www.tricitymhs.org

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

GOVERNING BOARD AGENDA

WEDNESDAY, SEPTEMBER 21, 2022
5:00 P.M.

MEETING LOCATION

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

Please click the link below to join the meeting:

https://tricitymhs-org.zoom.us/j/86110178861?pwd=UmxieWhJSk02MUtNcUkxRlRENFhNdz09
Passcode: awFL+Wy4

Or Telephone: 1-213-338-8477
Webinar ID: 861 1017 8861
Passcode: 20685375

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

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

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

CALL TO ORDER

Chair Leano calls the meeting to Order.

ROLL CALL

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

POSTING OF AGENDA

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

OATH OF OFFICE

AN OATH OF OFFICE WILL BE ADMINISTERED TO NEWLY APPOINTED GOVERNING BOARD MEMBER WENDY LAU – CITY OF LA VERNE COUNCIL MEMBER

CONSENT CALENDAR

1. CONSIDERATION OF RESOLUTION NO. 667 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)

Recommendation: "A motion to adopt Resolution No. 667 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Executive Director, or her designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953."

2. APPROVAL OF MINUTES FROM THE JULY 20, 2022 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of July 20, 2022."

3. APPROVAL OF MINUTES FROM THE AUGUST 17, 2022 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of August 17, 2022."

NEW BUSINESS

4. CONSIDERATION OF RESOLUTION NO. 668 APPROVING A BUSINESS ASSOCIATE AGREEMENT (BAA) WITH THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA) AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE BAA

Recommendation: "A motion to adopt Resolution No. 668 authorizing the Executive Director to execute the Business Associate Agreement with CalMHSA."

5. CONSIDERATION OF RESOLUTION NO. 669 ADOPTING REVISED POLICY AND PROCEDURE NO. I.04, USE OF PERSONAL AND AGENCY VEHICLES FOR AGENCY BUSINESS, EFFECTIVE SEPTEMBER 21, 2022

Recommendation: "A motion to adopt Resolution No. Resolution No. 669 revising the Authority's Policy and Procedure No. I.04, Use of Personal and Agency Vehicles for Agency Business, Effective September 21, 2022."

6. CONSIDERATION OF RESOLUTION NO. 670 APPROVING THE SUBCONTRACTOR AGREEMENT FOR THE HUD CONTINUUM OF CARE PROGRAM WITH THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY (LACDA); AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Recommendation: "A motion to adopt Resolution No. 670 Authorizing the Executive Director to execute the Subcontractor Amendment with LACDA for the HUD Continuum of Care Program."

7. CONSIDERATION OF RESOLUTION NO. 671 AUTHORIZING TO ACCEPT THE AUTHORITY'S NON-COMPETITIVE ALLOCATION AWARD IN THE AMOUNT OF $1,140,000 UNDER THE NO PLACE LIKE HOME (NPLH) PROGRAM FOR THE CLAREMONT GARDENS PROJECT

Recommendation: "A motion to adopt Resolution No. 671 authorizing the Executive Director to act on behalf of TCMHA, to enter into, execute, and deliver and all documents required to be awarded, and for receipt of, Noncompetitive Allocation funds in the amount of $1,140,000 under the No Place Like Home Program."

8. CONSIDERATION OF RESOLUTION NO. 672 AUTHORIZING AN AGREEMENT WITH SISSON DESIGN GROUP FOR REMODELING CONSTRUCTION SERVICES IN AN AMOUNT OF $30,000 EFFECTIVE SEPTEMBER 21, 2022; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Recommendation: "A motion to adopt Resolution No. 672 authorizing the Executive Director to execute an Agreement with Sisson Design Group for Remodeling Construction Services for $30,000, effective September 21, 2022."

MONTHLY STAFF REPORTS

9. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

10. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

11. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

12. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

13. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

14. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Recommendation: "A motion to receive and file the month of September staff reports."

GOVERNING BOARD COMMENTS

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

PUBLIC COMMENT

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

ADJOURNMENT

The next Regular Meeting of the Governing Board will be held on **Wednesday, October 19, 2022 at 5:00 p.m.**, via teleconference pursuant to Government Code § 54953.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

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

SUBJECT: **Consideration of Resolution No. 667 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)**

Summary:

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

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

Background:

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

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

On March 17, 2020, Governor Newsom issued Executive Order No. N-29-20, suspending the Brown Act's teleconferencing requirements (enumerated above) in order to address the need for public meetings during the present public health emergency (COVID-19) and allow legislative bodies to meet virtually as long as certain notice and accessibility requirements were met; and on June 11, 2021, Governor Newsom issued Executive Order No. N-8-21 continuing the suspension of the Brown Act's teleconferencing requirements through September 30, 2021.

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

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

- Public Comment Opportunities in Real Time – a legislative body that meets remotely pursuant to AB 361, must allow members of the public to access the meeting via a call-in option or an internet-based service option, and the agenda for the remote meeting must provide an opportunity for members of the public to directly address the body in real time. A legislative body cannot require public comments to be submitted in advance of the meeting.

- No Action During Disruptions – in the event of a disruption that prevents the local agency from broadcasting the remote meeting, or in the event of a disruption within the local agency's control that prevents members of the public from offering public comments using the call-in option or internet-based service option, AB 361 prohibits the legislative body from taking any further action on items appearing on the meeting agenda until public access is restored.

- Periodic Findings – Government Code § 54953(e)(B) requires the legislative body to hold a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risk to the health or safety of attendees.

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

Tri-City Mental Health Authority (TCMHA) has already implemented the above stated requirements for conducting public meetings and is in compliance with AB 361, thus there will be no change of the currently established procedures. Teleconference accessibility is available via call-in option or through via Zoom or RingCentral Webinars platform (internet-based service option) and both the telephone number and meeting link are listed on the published agenda for each meeting as well as on TCMHA's buildings and website.

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

Funding:

None required.

Recommendation:

Staff recommends that the Governing Board approve and adopt Resolution No. 667 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Executive Director, or her designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953.

Attachments:

Attachment 1-A: Resolution No. 667 - DRAFT

RESOLUTION NO. 667

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

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

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

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

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

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

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

2. Action

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

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

MINUTES

REGULAR MEETING OF THE GOVERNING BOARD
JULY 20, 2022 – 5:00 P.M.

The Governing Board met on Wednesday, July 20, 2022 at 5:06 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Board Member Nolte called the meeting to order at 5:06 p.m.

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

GOVERNING BOARD

PRESENT: Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
John Nolte, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Wendy Lau, City of La Verne, Alternate Board Member
Wand, Katie, City of Claremont, Alternate Board Member

ABSENT: Jed Leano, City of Claremont, Chair
Ronald T. Vera, City of Claremont, Board Member

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

Board Member Ontiveros-Cole moved, and Alternate Board Member Lau seconded, to: 1) find that subsequent to the posting of the agenda, it came to the attention of the agency that numerous staff and other individuals affiliated with TCMHA have been exposed to or been infected by a Covid-19 variant, thus making it impractical to assume that in-person meetings can be held in the future; 2) find that there is a need for the agency to take immediate action because the Ralph M. Brown Act requires that certain actions be taken to permit the TCMHA Governing Board and Mental Health Commission to hold teleconferenced meeting in lieu of in-person meetings; and to 3) add to the Consent Calendar the matter to adopt Resolution 665 authorizing teleconferenced meetings in the form and substance of Resolution 653 adopted May 18, 2022, to the agenda as authorized by Section 54954.2(b)(2) of the Brown Act. The motion was carried by the following vote: AYES: Alternate Board Members Lau and Wand; Board Members Cockrell, Lantz, Nolte, and Ontiveros-Cole. NOES: None. ABSTAIN: None. ABSENT: Board Member Vera; and Chair Leano.

CONSENT CALENDAR

Board Member Nolte opened the meeting for public comment; and there was no public comment.

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

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."

3A. CONSIDERATION OF RESOLUTION NO. 665 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)

Recommendation: "A motion to adopt Resolution No. 665 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Executive Director, or her designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953."

NEW BUSINESS

4. AUTHORIZATION TO NEGOTIATE T-MOBILE ENTERPRISE ADOPTION

Chief Information Officer Riomales, reported that in response to ongoing issues staff has been having with the agency's Verizon cell phones coverage, management decided to launch a pilot program to determine whether or not T-Mobile is an acceptable solution for Tri-City and its catchment area. Therefore, approximately 20 users piloted T-Mobile cell phone services,

primarily within the crisis team since they are out in the field and could provide the best use case to determine if the coverage would be conducive for Tri-City business; that the overwhelming responses were that it was, and referred to the comments from the users listed on the agenda report, which almost unanimously recommended to explore T-Mobile. Accordingly, staff recommends that the Governing Board authorize the Executive Director to negotiate further with T-Mobile, noting that preliminary negotiations with T-Mobile show that the agency can save at least 20% of the annual expenditure in addition to receiving better service.

Board Member Nolte opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member Lantz moved, and Board Member Cockrell seconded, to authorize the Executive Director to negotiate terms for the transfer of all Tri-City mobile lines to T-Mobile, contingent on agreeable terms. The motion was carried by the following vote: AYES: Alternate Board Members Lau and Wand; Board Members Cockrell, Lantz, Nolte, and Ontiveros-Cole. NOES: None. ABSTAIN: None. ABSENT: Board Member Vera; and Chair Leano.

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

Chief Financial Officer Acosta reported that over a couple of weeks ago staff distributed a binder with the proposed Budget to the Governing; she then provided an overview of the Budget stating that it is roughly one hundred pages; that the first few pages provide historical information about Tri-City and assumptions used in preparing the budget; that the tab ‘Agency Total’ contains the consolidated operating budget which is the entire budget broken up into two main sections which she calls “two sides of the house’ because everything MHSA related is one side of the house and everything non-MHSA related is the other side of the house; she then pointed where the Operating Budget Statement and the Cash Flow Consolidated Statements where located, as well as the details that lead up to those consolidated pages.

Board Member Lantz commented that she found the explanations at the beginning of each section very helpful in terms of the big picture and how things operate, as well as how the cash flow from the various departments or programs are utilized.

Chief Financial Officer Acosta expressed appreciation for Board Member Lantz’s comment, and stated that she will talk about the actual cash coming in and the cash coming out; she then pointed out that the Operating Budget Statements are on an accrual basis and the Cash Flow Statements focus on projected cash that will be received and what is going to exit, and explained the revenue and payment process. She then talked about the projected debt change in cash for the year which will be approximately one hundred thousand dollars more than what we started the year with; that the entire budget also assumes that all vacancies will be filled, thus, more services will be provided, and discussed expenditures and projected revenue.

Discussion ensued regarding the assumption of cash going to be received in the current year for services provided as result of new hires; and how MHSA projections are based on CBHDA (County Behavioral Health Directors Association) projections provided throughout the year and of the DOF (Department of Finance).

Alternate Board Member Wand stated that Chair Leano was sad for not being able to attend today's meeting; that he expressed appreciation and thanked staff for the preparation of the Budget.

Board Member Nolte opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member Nolte moved, and Alternate Board Member Wand seconded, to approve Resolution No. 664 adopting Tri-City's FY 2022-23 Operating Budget and Cash Flow Budget. The motion was carried by the following vote: AYES: Alternate Board Members Lau and Wand; Board Members Cockrell, Lantz, Nolte, and Ontiveros-Cole. NOES: None. ABSTAIN: None. ABSENT: Board Member Vera; and Chair Leano.

6. ELECTION OF VICE CHAIRPERSON AFTER A VACANCY EXISTS

JPA Administrator/Clerk Olmos stated that according to the Joint Powers Agreement of the three cities, the Board is required to select a Vice-Chair person after a vacancy exists, which resulted with the departure of former Vice-Chair Robin Carter; and that it would be appropriate to select a new Vice-Chair person.

Discussion ensued regarding whether or not to move forward with the election of the vice-chairperson since there were a couple of Board Members absent; the Board unanimously decided to move forward with the selection of a vice-chair person.

There being no further discussion, Board Member Lantz moved, and Board Member Ontiveros-Cole seconded, to elect City of Pomona Council Member John Nolte as Vice-Chairperson to TCMHA Governing Board. The motion was carried by the following vote: AYES: Alternate Board Members Lau and Wand; Board Members Cockrell, Lantz, Nolte, and Ontiveros-Cole. NOES: None. ABSTAIN: None. ABSENT: Board Member Vera; and Chair Leano.

MONTHLY STAFF REPORTS

7. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

Executive Director Hundal reported that July is Black, Indigenous, People of Color (BIPOC) Mental Health Awareness Month formerly known Bebe Moore Campbell National Minority Mental Health Awareness Month; that the word minority is not used anymore because it marginalizes other communities; spoke about Bebe Moore Campbell who was a mental health advocate of the black community and other underrepresented and historically marginalized communities, and formed the NAMI chapter in Inglewood. She then talked about the National 988 suicide and crisis lifeline, which began on Saturday, July 16th, and can assist people who are experiencing a mental health crisis and in need of immediate help; that at this moment, it is the same help that was provided on the national line, just with a new number which is much easier for people to remember; that next month she will provide information about how Tri-City will be working in partnership with the county department of mental health services for this new lifeline. She then stated that she continues to attend staff meetings and discuss with them about their vision for Tri-City, what they are looking for, how we can all work together, and to also giving them her vision for Tri-City; and that she continues reaching out to city manager and thereafter will be the chiefs of police.

Board Member Ontiveros-Cole commented that the 988 crisis line will be very important for all the states because it will be nationwide and it is really going to help a lot of people since it will be easier to dial and get and get the help.

8. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta reported that she added to her monthly a section that provides additional updates on MHSA funding, noting that Tri-City received an additional $4.7 million, and that based on the latest budget projections, additional funding will be received in the approximate amount of $16.4 million for this next fiscal year; and discussed the MHSA budge updates. She then provided a reversion update and explained how funding is tracked over the three years that we have to spend the funds, which is in line with the stakeholder process and the annual MHSA update that the Board adopts annually.

Discussion ensued about the MHSA programming, how funding is monitored so that it is not at risk of reversion; about the importance of transferring and maintaining funding for the WET Plan and the CFTN Plan because of the need to maintain an educated and trained workforce, as well as the continued change in technology; and about the stakeholder process which decides how excess funding can be allocated to WET and CFTN plans.

9. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Executive Director Hundal, reported that Chief Clinical Officer Renteria is working with her team on the MHSSA and MCU grants that Tri-City was awarded; that 12 public sessions have been held and has received valuable feedback on mental health services.

Vice-Chair Nolte inquired about the process to incorporate the feedback received into programming.

Executive Director Hundal explained that staff is currently using a planning grant and that more funding will be received to implement the feedback received to create programming, as well as develop a five-year strategic plan for Tri-City, noting that she is in the process of contacting independent consultants to assist staff in drafting the five-year strategic plan and have the ability to apply and obtain more grants.

10. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori reported that Tri-City is committed to be part of the training of future doctors, and discussed how staff is working with two medical schools and a family residency program in our area; that staff makes sure they have hands-on experience, noting that Tri-City provides a very dynamic way training such in the office, in the field, and a different level of psychiatric care.

Alternate Board Member Lau inquired which teaching hospitals Tri-City is working with. Medical Director Teimmori replied with the family residency program in Pomona Valley Hospital, Western Medical School, and UCR.

Board Member Lantz expressed appreciation for the success stories that both Dr. Teimoori and Chief Clinical Officer Renteria include in their monthly reports.

11. DANA BARFORD, INTERIM DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Interim Director of MHSA and Ethnic Services Barford stated that under stigma reduction, Tri-City staff participated in the Claremont Summer Camp with 120 youth in grades first through six, to introduce the concept of stigma reduction, mental health awareness, mental wellbeing, and coping skills, noting that it was all age appropriate and all tied to activities that were designed to implement this, noting that a NAMI animated video was played for the kids, and the older kids did some art activities. She then shared that Tri-City's Summer Camp takes place every year for kids ages seven through twelve at the Wellness Center, pointing out that it is our 12th year; and that for the second year, Tri-City staff hosted a senior retreat which is a month long virtual event, and that once a week staff meet with the seniors individually and drop off packets to engage them and to make sure they know how to work the computer and the activities that they will be doing to help them learn coping skills, self care, positive self talk, and overall wellness.

12. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart reported that LACDMH (Los Angeles County Department of Mental Health) will be having a tri-annual state review, where the DHCS (Department of Health Care Services) will review the DMH system of care and randomly selected client charts from all the legal entities under that Mental Health Plan (MHP); that for the first round, Tri-City did not have any charts selected; that for round two, we will be notified in August if we have any selections. She then stated that it is audit season, and Tri-City will be having a medical recertification audit for the adult clinic site; and LACDMH will be on site next Wednesday to conduct a physical plan inspection, perform a review of Tri-City's service delivery, of the agency policies and procedures and protocols, of credentialing process, and of the credentialing of our providers. She added that Tri-City will have its certification for the children's system of care in October.

13. KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT

Chief Information Officer Riomales reported that the Cerner implementation is well underway and the go live is slated for August 16th; that IT is also currently working on an infrastructure project, pointing out that there is the need to increase bandwidth and capacity within the agency to be able to service and have better internet service, and that it is anticipated to also go live roughly around August 16th.

Vice-Chair Nolte opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member Cockrell moved, and Board Member Ontiveros-Cole seconded, to receive and file the month of July staff reports. The motion was carried by an unanimously vote.

GOVERNING BOARD COMMENTS

Discussion ensued regarding a meeting taking place in August to renew and adopt the resolution to continue to have virtual meetings; which is required every 30 days.

PUBLIC COMMENT

A member of the public stated that when a loved one requires a 5150 hold, the community should not rely only on the police to be the social workers because it is not fair to them nor to the person having a crisis; that she and other community members are trying to change the trajectory of what happens to someone who is having a crisis, to help the police to deescalate the situation, and for the family member to be able to handle the crisis. She indicated that the problem here in Claremont is that there are not enough beds and more capacity is needed, or either a new hospital or a bed urgent care center on this side of town. She then shared her struggles, and those of her son who suffers from a mental health illness, who had already been taken three different times to Charter Oaks Hospital, and they simply do a 'catch and release'. However, she expressed gratitude for the police because they helped her by sending her son to the ER at the Pomona Valley Hospital where she requested that her son not be transferred to Charter Oaks Hospital or any other hospital, and they kept him for 25 days. She explained that Charter Oaks is a good hospital and its staff is great; however, the psychiatrist department needs major help because they are releasing people too quickly. She also talked about hospitals not admitting patients with Medi-Cal because they do not get paid.

Another member of the public commented that Tri-City has been amazing, noting that the PACT team has been to his home and they were fantastic with his son, who has been hospitalized six times already under the 5150 hold and was sent to Charter Oak Hospital, and everytime he was released too soon, noting that even someone who is not a clinician can clearly see that his son is not stable. He then stated that the system is broken; that his son is incarcerated in downtown LA, and thankfully the judge during the arraignment agreed that his son should go to mental health court, but he will have to wait another two weeks in jail. He also stated that he wants to collaborate with Tri-City and make sure that his son can either get into the AOP at Tri-City or outside of Tri-City. He also sought help to find a way to stop the 'catch and release' hospital practices; and then talked about his son's hospitalization failures.

Board Member Cockrell commented that school counselors run into this when they have a student who is threatening and there is nobody to take them other than Charter Oaks, and when parents hear how far the distance is, oftentimes they decide not to do it.

Executive Director Hundal indicated that there is a shortage of beds in the State of California; that there are some Bills being introduced as a result of strong advocacy happening at the state level to increase beds; however, until those Bills are adopted, there is not much that can be done. She also indicated that every county has a patients' rights department and recommended that they contact them and inform them of the issues at Charter Oaks.

Board Member Ontiveros-Cole expressed sadness for this situation and stated that something needs to be done.

Discussion ensued regarding establishing an ambulance service that can provide services for the three cities so that patients do not have to wait 12 hours for help.

Vice-Chair Nolte thanked the public comment, noting that they have been heard, and that the Board will be thinking about how they can assist.

ADJOURNMENT

At 6:25 p.m., on consensus of the Governing Board its meeting of July 20, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, August 17, 2022 at 5:00 p.m., via teleconference pursuant to Government Code § 54953.

_____
Micaela P. Olmos, JPA Administrator/Clerk

MINUTES

REGULAR MEETING OF THE GOVERNING BOARD
AUGUST 17, 2022 – 5:00 P.M.

The Governing Board held on Wednesday, August 17, 2022 at 5:02 p.m. a Regular Meeting Via Teleconference pursuant to Government Code § 54953, which allows the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Leano called the meeting to order at 5:02 p.m.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
John Nolte, City of Pomona, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Wendy Lau, Alternate Board Member

ABSENT: Paula Lantz, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Ronald T. Vera, City of Claremont, Board Member

STAFF: Rimmi Hundal, Executive Director
Darold Pieper, General Counsel
Ken Riomales, Chief Information Officer
Mica Olmos, JPA Administrator/Clerk

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

1. CONSIDERATION OF RESOLUTION NO. 666 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)

TCMHA Counsel Pieper stated that in order to continue to have teleconference meetings, it is necessary to adopt a Resolution every 30 days making certain findings and authorizing the discretionary use of the video teleconference meetings; that Resolution No. 666 makes the necessary findings including the fact that the COVID-19 threat still exists; that safety measures are continuing to be recommended by the California Department of Public Health and they are

particularly significant in the case of a medical facility such as TCMHA; that this resolution would authorize the Executive Director to continue using teleconferencing to conduct the public meetings pursuant to Governing Code Section 54953; and that the recommendation is to adopt Resolution No. 666.

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

There being no further comment, Vice-Chair Nolte moved, and Alternate Board Member Lau seconded, to adopt Resolution No. 666 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Executive Director, or her designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953. The motion was carried by the following vote: AYES: Alternate Board Member Lau; Board Member Cockrell; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Members Lantz, Ontiveros-Cole, and Vera.

GOVERNING BOARD COMMENTS

There was no Governing Board comment.

ADJOURNMENT

At 5:07 p.m., on consensus of the Governing Board its Regular Meeting of August 17, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, September 21, 2022 at 5:00 p.m., via teleconference pursuant to Government Code § 54953, due to the COVID-19 pandemic.

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Micaela P. Olmos, JPA Administrator/Clerk

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

SUBJECT: **Consideration of Resolution No. 668 Approving a Business Associate Agreement (BAA) with the California Mental Health Services Authority (CalMHSA) and Authorizing the Executive Director to Execute the BAA**

Summary:

Staff is seeking Governing Board approval to authorize the Executive Director to execute a Business Associate Agreement (BAA) with the California Mental Health Services Authority (CalMHSA).

Background:

The California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority (JPA), formed in 2009, for the purpose of, creating a separate public entity to provide administrative and fiscal services in support of the Members' Mental/Behavioral Health Departments acting alone or in collaboration with other Departments, which may include operation of Programs to:

(a) Administer prevention and early intervention services under the Mental Health Services Act;

(b) Contract and/or negotiate with the State or other providers of mental hospital beds similar or related services;

(c) Contract and/or negotiate with the State or Federal government for administration of mental health services, programs or activities including but not limited to the Drug Medi-Cal Treatment Program, managed mental health care, delivery of specialty mental health services;

(d) Operate program risk pools;

(e) Provide any other similar or related fiscal or administrative services that would be of value to Members such as group purchasing, contract management, research and development, data management, maintenance of a research depository, training, technical assistance, capacity building, education and training; and

(f) Research, develop, and execute any appropriate policy requests from the California State Association of Counties or its affiliates.

Tri-City periodically engages with the California Mental Health Services Authority for various resources including training and technical assistance on current behavioral health legislative changes including the implementation of CalAIM. Tri-City has engaged with CalMHSA as far back as 2011 on various projects. Currently, Tri-City pays annual dues (of approximately 1% of PEI funding) to CalMHSA for the Statewide Prevention, Intervention, and Early Intervention (PEI) Program. This program disseminates and directs Statewide PEI project campaigns, programs, resources and materials. The primary focus of these programs is to promote mental health and wellness, suicide prevention, and health equity throughout California communities, with additional focus on diverse and/or historically underserved communities.

At this time, CalMHSA is requesting all of their members execute a Business Associate Agreement that would cover any existing projects (e.g. Peer Support Specialist Certification) and any upcoming projects that Tri-City may decide to enter into in the future. The Health Insurance Portability and Accountability Act (HIPAA) Rules require a written agreement ("Business Associate Agreement") between two parties in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place. In addition, the California Department of Health Care Services (“DHCS”) requires the two parties to include certain protections for the privacy and security of personal information (“PI”), sensitive information, and confidential information (collectively, “PSCI”), personally identifiable information (“PII”) not subject to HIPAA (“DHCS Requirements”).

CalMHSA strives to maximize statewide or regional resources to best support the standardization of processes to improve efficiencies and remove unnecessary duplicity to support county efforts in its deliver of mental health and substance use services. As part of the CalAIM overall support to counties around payment reform, rate setting, and outcomes work, CalMHSA is executing Business Associate Agreements with counties to allow for the sharing of essential data including:

- Billing Data -Analysis of transaction reports to support payment reform and confirm that proposed rates are fiscally sustainable for counties
- Client Outcome Data-to satisfy Behavioral Health Quality Improvement Programs (BHQIP) requirements, CALMHSA will support counties in receiving and reporting outcome data such as follow up after Emergency Department visits
- As the Department of Health Care Services (DHCS) adds enhanced performance measure sets, we project county-level client service data will be needed from counties to support reporting.

Fiscal Impact:

No fiscal impact. This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information, PSCI, and PII disclosed to or used by CALMHSA in compliance with the HIPAA Rules and DHCS Requirements.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 668 authorizing the Executive Director to execute the Business Associate Agreement with CalMHSA.

Attachments:

Attachment 4-A: Resolution No. 668 – DRAFT

Attachment 4-B: CalMHSA Business Associate Agreement

RESOLUTION NO. 668

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING A BUSINESS ASSOCIATE AGREEMENT (BAA) WITH THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA), AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE BAA AND ANY AMENDMENTS THEREAFTER

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 execute a Business Associate Agreement (BAA) with the California Mental Health Services Authority (CalMHSA), as required by the Health Insurance Portability and Accountability Act (HIPAA), which mandates certain protections for the privacy and security of Protected Health Information (PHI) between two parties.

B. The Authority affirms that CalMHSA was created by counties in 2009 to jointly develop and fund mental health services and education programs; CalMHSA provides administrative and fiscal services in support of, and addresses, common interests in the administration of such programs; and the Authority is a member county of CalMHSA.

2. Action

Governing Board authorizes the Executive Director to complete and execute the Business Associate Agreement with the California Mental Health Authority (CalMHSA), and any Amendments or extensions of such Agreement thereafter.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

_____

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

**BUSINESS ASSOCIATE AGREEMENT
UNDER THE HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

Tri-City Mental Health Authority ("County"), a member of the California Mental Health Services Authority ("CalMHSA") Joint Powers Authority ("JPA"), is a Covered Entity as defined by, and subject to the requirements and prohibitions of, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules").

Pursuant to the JPA Agreement, CalMHSA, hereinafter referred to as "Contractor", performs or provides functions, activities or services to County that require Contractor to create, access, receive, maintain, and/or transmit information that includes or that may include Protected Health Information, as defined by the HIPAA Rules in order to provide such functions, activities or services. As such, Contractor is a Business Associate, as defined by the HIPAA Rules, and is therefore subject to those provisions of the HIPAA Rules that are applicable to Business Associates.

