consisted of attending two local community events. Both events were held in Pomona and included collaboration with Justice for Youth, who hosted an event at a mobile home park for the families and

Western University, who sponsored a back-to-school backpack/school supply giveaway. During each event, Community Navigators were present and provided information on the services available as well as other community resources.

WORKFORCE EDUCATION AND TRAINING (WET)

Tri-City staff completed 143 courses using the online platform, Relias. Staff also continues to use social media to outreach to communities and share events and learning opportunities as well as messages of support for partnering organizations. Social media data indicated Tri-City was viewed 424 times via Facebook, 264 via Instagram, 508 via Twitter, and 83 via LinkedIn.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Trainings

In support of Los Angeles County's effort to help local seniors with their social-emotional wellness as they resume in person Elderly Nutrition Programs, local providers continue to receive monthly Adverse Childhood Experiences (ACEs) Aware supplemental trainings to learn more about the clinical response to the impact of ACEs and toxic stress on individuals and community.

Additional activities included the 5th webinar in the series, Reaching your Wellness Goals, provided to communities looking to improving their physical wellness through education, awareness, and goal setting. Finally, staff provided a MHFA Connect workshop for other designated MHFA Instructors within the Prevention and Early Intervention programs in preparation to support community requests for Mental Health First Aid for adult and youth from agencies such as Western University, Pitzer College and Bonita Unified School District.

Peer Mentor Program

Peer Mentor staff were invited to collaborate on a July advertorial for La Nueva Voz, Pomona's bilingual newspaper. The advertorial highlighted the various services offered by the program, how the community can access the services, and to promote the next program cohort for individuals who are interested in becoming a peer mentor. In addition, program staff created an informational flyer to assist the clinical team in referring mentees to the program.

Efforts continue to recruit new peer mentors and mentees for FY 2022-23. Program staff met with Tri-City's Access to Care and Child and Family Services program staff to share information regarding the recruitment process for new mentors and how the referral process works for mentees in the community. Finally, staff outreached and interviewed seven new prospective peer mentors to join the current group of fifteen.

Stigma Reduction

Stigma Reduction (SR) activities for the month of June included creating a social media post to promote LGBTQ+ Pride and Post Traumatic Stress Disorder (PTSD) Awareness Month with relevant mental health resources attached to the social media postings. Program staff also presented an informational workshop overview about Tri-City Mental Health services and stigma reduction programming with Just Us 4 Youth (JU4Y) members, an organization that mentors urban youth in the Tri-City area.

SR staff facilitated an art and mental health workshop for Claremont Summer Camp. Approximately 120 youth participated in the art workshops educating 1st-6th graders on what is mental health, what is stigma, ways to fight it, how we can support others who are struggling, and discussing about emotions/feelings through a painting activity.

In preparation for Black, Indigenous, and People of Color (BIPOC) Mental Health Month, program staff collaborated to create videoconferencing backgrounds and flyers. In addition, staff teamed up with the Diversity, Equity and Inclusion Coordinator and Community Mental Health Trainer to host and facilitate a BIPOC mental health panel featuring community members and Tri-City staff.

Program staff also collaborated with Just Us 4 Youth (JU4Y) with a peer-to-peer led listening circle targeting youth ages 0-25 in discussing mental health and empowering them to take action for their mental health and others. The zoom event, Unity in Community: Supporting the Mental Health of BIPOC Youth is scheduled for Wednesday, July 27 from 4-5pm. Registration is not required and link to join is here: <https://bit.ly/3OorJHv>

WELLNESS CENTER

The Wellness Center (WC) continues to focus on helping participants find meaningful roles in their recovery. One successful path has been through employment. During the month of June, the WC employment team assisted seven participants in securing positions. Additional hiring events were held in July including one in partnership with FedEx.

Wellness Center staff continue to finalize plans for the annual senior retreat. Nine older adults are scheduled to participate in this month-long virtual event beginning July 18th and continuing through August 12th. Activities are designed specifically for seniors and will focus on minimizing the isolation that has impacted so many of these individuals during the COVID lockdowns.

INNOVATION

Efforts continue in final preparation for the launching of the myStrength application through the Help@Hand/Tech Suite project. August 2022 is the projected start date and includes a comprehensive roll-out plan for marketing, outreach, and peer engagement.

Community members continue to meet in anticipation of creating a new Innovation plan for FY 2022-23. Workgroup participants and stakeholders strive to learn about the Innovation planning process as they gather to discuss new ideas that may benefit their members in the future.



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Center
Rimmi Hundal, Executive Director

FROM: Natalie Majors-Stewart, Chief Compliance Officer

SUBJECT: Monthly Best Practices Report

CERTIFICATION

The Los Angeles Department of Mental Health will be performing a Certification Audit for the Tri-City Mental Health 7731A site, located at 2008 N. Garey Avenue, Pomona, CA 91767. Certification/Re-Certification reviews occur every 3 years and are required for legal entities (agencies) to provide and be reimbursed for Specialty Mental Health Services.

The 7731A Certification Audit will occur in the month of July 2022 and will include: a review of agency service providers and credentials, a review of agency policies, procedures, and protocols, and an onsite physical plant inspection.

CALAIM - CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL

Throughout the month of July, the Best Practices Division will be working closely with the Clinical Department to implement the Documentation Redesign and No Wrong Door components of CalAIM (California Advancing and Innovating Medi-Cal). As previously reviewed, these components are statewide requirements for CalAIM and include several modifications to criteria for accessing services, as well as modifications to clinical documentation requirements.

SYSTEM REVIEW AND CHART AUDIT

In the months of August and September, The California Department of Health Care Services (DHCS) will be conducting a triennial review of the Los Angeles County Mental Health Plan's (LACDMH) Specialty Mental Health Services (SMHS).

During the review, DHCS will evaluate program and fiscal operations, compliance with service provision, and compliance with regulatory requirements for reimbursement for SMHS. The review includes a chart audit of randomly selected of client charts from legal entities (agencies) throughout the county of Los Angeles.

Tri-City will be notified if any of our client charts will be included in this system review. More updates will follow as new information is received from LACDMH.



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

DATE: July 20, 2022

TO: Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director

FROM: Ken Riomales, Chief Information Officer

SUBJECT: Monthly Information Technology Report

I.T. OPERATIONS UPDATE

For the month of June 2022, the I.T. department received 265 support requests. The three month rolling average is 242 tickets. The following are updates to the high priority projects (but not exclusive) under the purview of I.T.:

Cerner Implementation

- End user training is currently underway. All pertinent Tri-City staff are required to attend training. Training is broken down by user function. Training is being facilitated by members for the Best Practice Team, assisted by I.T.
- Welligent to Cerner data Migration in progress.
- Tri-City Core Team is finalizing workflows for utilization of Cerner.
- Next Steps
 - Complete Data Migration
 - Complete End-User Training
 - Complete System Build and Configuration

Interoperability/Data Exchange

The Tri-City Executive Team meet with LA DMH on 6/30. As it relates to interoperability, representatives from LA DMH confirmed that they have chosen the FHIR protocol as their standard means of establishing data exchange with downstream partners but were unable to elaborate on any timeframe or additional details during the call. No ETA was provided on when they anticipate solidifying their strategy. Tri-City will continue to maintain transparent communication with LA DMH in order to meet any regulatory or contractual interoperability requirements.

Additional Projects

Airespring Implementation – The Tri-City I.T. team is currently managing efforts to deploy services to all sites. Due to construction constraints, change orders are needed to accommodate existing infrastructure. The I.T. team is working with the vendor to appropriately architect a design that is conducive to Tri-City. Current ETA for completion is approximately August.