The HIPAA Rules require a written agreement ("Business Associate Agreement") between County and Contractor in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place. In addition, the California Department of Health Care Services ("DHCS") requires County and Contractor to include certain protections for the privacy and security of personal information ("PI"), sensitive information, and confidential information (collectively, "PSCI"), personally identifiable information ("PII") not subject to HIPAA ("DHCS Requirements").

This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information, PSCI, and PII disclosed to or used by Contractor in compliance with the HIPAA Rules and DHCS Requirements.

Therefore, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" has the same meaning as the term "breach" at 45 C.F.R. § 164.402.

1.2 "Business Associate" has the same meaning as the term "business associate" at 45 C.F.R. § 160.103. For the convenience of the parties, a "business associate" is a person or entity, other than a member of the workforce of covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to Protected Health Information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of another business associate. And in reference to the party to this Business Associate Agreement "Business Associate" shall mean Contractor.

1.3 "California Confidentiality Laws" means the applicable laws of the State of California governing the confidentiality, privacy, or security of PHI or other PII, including, but not limited to, the California Confidentiality of Medical Information Act (Cal. Civil Code § 56 et seq.), the patient access law (Cal. Health & Safety Code § 123100 et seq.), the HIV test result confidentiality law (Cal. Health & Safety Code § 120975 et seq.), the Lanterman-Petris-Short Act (Cal. Welf. & Inst. Code § 5328 et seq.), and California's data breach law (Cal. Civil Code § 1798.29).

1.4 "Covered Entity" has the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this Business Associate Agreement, "Covered Entity" shall mean County.

1.5 "Data Aggregation" has the same meaning as the term "data aggregation" at 45 C.F.R. § 164.501.

1.6 "De-identification" refers to the de-identification standard at 45 C.F.R. § 164.514.

1.7 "Designated Record Set" has the same meaning as the term "designated record set" at 45

1.8 C.F.R. § 164.501."Disclose” and “Disclosure” mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate’s internal operations or to other than its workforce. (See 45 C.F.R. § 160.103.)

1.9 "Electronic Health Record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. (See 42 U.S. C. § 17921.)

1.10 “Electronic Media” has the same meaning as the term “electronic media” at 45 C.F.R. § 160.103. For the convenience of the parties, electronic media means (1) Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.

1.11 "Electronic Protected Health Information” has the same meaning as the term “electronic protected health information” at 45 C.F.R. § 160.103, limited to Protected Health Information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.

1.12 "Health Care Operations" has the same meaning as the term "health care operations" at 45 C.F.R. § 164.501.

1.13 "Individual” has the same meaning as the term "individual" at 45 C.F.R. § 160.103. For the convenience of the parties, Individual means the person who is the subject of Protected Health Information and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502 (g).

1.14 "Law Enforcement Official" has the same meaning as the term "law enforcement official" at 45 C.F.R. § 164.103.

1.15 "Minimum Necessary" refers to the minimum necessary standard at 45 C.F.R. § 162.502 (b).

1.16 “Protected Health Information” has the same meaning as the term “protected health information” at 45 C.F.R. § 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Protected

Health Information includes information that (i) relates to the past, present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity, and includes Protected Health Information that is made accessible to Business Associate by Covered Entity. "Protected Health Information" includes Electronic Protected Health Information.

1.17 "Required by Law" " has the same meaning as the term "required by law" at 45 C.F.R. § 164.103.

1.18 "Secretary" has the same meaning as the term "secretary" at 45 C.F.R. § 160.103

1.19 "Security Incident" has the same meaning as the term "security incident" at 45 C.F.R. § 164.304.

1.20 "Services" means, unless otherwise specified, those functions, activities, or services in the applicable underlying Agreement, Contract, Master Agreement, Work Order, or Purchase Order or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

1.21 "Subcontractor" has the same meaning as the term "subcontractor" at 45 C.F.R. § 160.103.

1.22 "Unsecured Protected Health Information" has the same meaning as the term "unsecured protected health information" at 45 C.F.R. § 164.402.

1.23 "Use" or "Uses" means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate's internal operations. (See 45 C.F.R § 164.103.)

1.24 Terms used, but not otherwise defined in this Business Associate Agreement, have the same meaning as those terms in the HIPAA Rules.

2. PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

2.1 Business Associate may only Use and/or Disclose Protected Health Information as necessary to perform Services, and/or as necessary to comply with the obligations of this Business Associate Agreement.

2.2 Business Associate may Use Protected Health Information for de-identification of the information if de-identification of the information is required to provide Services.

2.3 Business Associate may Use or Disclose Protected Health Information as Required by Law.

2.4 Business Associate shall make Uses and Disclosures and requests for Protected Health Information consistent with the Covered Entity's applicable Minimum Necessary policies and procedures.

2.5 Business Associate may Use Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities.

2.6 Business Associate may Disclose Protected Health Information as necessary for the proper

management and administration of its business or to carry out its legal responsibilities, provided the Disclosure is Required by Law or Business Associate obtains reasonable assurances from the person to whom the Protected Health Information is disclosed (i.e., the recipient) that it will be held confidentially and Used or further Disclosed only as Required by Law or for the purposes for which it was disclosed to the recipient and the recipient notifies Business Associate of any instances of which it is aware in which the confidentiality of the Protected Health Information has been breached.

2.7 Business Associate may provide Data Aggregation services relating to Covered Entity's Health Care Operations if such Data Aggregation services are necessary in order to provide Services.

3. PROHIBITED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

3.1 Business Associate shall not Use or Disclose Protected Health Information other than as permitted or required by this Business Associate Agreement or as Required by Law.

3.2 Business Associate shall not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164, or the California Confidentiality Laws if done by Covered Entity, except for the specific Uses and Disclosures set forth in Sections 2.5 and 2.6.

3.3 Business Associate shall not Use or Disclose Protected Health Information for de- identification of the information except as set forth in section 2.2.

4. OBLIGATIONS TO SAFEGUARD PROTECTED HEALTH INFORMATION

4.1 Business Associate shall implement, use, and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information other than as provided for by this Business Associate Agreement.

4.2 Business Associate shall comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for by this Business Associate Agreement.

5. REPORTING NON-PERMITTED USES OR DISCLOSURES, SECURITY INCIDENTS, AND BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

5.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information not permitted by this Business Associate Agreement, any Security Incident, and/ or any Breach of Unsecured Protected Health Information as further described in Sections 5.1.1, 5.1.2, and 5.1.3.

5.1.1 Business Associate shall report to Covered Entity any Use or Disclosure of Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors not provided for by this Agreement of which Business Associate becomes aware.

5.1.2 Business Associate shall report to Covered Entity any Security Incident of which Business Associate becomes aware.

5.1.3 Business Associate shall report to Covered Entity any Breach by Business Associate, its employees, representatives, agents, workforce members, or Subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate shall be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate, including a Subcontractor, as determined in accordance with the federal common law of agency.

5.2 Except as provided in Section 5.3, for any reporting required by Section 5.1, Business Associate shall provide, to the extent available, all information required by, and within the times frames specified in, Sections 5.2.1 and 5.2.2.

5.2.1 Business Associate shall make an immediate telephonic report upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information to **County number**_____ that minimally includes:

(a) A brief description of what happened, including the date of the non- permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.2 Business Associate shall make a written report without unreasonable delay and in no event later than three (3) business days from the date of discovery by Business Associate of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach of Unsecured Protected Health Information and to the **Chief Privacy Officer at: Privacy Officer, Name,** _____
County, Department_____,
Address_____,
Email_____,
that includes, to the extent possible:

(a) A brief description of what happened, including the date of the non- permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as

whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The identification of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, Used, or Disclosed;

(e) Any other information necessary to conduct an assessment of whether notification to the Individual(s) under 45 C.F.R. § 164.404 is required;

(f) Any steps Business Associate believes that the Individual(s) could take to protect him or herself from potential harm from the non-permitted Use or Disclosure, Security Incident, or Breach;

(g) A brief description of what Business Associate is doing to investigate, to mitigate harm to the Individual(s), and to protect against any further similar occurrences; and

(h) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.3 If Business Associate is not able to provide the information specified in Section 5.2.1 or 5.2.2 at the time of the required report, Business Associate shall provide such information promptly thereafter as such information becomes available.

5.3 Business Associate may delay the notification required by Section 5.1.3, if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security.

5.3.1 If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate shall delay its reporting and/or notification obligation(s) for the time period specified by the official.

5.3.2 If the statement is made orally, Business Associate shall document the statement, including the identity of the official making the statement, and delay its reporting and/or notification obligation(s) temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in Section 5.3.1 is submitted during that time.

6. WRITTEN ASSURANCES OF SUBCONTRACTORS

6.1 In accordance with 45 C.F.R. § 164.502 (e)(1)(ii) and § 164.308 (b)(2), if applicable, Business Associate shall ensure that any Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate is made aware of its status as a Business Associate with respect to such information and that Subcontractor agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

6.2 Business Associate shall take reasonable steps to cure any material breach or violation by Subcontractor of the agreement required by Section 6.1.

6.3 If the steps required by Section 6.2 do not cure the breach or end the violation, Contractor shall terminate, if feasible, any arrangement with Subcontractor by which Subcontractor creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate.

6.4 If neither cure nor termination as set forth in Sections 6.2 and 6.3 is feasible, Business Associate shall immediately notify CalMHSA.

6.5 Without limiting the requirements of Section 6.1, the agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall require Subcontractor to contemporaneously notify Covered Entity in the event of a Breach of Unsecured Protected Health Information.

6.6 Without limiting the requirements of Section 6.1, agreement required by Section 6.1 (Subcontractor Business Associate Agreement) shall include a provision requiring Subcontractor to destroy, or in the alternative to return to Business Associate, any Protected Health Information created, received, maintained, or transmitted by Subcontractor on behalf of Business Associate so as to enable Business Associate to comply with the provisions of Section 18.4.

6.7 Business Associate shall provide to Covered Entity, at Covered Entity's request, a copy of any and all Subcontractor Business Associate Agreements required by Section 6.1.

6.8 Sections 6.1 and 6.7 are not intended by the parties to limit in any way the scope of Business Associate's obligations related to Subcontracts or Subcontracting in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

7. ACCESS TO PROTECTED HEALTH INFORMATION

7.1 To the extent Covered Entity determines that Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within two (2) business days after receipt of a request from Covered Entity, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and shall provide such Individuals(s) or other person(s) designated by Covered Entity with a copy the specified Protected Health Information, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.524 or the California Confidentiality Laws.

7.2 If any Individual requests access to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within two (2) days of the receipt of the request. Whether access shall be provided or denied shall be determined by Covered Entity.

7.3 To the extent that Business Associate maintains Protected Health Information that is subject to access as set forth above in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such information, Business Associate shall provide the Individual with access to the Protected Health Information in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by Covered Entity and the Individual.

8. AMENDMENT OF PROTECTED HEALTH INFORMATION

8.1 To the extent Covered Entity determines that any Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate shall, within ten (10) business days after receipt of a written request from Covered Entity, make any amendments to such Protected Health Information that are requested by Covered Entity, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.526.

8.2 If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request. Whether an amendment shall be granted or denied shall be determined by Covered Entity.

9. ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

9.1 Business Associate shall maintain an accounting of each Disclosure of Protected Health Information made by Business Associate or its employees, agents, representatives or Subcontractors, as is determined by Covered Entity to be necessary in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

9.1.1 Any accounting of disclosures provided by Business Associate under Section 9.1 shall include:

(a) The date of the Disclosure;

(b) The name, and address if known, of the entity or person who received the Protected Health Information;

(c) A brief description of the Protected Health Information Disclosed; and

(d) A brief statement of the purpose of the Disclosure.

9.1.2 For each Disclosure that could require an accounting under Section 9.1, Business Associate shall document the information specified in Section 9.1.1, and shall maintain the information for six (6) years from the date of the Disclosure.

9.2 Business Associate shall provide to Covered Entity, within ten (10) business days after receipt of a written request from Covered Entity, information collected in accordance with Section 9.1.1 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528

9.3 If any Individual requests an accounting of disclosures directly from Business Associate or its agents or Subcontractors, Business Associate shall notify Covered Entity in writing within five (5) days of the receipt of the request, and shall provide the requested accounting of disclosures to the Individual(s) within 30 days. The information provided in the accounting shall be in accordance with 45 C.F.R. § 164.528.

10. COMPLIANCE WITH APPLICABLE FEDERAL AND STATE PRIVACY AND SECURITY RULES

10.1 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate shall comply with the requirements of Subpart E that apply to Covered Entity's performance of such obligation(s).

10.2 Business Associate shall comply with all HIPAA Rules and California Confidentiality Laws applicable to Business Associate in the performance of Services.

11. AVAILABILITY OF RECORDS

11.1 Business Associate shall make its internal practices, books, and records relating to the Use and Disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations.

11.2 Unless prohibited by the Secretary, Business Associate shall immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

12. MITIGATION OF HARMFUL EFFECTS

12.1 Business Associate shall mitigate, to the extent practicable, any harmful effect of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement that is known to Business Associate.

13. BREACH NOTIFICATION TO INDIVIDUALS

13.1 Business Associate shall, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors, provide breach notification to the Individual in a manner that permits Covered Entity to comply with its obligations under 45 C.F.R. § 164.404.

13.1.1 Business Associate shall notify, subject to the review and approval of Covered Entity, each Individual whose Unsecured Protected Health Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of any such Breach.

13.1.2 The notification provided by Business Associate shall be written in plain language, shall be subject to review and approval by Covered Entity, and shall include, to the extent possible:

(a) A brief description of what happened, including the date of the Breach and the date of the Discovery of the Breach, if known;

(b) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(c) Any steps the Individual should take to protect him or herself from potential harm resulting from the Breach;

(d) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individual(s), and to protect against any further

Breaches; and

(e) Contact procedures for Individual(s) to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

13.2 Covered Entity, in its sole discretion, may elect to provide the notification required by Section 13.1 and/or to establish the contact procedures described in Section 13.1.2.

13.3 Business Associate shall reimburse Covered Entity any and all costs incurred by Covered Entity, in complying with Subpart D of 45 C.F.R. Part 164, including but not limited to costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information; Covered Entity shall not be responsible for any costs incurred by Business Associate in providing the notification required by 13.1 or in establishing the contact procedures required by Section 13.1.2.

14. DHCS REQUIREMENTS.

14.1 Business Associate and Covered Entity shall comply with the DHCS Requirements provided on **Exhibit A** and **Exhibit B** to this Business Associate Agreement with regard to DHCS PSCI and PII received from Covered Entity. To the extent that any provisions of the DHCS Requirements in Exhibit A or Exhibit B conflict with other provisions of this Business Associate Agreement, the more restrictive requirement shall apply with regard to DHCS PSCI or PII received from Covered Entity.

15. INDEMNIFICATION

15.1 Business Associate shall indemnify, defend, and hold harmless Covered Entity, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees), and penalties and/or fines (including regulatory penalties and/or fines), arising from or connected with Business Associate's acts and/or omissions arising from and/or relating to this Business Associate Agreement, including, but not limited to, compliance and/or enforcement actions and/or activities, whether formal or informal, by the Secretary or by the Attorney General of the State of California.

15.2 Section 15.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Insurance and/or Indemnification in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

16. OBLIGATIONS OF COVERED ENTITY

16.1 Covered Entity shall notify Business Associate of any current or future restrictions or limitations on the Use or Disclosure of Protected Health Information that would affect Business Associate’s performance of the Services, and Business Associate shall thereafter restrict or limit its own Uses and Disclosures accordingly.

16.2 Covered Entity shall not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 or the California Confidentiality Laws if done by Covered Entity, except to the extent that

Business Associate may Use or Disclose Protected Health Information as provided in Sections 2.3, 2.5, and 2.6.

17. TERM

17.1 Unless sooner terminated as set forth in Section 18, the term of this Business Associate Agreement shall be the same as the term of the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate. Such term shall apply to all such agreements entered into from time to time between the parties for the purpose of providing Services pursuant to the JPA.

17.2 Notwithstanding Section 17.1, Business Associate's obligations under Sections 11, 15, and 19 shall survive the termination or expiration of this Business Associate Agreement.

18. TERMINATION FOR CAUSE

18.1 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and the breaching party has not cured the breach or ended the violation within the time specified by the non- breaching party, which shall be reasonable given the nature of the breach and/or violation, the non-breaching party may terminate this Business Associate Agreement.

18.2 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and cure is not feasible, the non-breaching party may terminate this Business Associate Agreement immediately.

19. DISPOSITION OF PROTECTED HEALTH INFORMATION UPON TERMINATION OR EXPIRATION

19.1 Except as provided in Section 19.3, upon termination for any reason or expiration of this Business Associate Agreement, Business Associate shall return or, if agreed to by Covered entity, shall destroy as provided for in Section 19.2, all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that Business Associate, including any Subcontractor, still maintains in any form. Business Associate shall retain no copies of the Protected Health Information.

19.2 Destruction for purposes of Section 19.2 and Section 6.6 shall mean that media on which the Protected Health Information is stored or recorded has been destroyed and/or electronic media have been cleared, purged, or destroyed in accordance with the use of a technology or methodology specified by the Secretary in guidance for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals.

19.3 Notwithstanding Section 19.1, in the event that return or destruction of Protected Health Information is not feasible or Business Associate determines that any such Protected Health Information is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities, Business Associate may retain that Protected Health Information for which destruction or return is infeasible or that Protected

Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities and shall return or destroy all other Protected Health Information.

19.3.1 Business Associate shall extend the protections of this Business Associate Agreement to such Protected Health Information, including continuing to use appropriate safeguards and continuing to comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for in Sections 2.5 and 2.6 for so long as such Protected Health Information is retained, and Business Associate shall not Use or Disclose such Protected Health Information other than for the purposes for which such Protected Health Information was retained.

19.3.2 Business Associate shall return or, if agreed to by Covered entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for Business Associate's proper management and administration or to carry out its legal responsibilities.

19.4 Business Associate shall ensure that all Protected Health Information created, maintained, or received by Subcontractors is returned or, if agreed to by Covered entity, destroyed as provided for in Section 19.2.

20. AUDIT, INSPECTION, AND EXAMINATION

20.1 Covered Entity reserves the right to conduct a reasonable inspection of the facilities, systems, information systems, books, records, agreements, and policies and procedures relating to the Use or Disclosure of Protected Health Information for the purpose determining whether Business Associate is in compliance with the terms of this Business Associate Agreement and any non-compliance may be a basis for termination of this Business Associate Agreement and the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, as provided for in section 18.

20.2 Covered Entity and Business Associate shall mutually agree in advance upon the scope, timing, and location of any such inspection.

20.3 At Business Associate's request, and to the extent permitted by law, Covered Entity shall execute a nondisclosure agreement, upon terms and conditions mutually agreed to by the parties.

20.4 That Covered Entity inspects, fails to inspect, or has the right to inspect as provided for in Section 20.1 does not relieve Business Associate of its responsibility to comply with this Business Associate Agreement and/or the HIPAA Rules or impose on Covered Entity any responsibility for Business Associate's compliance with any applicable HIPAA Rules.

20.5 Covered Entity's failure to detect, its detection but failure to notify Business Associate, or its detection but failure to require remediation by Business Associate of an unsatisfactory practice by Business Associate, shall not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Business Associate Agreement or the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a

Business Associate.

20.6 Section 20.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Inspection and/or Audit and/or similar review in the applicable underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

21. MISCELLANEOUS PROVISIONS

21.1 Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with the terms and conditions of this Business Associate Agreement will be adequate or satisfactory to meet the business needs or legal obligations of Business Associate.

21.2 Federal and State Requirements. The Parties agree that the provisions under HIPAA Rules and the California Confidentiality Laws that are required by law to be incorporated into this Business Associate Agreement are hereby incorporated into this Agreement.

21.3 No Third-Party Beneficiaries. Nothing in this Business Associate Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

21.4 Construction. In the event that a provision of this Business Associate Agreement is contrary to a provision of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, the provision of this Business Associate Agreement shall control. Otherwise, this Business Associate Agreement shall be construed under, and in accordance with, the terms of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

21.5 Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

21.6 Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits the parties to comply with the HIPAA Rules and the California Confidentiality Laws.

21.7 Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the requirements of the HIPAA Rules and any other privacy laws governing Protected Health Information, including the California Confidentiality Laws.

This Business Associates Agreement applies to all Participation Agreements between the County and CalMHSA.

AUTHORIZED SIGNORS:

TRI-CITY MENTAL HEALTH AUTHORITY

Signed:_____ Name (Printed): Jesse H. Duff

Title: Interim Executive Director Date:_____

Address: 1717 N. Indian Hill Blvd. #B, Claremont, California 91711

Phone: (909) 623-6131 Email: _____

Signed:_____ Name (Printed): _____

Title:_____ Date:_____

CONTRACTOR: CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA)

Signed:_____ Name (Printed): Amie Miller, Psy.D., MFT

Title: Executive Director Date:_____

Address: 1610 Arden Way, Suite 175, Sacramento, CA 95815 Phone: (279) 234-0700

Email: amie.miller@calmhsa.org

Exhibit A

DHCS Information Confidentiality And Security Requirements

1. **Definitions**. For purposes of this Exhibit, the following definitions shall apply:

    a. **Public Information**: Information that is not exempt from disclosure under the provisions of the California Public Records Act (Government Code sections 6250-6265) or other applicable state or federal laws.

    b. **Confidential Information**: Information that is exempt from disclosure under the provisions of the California Public Records Act (Government Code sections 6250-6265) or other applicable state or federal laws.

    c. **Sensitive Information**: Information that requires special precautions to protect from unauthorized use, access, disclosure, modification, loss, or deletion. Sensitive Information may be either Public Information or Confidential Information. It is information that requires a higher than normal assurance of accuracy and completeness. Thus, the key factor for Sensitive Information is that of integrity. Typically, Sensitive Information includes records of agency financial transactions and regulatory actions.

    d. **Personal Information**: Information that identifies or describes an individual, including, but not limited to, their name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It is DHCS' policy to consider all information about individuals private unless such information is determined to be a public record. This information must be protected from inappropriate access, use, or disclosure and must be made accessible to data subjects upon request. Personal Information includes the following:

        Notice-triggering Personal Information: Specific items of personal information (name plus Social Security number, driver license/California identification card number, or financial account number) that may trigger a requirement to notify individuals if it is acquired by an unauthorized person. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph. See Civil Code sections 1798.29 and 1798.82.

2. **Nondisclosure**. Business Associate and its employees, agents, or subcontractors shall protect from unauthorized disclosure any PSCI.

3. Business Associate and its employees, agents, or subcontractors shall not use any PSCI for any purpose other than carrying out the Business Associate 's obligations under the JPA Agreement.

4. Business Associate and its employees, agents, or subcontractors shall promptly transmit to Covered Entity's Chief Privacy Officer all requests for disclosure of any PSCI not emanating from the person who is the subject of PSCI.

5. Business Associate shall not disclose, except as otherwise specifically permitted by JPA Agreement or authorized by the person who is the subject of PSCI, any PSCI to anyone other than DHCS or Covered Entity without prior written authorization from the Covered Entity Chief Privacy Officer, except if disclosure is required by State or Federal law.

6. Business Associate shall observe the following requirements:

a. **Safeguards**. Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the PSCI, including electronic PSCI that it creates, receives, maintains, uses, or transmits on behalf of Covered Entity. Business Associate shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of Business Associate's operations and the nature and scope of its activities, Including at a minimum the following safeguards:

i. Personnel Controls

1. ***Employee Training***. All workforce members who assist in the performance of functions or activities on behalf of Covered Entity, or access or disclose Covered Entity PSCI, must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following contract termination.

2. ***Employee Discipline***. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.

3. ***Confidentiality Statement***. All persons that will be working with DHCS PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to DHCS PHI or Pl. The statement must be renewed annually. Business Associate shall retain each person's written confidentiality statement for Covered Entity or DHCS inspection for a period of six (6) years following contract termination.

4. ***Background Check***. Before a member of the workforce may access DHCS PHI or PI, a thorough background check of that worker must be conducted, with evaluation of the results to assure that there is no indication that the worker may present a risk to the security or integrity of confidential data or a risk for theft or misuse of confidential data. Business Associate shall retain each workforce member's background check documentation for a period of three (3) years following contract termination.

ii. Technical Security Controls

1. ***Workstation/Laptop encryption***. All workstations and laptops that process and/or store DHCS PHI or PI must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by the DHCS Information Security Office.

2. ***Server Security***. Servers containing unencrypted DHCS PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

3. ***Minimum Necessary***. Only the minimum necessary amount of DHCS PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

4. ***Removable media devices***. All electronic files that contain DHCS PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, smartphones, backup tapes etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.

5. ***Antivirus software***. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.

6. ***Patch Management***. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must have critical security patches applied, with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within 30 days of vendor release.

7. ***User IDs and Password Controls***. All users must be issued a unique user name for accessing DHCS PHI or Pl. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password, at maximum within 24 hours. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed every 90 days, preferably every 60 days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:

    - Upper case letters (A-Z)
    - Lower case letters (a-z)
    - Arabic numerals (0-9)
    - Non-alphanumeric characters (punctuation symbols)

8. ***Data Destruction***. When no longer needed, all DHCS PHI or PI must be cleared, purged, or destroyed consistent with NIST Special Publication 800-88, Guidelines for Media Sanitization such that the PHI or PI cannot be retrieved.

9. ***System Timeout***. The system providing access to DHCS PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than 20 minutes of inactivity.

10. ***Warning Banners***. All systems providing access to DHCS PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

11. ***System Logging***. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DHCS PHI or PI, or which alters DHCS PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DHCS PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least 3 years after occurrence.

12. **Access Controls**. The system providing access to DHCS PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.

13. ***Transmission encryption***. All data transmissions of DHCS PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing PHI can be encrypted. This requirement pertains to any type of PHI or PI in motion such as website access, file transfer, and E-Mail.

14. ***Intrusion Detection***. All systems involved in accessing, holding, transporting, and protecting DHCS PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

iii. Audit Controls

1. ***System Security Review***. All systems processing and/or storing DHCS PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

2. ***Log Reviews***. All systems processing and/or storing DHCS PHI or PI must have a routine procedure in place to review system logs for unauthorized access.

3. ***Change Control***. All systems processing and/or storing DHCS PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

iv. Business Continuity I Disaster Recovery Controls

1. ***Emergency Mode Operation Plan***. Business Associate must establish a documented plan to enable continuation of critical business processes and protection of the security of electronic DHCS PHI or PI in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.

2. ***Data Backup Plan***. Business Associate must have established documented procedures to backup DHCS PHI to maintain retrievable exact copies of DHCS PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DHCS

data.

v. Paper Document Controls

1. ***Supervision of Data***. DHCS PSI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DHCS PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

2. ***Escorting Visitors***. Visitors to areas where DHCS PHI or PI is contained shall be escorted and DHCS PHI or PI shall be kept out of sight while visitors are in the area.

3. ***Confidential Destruction***. DHCS PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.

4. ***Removal of Data***. DHCS PHI or PI must not be removed from the premises of the Business Associate except with express written permission of DHCS.

5. ***Faxing***. Faxes containing DHCS PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.

6. ***Mailing***. Mailings of DHCS PHI or PI shall be sealed and secured from damage or inappropriate viewing of PHI or PI to the extent possible. Mailings which include 500 or more individually identifiable records of DHCS PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DHCS to use another method is obtained.

b. ***Security Officer***. Business Associate shall, to the extent it has not already done so, designate a Security Officer to oversee its data security program who will be responsible for carrying out its privacy and security programs and for communicating on security matters with Covered Entity and DHCS.

Discovery and Notification of Breach. Notice to Covered Entity:

i. To notify Covered Entity and DHCS **immediately** upon the discovery of a suspected security incident that involves data provided to Covered Entity by DHCS from the Social Security Administration. This notification will be by **telephone call plus email or fax** upon the discovery of the breach. (2) To notify Covered Entity **within 24 hours by email or fax** of the discovery of unsecured PHI or PI in electronic media or in any other media if the PHI or PI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person, any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI in violation of the JPA and this Exhibit, or potential loss of confidential data affecting the JPA. A breach shall be treated as discovered by Business Associate as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of Business Associate.

ii. Notice shall be provided to the Covered Entity Chief Privacy Officer, the DHCS Privacy Officer and the DHCS Information Security Officer. If the incident occurs after business hours or on a weekend or holiday and involves data provided to Covered Entity by DHCS from the Social Security Administration, notice shall be provided by calling the DHCS EITS Service Desk. Notice shall be made using the "DHCS Privacy Incident Report" form, including all information known at the time. The Business Associate shall use the most current version of this form, which is posted on the DHCS Privacy Office website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Use" near the middle of the page) or use this link: htto://www.dhcs.ca.00v/formsandoubs/laws/priv/Pacies/DHCSBusinessAssociatesOnlv.asox

c. Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of PHI or PI, Business Associate shall take:

i. Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment and

ii. Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

d. ***Investigation of Breach***. Business Associate shall immediately investigate such security incident, breach, or unauthorized use or disclosure of PSCI. If the initial report did not include all of the requested information marked with an asterisk, then within seventy-two (72) hours of the discovery, Business Associate shall submit an updated "DHCS Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Covered Entity Chief Privacy Officer, the DHCS Privacy Officer, and the DHCS Information Security Officer:

e. ***Written Report***. Business Associate shall provide a written report of the investigation to the Covered Entity Chief Privacy Officer, the DHCS Privacy Officer, and the DHCS Information Security Officer, if all of the required information was not included in the DHCS Privacy Incident Report, within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall include, but not be limited to, the information specified above, as well as a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure.

f. ***Notification of Individuals***. Business Associate shall notify individuals of the breach or unauthorized use or disclosure when notification is required under state or federal law and shall pay any costs of such notifications, as well as any costs associated with the breach. The Covered Entity Chief Privacy Officer, the DHCS Privacy Officer, and the DHCS Information Security Officer shall approve the time, manner and content of any such notifications.

7. **Effect on lower tier transactions**. The terms of this Exhibit shall apply to all contracts, subcontracts, and subawards, regardless of whether they are for the acquisition of services, goods, or commodities. Business Associate shall incorporate the contents of this Exhibit into each subcontract or subaward to its agents, subcontractors, or independent consultants.

8. **Contact Information**. To direct communications to the above referenced Covered Entity or DHCS staff, Business Associate shall initiate contact as indicated herein. Covered Entity reserves the right to make changes to the contact information below by giving written notice to Business Associate. Said changes shall not require an amendment to this Exhibit or the JPA Agreement to which it is incorporated.

Covered Entity Chief Privacy Officer	**DHCS Privacy Officer**	**DHCS Information Security Officer**
See Section 5.2.2 of this Business Associate Agreement for Covered Entity contact information.	Privacy Officer c/o Office of Legal Services Department of Health Care Services P.O. Box 997413, MS 0011 Sacramento, CA 95899-7413 Email: privacyofficer@dhcs.ca.gov Telephone: (916) 445-4646	Information Security Officer DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95889-7413 Email: iso@dhcs.ca.gov Telephone: ITSD Help Desk (916) 440-7000 or (800) 579-0874

9. **Audits and Inspections**. From time to time, DHCS may inspect the facilities, systems, books and records of the Business Associate to monitor compliance with the safeguards required in the Information Confidentiality and Security Requirements (ICSR) exhibit. Business Associate shall promptly remedy any violation of any provision of this ICSR exhibit. The fact that DHCS inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this ICSR exhibit.

Exhibit B

Privacy and Information Security Provisions

This Exhibit B is intended to protect the privacy and security of specified DHCS information that Business Associate may access, receive, or transmit under the JPA Agreement. The DHCS information covered under this Exhibit B consists of: (1) PHI and (2) PI. PI may include data provided to DHCS by the Social Security Administration.

Exhibit B consists of the following parts:

1. Exhibit B-1 provides for the privacy and security of PI under Civil Code Section 1798.3(a) and 1798.29.

2. Exhibit B-2, Miscellaneous Provisions, sets forth additional terms and conditions that extend to the provisions of Exhibit B in its entirety.

Exhibit B-1
Privacy and Security of Personal Information and
Personally Identifiable Information Not Subject to HIPAA

1. Recitals.

a. In addition to the Privacy and Security Rules under HIPAA, DHCS is subject to various other legal and contractual requirements with respect to the personal information (as defined in section 2 below) and personally identifiable information (as defined in section 2 below) it maintains. These include:

i. The California Information Practices Act of 1977 (California Civil Code §§1798 et seq.),

ii. Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2.

b. The purpose of this Exhibit B-1 is to set forth Business Associate's privacy and security obligations with respect to PI and PII that Business Associate may create, receive, maintain, use, or disclose for or on behalf of Covered Entity pursuant to the JPA Agreement. Specifically this Exhibit applies to PI and PII which is not PHI as defined by HIPAA and therefore is not addressed in this Business Associate Agreement; however, to the extent that data is both PHI or ePHI and PII, both the Business Associate Agreement and this Exhibit B-1 shall apply.

c. The terms used in this Exhibit B-1, but not otherwise defined, shall have the same meanings as those terms have in the above referenced statute and agreement. Any reference to statutory, regulatory, or contractual language shall be to such language as in effect or as amended.

2. Definitions. The following definitions apply to such terms used in this Exhibit B-1. Abbreviated and capitalized terms used in this Exhibit but not defined below shall have the meaning ascribed to them under this Business Associate Agreement.

a. "Breach" shall have the meaning given to such term under the CMPPA (as defined below in Section 2(c)). It shall include a "PII loss" as that term is defined in the CMPPA.

b. "Breach of the security of the system" shall have the meaning given to such term under the California Information Practices Act, Civil Code section 1798.29(f).

c. "CMPPA Agreement" means the Computer Matching and Privacy Protection Act ("CMPPA") Agreement between the Social Security Administration and the California Health and Human Services Agency ("CHHS").

d. "DHCS PI" shall mean Personal Information, as defined below, accessed in a database maintained by the DHCS, received by Business Associate from Covered Entity or acquired or created by Business Associate in connection with performing the functions, activities and services specified in the JPA Agreement on behalf of the Covered Entity.

e. "Notice-triggering Personal Information" shall mean the personal information identified in Civil Code section 1798.29 whose unauthorized access may trigger notification requirements under Civil Code section 1798.29. For purposes of this provision, identity shall include, but not be limited to, name, address, email address, identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print, a photograph or a biometric identifier. Notice-triggering Personal Information includes PI in electronic, paper or any other medium.

f. "Personally Identifiable Information" ("PII") shall have the meaning given to such term in the CMPPA.

g. "Personal Information" ("PI") shall have the meaning given to such term in California Civil Code Section 1798.3(a).

h. "Required by law" means a mandate contained in law that compels an entity to make a use or disclosure of PI or PII that is enforceable in a court of law. This includes, but is not limited to, court orders and court-ordered warrants, subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information, and a civil or an authorized investigative demand. It also includes Medicare conditions of participation with respect to health care providers participating in the program, and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

i. "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of PI, or confidential data utilized in complying with the JPA Agreement; or interference with system operations in an information system that processes, maintains or stores PI.

3. Terms of Agreement

a. Permitted Uses and Disclosures of DHCS PI and PII by Business Associate

Except as otherwise indicated in this Exhibit B-1, Business Associate may use or disclose DHCS PI only to perform functions, activities or services for or on behalf of the DHCS pursuant to the terms of the JPA Agreement provided that such use or disclosure would not violate the California Information Practices Act ("CIPA") if done by the DHCS.

b. Responsibilities of Business Associate

Business Associate agrees:

i. **Nondisclosure**. Not to use or disclose DHCS PI or PII other than as permitted or required by the JPA Agreement or as required by applicable state and federal law.

ii. **Safeguards**. To implement appropriate and reasonable administrative, technical, and physical safeguards to protect the security, confidentiality and integrity of DHCS PI and PII, to protect against anticipated threats or hazards to the security or integrity of DHCS PI and PII, and to prevent use or disclosure of DHCS PI or PII other than as provided for by the JPA Agreement. Business Associate shall develop and maintain a written information privacy and security program that include administrative, technical and physical safeguards appropriate to the size and complexity of Business Associate's operations and the nature and scope of its activities, which incorporate the requirements of section (c), Security, below. Business Associate will provide Covered Entity or DHCS with its current policies upon request.

c. **Security**. Business Associate shall take any and all steps necessary to ensure the continuous security of all computerized data systems containing PHI and/or PI, and to protect paper documents containing PHI and/or PI. These steps shall include, at a minimum:

i. Complying with all of the data system security precautions listed in Attachment A, Business Associate Data Security Requirements;

ii. Providing a level and scope of security that is at least comparable to the level and scope of

security established by the Office of Management and Budget in OMB Circular No. A130, Appendix III- Security of Federal Automated Information Systems, which sets forth guidelines for automated information systems in Federal agencies; and

iii. If the data obtained by Business Associate from DHCS through Covered Entity includes PII, Contractor shall also comply with the substantive privacy and security requirements in the CMPPA Agreement. Business Associate also agrees to ensure that any agents, including a subcontractor to whom it provides DHCS PII, agree to the same requirements for privacy and security safeguards for confidential data that apply to Business Associate with respect to such information.

d. **Mitigation of Harmful Effects**. To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of DHCS PI or PII by Business Associate or its subcontractors in violation of this Exhibit B-1.

e. **Business Associate's Agents and Subcontractors**. To impose the same restrictions and conditions set forth in this Exhibit B-1 on any subcontractors or other agents with whom Business Associate subcontracts any activities under the JPA Agreement that involve the disclosure of DHCS PI or PII to the subcontractor.

f. **Availability of Information to Covered Entity and DHCS**. To make DHCS PI and PII available to Covered Entity or DHCS for purposes of oversight, inspection, amendment, and response to requests for records, injunctions, judgments, and orders for production of DHCS PI and PII. If Business Associate receives DHCS PII, upon request by Covered Entity or DHCS, Business Associate shall provide Covered Entity or DHCS, as applicable, with a list of all employees, contractors and agents who have access to DHCS PII, including employees, contractors and agents of its subcontractors and agents.

g. **Cooperation with Covered Entity and DHCS**. With respect to DHCS PI, to cooperate with and assist the Covered Entity or DHCS, as applicable, to the extent necessary to ensure DHCS's compliance with the applicable terms of the CIPA including, but not limited to, accounting of disclosures of DHCS PI, correction of errors in DHCS PI, production of DHCS PI, disclosure of a security breach involving DHCS PI and notice of such breach to the affected individual(s).

h. **Confidentiality of Alcohol and Drug Abuse Patient Records**. Business Associate agrees to comply with all confidentiality requirements set forth in Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2. Business Associate is aware that criminal penalties may be imposed for a violation of these confidentiality requirements.

i. **Breaches and Security Incidents**. During the term of this Agreement, Business Associate agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

i. Initial Notice to Covered Entity. (1) To notify Covered Entity and DHCS immediately by telephone call or email or fax upon the discovery of a breach of unsecured DHCS PI or PII in electronic media or in any other media if the PI or PII was, or is reasonably believed to have been, accessed or acquired by an unauthorized person, or upon discovery of a suspected security incident involving DHCS PII. (2) To notify Covered Entity and DHCS within 24 hours by email or fax of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of DHCS PI or PII in violation of the JPA Agreement or this Exhibit B-1 or potential loss of confidential data affecting the JPA Agreement. A breach shall be treated as discovered by Business Associate as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than

the person committing the breach) who is an employee, officer or other agent of Business Associate.

ii. Notice shall be provided to the Covered Entity Chief Privacy Officer and DHCS Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic DHCS PI or PII, notice shall be provided to DHCS by calling the DHCS Information Security Officer. Notice to DHCS shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Business Associate shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.camov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: http://www.dhcs.ca.gov/formsandoubs/laws/oriv/Paces/DHCSBusinessAssociatesOnlv.aspx.

iii. Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of DHCS PI or PII, Business Associate shall take:

1. Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and

2. Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

iv. **Investigation and Investigation Report**. To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Business Associate shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the DHCS Information Security Officer.

v. **Complete Report**. To provide a complete report of the investigation to Covered Entity and the DHCS Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report to DHCS shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If DHCS requests information in addition to that listed on the "Privacy Incident Report" form, Business Associate shall make reasonable efforts to provide Covered Entity or DHCS, as applicable, with such information. If, because of the circumstances of the incident, Business Associate needs more than ten (10) working days from the discovery to submit a complete report, the DHCS may grant a reasonable extension of time, in which case Business Associate shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. DHCS will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

vi. **Responsibility for Reporting of Breaches**. If the cause of a breach of DHCS PI or PII is attributable to Business Associate or its agents, subcontractors or vendors, Business Associate is responsible for all required reporting of the breach as specified in CIPA, section 1798.29. Business Associate shall bear all costs of required notifications to individuals as well as any costs associated with the breach. The Privacy Officer shall approve the time,

manner and content of any such notifications and their review and approval must be obtained before the notifications are made. Covered Entity or DHCS, as applicable, will provide its review and approval expeditiously and without unreasonable delay.

vii. If Business Associate has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors or Covered Entity may report the breach or incident to DHCS in addition to Business Associate , Business Associate shall notify DHCS, and DHCS, Covered Entity, and Business Associate may take appropriate action to prevent duplicate reporting.

viii. **DHCS and Covered Entity Contact Information**. To direct communications to the above referenced Covered Entity and DHCS staff, Business Associate shall initiate contact as indicated herein. Covered Entity reserves the right to make changes to the contact information below by giving written notice to the Business Associate . Said changes shall not require an amendment to this Exhibit or the JPA Agreement to which it is incorporated.

Covered Entity Chief Privacy Officer	**DHCS Privacy Officer**	**DHCS Information Security Officer**
See Section 5.2.2 of this Business Associate Agreement for Covered Entity contact information.	Privacy Officer c/o Office of Legal Services Department of Health Care Services P.O. Box 997413, MS 0011 Sacramento, CA 95899-7413 Email: privacyofficer@dhcs.ca.gov Telephone: (916) 445-4646	Information Security Officer DHCS Information Security Office P.O. Box 997413, MS 6400 Sacramento, CA 95889-7413 Email: iso@dhcs.ca.gov Telephone: ITSD Help Desk (916) 440-7000 or (800) 579-0874

j. Designation of Individual Responsible for Security

Business Associate shall designate an individual, (e.g., Security Officer), to oversee its data security program who shall be responsible for carrying out the requirements of this Exhibit B-1 and for communicating on security matters with Covered Entity and DHCS.

Exhibit B-2
Miscellaneous Terms and Conditions
Applicable to Exhibit B

1. **Disclaimer.** Covered Entity makes no warranty or representation that compliance by Business Associate with this Exhibit B, HIPAA or the HIPAA regulations will be adequately or satisfactory for Business Associate's own purposes or that any information in Business Associate's possession or control, or transmitted or received by Business Associate, is or will be secure from unauthorized use or disclosure. Business Associate is solely responsible for all decisions made by Business Associate regarding the safeguarding of the DHCS PHI, PI and PII.

2. **Amendment.** The parties acknowledge that federal and state laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Exhibit B may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, and the HIPAA regulations, and other applicable state and federal laws. Upon either party's request, the other party agrees to promptly enter into negotiations concerning an amendment to this Exhibit B embodying written assurances consistent with requirements of HIPAA, the HITECH Act, and the HIPAA regulations, and other applicable state and federal laws. Covered Entity may terminate the JPA Agreement upon thirty (30) days written notice in the event:

    a. Business Associate does not promptly enter into this Exhibit B when requested by Covered Entity; or

    b. Business Associate does not enter into an amendment providing assurances regarding the safeguarding of DHCS PHI that the DHCS deems is necessary to satisfy the standards and requirements of HIPAA and the HIPAA regulations

3. **Judicial or Administrative Proceedings**. Business Associate will notify Covered Entity and DHCS if it is named as a defendant in a criminal proceeding for a violation of HIPAA or other security or privacy law. Covered Entity may at the request of DHCS terminate the JPA Agreement if Business Associate is found guilty of a criminal violation of HIPAA. Covered Entity may at the request of DHCS terminate the JPA Agreement if a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA, or other security or privacy laws is made in any administrative or civil proceeding in which the Business Associate is a party or has been joined. DHCS will consider the nature and seriousness of the violation in deciding whether or not to request that Covered Entity terminate the JPA Agreement.

4. **Assistance in Litigation or Administrative Proceedings**. Business Associate shall make itself and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under the JPA Agreement, available to DHCS at no cost to DHCS to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DHCS, its directors, officers or employees based upon claimed violation of HIPAA, or the HIPAA regulations, which involves inactions or actions by the Business Associate, except where Business Associate or its subcontractor, employee or agent is a named adverse party.

5. **No Third-Party Beneficiaries**. Nothing express or implied in the terms and conditions of this Exhibit B is intended to confer, nor shall anything herein confer, upon any person other than the Covered Entity or Business Associate and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

6. **Interpretation**. The terms and conditions in this Exhibit B shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, and the HIPAA regulations. The parties agree that any ambiguity in the terms and conditions of this Exhibit B shall be resolved in favor of a meaning

that complies and is consistent with HIPAA, the HITECH Act and the HIPAA regulations, and, if applicable, any other relevant state and federal laws.

7. **Conflict**. In case of a conflict between any applicable privacy or security rules, laws, regulations or standards the most stringent shall apply. The most stringent means that safeguard which provides the highest level of protection to PHI, PI and PII from unauthorized disclosure. Further, Business Associate must comply within a reasonable period of time with changes to these standards that occur after the effective date of the JPA Agreement.

8. **Regulatory References**. A reference in the terms and conditions of this Exhibit B to a section in the HIPAA regulations means the section as in effect or as amended.

9. **Survival**. The respective rights and obligations of Business Associate under Item 3(b) of Exhibit B-1, Responsibilities of Business Associate, shall survive the termination or expiration of this Agreement.

10. **No Waiver of Obligations**. No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

11. **Audits, Inspection and Enforcement**. From time to time, and subject to all applicable federal and state privacy and security laws and regulations, Covered Entity or DHCS may conduct a reasonable inspection of the facilities, systems, books and records of to monitor compliance with this Exhibit B. Business Associate shall promptly remedy any violation of any provision of this Exhibit B. The fact that Covered Entity or DHCS inspects, or fails to inspect, or has the right to inspect, Business Associate's facilities, systems and procedures does not relieve Business Associate of its responsibility to comply with this Exhibit B. Covered Entity's or DHCS's failure to detect a non-compliant practice, or a failure to report a detected noncompliant practice to Business Associate does not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under the JPA Agreement or related documents, including this Exhibit B.

12. **Due Diligence**. Business Associate shall exercise due diligence and shall take reasonable steps to ensure that it remains in compliance with this Exhibit B and is in compliance with applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, and other applicable state and federal law, and that its agents, subcontractors and vendors are in compliance with their obligations as required by this Exhibit B.

13. **Term**. The Term of this Exhibit B shall extend beyond the termination of the Agreement and shall terminate when all DHCS PHI is destroyed or returned to Covered Entity, in accordance with 45 CFR Section 1 64.504(e)(2)(ii)(1), and when all DHCS PI and PII is destroyed in accordance with Attachment A.

14. **Effect of Termination**. Upon termination or expiration of this Agreement for any reason, Business Associate shall return or destroy all DHCS PHI, PI and PII that Business Associate still maintains in any form, and shall retain no copies of such PHI, PI or PII. If return or destruction is not feasible, Business Associate shall notify Covered Entity an DHCS of the conditions that make the return or destruction infeasible, and Covered Entity, DHCS, and Business Associate shall determine the terms and conditions under which Business Associate may retain the PHI, PI or PII. Business Associate shall continue to extend the protections of this Exhibit B to such DHCS PHI, PI and PII, and shall limit further use of such data to those purposes that make the return or destruction of such data infeasible. This provision shall apply to DHCS PHI, PI and PII that is in the possession of subcontractors or agents of Business Associate.

Attachment A
Data Security Requirements

1. Personnel Controls

a. **Employee Training**. All workforce members who assist in the performance of functions or activities on behalf of the Covered Entity with respect to DHCS-provided information, or access or disclose DHCS PHI or PI must complete information privacy and security training, at least annually, at Business Associate's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of six (6) years following termination of this Agreement.

b. **Employee Discipline**. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.

c. **Confidentiality Statement**. All persons that will be working with DHCS PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The statement must be signed by the workforce member prior to access to DHCS PHI or PI. The statement must be renewed annually. Business Associate shall retain each person's written confidentiality statement for Covered Entity or DHCS inspection for a period of six (6) years following termination of this Agreement.

d. **Background Check**. Before a member of the workforce may access DHCS PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. Business Associate shall retain each workforce member's background check documentation for a period of three (3) years.

2. Technical Security Controls

a. **Workstation/Laptop encryption**. All workstations and laptops that store DHCS PHI or PI either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved by the DHCS Information Security Office.

b. **Server Security**. Servers containing unencrypted DHCS PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

c. **Minimum Necessary**. Only the minimum necessary amount of DHCS PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.

d. **Removable media devices**. All electronic files that contain DHCS PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, Blackberry, backup tapes etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.

e. **Antivirus software**. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must install and actively use comprehensive anti-virus software solution with automatic updates scheduled at least daily.

f. **Patch Management**. All workstations, laptops and other systems that process and/or store DHCS PHI or PI must have critical security patches applied, with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within 30 days of vendor release. Applications and systems that cannot be patched within this time frame due to significant operational reasons must have compensatory controls implemented to minimize risk until the patches can be installed. Applications and systems that cannot be patched must have compensatory controls implemented to minimize risk, where possible.

g. **User IDs and Password Controls**. All users must be issued a unique user name for accessing DHCS PHI or Pl. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every 90 days, preferably every 60 days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:

h. Upper case letters (A-Z)

i. Lower case letters (a-z)

j. Arabic numerals (0-9)

k. Non-alphanumeric characters (punctuation symbols)

l. **Data Destruction**. When no longer needed, all DHCS PHI or PI must be wiped using the Gutmann or US DHCS of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods require prior written permission of the DHCS Information Security Office.

m. **System Timeout**. The system providing access to DHCS PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than 20 minutes of inactivity.

n. **Warning Banners**. All systems providing access to DHCS PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.

o. **System Logging**. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DHCS PHI or PI, or which alters DHCS PHI or Pl. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DHCS PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least 3 years after occurrence.

p. **Access Controls**. The system providing access to DHCS PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.

q. **Transmission encryption**. All data transmissions of DHCS PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such

as AES. Encryption can be end to end at the network level, or the data files containing DHCS PHI can be encrypted. This requirement pertains to any type of DHCS PHI or PI in motion such as website access, file transfer, and E-Mail.

r. **Intrusion Detection**. All systems involved in accessing, holding, transporting, and protecting DHCS PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

3. Audit Controls

a. **System Security Review**. Business Associate must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DHCS PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.

b. **Log Reviews**. All systems processing and/or storing DHCS PHI or PI must have a routine procedure in place to review system logs for unauthorized access.

c. **Change Control**. All systems processing and/or storing DHCS PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

4. Business Continuity / Disaster Recovery Controls

a. **Emergency Mode Operation Plan**. Business Associate must establish a documented plan to enable continuation of critical business processes and protection of the security of DHCS PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.

b. **Data Backup Plan**. Business Associate must have established documented procedures to backup DHCS PHI to maintain retrievable exact copies of DHCS PHI or Pl. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DHCS PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DHCS data.

5. Paper Document Controls

a. **Supervision of Data**. DHCS PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DHCS PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

b. **Escorting Visitors**. Visitors to areas where DHCS PHI or PI is contained shall be escorted and DHCS PHI or PI shall be kept out of sight while visitors are in the area.

c. **Confidential Destruction**. DHCS PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.

d. **Removal of Data**. Only the minimum necessary DHCS PHI or PI may be removed from the premises of Business Associate except with express written permission of DHCS. DHCS PHI or PI

shall not be considered "removed from the premises" if it is only being transported from one of Business Associate's locations to another of Business Associates locations.

e. **Faxing**. Faxes containing DHCS PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.

f. **Mailing**. Mailings containing DHCS PHI or PI shall be sealed and secured from damage or inappropriate viewing of such PHI or PI to the extent possible. Mailings which include 500 or more individually identifiable records of DHCS PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DHCS to use another method is obtained.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

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

SUBJECT: **Consideration of Resolution No. 669 Adopting Revised Policy and Procedure No. I.04, Use of Personal and Agency Vehicles for Agency Business, Effective September 21, 2022**

Summary:

The periodic improvement and revision of existing policies is essential for setting and updating expectations and ensuring compliance with the most current regulations, internal processes, and best practices. Policy No. I.04, Use of Personal and Agency Vehicles for Agency Business, was revised to include the requirement to install Global Positioning System (GPS) devices into every Tri-City owned vehicle.

Background:

Over the last few years, Tri-City has experienced several incidents that required filing of insurance claims involving Tri-City vehicles. Claims for incidents ranged from break-ins and stolen catalytic converters, to minor car accidents. As a condition of continued coverage, our existing insurance carrier is requiring that all Tri-City owned vehicles have a GPS device installed.

The devices monitor location, velocity of vehicles, and are expected to also assist with fleet management, as well as public and personal safety by enhancing driver awareness. In addition, these devices may also be useful in locating stolen vehicles and providing aid to vehicles that break down.

Tri-City's management is continuing to pursue alternative quotes, but given the economic climate of insurance carriers, it is likely that a GPS tracking system of some variation will be required by any future carriers as well.

Staff eligible and authorized to drive Tri-City vehicles will be notified of this change.

Fiscal Impact:

No Fiscal impact as the insurance carrier will be responsible for supplying and installing the equipment into each Tri-City owned vehicle.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 669 revising the Authority's Policy and Procedure No. I.04, Use of Personal and Agency Vehicles for Agency Business, Effective September 21, 2022.

Attachments

Attachment 5-A: Resolution No. 669 - Draft

Attachment 5-B: Revised Use of Personal and Agency Vehicles for Agency Business Policy and Procedure No. I.04, Revised 9/21/2022 - Draft

Attachment 5-C: Revised Use of Personal and Agency Vehicles for Agency Business Policy and Procedure No. I.04, Revised 3/20/2019 - Annotated

RESOLUTION NO. 669

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED USE OF PERSONAL AND AGENCY VEHICLES OF AGENCY BUSINESS POLICY AND PROCEDURE NO: I.04 EFFECTIVE JULY 21, 2022

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to update its Use of Personal and Agency Vehicles of Agency Business Policy and Procedure No. I.04, to include the requirement to install Global Positioning System (GPS) devices into every TCMHA owned vehicle.

B. TCMHA Policies and Procedures are routinely reviewed and updated to ensure compliance with current regulations, internal processes, and best practices.

2. Action

The Governing Board approves the Authority's revised Policy and Procedure No. I.04, Use of Personal and Agency Vehicles of Agency Business, effective September 21, 2022, replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

TRI-CITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE

SUBJECT: Use of Personal and Agency Vehicles for Agency Business Policy	POLICY NO.: I.04	EFFECTIVE DATE: 09/21/2022	PAGE: 1 of 16
APPROVED BY: Executive Director; Governing Board	SUPERCEDES: All Others	ORIGINAL ISSUE DATE: 03/07/2000; 03/20/2019	RESPONSIBLE PARTIES: Facilities Manager, Human Resources, All Staff

1. PURPOSE

To provide guidelines on the use of personal and agency vehicles by staff for transportation of clients on approved Tri-City Mental Health Authority's business or for other appropriate and approved agency business.

2. POLICY

2.1 Agency vehicles should be used for approved business only. Such use must be authorized in advance and comply with operation guidelines, traffic regulations, safety procedures and insurance policy requirements.

2.2 All agency employees who own a personal vehicle, or drive an agency vehicle, to perform their job duties are subject to the DMV Employer Pull Notice Program and will be monitored by the Human Resources Department.

2.3 All agency employees who own a personal vehicle, or drive an agency vehicle, to perform their job duties are required by State Law to have adequate insurance coverage in place at all times.

3. PROCEDURES

3.1 Eligibility to Drive or Transport Clients.

3.1.1 Only authorized staff registered on the Authorized Driver List shall operate agency vehicles.

3.1.2 Authorized staff are limited to those employees who have been approved by Tri-City Human Resources (HR) Department and are covered under Tri-City's auto liability insurance policy when driving Tri-City vehicles.

3.1.3 Employees may request approval to operate a vehicle by submitting a Driver Authorization Request Form to the Human Resources (HR) Department.

3.1.3.1 The employee's immediate supervisor and Human Resources Department must approve the request.

3.1.3.2 The employee must submit a copy of a valid California Driver's License and proof of insurance, specifically the declarations page and consent to obtain DMV record.

3.1.3.3 To be eligible to drive an agency vehicle, the employee must have an approved driving record for at least 3 years. An approved driving record means the employee has not been held at fault for more than 2 car accidents, or more than 2 points, or arrested on charges of violating vehicle and traffic laws over the last 3 years.

3.1.3.4 The agency can assign and revoke access to an agency vehicle at its discretion.

3.1.3.5 If for any reason there are changes in the employee's coverage, insurance companies, or renewals, the employee must submit a copy of the insurance declaration to the Human Resources Department as soon as possible.

3.1.4 The employee must submit proof of insurance annually to the HR Department for renewed authorization.

3.1.5 A memo will be sent to the employee with a copy to their immediate supervisor, and the Department Director advising whether the request was approved or denied.

3.1.6 The HR Department will provide updated copies of the Authorized Driver List to the Facilities Manager and Support Systems Manager when additions and/or deletions are made.

3.1.7 Drivers must possess and carry a valid California Driver's License and comply with any restrictions listed, such as wearing corrective lens.

3.1.8 In the event an approved driver's license is suspended or revoked, the employee must immediately notify the HR Department.

3.1.9 Drivers must possess and visibly wear their Tri-City identification badge or have available their identification keychain when operating a personal or agency vehicle while performing their job duties.

3.1.10 Clients are not permitted to operate vehicles at any time.

3.2 **Scheduling Agency Vehicles.**

3.2.1 Employees must complete, with supervisor approval, the Agency Vehicle Reservation Request Form and submit to the Front Desk personnel.

3.2.2 Vehicles are allocated by program/department budget so any vehicles requested that are not assigned to your department, must be approved by the Program Manager of that department.

3.2.3 Priority is always given to drivers transporting clients.

3.2.4 Designated staff approved by the Program Manager to drive a specific vehicle as part of their regular daily job duties can select the "Recurring Request" on the Agency Vehicle Reservation Request Form and submit only one time unless denied by Program Manager.

3.2.5 Employees must check out all applicable items including keys, credit card and vehicle forms from the Front Desk personnel. GPS Navigator systems are available upon request at the Front Desk. Facilities may disburse any vehicle on behalf of Front Desk personnel in their absence.

3.2.6 The employee checking out the vehicle must complete the Daily Vehicle Assignment and Maintenance Log, and be responsible for vehicle logs and accident related forms, all of which must be kept in the vehicles at all times. Facilities Department staff will review these logs and maintain a file of all forms. Facilities personnel will be responsible for ensuring that logs and accident related forms are in the vehicles.

3.2.7 Facilities personnel will take a vehicle off line for services as needed and will notify the Front Desk, who will then send out an email notification to the assigned program staff to let them know that the vehicle is off line and cannot be driven. Front Desk personnel will also inform program staff when the vehicle has been serviced and is now available to drive.

3.2.8 In the event, an employee does not need to use the vehicle; he/she may cancel the reservation at any time. No employee can transfer possession of a vehicle and any corresponding items like vehicle keys and credit card to another employee.

3.3 **Employees with Disabilities.**

The agency will make reasonable accommodations to facilitate agency vehicle use for eligible employees with disabilities.

3.4 **Use and Safety Rules for Driving a Personal Vehicle or Agency Vehicle while Transporting Clients.**

3.4.1 Vehicles must be operated in a safe manner.

3.4.2 Always lock agency vehicles.

3.4.3 Do not drive while intoxicated, fatigued, or on medication that affects your driving ability.

3.4.4 Obey traffic laws and be courteous toward other drivers.

3.4.5 Know the location of and how to operate the fire extinguisher, first-aid kit, and roadside safety kit located inside the agency vehicle.

3.4.6 Authorized drivers and all passengers must wear a safety belt at all times while operating and riding in the vehicle.

3.4.7 Authorized drivers must know how to safely vacate passengers from the vehicle if/when necessary.

3.4.8 Smoking, eating and drinking are not allowed in the agency vehicle at any time. Authorized drivers are responsible for disposing of any litter left in the agency vehicle while in use.

3.4.9 Do not use a phone or text while driving in the vehicle.

3.4.10 Agency vehicles should only be used for agency approved business.

3.4.11 Pursuant to Tri-City Alcohol and Drug Abuse Policy OP.II.17, an employee must never be under the influence of alcohol or drugs while performing their job duties or operating a Tri-City vehicle.

3.4.12 Employees who violate agency vehicle rules are subject to disciplinary actions which may include verbal and written reprimands, suspension of vehicle privileges, termination and legal action.

3.5 **Maintenance.**

3.5.1 Maintenance and repair of Tri-City owned vehicles are the responsibility of Tri-City.

3.5.2 Maintenance and repair of personal vehicles are the responsibility of the owner (employee).

3.5.2.1 Exception: Facilities personnel will assist with the cleaning and disinfecting of a personal vehicle, when the personal vehicle was used in transporting a client, and there has been a report of bug infestation or hazardous materials found in the vehicle.

3.5.3 Each driver must report malfunctioning or needed repairs for agency vehicles on the Daily Vehicle Assignment and Maintenance Log and submit the form to Front Desk personnel.

3.5.4 Facilities personnel are responsible for preventative and demand maintenance on all agency vehicles. Washing of vehicles is also the responsibility of the Facilities Department.

3.5.5 Drivers are responsible for informing Front Desk personnel and their supervisor when returning vehicles with ½ tank of gas. Drivers will be responsible for fueling the agency vehicle they signed out and submitting receipts to the Front Desk for submission to the Accounting Department.

3.5.5.1 All gas receipts must be submitted with staff signature and vehicle identification number listed on the receipt.

3.6 **Breakdowns.**

3.6.1 In the event of an agency vehicle breakdown, during regular business hours or after the agency is closed, the driver is required to contact their

supervisor and then notify the Facilities personnel to obtain assistance and instructions.

3.6.2 In the event of a personal vehicle breakdown, during regular business hours or while performing job related duties, the driver is required to contact their supervisor to obtain assistance if needed for safety purposes. The driver will be responsible for any towing or maintenance of the personal vehicle.

3.7 **Reimbursement.**

3.7.1 Receipts for allowable expenses must be attached to the proper reimbursement request form and include supervisor signature before submission to Accounting for approval.

3.7.2 Reimbursement for personal vehicle use while performing assigned job duties during regular business hours or while on-call will be reimbursed according to policies set forth by the Finance Department.

3.8 **Traffic Violations.**

3.8.1 Citations for traffic, parking or toll violations, and any resulting fines are the responsibility of the individual driver. The driver is responsible for notifying the HR Department and the Chief Operations Officer of any traffic, parking or toll violations. The driver is also responsible for reimbursement of any fines paid by Tri-City and must submit payment to Accounting within a timeframe of two weeks after notification of any violation resulting in fees.

3.8.2 Citations, including reported violations for unsafe driving practices will result in removing the driver from the Authorized Driver List either for a specified length of time or permanently. HR will notify the Department Head of any changes to the Authorized Driver list.

3.8.3 The agency is not responsible for making bail for employees who are arrested while driving personal and/or agency vehicles.

3.9 **Accidents.**

3.9.1 The driver will be responsible for the timely reporting of accidents and/or injuries to the proper authorities.

3.9.2 In the event of an accident, do not leave the scene of the accident until the following is completed:

3.9.2.1 Driver should never admit any liability to other driver or passengers.

3.9.2.2 Obtain the other driver's license and insurance.

3.9.2.3 Contact the police and/or other safety personnel in the event of serious injury to any party in the accident.

3.9.2.4 If at all possible, driver must try and document names and addresses of any witnesses.

3.9.2.5 Using a cell phone camera, if available, driver will take pictures of the accident scene, relevant insurance information of all parties and vehicles involved.

3.9.2.6 Tri-City may use data from Global Positioning System (GPS) to initiate disciplinary actions for unsafe driving evidenced by reports generated through the GPS device. Alter refer to Section 4.0 of this policy.

3.9.3 The driver shall document information from others involved in the accident on the Statement of Driver Form.

3.9.4 The HR Department will complete a Loss Report Form and submit it to Tri-City's insurance carrier.

3.9.5 Individuals who drive agency vehicles, or conduct agency business while driving their personal vehicles, may be subject to drug and/or alcohol testing anytime a driver is involved in an accident. Such testing is mandatory for any accident that results in a fatality; anytime a driver is involved in an accident that results in anyone receiving medical treatment away from the scene of the accident and/or any accident in which the driver receives a citation from law enforcement officials.

3.9.6 Staff must complete and submit an Incident Report Form to the HR Department within 24-hours.

3.9.7 Authorized drivers who are conducting agency business in their personal vehicle while involved in an accident will be covered under Workers Compensation but the liability of any damage to the vehicle(s) will be with the insurer of the vehicle or the "at-fault" party.

3.10 **Liability and Insurance Coverage.**

3.10.1 Auto liability coverage is extended to employees so long as they are driving for and on behalf of Tri-City only when driving a vehicle owned by Tri-City. In the event of an auto accident, the employee's injuries would be covered by workers' compensation and any bodily injury or property damage caused to another party would be covered by Tri-City's Auto Liability coverage.

3.10.2 If the employee is driving their own personal auto during their regular assigned business hours and/or on-call, then their personal auto insurance would be the primary insurance. Any injuries sustained to the employee would still be covered by Tri City's workers' compensation however; liability of any damage to the personal vehicle will be with the insurer of the personal vehicle and/or "at-fault" party.

4. Global Positioning System (GPS)

4.1 Installation of Electronic Tracking Technology

4.1.1 Employees of Tri-City may, in the course of employment, be required to drive and/or ride in an agency-owned or leased vehicle equipped with electronic tracking technology or GPS.

4.1.2 Electronic tracking technology means a technological method or system used to observe, monitor, or collect information, including telematics, Global Positioning System (GPS), wireless technology, or location-based technologies. Electronic tracking technology may include event data recorders, sensing and diagnostic modules, or other systems that are used for the purpose of identifying, diagnosing, or monitoring functions related to the potential need to repair, service, or perform maintenance on the Tri-City vehicle and/or to capture safety systems-related data for retrieval after a collision or similar incident has occurred.

4.1.3 Electronical tracking technology allows Tri-City to monitor location, elevation, and velocity of its vehicles. This technology used for public safety greatly enhances job performance, personnel safety, situational awareness, and may provide assistance in time of critical scenarios. This technology in Tri-City vehicles may also be used for other business-related purposes, including, but not limited to, locating stolen vehicles, providing aid to vehicles that break down, increasing employee safety, managing agency resources effectively, or ensuring that employees are following their routes or assignments.

4.1.4 Tri-City may use electronic tracking technology at the agency's discretion, and in the ordinary course of business.

4.1.5 Tri-City may utilize the electronic tracking technology to initiate disciplinary investigation or discipline of its employees pertaining to the misuse or abuse of their vehicles, inappropriate use of time, speeding or other misconduct.

4.1.6 The California Public Records Act may require that Tri-City disclose specified public records. In response to requests for such disclosure, it may be necessary to examine electronic tracking technology records to determine whether they are public records that are subject to disclosure. Additionally, the agency may be required to produce information obtained from electronic tracking technology pursuant to a court order, subpoena, or statute.

4.1.7 Employees shall not drive Tri-City vehicles when they are in an unsafe mechanical condition. Employees shall inspect their assigned vehicle before each tour of duty and immediately report any damage or mechanical failure to their supervisor.

4.1.8 Employees are prohibited from altering or attempting to alter or disable electronic tracking technology devices in Tri-City vehicles and would be subject to disciplinary action as a result of such tampering.

4.1.9 Data collected by the devices may be used by the insurance carrier to assist in its claims handling process including for determination of Tri-City's liability.

5 FORMS

5.1 **Exhibit A** – Driver Authorization Request Form

5.2 **Exhibit B** – Agency Vehicle Reservation Request Form

5.3 **Exhibit C** – Daily Vehicle Assignment and Maintenance Log Form

5.4 **Exhibit D** – Statement of Driver Form

5.5 **Exhibit E** – Incident Report Form

5.6 **Exhibit F** – Acknowledgment of Receipt Form

EXHIBIT A

DRIVER AUTHORIZATION REQUEST FORM

(Instructions on Back)

Employee Name: _____ Phone No.: _____ Ext: _____

Date of Hire: _____ Date of Birth: _____

Supervisor's Name: _____ Dept: _____ Phone No.: _____

☐ I Hold a Valid California Class C Driver's License. Lic #: _____ Exp. Date: _____

☐ I Hold a Valid California Class B Driver's License. Lic #: _____ Exp. Date: _____
I Wish To Be Authorized To Drive a 15-Passenger Van.

My Auto Insurance Carrier Is: _____ Policy #: _____

My Auto Insurance Expiration Date Is: _____ Coverage Limits: _____

SUPERVISOR'S AND EMPLOYEE'S SECTION *(Please complete section below)*

S-1. Employee Will: *(check one)* ☐ Transport Clients ☐ NOT Transport Clients

S-2. Employee Will Be: *(check one)* ☐ Regular Driver ☐ Back-up Driver

S-3. Estimated Average # of Employee Trips: _____ Per Week _____ Per Month

Supervisor: Please discuss section below with Applicant and put your initials next to each item.

_____ Employee shall reserve and use an agency vehicle in the course of agency business, where an Agency vehicle is available.

_____ If an agency vehicle is not available, an Authorized Driver may use their personal vehicle during the course of agency business in accordance with the guidelines set forth in the Use of Personal and Agency Vehicles for Agency Business policy and this request form.

_____ Employee who is conducting agency business in their personal vehicle while involved in an accident will be covered under Workers Compensation but the liability of any damage to the vehicle will be with the insurer of the vehicle or the "at-fault" party.

_____ Employee consents to Agency obtaining DMV record.

_____ Employee is responsible for maintaining a valid license and personal automobile insurance. (If the employee's personal liability insurance coverage or driving privilege changes at any time, employee must notify the Human Resources Department.

_____ Employee must reserve agency vehicles in advance through the Front Desk Department.

_____ Employee acknowledges that vehicle *may* be equipped with Global Positioning System (GPS) device

_____ Employee acknowledges that these GPS devices may not be tampered with and would be subject to disciplinary action.

I, the undersigned, understand and agree to comply with the above, and Tri-City Mental Health Authority's Use of Personal and Agency Vehicles for Agency Business Policy, including but not limited to policy attachments, forms, and all directives stated therein.

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date Human Resources Signature Date

FOR HR USE ONLY			
☐ Approved	☐ Denied	Endorsement – Date Received: _____	E #: _____

INSTRUCTIONS *Please Print Legibly.*

1. Attach copy of the applicant's valid, current California Driver's License to this form.
2. Attach a copy of the applicant's Evidence of Personal Auto Insurance (must be current), to this form.
3. The applicant's Supervisor must review and discuss the bottom half of this form with the applicant, after which, signature(s) by both the Supervisor and applicant are mandatory.
4. Submit completed, signed form and all attachments to Human Resources Department for approval.

EXHIBIT B

AGENCY VEHICLE RESERVATION REQUEST FORM

NOTE: FORM MUST BE SUMBITTED TO THE FRONT DESK PERSONNEL A MINIMUM OF ONE DAY (24-HOURS) PRIOR TO DATE VEHICLE IS NEEDED.

Driver Name: _____ Date: _____

Department: _____ Cell Phone: _____

DAY / DATE / TIME NEEDED

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						
Time						

INTENDED USE

☐ One Time Request ☐ Recurring Request until denied

Type of Vehicle: ☐ Car ☐ Van # of Passengers: _____

Intended purpose for use of vehicle *(i.e. transport clients, meeting, destination, estimated arrival time, etc.):*

	Purpose	Destination Address	Est. Arrival Time
1)			
2)			
3)			
4)			

Driver Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR FRONT DESK PERSONNEL USE ONLY

Date Received: _____ Front Desk Initials: _____

Comments: _____

_____

_____

RETURN THIS FORM TO THE FRONT DESK PERSONNEL UPON COMPLETION

EXHIBIT C

DAILY VEHICLE ASSIGNMENT AND MAINTENANCE LOG FORM

Week Start Date: ____________________ Vehicle Number: __________________

Date	Odometer Start	Odometer End	Condition of Vehicle Upon Return					Driver Initials
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				

- Any repairs needed or interior/exterior left unclean or damaged in any way must be reported to the Facilities Department and Supervisor immediately. *(This should be followed up by the Supervisor.)*
- No eating, drinking or smoking allowed in the vehicles.
- It is the responsibility of the staff driver to put gas in the vehicles assigned to their program. Please be courteous to the next driver by leaving the gas in vehicle at least half full. Please email Facilities when vehicle is returned EMPTY or less than half full.

RETURN THIS FORM TO THE FRONT DESK PERSONNEL UPON RETURN TO TRI-CITY

EXHIBIT D

STATEMENT OF DRIVER FORM

Claim #/Adj. #: _____

(To be completed by HR Department)

Driver's Name: _____ Owner's Name: _____

Driver's Address: _____ Owner's Address: _____

Driver's Phone #: _____ Owner's Phone #: _____

Driver's License #: _____ Driver's SSN: _____

Employed by: _____

What was vehicle being used for at the time of the accident? _____

Date and time of accident: _____ Location: _____

On what street and in what direction where you traveling? _____

On what street and in what direction was other vehicle traveling? _____

Describe condition of weather: _____ Road: _____ Visibility _____

How far away was other vehicle when first noticed? _____

How many people where in your vehicle? _____ In other vehicle? _____

Distance from your vehicle to right hand edge of road? _____ Other vehicle? _____

Exact point of contact of your vehicle with other vehicle: _____

Exact point of contact of other vehicle with your vehicle: _____

What authorities were notified of accident? _____ Report #: _____

Were you cited by police? ☐ Yes ☐ No If yes, what violation? _____

Was anyone else cited by police? ☐ Yes ☐ No If yes, what violation? _____

Name of owner of other vehicle or property: _____ Driver's License #: _____

Address: _____

Year and make of other vehicle: _____ License #: _____

Estimated damage to your vehicle: _____ Other vehicle: _____

Name of Company insuring other parties: _____

STATEMENT OF DRIVER FORM (cont'd)

Names of witnesses, addresses, and telephone numbers:

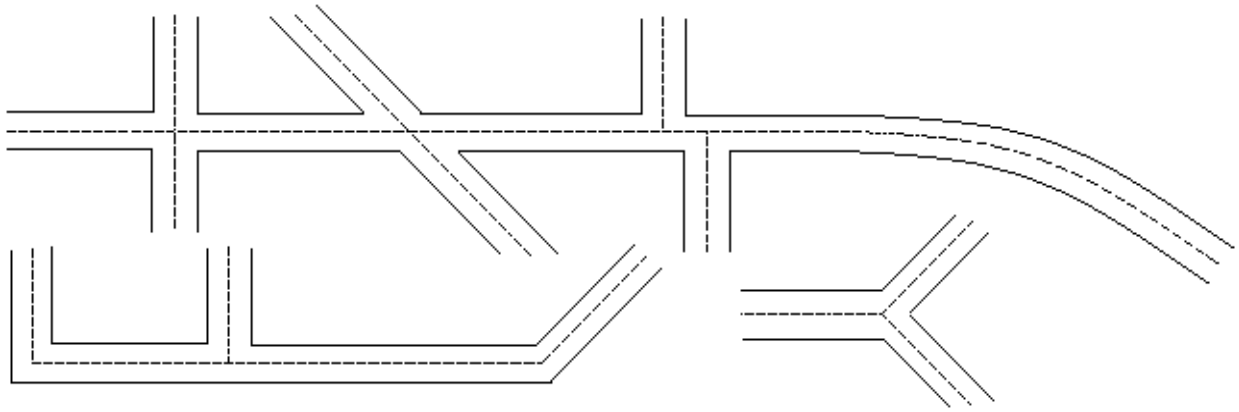
Were person injuries sustained by any person or persons? ☐ Yes ☐ No If so, explain in detail:

Names and addresses of occupants of your vehicle:

Names and addresses of occupants of other vehicles:

Please describe the accident in detail, mentioning any statements made concerning the accident:

Draw a diagram of the accident. Show your vehicle as #1 and other vehicle as #2:



Driver Signature

Date

RETURN TO HR DEPARTMENT WHEN COMPLETE

EXHIBIT E

TRI-CITY | Clear | *(PRINT LEGIBLY)* | **INCIDENT REPORT**

INSTRUCTIONS: Complete applicable information below and attach supporting documents, and submit as indicated to HR Dept within 24 hours following the incident.

INCIDENT TYPE:	☐ EMPLOYEE	☐ CLIENT/VISITOR	☐ VEHICLE/PROPERTY
Person Involved	Employee:	Client/Visitor:	Vehicle License/Property Description:
[redacted]			
Incident Date:	Incident Time:	Address (Location of Incident)	Reporter:
	○ am ○ pm		
Witness 1	Name	Address	Phone
[redacted]			
Witness 2	Name	Address	Phone
[redacted]			

Description of Incident. Include Action taken:	*Required:
Condition, if injured:	
Body Part (s) Affected, and to What Extent:	

Disposition / Care Provided: ☐ On-site First Aid ☐ Urgent Care / Hospital ☐ Refused Care ☐ US Healthworks

Suggestion to Prevent Reoccurrence / Incident Handling & Safety/Crisis Response comments:	*Required:

Reporter – Name: _____ Reporter Signature: _____ Date: _____

Supervisor – Name: _____ Supervisor Signature: _____ Date: _____

Supervisor's Comments:	

FOR OFFICE USE ONLY					
Date Rec'd by HR / COO:		Log Number:			
Follow-Up Needed:		Action Taken			
Referred To:		Date Resolved/Closed:		Initials	
Worker's Comp:	○ Yes ○ No				
Ins Claim Filed:	○ Yes ○ No				

Incident Report Form 11-30-2018-z2.docx Rev 2018-11

Page 1

TRI-CITY

(PRINT LEGIBLY)
ADDENDUM:

INCIDENT REPORT

Description of Incident, Include Action taken:	(cont)
Condition, if injured:	(cont)
Body Part(s) Affected, and to What Extent:	(cont)
Suggestion to Prevent Reoccurrence / Incident Handling & Safety/Crisis Response comments:	(cont)

Incident Report Form 11-30-2018-z2.docx Rev 2018-1 I
Page 2

EXHIBIT F

USE OF PERSONAL AND AGENCY VEHICLES FOR AGENCY BUSINESS POLICY NO. I.04 ACKNOWLEDGMENT OF RECEIPT

Tri City's Use of Personal and Agency Vehicle for Agency Business policy is designed to provide guidelines on the use of personal and agency vehicles by staff for transportation of clients on approved agency business or for other appropriate and approved agency business.

Part of the services you provide as a Tri-City Mental Health Authority employee may require you to use an agency vehicle and/or drive your personal vehicle in the course of agency business. As a result, you must adhere to all Agency, State and local traffic and insurance laws. The general guidelines for vehicle usage are set forth for all Tri-City employees and contained in the Use of Personal and Agency Vehicles for Agency Business Policy No. I.04.

I certify that I have received, read and understand the Use of Personal and Agency Vehicles for Agency Business Policy and will comply with the regulations as set forth herein.

EMPLOYEE NAME (Printed): _____

EMPLOYEE SIGNATURE: _____

DATE: _____

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Use of Personal and Agency Vehicles for Agency Business Policy	**I.04**	**09/21/2022**	**1 of 16**
APPROVED BY: **Executive Director** **Governing Board**	**SUPERCEDES:** **All Others**	**ORIGINAL ISSUE DATE:** **03/07/2000** **03/20/19**	**RESPONSIBLE PARTIES:** **Facilities Manager** **Human Resources** **All Staff**

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Deleted: Chief Operations Officer

1. **PURPOSE**

To provide guidelines on the use of personal and agency vehicles by staff for transportation of clients on approved Tri-City Mental Health Authority's business or for other appropriate and approved agency business.

2. **POLICY**

2.1 Agency vehicles should be used for approved business only. Such use must be authorized in advance and comply with operation guidelines, traffic regulations, safety procedures and insurance policy requirements.

2.2 All agency employees who own a personal vehicle, or drive an agency vehicle, to perform their job duties are subject to the DMV Employer Pull Notice Program and will be monitored by the Human Resources Department.

2.3 All agency employees who own a personal vehicle, or drive an agency vehicle, to perform their job duties are required by State Law to have adequate insurance coverage in place at all times.

3. **PROCEDURES**

3.1 **Eligibility to Drive or Transport Clients.**

3.1.1 Only authorized staff registered on the Authorized Driver List shall operate agency vehicles.

3.1.2 Authorized staff are limited to those employees who have been approved by Tri-City Human Resources (HR) Department and are covered under Tri-City's auto liability insurance policy when driving Tri-City vehicles.

3.1.3 Employees may request approval to operate a vehicle by submitting a Driver Authorization Request Form to the Human Resources (HR) Department.

3.1.3.1 The employee's immediate supervisor and Human Resources Department must approve the request.

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3.1.3.2 The employee must submit a copy of a valid California Driver's License and proof of insurance, specifically the declarations page and consent to obtain DMV record.

3.1.3.3 To be eligible to drive an agency vehicle, the employee must have an approved driving record for at least 3 years. An approved driving record means the employee has not been held at fault for more than 2 car accidents, or more than 2 points, or arrested on charges of violating vehicle and traffic laws over the last 3 years.

3.1.3.4 The agency can assign and revoke access to an agency vehicle at its discretion.

3.1.3.5 If for any reason there are changes in the employee's coverage, insurance companies, or renewals, the employee must submit a copy of the insurance declaration to the Human Resources Department as soon as possible.

3.1.4 The employee must submit proof of insurance annually to the HR Department for renewed authorization.

3.1.5 A memo will be sent to the employee with a copy to their immediate supervisor, and the Department Director advising whether the request was approved or denied.

3.1.6 The HR Department will provide updated copies of the Authorized Driver List to the Facilities Manager and Support Systems Manager when additions and/or deletions are made.

3.1.7 Drivers must possess and carry a valid California Driver's License and comply with any restrictions listed, such as wearing corrective lens.

3.1.8 In the event an approved driver's license is suspended or revoked, the employee must immediately notify the HR Department.

3.1.9 Drivers must possess and visibly wear their Tri-City identification badge or have available their identification keychain when operating a personal or agency vehicle while performing their job duties.

3.1.10 Clients are not permitted to operate vehicles at any time.

3.2 **Scheduling Agency Vehicles.**

3.2.1 Employees must complete, with supervisor approval, the Agency Vehicle Reservation Request Form and submit to the Front Desk personnel.

3.2.2 Vehicles are allocated by program/department budget so any vehicles requested that are not assigned to your department, must be approved by the Program Manager of that department.

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3.2.3 Priority is always given to drivers transporting clients.

3.2.4 Designated staff approved by the Program Manager to drive a specific vehicle as part of their regular daily job duties can select the "Recurring Request" on the Agency Vehicle Reservation Request Form and submit only one time unless denied by Program Manager.

3.2.5 Employees must check out all applicable items including keys, credit card and vehicle forms from the Front Desk personnel. GPS Navigator systems are available upon request at the Front Desk. Facilities may disburse any vehicle on behalf of Front Desk personnel in their absence.

3.2.6 The employee checking out the vehicle must complete the Daily Vehicle Assignment and Maintenance Log, and be responsible for vehicle logs and accident related forms, all of which must be kept in the vehicles at all times. Facilities Department staff will review these logs and maintain a file of all forms. Facilities personnel will be responsible for ensuring that logs and accident related forms are in the vehicles.

3.2.7 Facilities personnel will take a vehicle off line for services as needed and will notify the Front Desk, who will then send out an email notification to the assigned program staff to let them know that the vehicle is off line and cannot be driven. Front Desk personnel will also inform program staff when the vehicle has been serviced and is now available to drive.

3.2.8 In the event, an employee does not need to use the vehicle; he/she may cancel the reservation at any time. No employee can transfer possession of a vehicle and any corresponding items like vehicle keys and credit card to another employee.

3.3 **Employees with Disabilities.**

The agency will make reasonable accommodations to facilitate agency vehicle use for eligible employees with disabilities.

3.4 **Use and Safety Rules for Driving a Personal Vehicle or Agency Vehicle while Transporting Clients.**

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3.4.1 Vehicles must be operated in a safe manner.

3.4.2 Always lock agency vehicles.

3.4.3 Do not drive while intoxicated, fatigued, or on medication that affects your driving ability.

3.4.4 Obey traffic laws and be courteous toward other drivers.

3.4.5 Know the location of and how to operate the fire extinguisher, first-aid kit, and roadside safety kit located inside the agency vehicle.

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3.4.6 Authorized drivers and all passengers must wear a safety belt at all times while operating and riding in the vehicle.

3.4.7 Authorized drivers must know how to safely vacate passengers from the vehicle if/when necessary.

3.4.8 Smoking, eating and drinking are not allowed in the agency vehicle at any time. Authorized drivers are responsible for disposing of any litter left in the agency vehicle while in use.

3.4.9 Do not use a phone or text while driving in the vehicle.

3.4.10 Agency vehicles should only be used for agency approved business.

3.4.11 Pursuant to Tri-City Alcohol and Drug Abuse Policy OP.II.17, an employee must never be under the influence of alcohol or drugs while performing their job duties or operating a Tri-City vehicle.

3.4.12 Employees who violate agency vehicle rules are subject to disciplinary actions which may include verbal and written reprimands, suspension of vehicle privileges, termination and legal action.

3.5 **Maintenance.**

3.5.1 Maintenance and repair of Tri-City owned vehicles are the responsibility of Tri-City.

3.5.2 Maintenance and repair of personal vehicles are the responsibility of the owner (employee).

3.5.2.1 Exception: Facilities personnel will assist with the cleaning and disinfecting of a personal vehicle, when the personal vehicle was used in transporting a client, and there has been a report of bug infestation or hazardous materials found in the vehicle.

3.5.3 Each driver must report malfunctioning or needed repairs for agency vehicles on the Daily Vehicle Assignment and Maintenance Log and submit the form to Front Desk personnel.

3.5.4 Facilities personnel are responsible for preventative and demand maintenance on all agency vehicles. Washing of vehicles is also the responsibility of the Facilities Department.

3.5.5 Drivers are responsible for informing Front Desk personnel and their supervisor when returning vehicles with ½ tank of gas. Drivers will be responsible for fueling the agency vehicle they signed out and submitting receipts to the Front Desk for submission to the Accounting Department.

3.5.5.1 All gas receipts must be submitted with staff signature and vehicle identification number listed on the receipt.

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3.6 **Breakdowns.**

3.6.1 In the event of an agency vehicle breakdown, during regular business hours or after the agency is closed, the driver is required to contact their supervisor and then notify the Facilities personnel to obtain assistance and instructions.

3.6.2 In the event of a personal vehicle breakdown, during regular business hours or while performing job related duties, the driver is required to contact their supervisor to obtain assistance if needed for safety purposes. The driver will be responsible for any towing or maintenance of the personal vehicle.

3.7 **Reimbursement.**

3.7.1 Receipts for allowable expenses must be attached to the proper reimbursement request form and include supervisor signature before submission to Accounting for approval.

3.7.2 Reimbursement for personal vehicle use while performing assigned job duties during regular business hours or while on-call will be reimbursed according to policies set forth by the Finance Department.

3.8 **Traffic Violations.**

3.8.1 Citations for traffic, parking or toll violations, and any resulting fines are the responsibility of the individual driver. The driver is responsible for notifying the HR Department and the Chief Operations Officer of any traffic, parking or toll violations. The driver is also responsible for reimbursement of any fines paid by Tri-City and must submit payment to Accounting within a timeframe of two weeks after notification of any violation resulting in fees.

3.8.2 Citations, including reported violations for unsafe driving practices will result in removing the driver from the Authorized Driver List either for a specified length of time or permanently. HR will notify the Department Head of any changes to the Authorized Driver list.

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3.8.3 The agency is not responsible for making bail for employees who are arrested while driving personal and/or agency vehicles.

3.9 **Accidents.**

3.9.1 The driver will be responsible for the timely reporting of accidents and/or injuries to the proper authorities.

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3.9.2 In the event of an accident, do not leave the scene of the accident until the following is completed:

3.9.2.1 Driver should never admit any liability to other driver or passengers.

3.9.2.2 Obtain the other driver's license and insurance.

3.9.2.3 Contact the police and/or other safety personnel in the event of serious injury to any party in the accident.

3.9.2.4 If at all possible, driver must try and document names and addresses of any witnesses.

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3.9.2.5 Using a cell phone camera, if available, driver will take pictures of the accident scene, relevant insurance information of all parties and vehicles involved.

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3.9.2.6 Tri-City may use data from Global Positioning System (GPS) to initiate disciplinary actions for unsafe driving evidenced by reports generated through the GPS device. Alter refer to Section 4.0 of this policy.

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3.9.3 The driver shall document information from others involved in the accident on the Statement of Driver Form.

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3.9.4 The HR Department will complete a Loss Report Form and submit it to Tri-City's insurance carrier.

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3.9.5 Individuals who drive agency vehicles, or conduct agency business while driving their personal vehicles, may be subject to drug and/or alcohol testing anytime a driver is involved in an accident. Such testing is mandatory for any accident that results in a fatality; anytime a driver is involved in an accident that results in anyone receiving medical treatment away from the scene of the accident and/or any accident in which the driver receives a citation from law enforcement officials.

3.9.6 Staff must complete and submit an Incident Report Form to the HR Department within 24-hours.

3.9.7 Authorized drivers who are conducting agency business in their personal vehicle while involved in an accident will be covered under Workers Compensation but the liability of any damage to the vehicle(s) will be with the insurer of the vehicle or the "at-fault" party.

3.10 **Liability and Insurance Coverage.**

3.10.1 Auto liability coverage is extended to employees so long as they are driving for and on behalf of Tri-City only when driving a vehicle owned by Tri-City. In the event of an auto accident, the employee's injuries would be

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covered by workers' compensation and any bodily injury or property damage caused to another party would be covered by Tri-City's Auto Liability coverage.

3.10.2 If the employee is driving their own personal auto during their regular assigned business hours and/or on-call, then their personal auto insurance would be the primary insurance. Any injuries sustained to the employee would still be covered by Tri City's workers' compensation however; liability of any damage to the personal vehicle will be with the insurer of the personal vehicle and/or "at-fault" party.

Deleted: and Tri-City's auto liability policy would be excess coverage, whether or not they were transporting clients.

4. Global Positioning System (GPS)

4.1 Installation of Electronic Tracking Technology

4.1.1 Employees of Tri-City may, in the course of employment, be required to drive and/or ride in an agency-owned or leased vehicle equipped with electronic tracking technology or GPS.

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4.1.2 Electronic tracking technology means a technological method or system used to observe, monitor, or collect information, including telematics, Global Positioning System (GPS), wireless technology, or location-based technologies. Electronic tracking technology may include event data recorders, sensing and diagnostic modules, or other systems that are used for the purpose of identifying, diagnosing, or monitoring functions related to the potential need to repair, service, or perform maintenance on the Tri-City vehicle and/or to capture safety systems-related data for retrieval after a collision or similar incident has occurred.

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4.1.3 Electronical tracking technology allows Tri-City to monitor location, elevation, and velocity of its vehicles. This technology used for public safety greatly enhances job performance, personnel safety, situational awareness, and may provide assistance in time of critical scenarios. This technology in Tri-City vehicles may also be used for other business-related purposes, including, but not limited to, locating stolen vehicles, providing aid to vehicles that break down, increasing employee safety, managing agency resources effectively, or ensuring that employees are following their routes or assignments.

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4.1.4 Tri-City may use electronic tracking technology at the agency's discretion, and in the ordinary course of business.

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4.1.5 Tri-City may utilize the electronic tracking technology to initiate disciplinary investigation or discipline of its employees pertaining to the misuse or abuse of their vehicles, inappropriate use of time, speeding or other misconduct.

4.1.6 The California Public Records Act may require that Tri-City disclose specified public records. In response to requests for such disclosure, it may be necessary to examine electronic tracking technology records to determine whether they are public records that are subject to disclosure. Additionally, the agency may be required to produce information obtained from electronic tracking technology pursuant to a court order, subpoena, or statute.

4.1.7 Employees shall not drive Tri-City vehicles when they are in an unsafe mechanical condition. Employees shall inspect their assigned vehicle before each tour of duty and immediately report any damage or mechanical failure to their supervisor.

4.1.8 Employees are prohibited from altering or attempting to alter or disable electronic tracking technology devices in Tri-City vehicles and would be subject to disciplinary action as a result of such tampering.

4.1.9 Data collected by the devices may be used by the insurance carrier to assist in its claims handling process including for determination of Tri-City's liability.

5 FORMS

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5.1 **Exhibit A** – Driver Authorization Request Form

5.2 **Exhibit B** – Agency Vehicle Reservation Request Form

5.3 **Exhibit C** – Daily Vehicle Assignment and Maintenance Log Form

5.4 **Exhibit D** – Statement of Driver Form

5.5 **Exhibit E** – Incident Report Form

5.6 **Exhibit F** – Acknowledgment of Receipt Form

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EXHIBIT A

TRI-CITY Mental Health Services

DRIVER AUTHORIZATION REQUEST FORM

(Instructions on Back)

Employee Name: _____ Phone No.: _____ Ext: _____

Date of Hire: _____ Date of Birth: _____

Supervisor's Name: _____ Dept: _____ Phone No.: _____

☐ I Hold a Valid California Class C Driver's License. Lic #: _____ Exp. Date: _____

☐ I Hold a Valid California Class B Driver's License. Lic #: _____ Exp. Date: _____
I Wish To Be Authorized To Drive a 15-Passenger Van.

My Auto Insurance Carrier Is: _____ Policy #: _____

My Auto Insurance Expiration Date Is: _____ Coverage Limits: _____

SUPERVISOR'S AND EMPLOYEE'S SECTION *(Please complete section below)*

S-1. Employee Will: *(check one)* ☐ Transport Clients ☐ NOT Transport Clients

S-2. Employee Will Be: *(check one)* ☐ Regular Driver ☐ Back-up Driver

S-3. Estimated Average # of Employee Trips: _____ Per Week _____ Per Month

Supervisor: Please discuss section below with Applicant and put your initials next to each item.

_____ Employee shall reserve and use an agency vehicle in the course of agency business, where an Agency vehicle is available.

_____ If an agency vehicle is not available, an Authorized Driver may use their personal vehicle during the course of agency business in accordance with the guidelines set forth in the Use of Personal and Agency Vehicles for Agency Business policy and this request form.

_____ Employee who is conducting agency business in their personal vehicle while involved in an accident will be covered under Workers Compensation but the liability of any damage to the vehicle will be with the insurer of the vehicle or the "at-fault" party.

_____ Employee consents to Agency obtaining DMV record.

_____ Employee is responsible for maintaining a valid license and personal automobile insurance. (If the employee's personal liability insurance coverage or driving privilege changes at any time, employee must notify the Human Resources Department.

_____ Employee must reserve agency vehicles in advance through the Front Desk Department.

_____ Employee acknowledges that vehicle *may* be equipped with Global Positioning System (GPS) device

_____ Employee acknowledges that these GPS devices may not be tampered with and would be subject to disciplinary action.

I, the undersigned, understand and agree to comply with the above, and Tri-City Mental Health Authority's Use of Personal and Agency Vehicles for Agency Business Policy, including but not limited to policy attachments, forms, and all directives stated therein.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date Human Resources Signature Date

Deleted: Employee must reserve agency vehicles in advance through the Front Desk Department.

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DRIVER AUTHORIZATION REQUEST FORM (cont'd)

FOR HR USE ONLY			
☐ Approved	☐ Denied	Endorsement – Date Received: _____	E #: _____

INSTRUCTIONS *Please Print Legibly.*

1. Attach copy of the applicant's valid, current California Driver's License to this form.
2. Attach a copy of the applicant's Evidence of Personal Auto Insurance (must be current), to this form.
3. The applicant's Supervisor must review and discuss the bottom half of this form with the applicant, after which, signature(s) by both the Supervisor and applicant are mandatory.
4. Submit completed, signed form and all attachments to Human Resources Department for approval.

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DRIVER AUTHORIZATION REQUEST FORM (cont'd)

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EXHIBIT B

TRI-CITY Mental Health Services

AGENCY VEHICLE RESERVATION REQUEST FORM

NOTE: FORM MUST BE SUMBITTED TO THE FRONT DESK PERSONNEL A MINIMUM OF ONE DAY (24-HOURS) PRIOR TO DATE VEHICLE IS NEEDED.

Driver Name: _____ Date: _____

Department: _____ Cell Phone: _____

DAY / DATE / TIME NEEDED

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						
Time						

INTENDED USE

☐ One Time Request ☐ Recurring Request until denied

Type of Vehicle: ☐ Car ☐ Van # of Passengers: _____

Intended purpose for use of vehicle *(i.e. transport clients, meeting, destination, estimated arrival time, etc.):*

	Purpose	Destination Address	Est. Arrival Time
1)			
2)			
3)			
4)			

Driver Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR FRONT DESK PERSONNEL USE ONLY

Date Received: _____ Front Desk Initials: _____

Comments: _____

RETURN THIS FORM TO THE FRONT DESK PERSONNEL UPON COMPLETION

EXHIBIT C

TRI·CITY Mental Health Services

DAILY VEHICLE ASSIGNMENT AND MAINTENANCE LOG FORM

Week Start Date: ________________ Vehicle Number: ________________

Date	Odometer Start	Odometer End	Condition of Vehicle Upon Return					Driver Initials
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				
			Tires Low:	☐ Yes	☐ No			
			Gas Level:	☐ Full	☐ Half	☐ Qtr	☐ Empty	
			Interior / Exterior Clean:		☐ Yes	☐ No		
Any Service Needs:		☐ Yes	☐ No	List Issues:				

- Any repairs needed or interior/exterior left unclean or damaged in any way must be reported to the Facilities Department and Supervisor immediately. *(This should be followed up by the Supervisor.)*
- No eating, drinking or smoking allowed in the vehicles.
- It is the responsibility of the staff driver to put gas in the vehicles assigned to their program. Please be courteous to the next driver by leaving the gas in vehicle at least half full. Please email Facilities when vehicle is returned EMPTY or less than half full.

RETURN THIS FORM TO THE FRONT DESK PERSONNEL UPON RETURN TO TRI-CITY

EXHIBIT D

TRI-CITY Mental Health Services

STATEMENT OF DRIVER FORM

Claim #/Adj. #: _____

(To be completed by HR Department)

Driver's Name: _____ Owner's Name: _____

Driver's Address: _____ Owner's Address: _____

Driver's Phone #: _____ Owner's Phone #: _____

Driver's License #: _____ Driver's SSN: _____

Employed by: _____

What was vehicle being used for at the time of the accident? _____

Date and time of accident: _____ Location: _____

On what street and in what direction where you traveling? _____

On what street and in what direction was other vehicle traveling? _____

Describe condition of weather: _____ Road: _____ Visibility _____

How far away was other vehicle when first noticed? _____

How many people where in your vehicle? _____ In other vehicle? _____

Distance from your vehicle to right hand edge of road? _____ Other vehicle? _____

Exact point of contact of your vehicle with other vehicle: _____

Exact point of contact of other vehicle with your vehicle: _____

What authorities were notified of accident? _____ Report #: _____

Were you cited by police? ☐ Yes ☐ No If yes, what violation? _____

Was anyone else cited by police? ☐ Yes ☐ No If yes, what violation? _____

Name of owner of other vehicle or property: _____ Driver's License #: _____

Address: _____

Year and make of other vehicle: _____ License #: _____

Estimated damage to your vehicle: _____ Other vehicle: _____

Name of Company insuring other parties: _____

STATEMENT OF DRIVER FORM (cont'd)

Names of witnesses, addresses, and telephone numbers:

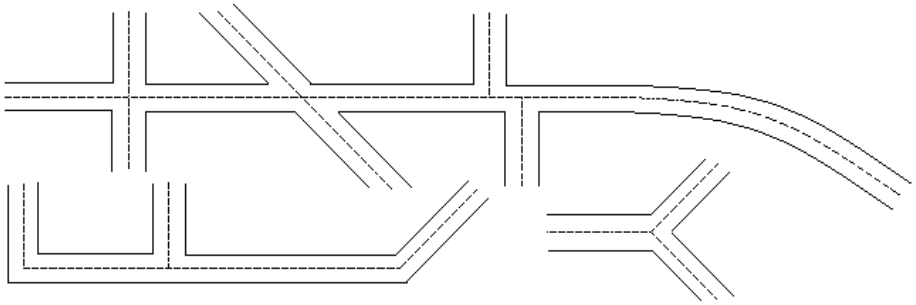
Were person injuries sustained by any person or persons? ☐ Yes ☐ No If so, explain in detail:

Names and addresses of occupants of your vehicle:

Names and addresses of occupants of other vehicles:

Please describe the accident in detail, mentioning any statements made concerning the accident:

Draw a diagram of the accident. Show your vehicle as #1 and other vehicle as #2:



Driver Signature Date

RETURN TO HR DEPARTMENT WHEN COMPLETE

EXHIBIT E

TRI-CITY Clear *(PRINT LEGIBLY)* **INCIDENT REPORT**

INSTRUCTIONS: Complete applicable information below and attach supporting documents, and submit as indicated to HR Dept within 24 hours following the incident.

INCIDENT TYPE	☐ EMPLOYEE	☐ CLIENT/VISITOR	☐ VEHICLE/PROPERTY
Person Involved	Employee:	Client/Visitor:	Vehicle License/Property Description:
[redacted]			
Incident Date:	Incident Time: ◯am ◯pm	Address (Location of Incident)	Reporter:
Witness 1	Name	Address	Phone
[redacted]			
Witness 2	Name	Address	Phone
[redacted]			

Description of Incident. Include Action taken:	*Required:
Condition, if injured:	
Body Part (s) Affected, and to What Extent:	

Disposition / Care Provided: ☐ On-site First Aid ☐ Urgent Care / Hospital ☐ Refused Care ☐ US Healthworks

Suggestion to Prevent Reoccurrence / Incident Handling & Safety/Crisis Response comments:	*Required:

Reporter – Name: _____ Reporter Signature: _____ Date: _____

Supervisor – Name: _____ Supervisor Signature: _____ Date: _____

Supervisor's Comments:	

FOR OFFICE USE ONLY					
Date Rec'd by HR / COO:		Log Number:			
Follow-Up Needed:		Action Taken			
Referred To:		Date Resolved/Closed:		Initials	
Worker's Comp:	◯Yes ◯No				
Ins Claim Filed:	◯Yes ◯No				

Incident Report Form 11-30-2018-z2.docx Rev 2018-11
Page 1

INCIDENT REPORT FORM (cont'd)

TRI-CITY

(PRINT LEGIBLY)
ADDENDUM

INCIDENT REPORT

Description of Incident, Include Action taken:	(cont)
Condition, if injured:	(cont)
Body Part(s) Affected, and to What Extent:	(cont)
Suggestion to Prevent Reoccurrence / Incident Handling & Safety/Crisis Response comments:	(cont)

Incident Report Form 11-30-2018-z2.docx Rev 2018-1 I
Page 2

EXHIBIT F

USE OF PERSONAL AND AGENCY VEHICLES FOR AGENCY BUSINESS POLICY NO. I.04 ACKNOWLEDGMENT OF RECEIPT

Tri City's Use of Personal and Agency Vehicle for Agency Business policy is designed to provide guidelines on the use of personal and agency vehicles by staff for transportation of clients on approved agency business or for other appropriate and approved agency business.

Part of the services you provide as a Tri-City Mental Health Authority employee may require you to use an agency vehicle and/or drive your personal vehicle in the course of agency business. As a result, you must adhere to all Agency, State and local traffic and insurance laws. The general guidelines for vehicle usage are set forth for all Tri-City employees and contained in the Use of Personal and Agency Vehicles for Agency Business Policy No. I.04.

I certify that I have received, read and understand the Use of Personal and Agency Vehicles for Agency Business Policy and will comply with the regulations as set forth herein.

EMPLOYEE NAME (Printed): _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

BY: **Liz Renteria, LCSW, Chief of Clinical Services**
Mary Monzon, Housing Manager

SUBJECT: **Consideration of Resolution No. 670 Approving the Subcontractor Agreement for the HUD Continuum of Care Program with the Los Angeles County Development Authority (LACDA); and Authorizing the Executive Director to Execute the Agreement**

Summary:

Staff is seeking approval to authorize Tri-City Mental Health Authority (TCMHA) to renew the Agreement with the Los Angeles County Development Authority (LACDA) to act as subcontractor for the HUD Continuum of Care Program. This agreement will allow TCMHA to provide supportive services for 13 very-low or extremely- low income, hard-to-serve homeless persons with disabilities to obtain and maintain stable housing through vouchers provided by LACDA.

Background:

LACDA has allocated 13 Continuum of Care (CoC) certificates for low income households that are experiencing homelessness and whose head of household has a disability, to be overseen by TCMHA. The certificates provide rental assistance to the participants for use in privately-owned rental units where the participant pays 30% of their income and LACDA covers the balance. The proposed agreement tasks TCMHA to refer eligible applicants and provide the supportive services to those that are approved by LACDA. The support begins during the application process for the certificate, continues with housing search assistance and with all the steps to secure a unit. TCMHA then maintains regular contact with the participants to provide additional resources, help troubleshoot concerns that arise with their housing, and successfully complete their annual recertification with LACDA.

As part of the agreement, TCMHA commits to provide 25% match of the total funding awarded in supportive services. TCMHA compiles a report that breaks down the cost of services participants receive through TCMHA along with additional services such as medical prescriptions, support groups, medical procedures, food banks, and any other supportive services that assist the participant in obtaining and maintaining housing.

TCMHA currently is assisting 12 participants. The current participants have successfully maintained their certificate and housing for 16 years (4 participants), 13 years (1 participant), 11 years (1 participant), 10 years (1 participant), 6 years (4 participants), and 5 years (1 participant). The 13th participant no longer required supportive services to maintain their housing and transferred their certificate to a Housing Choice Voucher through the county. TCMHA will be able to refer one new participant to join the other 12 successful participants in securing permanent housing.

Fiscal Impact:

The Housing Division already has staff assigned to provide the supportive services and are included in the Fiscal Year 2022-23 MHSA budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No 670 authorizing the Subcontractor Amendment with the Los Angeles County Development Authority (LACDA) for the HUD Continuum of Care Program; and authorizing the Executive Director to execute the Agreement.

Attachments

Attachment 6-A: Resolution No. 670 - Draft

Attachment 6-B: HUD Continuum of Care (CoC) Program Subcontractor Agreement, Tenant Based Rental Assistance Program, with the Los Angeles County Development Authority (LACDA); Grant Number: CA0800L9D002113

RESOLUTION NO. 670

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE HUD CONTINUUM OF CARE PROGRAM (CoC) SUBCONTRACTOR AGREEMENT, TENANT BASED RENTAL ASSISTANCE PROGRAM, WITH THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY (LACDA); AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

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 renew its Subcontractor Agreement with the Los Angeles County Development Authority (LACDA) for the provision of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program to link Tenant Based Rental Assistance (TBRA) to supportive services for very-low or extremely- low income, hard-to-serve homeless persons with disabilities to obtain and maintain stable housing through vouchers provided by LACDA.

B. The Authority affirms that LACDA was designated by HUD as the agency responsible for administering the Continuum of Care ("CoC") Program in the County of Los Angeles pursuant to the provisions of Title IV of the McKinney-Vento Homeless Assistance Act.

2. Action

The Governing Board authorizes the Subcontractor Agreement with LACDA for the HUD CoC Program and authorizes the Executive Director to execute said Agreement, and any amendments or extensions of such Subcontractor Agreement thereafter.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

AGREEMENT BETWEEN

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

AND

TRI-CITY MENTAL HEALTH AUTHORITY

HUD CONTINUUM OF CARE PROGRAM SUBCONTRACTOR AGREEMENT

TENANT BASED RENTAL ASSISTANCE PROGRAM

Grant Number: CA0800L9D002113

This Subcontractor Agreement for the HUD Continuum of Care Program (herein referred to as "Agreement") is made and entered into in duplicate original this ___ day of _____ 2022, by and between the Los Angeles County Development Authority, hereinafter referred to as “LACDA”, and Tri-City Mental Health Authority, hereinafter referred to as “TCMH”.

WHEREAS, the LACDA recognizes the need for and desires to link tenant based rental assistance to supportive services for very-low or extremely-low income, hard-to-serve homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic substance abuse problems; or Acquired Immune Deficiency Syndrome (AIDS) or related diseases) and their families;

WHEREAS, the LACDA was designated by the U.S. Department of Housing and Urban Development ("HUD") as the agency responsible for administering the Continuum of Care ("CoC") Program in the County of Los Angeles pursuant to the provisions of Title IV of the McKinney-Vento Homeless Assistance Act;

WHEREAS, the LACDA was awarded Tenant Based Rental Assistance funding under the CoC Program Grant Agreement # **CA0800L9D002113** between HUD and the LACDA;

WHEREAS, the LACDA in accordance with the CoC Program will provide training to TCMH, who shall be or work with a local service provider that has the training, experience, and qualifications to facilitate the transition of homeless persons with disabilities and their families into a stable housing environment and provide supportive services at least equal in value to 25% of the total grant amount funded by HUD; and

WHEREAS, the LACDA will make rental assistance payments to private landlords for units occupied by eligible persons in accordance with the terms and conditions described in the CoC Housing Assistance Payments Contract.

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, the LACDA and TCMH agree as follows:

1. DEFINITIONS

A. “APR” refers to the Annual Performance Report.

B. “Continuum of Care Program” or “CoC Program” refers to the HUD program designed to promote communitywide commitment to the goal of ending homelessness and provide funding for efforts by homeless service providers.

C. “Draw Down” refers to the HUD primary grant disbursement system called the Line of Credit Control System ("LOCCS").

D. “HUD” refers to the United States Department of Housing and Urban Development.

E. “Participant(s)” refers to individuals who utilize supportive housing services, including referral services or individuals who are eligible for the CoC Program.

F. “Project” refers to housing and/or supportive services for facilitating the movement of homeless individuals through the Continuum of Care into independent permanent housing.

G. “Subcontract” refers to any contract, purchase order, or other purchase agreement, including modifications and change orders to the foregoing, entered into by TCMH with a contractor to furnish supplies, materials, equipment, and services for the performance of any of the terms and conditions contained in this Agreement.

2. DESCRIPTION OF SERVICES AND DUTIES

A. TCMH shall provide the services described in this section and as set forth in Attachment I, Scope of Services, Attachment II – LACDA Administrative Handbook for HUD Continuum of Care Funded Programs.

B. TCMH shall provide the following supportive services for at least **Thirteen (13)** Participants.

(1) TCMH is required to submit referrals until the allocation requirement is met.

(2) TCMH shall submit eligible referrals resulting in 50% of the total allocations within six (6) months of execution of this Agreement and 100% of the allocation within 12 months from execution of this Agreement, or be subject to de-obligation of funds by HUD as stipulated in 24 CFR § 578.85.

(3) TCMH shall, under the guidance of the LACDA, provide: outreach and intake services, including disseminating CoC Program information to Participants; assist individuals in preparing CoC Program application packages including required documentation; and submit applications of eligible individuals to the LACDA for review and final approval, resulting in Participants obtaining and/or maintaining suitable housing.

(4) TCMH shall conduct an annual assessment of the service needs required by the CoC Program Eligible Participants, including supportive services designed to assist Eligible Participants in remaining housed and maintaining CoC Program compliance.

(5) TCMH shall provide supportive services or service referrals and ensure that Eligible Participants receive appropriate services. Pursuant to this Agreement and regulations in 24 CFR § 578.53, appropriate supportive services include, but are not limited to the following: services that address the special needs of the Participants; the costs of the day-to-day operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment; and provision of supportive services to households of disabled homeless persons within the LACDA's jurisdiction which results in obtaining and maintaining stable subsidized housing in a residential neighborhood of the their choice, as listed in Attachment II of this Agreement.

(6) TCMH shall locate a care provider who can appropriately provide services for special populations such as: unaccompanied homeless youth; persons living with HIV/AIDS (Acquired Immunodeficiency Disease Syndrome or a related disease); and victims of domestic violence, dating violence, sexual assault, or stalking who require more intensive care that can be provided through this Tenant Based Rental Assistance Program, and refer the individual to the care provider.

(7) TCMH shall reference Attachment II, LACDA Administrative Handbook for HUD Continuum of Care Funded Programs ("CoC Program Handbook"), in order to ensure compliance with CoC Program regulations, policies, and timely submission of all required forms as is necessary in order to successfully co-administer this CoC Program.

C. The LACDA shall provide the services set forth in Attachment I of this Agreement.

3. PERIOD OF PERFORMANCE

This Agreement shall be effective **September 1, 2022** ("Effective Date") and shall continue through **August 31, 2023**, unless terminated earlier. TCMH shall commence performance upon the Effective Date and shall diligently and continuously perform thereafter.

4. COMPENSATION: No compensation for administrative costs or supportive services will be provided with CoC Program Grant Agreement # CA0800L9D002113.

5. AVAILABILITY OF FUNDS/NON-APPROPRIATION OF FUNDS

A. The United States of America, through HUD, may in the future place programmatic or fiscal limitation(s) on funds not presently anticipated (i.e. limitations imposed by sequestration). Accordingly, the LACDA reserves the right to cease all leasing/programmatic activities and/or revise this Agreement as necessary in order to take into account actions affecting HUD program funding. The LACDA'S obligation is payable only and solely from funds appropriated through HUD and for the purposes of this Agreement.

B. In the event this Agreement extends into succeeding contract years, and funds have not been appropriated, compensation for this Agreement will automatically terminate as of the end of the term of this Agreement. The LACDA will endeavor to notify TCMH in writing within ten (10) days of receipt of non-appropriation notice.

6. SERVICES COORDINATION

TCMH shall provide to the CoC Program a participant housing specialist/case manager to work with Participants to develop an individualized housing and service plan, appropriate to the Participant's needs (Plan). This Plan may include, but is not limited to focusing on: sobriety, alcohol and drug-free housing, receiving supportive services, accessing mainstream benefits, and addressing legal concerns.

TCMH shall require that the participants meet with their housing specialist/case manager at least once annually to discuss the progress in their Plan to determine what adjustments are needed in order to maintain independent living and self-sufficiency.

7. NOTICES: All notices and correspondence shall be delivered or mailed with postage prepaid to the following address:

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY:

Aletheia Broom, Director, Housing Assistance Division
Attn: Sander Schmidt
700 W. Main Street
Alhambra, CA 91801

TRI-CITY MENTAL HEALTH AUTHORITY

Rimmi Hundal, Executive Director
1717 N. Indian Hill Blvd., Suite B
Claremont, CA 91711

8. FORMS AND REPORTS

A. Annual Needs Assessment: TCMH shall submit an Annual Needs Assessment form to the LACDA no more than 30 days after the end of the operating year. The Annual Needs Assessment form will serve to document the needs assessments and supportive services required in Section 2, Services and Duties. The Annual Needs Assessment form is provided by the LACDA to TCMH via CoC Program Handbook.

B. Quarterly Match Funds Tracking Report: TCMH shall submit individual Quarterly Match Funds Tracking Reports to the LACDA by the 15th of the month following the APR quarterly reporting period. This form will assist in tracking the supportive services required in Section 2, Service and Duties, of this Agreement. The Quarterly Match Funds Tracking Report is provided by the LACDA to TCMH via the CoC Program Handbook.

C. Annual Performance Report: TCMH is obligated to complete the APR. TCMH must submit the APR to the LACDA 30 days after the end of the operating year. HUD may terminate the renewal of any grant and require the recipient to repay the renewal grant if: (1) The recipient fails to timely submit a HUD APR for the grant year immediately prior to renewal; or (2) The recipient submits an APR that HUD deems unacceptable or shows noncompliance with the requirements of the grant and this part. The APR is subject to change due to HUD updates.

9. MONITORING AND RECORDS

TCMH will make available all its records pursuant to this Agreement with the LACDA upon request. All records will be retained during the term of the Agreement and for a five (5)

year period thereafter. Monitoring will be conducted at least annually. CoC Program "Participant Master Files" must contain all documentation as it pertains to eligibility, supportive/case management services, referrals, and documentation of homelessness. The Participant Master File must be in compliance with the CoC Program and the CoC Program Handbook. Forms for the Participant Master File are provided by the LACDA in Attachment II, the CoC Program Handbook.

10. CONFIDENTIALITY

A. TCMH shall keep confidential all reports, information and data received, prepared or assembled pursuant to performance hereunder. Such information shall not be made available to any person, firm, corporation or entity without the prior written consent of the LACDA, except as required under the California Public Records Act, the Federal Freedom of Information Act, or other applicable law, or pursuant to court order.

B. TCMH shall comply with Welfare and Institutions Code Section ("WIC") 10850.

C. TCMH shall take special precautions, including, but not limited to, sufficient training of TCMH'S staff before they begin work, to protect such confidential information from loss or unauthorized use, access, disclosure, modification or destruction.

D. TCMH shall ensure case records or personal information is kept confidential when it identifies an individual by name, address, or other specific information.

11. COMPLIANCE WITH RULES, REGULATIONS, AND DIRECTIVES

TCMH shall comply with all applicable federal, state, and local laws as well as all rules, regulations, requirements, and directives of applicable federal or state agencies and funding sources which impose duties and regulations upon LACDA as though made with TCMH directly. In the event there is a conflict between the various laws or regulations that may apply, TCMH shall comply with the more restrictive law or regulation.

12. AMENDMENTS

A. No representative of either of the Parties is authorized to make changes to any of the terms, obligations or conditions of this Agreement, except through procedures set forth in this Section 12.

B. Except as otherwise provided in this Agreement, for any change requested by either party which affects any term or condition included in this Agreement, a

negotiated written Amendment to the Agreement shall be prepared and executed by each Parties authorized representative.

C. Such amendments shall be authorized subject to the approval of County Counsel as to form.

13. TERMINATION

A. This Agreement may be terminated by either party for the convenience of that party. This Agreement may also be terminated by either party as a result of default by the other party of its obligations under this Agreement.

B. Notice of termination shall be given, in writing, at least sixty (60) days in advance and shall be complete when delivered to either party.

C. In the event of termination, TCMH will provide a detailed report of expenditures and the balance of the unexpended amount will be returned to the LACDA within thirty (30) days of termination.

14. NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

TCMH shall comply with all applicable federal, state, and local laws, which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or funded in whole or in part with funds made available under this title.

15. EMPLOYMENT PRACTICES

A. TCMH shall comply with all federal and state statutes and regulations in the hiring of its employees.

B. TCMH shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement and, if applicable, with the provisions of the Fair Employment and Housing Act (FEHA) and the Federal Civil Rights Act of 1964 (P. L. 88-352).

C. By signing this Agreement or accepting funds under this Agreement, TCMH shall comply with Executive Order 11246 of September 24, 1965, entitled “Equal Employment Opportunity,” as amended by Department of Labor regulations (41 CFR Chapter 60)

16. LOBBYING

A. TCMH shall ensure no federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with such federal contract, grant, loan, or cooperative agreement, TCMH shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. TCMH shall require that the language of this certification be included in the award document for sub-awards at all tiers, including Subcontracts, sub-grants, contracts under grants, loans, cooperative agreements, and all sub-recipients shall certify and disclose accordingly.

17. INDEMNIFICATION

TCMH shall indemnify, defend, and hold harmless the LACDA, County of Los Angeles, and their officials, officers, employees, and agents (hereinafter collectively referred to as "Public Entities") from and against any and all liability, demands, damages, claims, causes of action, expenses, and fees (including reasonable attorneys' fees, expert witness fees, and legal costs) including, but not limited to, claims for bodily injury, property damage, and death (hereinafter collectively referred to as "liabilities"), arising from or connected with TCMH's acts, errors, and/or omissions under this Agreement or the services to be provided by TCMH hereunder. TCMH shall not be required to indemnify, defend and hold harmless the Public Entities from any liabilities that are caused by the sole negligence or willful misconduct of the LACDA or its officials, officers, employees, or agents. This indemnification provision shall remain in full force and effect and survive the termination and/or expiration of this Agreement. TCMH agrees to require any and all entities with which it contracts to agree to and abide by the above-mentioned indemnification requirements in favor of the Public Entities, as applicable to each of them.

The LACDA shall indemnify, defend, and hold harmless TCMH and its officials, officers, employees, and agents from and against any and all liability, demands, damages, claims, causes of action, expenses, and fees (including reasonable attorneys' fees, expert witness fees, and legal costs) including, but not limited to, claims for bodily

injury, property damage, and death (hereinafter collectively referred to as “liabilities”) arising from or connected with the LACDA’s acts, errors, and/or omissions under this Agreement or the services to be provided by the LACDA hereunder. The LACDA shall not be required to indemnify, defend, and hold harmless TCMH or its officials, officers, employees or agents from any liabilities that are caused by the sole negligence or willful misconduct of TCMH or its officials, officers, employees or agents.

18. SEVERABILITY

In the event that any provision herein contained is held to be invalid, void, or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this Agreement and shall in no way affect, impair or invalidate any other provision contained herein. If any such provision shall be deemed invalid due to its scope or breadth, such provision shall be deemed valid to the extent of the scope of breadth permitted by law.

19 INTERPRETATION

No provision of this Agreement is to be interpreted for or against either party because that party or that party’s legal representative drafted such provision, but this Agreement is to be construed as if drafted by both parties hereto.

20. WAIVER

No breach of any provision hereof can be waived unless in writing. Waiver of any one breach of any provision shall not be deemed to be a waiver of any breach of the same or any other provision hereof.

21. ENTIRE AGREEMENT

This Agreement with attachments supersedes any and all other agreements and constitutes the entire understanding and agreement of the parties. This Agreement includes the Statement of Work.

SIGNATURES

IN WITNESS WHEREOF, TCMH and the LACDA have executed this Agreement through their duly authorized officers.

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

By _____ Date: _____
Emilio Salas
Executive Director

TRI-CITY MENTAL HEALTH AUTHORITY

By _____ Date: _____
Rimmi Hundal
Executive Director

APPROVED AS TO PROGRAM:

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY
HOUSING ASSISTANCE DIVISION

By _____ Date: _____
Aletheia Broom
Director

APPROVED AS TO FORM:

Dawyn R. Harrison
Acting County Counsel

By _____ Date: 8/22/22
Elizabeth Pennington
Deputy County Counsel

ATTACHMENT I

STATEMENT OF WORK

STATEMENT OF WORK

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY
CONTINUUM OF CARE TBRA PROGRAM

NAME OF ORGANIZATION:	TRI-CITY MENTAL HEALTH AUTHORITY
MAILING ADDRESS:	1717 N. INDIAN HILL BLVD., SUITE B CLAREMONT, CA 91711
CONTACT PERSON:	RIMMI HUNDAL EXECUTIVE DIRECTOR
TARGET POPULATION:	HARD-TO-SERVE LOW-INCOME HOMELESS INDIVIDUALS OR FAMILIES WITH A DISABILITY
NUMBER OF FAMILIES SERVED:	THIRTEEN (13)
DURATION OF PROJECT:	ONE (1) YEAR

PROGRAM OBJECTIVES: To provide a subsidy to pre-qualified Families to enable them to lease housing of their choice in which the Family lives independently in permanent, low-cost housing in residential neighborhoods.

In accepting a referral for a Participation Agreement from TCMH, the LACDA expects that the family/individual meets certain readiness criteria, and that TCMH provide on-going supportive services for a period of time not less than the duration of this agreement.

SERVICES TO BE PROVIDED BY TCMH

A. Client Eligibility

1) TCMH shall ensure that of the total persons served, one hundred percent (100%) are of low income.

2) TCMH shall ensure that of the population served, it outreaches to the chronically homeless as per regulations set at 24 CFR 578.53(e)(13) and that it is adequately documented for the Annual Progress Report.

3) TCMH shall ensure that of the population served, persons to be served under this Agreement shall include hard-to-serve homeless families with disabilities, as per Program Regulations at 24 CFR 578.53(c) and adequately verify homelessness. Hard-

to-serve homeless families primarily include those who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or have Acquired Immune Deficiency Syndrome (AIDS) and related diseases. The Program provides rental assistance for permanent housing for homeless persons with disabilities.

4) TCMH shall ensure that the target population of the persons to be served under this Agreement is individuals and families with members who are disabled, including the seriously mentally ill.

5) TCMH shall, in its client intake or admission criteria, require documents applicable to each Family for verifying client eligibility regarding Family status, disability, residency (i.e. homelessness) and income.

6) TCMH shall ensure that the total, original verified information packet be forwarded to the LACDA'S Continuum of Care Program staff for review, approval, and acceptance into the Continuum of Care Program. Failure to submit all applicable verifications will delay the eligibility process and the issuance of the Participation Agreement.

7) TCMH shall maintain a file with copies of all verified information therein, along with case management documentation, and make it available for examination.

B. Services and Duties of TCMH

1) TCMH shall ensure that **Thirteen (13)** homeless participants with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs or both; or have HIV/AIDS or related diseases) and their families are placed in and/or assisted to remain in qualified housing. TCMH shall refer eligible persons every month to the LACDA following the effective date of this Agreement until the Program has achieved full participation.

2) TCMH shall ensure that each participant who signs the Program's Participant Agreement and is placed in housing will receive supportive services. Participants will pay no more than 30% of their adjusted monthly income towards the rent.

3) TCMH shall ensure that the Continuum of Care Program targets homeless families who have chronic alcohol and/or other drug abuse disabilities, mental illness and/or HIV/AIDS.

4) TCMH shall make best efforts to assist persons with dual diagnosis of both serious mental illness and chronic substance abuse problems.

5) TCMH shall submit to the LACDA pre-applications from persons eligible to be served in a Continuum of Care funded project.

6) TCMH agrees to provide an unconditional commitment (contingent only upon award of the grant) via cash or in-kind match of not less than 25 percent of the total funding awarded, in compliance with Program regulations set forth in 24 CFR 578.73 and applicable cost sharing and match requirements for nonprofits found at 24 CFR 84.23, and as specified below:
   - A match in the amount of at least **$65,552** has been committed by TCMH during the term of this grant;
   - A fee schedule, listing the supportive services; the profession of each provider; and the hourly cost of the services to be provided, is made part of this Agreement.

TCMH will be required to report on matching funds expended in their Annual Progress Report at the end of each grant's operating year. All match must be used for eligible activities as required in the CoC Program Interim Rule, 24 CFR 578, subpart D. Matching funds are subject to monitoring by the LACDA and/or HUD; they should be well documented throughout the operating year and must be tied to specific clients. TCMH must keep and make available for inspection, records documenting the match contribution.

7) TCMH shall provide participants with eligible and appropriate services, as per Program regulations set forth in 24 CFR 578.53 that address the special needs of the program participants, ensuring that:
   I. Supportive services assist program participants in obtaining and maintaining housing;
   II. An annual assessment of the service needs of program participants is conducted and services are adjusted accordingly;
   III. Supportive services are provided to the residents throughout the duration of their residence in the project;
   IV. *Eligible supportive services are*:

   a. Annual assessment of service needs. The costs of the assessment required by §578.53(a)(2) are eligible costs.

   b. Assistance with moving costs. Reasonable one-time moving costs (security deposits in an amount not to exceed 2 months of rent) are eligible and include truck rental and hiring a moving company.

   c. Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the

program participant(s) are eligible costs. Component services and activities consist of:

1) Counseling;
2) Developing, securing, and coordinating services;
3) Using the centralized or coordinated assessment system as required under §578.23(c)(9).
4) Obtaining federal, state, and local benefits;
5) Monitoring and evaluating program participant progress;
6) Providing information and referrals to other providers;
7) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, or stalking; and
8) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

d. Child care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

1) The children must be under the age of 13, unless they are disabled children.
2) Disabled children must be under the age of 18.
3) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

e. Education services. The costs of improving knowledge and basic educational skills are eligible.

1) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
2) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.

f. Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.

1) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
2) Services that assist individuals in securing employment consist of:

a. Employment screening, assessment, or testing;
b. Structured job skills and job-seeking skills;
c. Special training and tutoring, including literacy training and pre-vocational training;
d. Books and instructional materials;
e. Counseling or job coaching; and
f. Referral to community resources.

g. Food. The cost of providing meals or groceries to program participants is an eligible cost.

h. Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible costs.
1) Component services or activities are tenant counseling, assisting individuals and families to understand leases, securing utilities, and making moving arrangements.
2) Other eligible costs are:
a. Mediation with property owners and landlords on behalf of eligible program participants;
b. Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and
c. The payment of rental application fees.

i. Legal services. Eligible costs are the fees charged by licensed attorneys and by persons under supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family‘s ability to obtain and retain housing.
1) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefits claim denials; landlord-tenant disputes; and the resolution of outstanding criminal warrants.
2) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.
3) Fees based on the actual service performed (i.e. fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subcontractor is a legal services provider and performs the services itself, the eligible costs are the subcontractor employees’ salaries and other costs necessary to perform the services.

4) Legal services for immigration and citizenship matters, and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

j. Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

k. Mental health services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

l. Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals, including:
1) Providing an analysis or assessment of an individual‘s health problems and the development of a treatment plan;
2) Assisting individuals to understand their health needs;
3) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
4) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;
5) Provision of appropriate medication;
6) Providing follow-up services; and
7) Preventive and non-cosmetic dental care.

m. Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
1) Eligible costs include the outreach worker‘s transportation costs and a mobile phone to be used by the individual performing the outreach.
2) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and

publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

n. Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

o. Transportation. Eligible costs are:
1) The costs of program participants' travel on public transportation or in a vehicle provided by TCMH or subcontractor to and from medical care, employment, child care, or other services;
2) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;
3) The costs of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;
4) The costs of gas, insurance, taxes, and maintenance for the vehicle;
5) The costs of recipient or TCMH staff to accompany or assist program participants to utilize public transportation; and
6) If public transportation options are not sufficient within the area, TCMH may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
   a. Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
   b. Payments for car repairs or maintenance must be paid by the recipient or TCMH directly to the third party that repairs or maintains the car; and
   c. TCMH may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

p. Utility deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

q. Direct provision of services. If the services described in this chapter are being directly provided by TCMH, eligible costs for those services also include:
1) The costs of labor, or supplies and materials incurred by TCMH or subcontractor in directly providing supportive services to program participants; and
2) The salary and benefit packages of TCMH staff who directly deliver the services.

r. TCMH agrees:

1) To ensure the operation of the project(s) in accordance with the provisions of the McKinney-Vento Act and all requirements under 24 CFR part 578;
2) To monitor and report the progress of the project(s) to the LACDA and HUD;
3) To ensure, to the maximum extent practicable, that individuals and families experiencing homelessness are involved through employment, provision of volunteer services, or otherwise, in constructing, rehabilitating, maintaining, and operating facilities for the project and in providing supportive services for the project;
4) To obtain certifications from sub-contractors with respect to:
   a. Confidentiality of records, specifically for those records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;
   b. Confidentiality of the address or location of any family violence project assisted under this part; whereas records will not be made public, except with written authorization of the person responsible for the operation of such project;
   c. Establishment of policies and practices that enable program participants to exercise rights afforded to them under subtitle B of title VII of the Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
   d. Designation of staff in family projects to ensure that children of program participants are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and other appropriate services or programs authorized under subtitle B of title VII of the Act;
   e. Status of the sub-contractor, its officers, and employees regarding debarment or suspension of business with the Federal Government; and
   f. Agreement to provide information such as data and reports, as required by LACDA; and
5) To monitor the required match and report on match to the LACDA;
6) To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education;
7) To monitoring requirements at least annually;
8) To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7(a)(8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;

9) To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth in §578.7(a)(9);
10) Enter into sub-contractor agreements requiring sub-contractors to operate the project in accordance with the provisions of this Agreement and all requirements under 24 CFR part 578 and conditions specified in the applicable CoC Program Notice of Funding Availability (NOFA).
11) To consistently participate in the local Homeless Management Information System (HMIS) that has the capacity to collect unduplicated counts of individuals and families experiencing homelessness (unless a recipient is a domestic violence provider, in which case it must use a comparable database and provide de-identified information) in compliance with 24 CFR §578.7(b)(4).

s. TCMH agrees to maintain compliance with adequate Accounting Procedures to ensure the proper disbursal of, and accounting for, CoC Program administrative cost grant funds and all financial transactions are conducted, and that records are maintained and/or submitted to the LACDA in accordance with generally accepted accounting principles. Records of all payment requests are made in compliance with 24 CFR §84 and §85.

C. SERVICES TO BE PERFORMED BY THE LACDA

The LACDA will provide the following:
1) The appropriate rental assistance services detailed in 24 CFR, Part §578.51 for eligible participants;
2) Training for TCMH staff and notification to TCMH staff of any changes in regulation, policy, or rules;
3) Sufficient copies of all forms necessary for processing clients; and
4) A staff liaison to facilitate application and eligibility procedures.

The LACDA assumes no responsibility to pay for salaries or any other expenses of TCMH. It is understood by both parties that the LACDA makes no commitment to provide rental assistance for this project beyond the term of this Agreement.

ATTACHMENT II

COC PROGRAM HANDBOOK

HOUSING
COMMUNITY
ECONOMIC

LACDA

Los Angeles County Development Authority

CONTINUUM OF CARE 2022 HANDBOOK

Continuum of Care Handbook for

CASE MANAGERS

AND

HOUSING LIAISONS

Working with the
Los Angeles County Development Authority
Housing Assistance Division

Guidelines and Recommendations
Sample Documents
Helpful Tools and Tips

Effective 2022

THE PURPOSE OF THIS HANDBOOK

As a case manager or housing liaison, you carry many responsibilities.

As a liaison between the unhoused population and a system that can provide them with permanent housing, you must bridge the needs of the client with the requirements of a program that must be followed precisely.

This handbook is designed to help you understand the Continuum of Care (CoC) Program's requirements so you can best meet the needs of your clients and successfully refer applicants to the Los Angeles County Development Authority (LACDA).

OVERVIEW: PROVIDING PERMANENT SUPPORTIVE HOUSING UNDER THE CoC PROGRAM

The CoC is a program designed to provide rental assistance under a range of short-term, for three months; medium-term, three to 24 months; or long-term, more than 24 months. The Permanent Supportive Housing (PSH) component of this Program allows for Tenant-Based Rental Assistance (TBRA), Project-Based Rental Assistance (PBRA), or Sponsor-Based Rental Assistance (SBRA) to be provided to individuals or families with disabilities on a long-term basis; in which supportive services designed to meet the needs of program participants must be made available in order to help them live independently. The PSH component allows for a variety of housing choices and a range of supportive services funded by other sources to address the individual needs of this homeless population with disabilities.

DEDICATEDPLUS

In 2018, the Los Angeles Homeless Services Authority (LAHSA), lead agency in the LA CoC, chose to convert all CoC grants within their region to DedicatedPLUS grants. According to LAHSA, the purpose of DedicatedPLUS is to help serve persons with the highest needs and longest histories of homelessness by allowing more flexibility than is permissible under the Dedicated PSH designation in terms of who can be served.

With that goal in consideration, it was determined that within the LA CoC, it would be most advantageous to convert the designation of all Dedicated and non-Dedicated PSH—including new and existing renewal PSH—to DedicatedPLUS. This would allow the LA CoC to continue to target the highest needs households for PSH and would reduce recordkeeping requirements associated with Dedicated PSH that can lead to chronically homeless persons not meeting eligibility. Having this flexibility was thought to result in increased housing placements as well as an overall reduction in the average length of time persons are homeless.

In an effort to streamline applications submitted within the LAHSA CoC to address our region's overwhelming need to house the homeless, the LACDA and the Housing

Authority of the City of Los Angeles (HACLA) agreed to collaborate with LAHSA to create a series of DedicatedPLUS universal eligibility verification forms for homelessness and disabling conditions. Effective February 1, 2019, the LACDA's Homeless Verification and Certificate of Disability forms became obsolete and LAHSA's new DedicatedPLUS universal eligibility forms were implemented. Along with these LAHSA form replacements, the DedicatedPLUS grant adoption brought a couple of changes with regards to eligibility requirements, which will be outlined in the separate Homeless and Disability subsections to follow.

The goals of the PSH-CoC with DedicatedPLUS are to:

- Promote communitywide commitment to the goal of ending homelessness.
- Serve persons with the highest needs and extensive histories of homelessness, including those experiencing chronic homelessness through further flexibility under DedicatedPLUS requirements.
- Quickly rehouse homeless individuals and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.
- Promote access to and effective utilization of mainstream programs by homeless individuals and families.
- Use a Housing First approach to house the neediest of the homeless population, such as the chronically homeless, homeless veterans, homeless families with children, and homeless unaccompanied youth.
- Increase participants' skills and/or income.
- Enable participants to achieve greater self-determination.

Sections within this handbook include:

I. Preparing Applications for Submission
II. Submission of the Application
III. Obtaining and Maintaining Housing
IV. Inspections
V. Reporting Requirements

SECTION I: PREPARING APPLICATIONS FOR SUBMISSION

Identifying Clients
According to the U.S. Department of Housing and Urban Development's (HUD) regulations, prospective clients for the CoC-PSH Program must meet three (3) basic requirements to qualify for admission into the program.

They must:

- Meet the HUD and DedicatedPLUS's definitions of homelessness;
- Meet DedicatedPLUS disability requirements; and
- Meet income eligibility.

This section outlines applicable requirements and provides tips on completing the application that may help avoid delays or overcoming challenges throughout the process.

Meeting DedicatedPLUS Eligibility
A DedicatedPLUS project is a PSH project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;

2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

4. Residing in transitional housing funded by a Joint Transitional Housing (JTH) and Rapid Re-Housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three (3) years, but has not done so on four (4) separate occasions; or

6. Receiving assistance through a Department of Veterans Affairs (VA) funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Defining Chronically Homeless (Final Rule)

(1) An individual who:

(i) Is homeless, as defined in section 103 of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and lives in a place not meant for human habitation (e.g., street, sidewalk car, park, abandoned building, bus station, airport, or camp ground), a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one (1) year or on at least four (4) separate occasions in the last three (3) years, where the cumulative total of the four (4) occasions is at least one (1) year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; and

(iii) Can be diagnosed with one (1) or more of the following disabling conditions that is expected to be long-continuing or of indefinite duration: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

(2) An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with a Head of Household who meets all the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the Head of Household has been homeless.

The cumulative total of the length of homelessness spent living in a place not meant for human habitation, a safe haven, or in an emergency shelter must be at least 12 months. The final rule provides that a person must have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for a period of at least 12 months as opposed to ‘‘one (1) year.’’ This includes a provision that where a person has experienced at least four (4) occasions of homelessness living in a place not meant for human habitation, a safe haven, or in an emergency shelter over a period of three (3) years, the cumulative total of the occasions must total at least 12 months as opposed to ‘‘one (1) year.’’

The final rule provides that a break in homelessness spent living in a place not meant for human habitation, a safe haven, or in an emergency shelter is considered to be any period of seven or more consecutive nights where an individual or family is not living or residing in such a place. Stays in an institutional care facility (e.g., a jail, substance abuse, or mental health treatment facility, hospital, or other similar facility) for fewer than 90 days and where the individual or family had been living in a place not meant for human

habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility will not constitute as a break.

- Note: *The LACDA cannot enter into a Housing Assistance Payment (HAP) contract with non-emancipated minors who do not have the legal capacity to enter into a lease under State/local law.*

Meeting HUD's Definition of Homeless
HUD requirements are specific and must be met for a client to qualify under the CoC's DedicatedPLUS Program.

1. Category One - Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation (i.e. bus or train stations, airports, or camping grounds, cars, abandoned buildings, parks, sidewalks, etc.)
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including emergency shelters, transitional housing, and hotels/motels paid for by charitable organizations or Federal/State/local government programs for low-income individuals; for homeless persons who originally came from the streets.
- An individual who is exiting an institution where he/she resided 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

  - *PSH projects have the following additional Notice of Funding Availability limitations on eligibility within Category One:*

    - *Individuals and Families coming from JTH must have originally come from the streets or emergency shelter.*
    - *The Head of House must be an individual with a disability.*
    - *Dedicated chronically homeless projects, including those that were originally funded as Samaritan Bonus Initiative Projects, must continue to serve chronically homeless persons exclusively.*

2. *Category Two of the homeless definition, does not apply to PSH projects.*

3. *Category Three of the homeless definition, does not apply to PSH projects.*

4. Category Four - Fleeing/Attempting to Flee Domestic Violence: Any individual or family who is fleeing or attempting to flee from domestic violence, dating violence, sexual assault, victims of human or sex trafficking, or stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place in the person or family's primary

nighttime residence or has made the person or family afraid to return to the primary nighttime residence; has no subsequent residence and lacks the resources and support networks needed to obtain housing.

Who is NOT considered Homeless? Persons who are:

- Incarcerated or being discharged from an institution which is required to provide or arrange housing upon release.
- Wards of the State (although youth in foster care may receive needed support services that supplements but does not substitute for the State's assistance).

Verifying Homelessness

Agencies must submit and maintain documentation that verifies each client's homelessness status and/or history (up to the point of the CoC Program application submission); in accordance with HUD requirements through the LAHSA universal DedicatedPLUS verification forms.

Disability

For DedicatedPLUS PSH, the qualifying household member must be an adult Head of Household or minor Head of Household when no adults are present. When there are multiple adults in the presenting household, or multiple minors in a family with no adult, HUD does not specify which adult or minor must be identified as Head of Household for determining eligibility purposes. Previously, the disability requirement was able to be met by either an adult or child in a family household. DedicatedPLUS has since removed the ability to use a child as the qualifying disabled person if there is an adult Head of Household present.

Definition of Disability

HUD considers an individual to meet the disability requirement if:

1. The individual has a disability that:
    (i) Is expected to be long-continuing or of indefinite duration;
    (ii) Substantially impedes the individual's ability to live independently;
    (iii) Could be improved by the provision of more suitable housing conditions; and
    (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury.

2. A person will also be considered to have a disability if he or she has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):
    (i) A severe, chronic disability of an individual that—
        1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
        2. Is manifested before the individual attains age 22;
        3. Is likely to continue indefinitely;
        4. Results in substantial functional limitations in three (3) or more of the

following areas of major life activity:

A. Self-care;
B. Receptive and expressive language;
C. Learning;
D. Mobility;
E. Self-direction;
F. Capacity for independent living; and
G. Economic self-sufficiency.

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(ii) An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three (3) or more of the criteria described in paragraphs (2)(i) through (v) of HUD's Definition of Developmental Disability, if the individual, without services and supports, has a high probability of meeting those criteria later in life.

3. A person will also be considered to have a disability if that person has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS, including infection with the human immunodeficiency virus (HIV).

Verifying the Disability
Written verification of the disability must be obtained in the form of: a LAHSA Verification of Disability form completed by a professional licensed by the State to diagnose and treat the disability; or any other *acceptable* form of evidence that verifies the client's disability, as listed under the "Verification of Disability" section in the "Reporting Requirements" tab of this Handbook.

Completing the Application
A complete application is the only tool that the LACDA will use to determine if an applicant is qualified or not.

A completed application will be one (1) that includes a completed Coordinated Entry System (CES) referral form for 100% of all referrals, as required for the CoC Program. These referrals must be in compliance with our CoC's approved coordinated entry systems/forms, as listed below:

- CES – Single Adult System: A CES referral form is to be completed and certified by the Service Planning Area (SPA) Community Coordinator or Community Matcher.

As a case manager or housing liaison, your role is critical to a successful outcome. Your thoroughness and attention to detail during the application process will make the difference between a process that is smooth, or one (1) filled with obstacles and delays for you and your client.

Some simple guidelines:

1. Know and understand the CoC requirements before you begin, in order to make certain your client qualifies for the program before initiating an application;
2. Make certain you can (and do) explain the requirements to your client clearly and completely;
3. Spend the time up front to gather all the required documentation, this will save unnecessary delays later;
4. Be aware that some required documents are time-sensitive, and delays caused by incomplete information can automatically trigger the need to resubmit certain documents (proof of income, etc.), which will delay the process immeasurably; and
5. Complete the application thoroughly and make certain you have all the required documentation before submitting the application.

Forms/Notices Pertaining to This Section:

- LAHSA Verification of Homelessness Forms
- LAHSA Verification of Disability Form
- Program Referral Form
- Coordinated Entry System Form
- Application Packet
- Application Checklist Form
- No Conflict of Interest Certification Form
- Out of Service Area Agreement Form

SECTION II: SUBMISSION OF THE APPLICATION

The following is an overview of the process once an application/referral is submitted to the LACDA.

The Submission Process

Step 1: Submission
Sponsor agencies must submit completed referrals and application packets to the LACDA for approval. If any part of the packet is incomplete, the LACDA will not accept the submitted packet and will return all material to the sponsor agency for resubmission once all corrections have been completed.

Step 2: LACDA's Internal Distribution

Once the LACDA has received a complete referral and application packet, the packet will be assigned to an LACDA employee for processing.

Step 3: Initial LACDA Review/Verification

The LACDA employee will review the packet for eligibility by verifying the client's homelessness, income eligibility, and disability. The LACDA employee will also verify, with the State Medical Board, that the physician or medical professional that signed the Verification of Disability form has a valid license to practice and make such a determination.

Step 4: The Briefing Session

The LACDA will schedule a briefing session with the sponsor agency; at the time of scheduling, the LACDA will provide a list of client names and items required at the briefing session. If any items are needed at the briefing session and the client fails to provide them, the client will be rescheduled. Also, if the client fails to attend the briefing session or if the case manager fails to accompany his/her client, the client will be re-scheduled for a final briefing session.

Step 5: Issuance

Once the client attends a briefing session, they will be issued a CoC certificate. The initial term of the certificate is 120 calendar days to find an appropriate unit; if needed, the client may request an extension to the certificate. All requests for extensions must be received prior to the expiration date of the certificate. Extensions may be granted in 30, 60, or 120 day increments, up to a maximum term of 180 calendar days, from the date of issuance, based on extenuating circumstances. Extensions beyond that may be approved by the supervisor up to 365 days.

SECTION III: OBTAINING AND MAINTAINING HOUSING

This section provides basic information for sponsor agencies that will help them assist their clients with completing the leasing process and securing housing.

Locating Units
Sponsor agencies should assist their clients with searching for the following acceptable housing types: scattered site rental units; clustered units within a building or development; or an entire building that houses only program clients. The LACDA collaborates with Los Angeles County Housing Resource Center to provide listings for rentals in the County: housing.lacounty.gov.

Step 1: Review materials with your client
At the time of issuance, clients are given an information packet to help them use their certificate to receive rental assistance in a privately-owned unit (this information does NOT apply to Project-Based and Sponsor-Based clients since they can only use their certificate within specified properties).

Step 2: Help your client find an appropriate rental unit
Clients should search for a unit that is:

- Suitable;
- The right size unit for their household;
- Within Los Angeles County geographic area, which includes unincorporated areas of Los Angeles County and 62 participating cities, other participating cities, and mobility waiver options; and
- Mobility Policy requires the Program Sponsor and LACDA approval on a case-by-case basis.

Step 3: Completing a Request for Tenancy Approval (RTA) form
Once the client finds a unit and the property owner is willing to participate in the CoC Program, the client and property owner must complete an RTA form.

Your client is encouraged to read the RTA carefully, as it contains details about releasing their information to the property owner.

Participant Mobility
The decision of a program participant to choose housing or move outside of the CoC's geographic area should be one that is made in consultation between the program participant, the LACDA, and sponsor agency. The LACDA and/or sponsor agency may decline a program participant's request to choose housing or move outside of the CoC's geographic area is that neither the LACDA and/or sponsor agency can reasonably meet all of the CoC Program requirements at or near the desired address.

Homeless Incentive Program (HIP)
The HIP was created to assist homeless families with finding and securing housing for their initial housing unit. The HIP offers monetary incentives to encourage property owners to rent their available units to the LACDA's homeless applicants. The HIP also provides housing leads and move-in assistance for homeless applicants once they have successfully located a housing unit with their initial certificate. These HIP incentives and services will continue to be available if funding permits.

Open Doors
To increase the number of property owners participating in the County's rental assistance programs, the LACDA launched a new business model that provides an enhanced customer service experience for property owners.

Through a collaborative effort between the LACDA and Los Angeles County, Open Doors provides property owners who rent their available units to subsidized families with monetary and non-monetary assurances.

Developing Relationships with Property Owners
The CoC Program strongly encourages that sponsor agencies establish positive relationships with property owners that are willing to rent to program clients.

Conducting outreach to property owners and explaining the purpose of the CoC Program are very important as many property owners have little experience with formerly homeless and disabled clients. It is equally important to demonstrate the benefits offered to property owners and clients alike, including:

- Certainty of payment; and
- Assurance that clients will receive referrals to the supportive services they need and support from the sponsor if any problems arise.

Unit Rents
Rents for units subsidized through the CoC-PSH Program must meet a "rent reasonableness" test. For the CoC-PSH's TBRA, SBRA, and PBRA components, the LACDA must determine whether the rent being charged for an assisted unit is both:

- Reasonable in relation to rents being charged for comparable unassisted units with similar features and amenities; and
- Not more than rents currently being charged by the same property owner for comparable unassisted units.

The rents for SBRA, TBRA, or PBRA units may be set at the reasonable rent level even if it is higher than the HUD Fair Market Rent (FMR) limits.

Be mindful, that leasing SBRA, TBRA, and PBRA units at rents higher than the FMR may cause problems in the future since the CoC grant amounts are calculated by multiplying the proposed number of unit size(s) by the number of months in the renewal grant term

and the applicable FMR, as opposed to the "reasonable rent." Administrative costs, damage payments, and rent increases can only be covered if the total grant amount exceeds the actual costs of serving the number of clients proposed to be served in the CoC application.

Security Deposits
Rental Assistance funds can be used for security deposits, provided that the amount does not exceed two (2) months of the assisted unit's contracted rent. An advance payment of the last month's rent may be provided to the property owner, in addition to the security deposit and payment of the first month's rent.

Forms/Notices Pertaining to This Section:
- RTA
- Disclosure of Info on Lead-Based Paint/Hazards Form
- Letter of Authorization Form
- IRS W-9 Form
- Direct Deposit for Vendors Form
- Request for Security Deposit (if needed)
- Searching for A Rental Home
- Jurisdiction finder: https://www.lacda.org/section-8/shared-info/where-we-operate
- A Three-way Partnership
- Fair Housing: You Are Protected Under California Law

SECTION IV: INSPECTIONS

Initial Inspections

After your client submits an RTA, an assigned LACDA employee will conduct a rent reasonableness study for the selected unit.

Once the assigned LACDA employee has identified the selected unit as affordable, Housing Quality Standards (HQS) inspection will be scheduled within 15 calendar days.

Scheduling Inspections
The LACDA conducts inspections on business days between the hours of 7:00 a.m. and 4:00 p.m.

Housing Quality Standards
HQS are the minimum set of standards set in place to ensure that assistance provided is for decent, safe, and sanitary housing. Before any rental assistance may be provided, the LACDA must physically inspect each assisted unit to ensure that it meets HQS. The prospective tenant has the right to be present at a scheduled inspection.

During the inspection, the unit must be fully vacated by the previous tenant(s). If the unit is furnished with items not to remain in place for the assisted tenancy; it is not considered ready for inspection. An adult (age 18 years or older) must be present.

A good tip about this process is to address any potential issues in advance of the inspection. It is in your client's best interest to conduct a pre-inspection walk through with the potential property owner prior to the inspection to ensure that it meets the minimum standards for approval. The brochure *A Good Place to Live* contains a detailed summary of HQS requirements and is designed as a "pass along" to your clients and prospective property owners.

Some HQS standards are:

- At the initial inspection, all units must have an operable refrigerator and stove. If the refrigerator and/or stove is not present at the inspection, but all other facets of the unit passed the inspection, the inspection would be marked "Inconclusive." If your client will be responsible for providing these appliances, your client may be able to self-certify that they will provide the missing appliance(s) by their next HQS inspection. Once confirmed that the appliance(s) are in the unit, the inspection status would be updated to "Pass."
- Unit must be structurally sound and safe.
- Windows that open must close and lock properly, including security bar release mechanisms.
- Exterior doors must lock properly (no double key deadbolts) and be solid core and weather tight to wind and rain.

- Heating systems must be operable, safe, and properly vented. The heater pilot must be on, or a current Gas Company tag stating that the heater is safe and operable must be provided. Any present thermostats must be operable.
- The garage must be accessible, whether attached or detached; garages are not to be used as a living space.
- Swimming pools in multifamily structures must be enclosed by a gate that is 48 to 60 inches tall. The gate must be self-closing with a self-closing latch and a protected panel must surround the latch.
- The hot water heater must be operable, accessible, properly ventilated and secured for seismic stability. It must also have either a temperature-pressure relief valve or a pressure relief valve. Either type of valve must also have a drainpipe facing downward and ending no more than six inches above the floor. It must not be located near combustibles. If a gas hot water heater is in bedrooms or other living areas, a safety divider or shield must be installed.

Correcting Deficiencies Discovered in Initial Inspections
Prior to move in, it is the property owner's responsibility to correct all deficiencies noted.

A follow-up inspection is scheduled to examine the correction. A maximum of three (3) inspections to correct deficiencies are allowed; if the deficiencies are not corrected the RTA will be canceled.

Once inspection has passed, the owner and tenant agree on a move in date and sign a lease. A copy of the lease must be provided to the LACDA.

Annual Inspections

An annual inspection will be conducted once a year throughout the life of the contract. Tenants and property owners should regularly assess the condition of the unit before any scheduled inspections to identify and correct any deficiencies. During each annual re-inspection, all required appliances must be present and operable.

Correcting Deficiencies Discovered in Annual Inspections
When deficiencies are discovered in the annual inspection, a follow-up inspection is scheduled to occur (usually 21-28 days later) and the deficiencies must be corrected by that time. The inspection record will identify whether the tenant, the property owner, or both parties are responsible to correct the deficiencies.

If deficiencies are not corrected by the follow-up inspection, the following will occur:

- If there are property owner deficiencies that have not been corrected, HAP will be abated; a proposal to terminate the HAP contract will occur and, if there are only property owner deficiencies, the tenant will be reissued a certificate to move.
- If there are tenant deficiencies, a proposal to terminate the tenant's participation in the program will occur. The tenant can also request a hearing by a specific date.

- A third inspection will be scheduled, and this inspection is generally the final inspection.

If deficiencies are not corrected by the final inspection, the following will occur:

- If there are property owner deficiencies that have not been corrected, the HAP contract will be terminated and, if there are only property owner deficiencies, the tenant will have the right to move with the certificate that has been issued to him/her.
- If there are tenant deficiencies, the tenant's participation will be terminated, unless a request for a hearing was received by the LACDA timely. If a hearing request was received from the tenant timely, a hearing will be conducted, and the hearing officer will make a determination regarding the tenant's continued participation on the program.

Forms/Notices Pertaining to This Section:

- Instructions to Certificate Holders
- A Good Place to Live

SECTION V: REPORTING REQUIREMENTS

The following outlines the program requirements that must be adhered to remain in compliance with the CoC DedicatedPLUS Program.

CONTRACTOR'S RESPONSIBILITIES

Contractor's responsibilities are detailed in the LACDA/Sponsor Agency CoC Program Agreement which is executed annually. Each sponsor agency must review its Agreement to become familiar with its contractual obligations, particularly paying attention to the following sections:

SECTION	TITLE
SECTION 1	DEFINITIONS
SECTION 2	SERVICES AND DUTIES
SECTION 3	COMPENSATION
SECTION 5	TERM
SECTION 13	INSURANCE
SECTION 19	FORMS AND REPORTS
SECTION 21	PARTICIPANT MASTER FILE
SECTION 24	AUTHORITY'S QUALITY ASSURANCE PLAN
SECTION 42	CONFLICT OF INTEREST
ATTACHMENT I	INSURANCE REQUIREMENTS
ATTACHMENT II	STATEMENT OF WORK
ATTACHMENT III	FEE SCHEDULE
ATTACHMENT IV	CONTRACT FORMS

CONTRACT MONITORING

A. MONITORING PROCESS

An online monitoring review will be conducted on an annual basis for each sponsor agency that provides contractually obligated supportive services to the CoC grants. The sponsor agency will utilize a new LACDA CBO Monitoring Portal that will replace onsite CoC monitoring visits starting in 2021. The following describes the monitoring process leading up to the date of review:

- A scheduling letter sent via email detailing the date/time of the online review will be mailed to the sponsor agency at least 30-days prior to the scheduled review. Additionally, an email will be sent with a Microsoft Teams conference call invitation to be used on the scheduled date of monitoring.

- One week prior to the online review, an email will be sent to the sponsor agency requesting the Quarterly Match Funds Tracking Report for each quarter of the operating year. This allows the monitoring analyst an opportunity to assess the report

prior to the scheduled review and discuss any questions or concerns regarding service match during the monitoring review.

- Seventy-two hours prior to the online review, an email notification will be sent to the sponsor agency confirming the date/time of the monitoring review, the items that will be required for upload to the online monitoring webpage, and the client files that were selected to be reviewed. Please be sure to upload all documents before the scheduled conference call on the assigned monitoring date.

Day of Monitoring:

- An entrance conference call, via Microsoft Teams, will be held to explain the online monitoring review procedures.

- After the entrance conference call, the sponsor agency will be on standby for the remainder of the day as the monitoring analyst reviews the required documents that were uploaded from each selected client file to ensure the below documentation is complete and present in the file. If any items are missing, incomplete, or contain errors, the sponsor agency must be prepared to provide the correct copies or supplemental documentation such as case notes, emails, and letters to support the documentation.

- A same day exit conference call, via Microsoft Teams, will be held to recognize areas of strong performance, discuss any problematic areas, and allow the sponsor agency an opportunity to respond to any findings from the document upload review.

- The sponsor agency will receive a monitoring review result letter, via email, 30 days after the online monitoring review.

B. REPORTING REQUIREMENTS

The following are reporting requirements due to the LACDA once the client receives a CoC certificate.

1. Annual Needs Assessment

An Annual Needs Assessment (ANA) form must be submitted for each CoC participant, each operating year, after the client has been housed for a full year. Continuous housing needs assessments must be conducted for service providers to ensure that appropriate assistance (housing assistance and supportive services) are being offered and/or rendered to its target population. Needs assessments are to ensure that 1) adequate supportive services (i.e., credit repair courses, mental health counseling, etc.) are made available to each client; 2) the client's needs are (re)evaluated in order to adequately recommend supportive services; and 3) clients maintain program compliance and retain permanent

housing. Please be sure that each form is signed and dated during the operating period.

2. **Quarterly Match Funds Tracking Report**
   A Quarterly Match Funds Tracking Report must be submitted for each grant, on an Annual Performance Report (APR) quarter basis. The report shall be submitted to the LACDA by the 15th of the month following each quarterly reporting period.

3. **Annual Performance Report**
   The APR must be submitted to the LACDA for each grant within 30 days after the operating year is over.

   ** APR sample forms are attached as an exhibit.

4. **Insurance**
   Verification of Insurance coverage must be submitted to the LACDA each time the insurance policy is renewed during the annual Sponsor Agency CoC Program Agreement renewal. For specific guidance on coverage requirements, please contact Sander Schmidt, Administrative Analyst, at Sander.Schmidt@lacda.org.

5. **Referrals and Lease-Up**
   Client application/referrals must be submitted promptly and on a continuous basis, resulting in 50% of the total allocations within six months of contract execution and 100% of the allocation within 12 months from execution of the LACDA's Sponsor Agency CoC Program Agreement.

   The referral and lease-up requirement will be monitored throughout the year and will be included with the results of the onsite monitoring review. Failure to reach 100% lease-up in a timely manner is subject to de-obligation of funds by HUD as stipulated in 24 CFR §578.85.

C. QUALITY ASSURANCE/MONITORING REQUIREMENTS

Through digital filing, all LACDA required records shall be kept and made available for examination.

1. **Verification of Homelessness**
   - Your agency must ensure that the chronic homeless population served is adequately documented and reported to the LACDA via the APR.

   - This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Homeless documentation used for each client's approved CoC application to be available upon request. It is highly recommended to keep this form flagged for ease of access.

- Verification of homelessness shall be maintained in each participant's master file as evidence that your agency administers rental assistance to only eligible participants. For clients admitted before February 2019, documentation of Homelessness consists of the appropriate verifying documents as outlined in the LACDA's previous Housing Authority of the County of Los Angeles (HACoLA) Homeless Condition Certification form (i.e., third party letter from an emergency shelter, or transitional placement, motel receipts, pictures of persons living in a place not meant for human habitation, etc.). For clients admitted after February 2019, documentation of Homelessness consists of LAHSA's DedicatedPLUS Homeless Verification forms (Homeless History, Homeless Verification, and Due Diligence forms)

- The persons to be served in this program shall be hard-to-serve homeless Families with disabilities, as defined by the CoC Program Regulations at 24CFR Part 582.5 and outlined in Section 1: Preparing Applications for Submission, of this handbook.

2. Intake

- This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Initial Intake documentation used for each client's approved CoC application to be available upon request.

- A Housing Intake Assessment form must be completed for each participant prior to being admitted onto the CoC Program. The intake form will document when the client has met the eligibility criteria regarding family status residency (i.e. homeless), disability, and income. The Housing Intake Assessment must identify the barriers that have caused and/or perpetuated the client's homelessness and which supportive services, if any, would enable a smooth transition into permanent housing.

3. Annual Needs Assessment (ANA)

An ANA form must be submitted for each CoC participant, on an operating year basis, after the client has been housed for a full year. Continuous housing needs assessments must be conducted for service providers to ensure that appropriate assistance (housing assistance and supportive services) are being offered and/or rendered to its target population. ANA forms are to ensure that: adequate supportive services (i.e., credit repair courses, mental health counseling, etc.) are made available to each client; the client's needs are (re)evaluated in order to adequately recommend supportive services, if any, can assist the client with their disability(ies); and they maintain Program compliance and retain permanent housing. Please ensure that each ANA form is signed and dated during the operating period.

4. Verification of Disability

- This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Disability form documentation used for each client's approved CoC application to be available upon request.

- Disability verification shall be maintained in each client file as evidence that rental assistance is being provided to eligible participants.

Written Verification

- Written verification of the disability from a professional, licensed by the State to diagnose and treat the disability, and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently. Clients admitted after January 2019 must use the universal Verification of Disability form to satisfy the written verification of disability requirements.

- For clients admitted before February 2019, the LACDA's HACoLA Certificate of Disability form must be completed by a licensed professional and include the professional's license number and signatures of both the participant and the professional. For clients admitted after February 2019, the LAHSA DedicatedPLUS Verification of Disability must be used.

- When an individual's or Head of Household's qualifying disability is HIV/AIDS, the only documentation required is a written verification from a professional licensed by the State to diagnose and treat HIV/AIDS. A certification that the condition is expected to be of long-continuing or indefinite duration and that it substantially impedes the individual's ability to live independently is not required.

Please note that the following items may serve as acceptable evidence of the client's disability in lieu of the Verification of Disability form:

- Written verification from the Social Security Administration (e.g., SSDI letter of award) that names the Head of Household as the person with the disability; or
- Evidence of the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation) with the Head of Household clearly identified as the individual with the disability; or

- Intake staff-recorded observation of disability, which must be supported with one of the acceptable forms of evidence noted above within 45 days following Program intake; or
- Other documentation approved by HUD.

Please note that oral-third party and self-certification is NOT an appropriate form of disability verification.

5. Supportive Services Match

Documentation of matching funds requires tracking the value of supportive services and must illustrate no less than a 25% financial match to the entire grant amount awarded under the CoC Program. This 25% match amount can be found in each grant's Sponsor Agency CoC Program Agreement under the Statement of Work's Section B, Part 6. The match is to be tracked by utilizing the Quarterly Match Funds Tracking Report provided by the LACDA. The report must be certified by a sponsor staff signature and submitted to the LACDA according to the corresponding quarter of that operating year.

The records must indicate the source and use of contributions made to satisfy the match requirement. The records must show how the value placed on third-party in-kind contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

The following may be counted towards meeting the match requirement:

- The value of supportive services provided by third-party organizations.
- The value of supportive services provided by professionals volunteering their professional services.

  Note: To the extent feasible, in-kind match represented by volunteer services must be documented using the same methods used by the provider to support the allocation of regular personnel costs. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the provider's organization. If employees of the provider do not perform similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

- Salaries paid to sponsor agency staff to provide supportive services to program participants.
  - Direct provision of services. If the supportive services are being directly delivered by the sponsor agency, eligible costs for those services also include:
    - The costs of labor or supplies, and materials incurred by the sponsor agency in directly providing supportive services to program participants; and

- The prorated amount of salary and benefit packages of the sponsor agency staff who directly delivers the services.

Eligible services must address the special needs of the participants, and may include:

- Annual assessment of service needs
- Assistance with moving costs
- Case management
- Childcare (operating or vouchers) in licensed centers for children under age 13 or for children under age 18, if disabled
- Educational services
- Employment assistance and job training
- Food (meals or groceries for program participants)
- Housing search and counseling services
- Legal services (immigration, citizenship, and mortgage/homeownership legal matters are ineligible)
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services (including work-related transportation and cellphone)
- Substance abuse treatment services
- Transportation (transportation for program participants, mileage for service workers, vehicles, and more, as specified)
- Utility deposits*

Note: *Inpatient acute hospital is NOT eligible*.

After the execution of the grant agreement, outreach counts towards meeting the match. Outreach is defined as identifying eligible hard to reach homeless persons and should be primarily directed toward persons who have nighttime residence at emergency shelters or places not designated for regular sleeping accommodations, i.e., abandon buildings, parks, cars, and streets.

Calculating the supportive services match is simple:

- Agencies must ensure a 25% service match is met for the total grant awarded. The match must be reported via both the Quarterly Match Funds Tracking Report and the APR

6. No Conflict of Interest Certification

Agencies must ensure compliance with the LACDA's No Conflict of Interest policies to ensure that no conflict of interest exists between participants and grantee/sponsor staff. To comply with this requirement, sponsor agencies must ensure that each CoC participant, its employees and subcontractors involved with the CoC Program sign and date the No Conflict of Interest Certification form, provided by the LACDA. The LACDA will review the No Conflict of Interest forms

signed and dated by their participants, employees, and/or subcontractors during its annual monitoring site visits.

Forms/Notices Pertaining to This Section:

- Annual Needs Assessment Form (LACDA form)
- APR (HUD forms)
- Contractual Insurance Requirements List (Attachment I of your LACDA Agreement)
- Homeless Condition Certification Form (LACDA form)
- DedicatedPLUS Homeless Verification Forms (LAHSA forms)
- Housing Intake Assessment Form (LACDA form)
- Certificate of Disability Form (LACDA form)
- Verification of Disability Form (LAHSA form)
- Supportive Services Fee Schedule (Attachment III of your LACDA Agreement)
- Instructions for CoC Supportive Services Match Documentation (LACDA document)
- Quarterly Match Funds Tracking Report (LACDA document)
- Participant No Conflict of Interest Certification (LACDA form)

TRI-CITY MENTAL HEALTH AUTHORITY

FISCAL YEAR 2021-22 PROVISIONAL BILLING RATES

SERVICES	**HOURLY RATES**
A. Targeted Case Management Services Provided by Mental Health Rehab Specialist and Marriage & Family Therapist	$174.60/hour
B. Mental Health Services Provided by Clinical Social Workers, Marriage & Family Therapist, Mental Health Rehab Specialist, and Psychiatric Technician	$224.40/hour
C. Medication Support Services Provided by Psychiatrist and Psychiatric Technician	$414.60/hour
D. Crisis Intervention Services Provided by Psychiatric Technician, Clinical Social Worker, Marriage & Family Therapist, and Mental Health Rehab Specialist	$333.60/hour

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

SUBJECT: **Consideration of Resolution No. 671 Authorizing to Accept the Authority's Non-Competitive Allocation Award in the Amount of $1,140,000 under the No Place Like Home (NPLH) Program for the Claremont Gardens Project**

Summary:

On August 29, 2022, the California Department for Housing and Community Development (CDHCD) notified Tri-City Mental Health Authority (TCMHA) of the designation (award) of No Place Like Home (NPLH) Program funds in the amount of $1,140,000 for the Claremont Gardens Project. Accordingly, the CDHCD requested an updated Resolution that shows all the Notice of Funds Available (NOFA) dates to continue to move forward with the Standard Agreement required for the distribution of TCMHA's NPLH Non-Competitive Funds.

Background:

On July 1, 2016, California Governor Brown signed AB1618 enacting the No Place Like Home (NPLH) Program, and later enacted by California voters under Proposition 2 in November 2018. NPLH deducts 7% of each County's MHSA allocation and transfers an estimated 2 Billion dollars to a funding pool with the purpose to develop additional permanent supportive housing. The program was divided into three funding components: technical assistance grants; non-competitive grants; and competitive grants. The CDHCD is the agency overseeing the NPLH program.

On August 15, 2018, the CDHCD issued the Notice of Funds Available (NOFA) for the Noncompetitive Allocation of NPLH funds, indicating that all Noncompetitive Allocation funds must be requested by counties by August 15, 2019. Originally, the allocation of noncompetitive funds were based on the 2017 Point-in-Time Homeless Counts of each county. However, in October 2018, the CDHCD issued an update to amend noncompetitive allocation fund amounts based on the 2018 Point-in-Time Homeless Count. Accordingly, TCMHA's noncompetitive allocation as of the October 2018 update was $1,140,736. In addition, NPLH Program Guidelines stipulated that applications for both the noncompetitive and competitive grant components required that the applying jurisdiction have a current countywide Homeless Plan. TCMHA completed its Strategic Homelessness Plan in January and it was approved by the Governing Board on February 20, 2019.

On March 26, 2019, the CDHCD issued a memo to all counties reiterating the deadlines and process for counties and the two city jurisdictions to drawn down and expend their noncompetitive funds. Therefore, on April 17, 2019 the Governing Board adopted Resolution No. 479 authorizing the Executive Director to file on behalf of TCMHA the NPLH Acceptance Forms for, and receipt of, Noncompetitive Allocation funds in the amount of $1,140,736 under the NPLH Program.

On February 19, 2020, the Governing Board adopted Resolution No. 520 designating its $1,140,736 non-competitive NPLH Funds to support a senior low-income housing project in partnership with the City of Claremont, Genesis LA Economic Growth Corporation, and Restore Neighborhoods, LA, Inc. (RNLA); and on February 17, 2021 the Governing Board adopted Resolution No. 574 authorizing the Executive Director to enter into, and execute, a Disposition and Development Agreement with RNLA for the development, financing, and operation of the Claremont Gardens, a 15-unit new construction/rehabilitation combined Affordable and Permanent Supportive Housing for seniors, at TCMHA's property located at 956 W Baseline Road in Claremont, California.

Finally, on August 29, 2022 the CDHCD notified TCMHA of the designation (award) of NPLH Program, Round 4 funds, in the amount of $1,140,000 for the Claremont Gardens Project; and on September 8, 2022, the CDHCD requested an updated TCMHA Resolution that shows all the NOFA dates to continue to move forward with the Standard Agreement, which is required for the distribution of TCMHA's NPLH Non-Competitive Funds.

Fiscal Impact:

TCMHA will assign its $1,140,000 in NPLH funds to the Claremont Gardens Housing Project.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 671 authorizing the Executive Director to act on behalf of TCMHA, to enter into, execute, and deliver and all documents required to be awarded, and for receipt of, Noncompetitive Allocation funds in the amount of $1,140,000 under the No Place Like Home Program.

Attachments:

Attachment 7-A: Resolution No. 671 - DRAFT

RESOLUTION NO. 671

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING TO ACCEPT THE AUTHORITY (COUNTY) NONCOMPETITIVE ALLOCATION AWARD UNDER THE NO PLACE LIKE HOME (NPLH) PROGRAM

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. The State of California, Department of Housing and Community Development ("Department") issued a Notice of Funding Availability, dated August 15, 2018 as amended on October 30, 2018, on October 23, 2020, on October 29, 2021 and as may be further amended from time, (collectively, the "NOFA") under the No Place Like Home Program ("NPLH" or "Program") authorized by Government Code section 15463, Part 3.9 of Division 5 (commencing with Section 5849.1) of the Welfare and Institutions Code, and Welfare and Institutions Code section 5890.

B. Tri-City Mental Health Authority ("County") desires to apply for, and accept, its NPLH Noncompetitive Allocation award, as detailed in the NOFA. The NOFA relates to the availability of Noncompetitive Allocation funds under the NPLH Program; and Tri-City Mental Health Authority, is a County and an Applicant, as those terms are defined in the NPLH Program Guidelines, dated July 17, 2017 ("Guidelines")

2. Action

A. The County is hereby authorized and directed to apply for and accept their NPLH Noncompetitive Allocation award, as detailed in the NOFA, up to the amount authorized by Section 102 of the Guidelines and applicable state law.

B. The County Executive Director, or designee, is hereby authorized and directed to act on behalf of County in connection with the NPLH Noncompetitive Allocation award, and to enter into, execute, and deliver any and all documents required or deemed necessary or appropriate to be awarded the NPLH Noncompetitive Allocation award, and all amendments thereto (collectively, the "NPLH Noncompetitive Allocation Award Documents").

C. The County shall be subject to the terms and conditions that are specified in the NPLH Noncompetitive Allocation Award Documents, and that County will use the NPLH Noncompetitive Allocation award funds in accordance with the Guidelines, other applicable rules and laws, the NPLH Program Documents, and any and all NPLH Program requirements.

[Continued on page 2.]

D. For Projects funded under Article II of the Guidelines, that County is hereby authorized and directed to submit one or more Project applications within 30 months of the issuance of the Department's NOFA, proposing to utilize any Noncompetitive Allocation funds awarded to the County.

E. For Shared Housing Projects proposed under Articles III or IV of the Guidelines, if designated by the Department to administer funds for Shared Housing, the County is hereby authorized and directed to accept applications utilizing Noncompetitive Allocation funds no later than 30 months from the issuance of the Department's NOFA.

F. That County will make mental health supportive services available to a project's NPLH tenants for at least 20 years, and will coordinate the provision of or referral to other services (including, but not limited to, substance use services) in accordance with the County's relevant supportive services plan, in accordance with Welfare and Institutions Code section 5849.9 (a).

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

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

SUBJECT: **Consideration of Resolution No. 672 Approving an Agreement with Sisson Design Group in the Amount of $30,000 for Remodeling Construction Services, Effective September 21, 2022, and Authorizing the Executive Director to execute the Agreement**

Summary:

Staff is seeking approval to authorize Tri-City Mental Health Authority (TCMHA) to enter into an Agreement with Sisson Design Group in the amount of $30,000 for Construction Drawing, Structural Engineering, Electrical Engineering, Furniture Specification and Construction Administration services for the Office Remodel project at the 2001 N. Garey Ave building located in Pomona.

Background:

On March 18, 2020, the Governing Board adopted Resolution No. 524, approving the expenditures from the Capital Facilities and Technological Needs (CFTN) Plan for various projects including the Office Space Remodel/Capital Improvements Project. The plan included an estimated cost of $348,000 for this project, which consisted of $290,000 for construction, contract administration and design services. Staff is recommending that the Sisson Design Group provide remodeling construction services that will include construction drawing, furniture specification, and construction administration services for the Office Space Remodel Project within the existing TCMHA MHSA Administration Building located at 2001 N. Garey in Pomona.

Sisson Design Group is a professional interior design firm located in the Inland Empire offering a comprehensive range of services in the commercial interior design field including: Space Planning, Interior Design, Furniture Planning, Construction Documents, City Plan Check Processing and Construction Administration. They have provided planning and design services for various corporate, educational, institutional, medical, governmental, and hospitality projects throughout Southern California and the western United States and their staff have over 30 years of experience practicing commercial interior design. Tri-City has previously contracted with the Sisson Design Group, and the most notable project was the completion of Tri-City's Wellness Center. The consultants' hourly rates are comparable and in line with other consulting firms which Tri-City has recently contracted with.

Fiscal Impact:

As previously approved on March 18, 2020, the $30,000 funding for this project will 100% from MHSA Capital Facilities and Technological Needs (CFTN) funds.

Recommendation:

Staff recommends that the Governing Board approve Resolution No. 672 approving the agreement with the Sisson Design Group in the amount of $30,000 to provide project management, construction administration and drawing services for the Office Space Remodel Project, and authorizing the Executive Director to execute the Agreement.

Attachments

Attachment 8-A: Resolution No. 672 – DRAFT

Attachment 8-B: TCMHA & Sisson Agreement for Remodeling Construction Services, Effective September 21, 2022 - DRAFT

RESOLUTION NO. 672

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING AN AGREEMENT WITH SISSON DESIGN GROUP IN THE AMOUNT OF $30,000 FOR REMODELING CONSTRUCTION SERVICES, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

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 approve an agreement with Sisson Design Group for remodeling construction services that include construction drawing, furniture specification, and construction administration services for the remodeling construction of the office/training room within the existing TCMHA MHSA Administration Building located at 2001 N. Garey in Pomona.

B. The Authority affirms that Sisson Design Group is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. The Agreement does not create or establish the relationship of employee and employer between Contractor and Tri-City.

C. The Authority shall pay a consultant fee of $150/hour; totaling approximately $30,000 for all services provided.

2. Action

The Authority's Executive Director is authorized to enter into, and execute, an Agreement with Sisson Design Group for the remodeling construction services in an approximate amount of $30,000, effective September 21, 2022.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on September 21, 2022, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

SISSON DESIGN GROUP

DATED

September 21, 2022

ATTACHMENT 8-B

Section Page

AGREEMENT

1. PARTIES AND DATE.

THIS AGREEMENT (hereinafter "Contract" or "Agreement") is made and entered into as of the 21st day of September, 2022 ("Agreement Date") by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, #B, Claremont, California 91711 (hereinafter "TCMHA") and SISSON DESIGN GROUP, a California limited liability company, with its principal place of business at 3100 E. Cedar Street, Suite 26, Ontario, CA 91761 (hereinafter "Contractor"). TCMHA and Contractor are sometimes individually referred to as a "Party" and collectively as "Parties."

2. CONTRACTOR.

The express intention of the parties is that Contractor is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between Contractor and TCMHA or any employee or agent of Contractor. At all times Contractor shall be an independent contractor and Contractor shall have no power to incur any debt, obligation, or liability on behalf of TCMHA without the express written consent of TCMHA. Neither TCMHA nor any of his agents shall have control over the conduct of Contractor or any of Contractor's employees, except as set forth in this Agreement. In executing this Agreement, Contractor certifies that no one who has or will have any financial interest under this Agreement is an officer or employee of TCMHA.

3. SCOPE OF SERVICES.

Contractor shall furnish all materials, necessary equipment, and obtain any required construction Permits on behalf of TCMHA, to perform all labor to complete the construction drawing, furniture specifications, and construction administration services for the remodeling construction of the office/training room at TCMHA's MHSA building located at 2001 N. Garey Avenue, Pomona, CA 91767, as set forth in Contractor's Proposal incorporated into and made a part of this Agreement as 'Exhibit A.'

4. PERFORMANCE OF SERVICES.

Contractor reserves the sole right to control or direct the manner in which services are to be performed. Contractor shall retain the right to perform services for other entities during the term of this Agreement, so long as they are not competitive with the services to be performed under this Agreement. Contractor shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the Services provided to TCMHA under this Agreement without the expressed written permission of TCMHA. Contractor warrants that it is not a party to any other existing agreement, which would prevent Contractor from entering into this Agreement or which would adversely affect Contractor's ability to fully and faithfully, without any conflict of interest, perform the Services under this Agreement. In addition:

a. Contractor shall cause the Project to be designed and constructed in accordance with TCMHA approved specifications.

b. Contractor shall comply will all applicable federal, state and local laws, codes, ordinances, rules, orders, regulations, and statutes affecting the construction of the project and/or any services performed under this Agreement.

c. Contractor shall take all reasonable steps during the course of the Project so as not to interfere with the on-going operation of TCMHA business, the adjacent residences, businesses and facilities, including but not limited to not interfering with pedestrian and vehicular access.

d. Contractor shall perform in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions and in similar locations. Compliance with this section by Contractor shall not in any way excuse or limit the Contractor's obligations to fully comply with all other terms in this Agreement.

5. SUBCONTRACTORS.

Any work or services subcontracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Agreement.

6. TIME AND LOCATION OF WORK.

Contractor shall perform the services required by this Agreement at 2001 N. Garey Avenue in Pomona, CA and/or any other place or location and at any time as Contractor deems necessary and appropriate, so long as the services are provided within the manner outlined in 'Exhibit A'.

7. TERMS.

The services and/or materials furnished under this Agreement shall commence October 1, 2022 and shall be and remain in full force and effect until June 30, 2022 or the remodeling construction project is confirmed completed, or the Agreement amended or terminated in accordance with the provisions of Section 8 below.

8. TERMINATION. This Agreement may be terminated only as follows:

Except as provided in this Agreement, either party may terminate this Agreement at any time, without cause, upon ten (10) calendar days prior written notice to the other party. Contractor agrees to cooperate fully in any such transition, including the transfer of records and/or work performed.

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

a. TCMHA shall pay Contractor an amount not to exceed the amount stated in 'Exhibit A'. Payment will be made within thirty (15) days following receipt of invoices and completion/delivery of services/goods as detailed in Section 3 of this Agreement and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional/industry standards for the area in which Contractor operates. TCMHA is not

responsible for paying for any work done by Contractor or any subcontractor above and beyond the amount listed in the Contractor's Proposal for remodeling construction services for the office/training room at TCMHA's MHSA building located at 2001 N. Garey Avenue in Pomona, California, dated May 13, 2022, and incorporated herein as 'Exhibit A'; unless agreed upon in writing by TCMHA's Executive Director.

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

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

10. LICENSES.

Contractor declares that Contractor has complied with all federal, state, and local business permits and licensing requirements necessary to conduct business.

11. PROPRIETARY INFORMATION.

The Contractor agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning TCMHA's business, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of TCMHA. The Contractor will not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information in order for Contractor to render services to TCMHA and employees of TCMHA, without written approval by Executive Director of TCMHA, either during or after its engagement with TCMHA, unless and until such Proprietary Information has become public knowledge without fault by the Contractor. Contractor shall also be bound by all the requirements of HIPAA.

12. REPORTS AND INFORMATION.

The Contractor, at such times and in such forms as the TCMHA may require, shall furnish TCMHA such reports as it may request pertaining to the work or services undertaken pursuant to this Contract, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Contract.

13. RECORDS AND AUDITS.

The Contractor shall maintain accounts and records, including all working papers, personnel, property, and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by TCMHA to assure proper

accounting for all project funds, both Federal and non-Federal shares. These records must be made available for audit purposes to TCMHA or any authorized representative, and must be retained, at the Contractor's expense, for a minimum of seven (7) years, unless Contractor is notified in writing by TCMHA of the need to extend the retention period.

14. CONFLICT OF INTEREST

Contractor hereby certify that to the best of their knowledge or belief, no elected/appointed official or employee of TCMHA is financially interested, directly or indirectly, in the provision of goods/services specified in this Agreement. Furthermore, Contractor represents and warrants to TCMHA that it has not employed or retained any person or company employed by the TCMHA to solicit or secure the award of this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of the Agreement.

15. GENERAL TERMS AND CONDITIONS.

a. Indemnity. Contractor agrees to indemnify, defend and hold harmless TCMHA, its officers, agents and employees from any and all demands, claims or liability of personal injury (including death) and property damage of any nature, caused by or arising out of the performance of Contractor under this Agreement. With regard to Contractor's work product, Contractor agrees to indemnify, defend and hold harmless TCMHA, its officers, agents and employees from any and all demands, claims or liability of any nature to the extent caused by the negligent performance of Contractor under this Agreement.

b. Insurance. Contractor shall obtain and file with TCMHA, at its expense, a certificate of insurance before commencing any services under this Agreement as follows:

i. Workers Compensation Insurance: Minimum statutory limits.

ii. Commercial General Liability And Property Damage Insurance: General Liability and Property Damage Combined. $2,000,000.00 per occurrence including comprehensive form, personal injury, broad form personal damage, contractual and premises/operation, all on an occurrence basis. If an aggregate limit exists, it shall apply separately or be no less than two (2) times the occurrence limit.

iii. Automobile Insurance: $1,000,000.00 per occurrence.

iv. Errors And Omissions Insurance: $1,000,000.00 per occurrence.

v. Builder's Risk Property Insurance: request subcontractors to carry coverage for "all risk" Builder's Risk Insurance, with some exceptions, for the hard construction cost of structure.

Notice Of Cancellation: The TCMHA requires 10 days written notice of cancellation.

vi. Certificate Of Insurance: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to TCMHA, and it shall name "Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as TCMHA officers, officials, or staff" as additional insureds. All coverage for subcontractors shall be subject to all of the requirements stated herein. All

subcontractors shall be protected against risk of loss by maintaining insurance in the categories and the limits required herein. Subcontractors shall name TCMHA and Contractor as additional insured.

vii. To prevent delay and ensure compliance with this Agreement, the insurance certificates and endorsements must be submitted to:

Tri-City Mental Health Authority
Attn: JPA Administrator/Clerk
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788

c. Prevailing Wage Rates. Federal Labor Standards Provisions, including prevailing wage requirements of the Davis-Bacon and Related Acts will be enforced. In the event of a conflict between Federal and State wage rates, the higher of the two will prevail. The Contractor's duty to pay State prevailing wages can be found under Labor Code Section 1770 et seq. and Labor Code Sections 1775 and 1777.7 outline the penalties for failure to pay prevailing wages and employ apprentices including forfeitures and debarment. Any classification omitted herein shall be paid not less than the prevailing wage scale as established for similar work in the particular area, and all overtime shall be paid at the prevailing rates as established for the particular area. Sunday and holiday time shall be paid at the wage rates determined by the Director of Industrial Relations. The current prevailing wage rates as adopted by the Director are available at the office of the Board of Supervisors, Room 383, Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012.

d. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, Contractor shall not discriminate against any employee, subcontractor, or applicant for employment because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or gender identity. Contractor will take affirmative action to ensure that subcontractors and applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity.

e. Records. All reports, data, maps, models, charts, studies, surveys, calculations, photographs, memoranda, plans, studies, specifications, records, files, or any other documents or materials, in electronic or any other form, that are prepared or obtained pursuant to this Agreement and that relate to the matters covered hereunder shall be and remain the property of TCMHA. Contractor will be responsible for and maintain such records during the term of this Agreement. Contractor hereby agrees to deliver those documents to TCMHA at any time upon demand of TCMHA. It is understood and agreed that the documents and other materials, including but not limited to those described above, prepared pursuant to this Agreement are prepared specifically for TCMHA and are not necessarily suitable for any future or other use. Failure by Contractor to deliver these documents to TCMHA within a reasonable time period or as specified by TCMHA shall be a material breach of this Agreement. TCMHA and Contractor agree that until final approval by TCMHA, all data, reports and other documents are preliminary drafts not kept by TCMHA in the ordinary course of business and will not be disclosed to third parties without prior written consent of both parties. All work products submitted to TCMHA

pursuant to this Agreement shall be deemed a "work for hire." Upon submission of any work for hire pursuant to this Agreement, and acceptance by TCMHA as complete, non-exclusive title to copyright of said work for hire shall transfer to TCMHA. The compensation recited in Section 9 shall be deemed to be sufficient consideration for said transfer of copyright. Contractor retains the right to use any project records, documents and materials for marketing of their professional services.

f. Changes to the Agreement. This Agreement shall not be assigned or transferred without advance written consent of TCMHA. No changes or variations of any kind are authorized without the written consent of the Executive Director. This Agreement may only be amended by a written instrument signed by both parties. The Contractor agrees that any written change or changes in compensation after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

g. Contractor Attestation. Also in accordance with TCMHA's policies and procedures, TCMHA will not enter into contracts with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. TCMHA requires that Contractor certifies that no staff member, officer, director, partner, or principal, or sub-contractor is excluded from any Federal health care program, or federally funded contract and will sign attached *Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program*, incorporated herein as 'Exhibit B'.

16. PROJECT COMPLETION

Final Completion shall be deemed to occur on the last of the following events:

a. Recordation of a Notice of Completion for the Project;

b. Acceptance of the Project by TCMHA;

c. Submission of all documents required to be supplied by Contractor to TCMHA under this Agreement, including but not limited to as-build drawings, warranties, and operating manuals; and delivery to TCMHA of Certificate of Completion duly verified by Contractor.

17. REPRESENTATIVE AND NOTICE.

a. TCMHA's Representative. TCMHA hereby designates its Executive Director to act as its representative for the performance of this Agreement ("TCMHA's Representative"). TCMHA's Representative shall have the power to act on behalf of TCMHA for all purposes under this Agreement.

b. Contractor's Representative. Contractor warrants that the individual who has signed the Agreement has the legal power, right, and authority to make this Agreement and to act on behalf of Contractor for all purposes under this Agreement.

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

If to Contractor: Sisson Design Group
Attn: President
3100 E. Cedar Street, Suite 26
Ontario, CA 91761

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

Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

18. EXHIBITS.

The following attached exhibits are hereby incorporated into and made a part of this Agreement:

Exhibit A: Proposal from Contractor dated May 13, 2022

Exhibit B: Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program

19. ENTIRE AGREEMENT.

This Agreement shall become effective upon its approval and execution by TCMHA. This Agreement and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between the Parties. Any ambiguities or disputed terms between this Agreement and any attached Exhibits shall be interpreted according to the language in this Agreement and not the Exhibits. This Agreement supersedes all prior agreements, written or oral, between the Contractor and TCMHA relating to the subject matter of this Agreement. This Agreement may not be modified, changed or discharged in whole or in part, except by an agreement in writing signed by the Contractor and TCMHA. The validity or unenforceability of any provision of this Agreement declared by a valid judgment or decree of a court of competent jurisdiction in Los Angeles County, State of California, shall not affect the validity or enforceability of any other provision of this Agreement. No delay or omission by TCMHA in exercising any right under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by TCMHA on any one occasion is effective only in that instance and will not be construed as a bar to or waiver of any right on any other occasion or a waiver of any other condition of performance under this Agreement.

[SIGNATURE PAGE FOLLOWS]

20. EXECUTION.

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

TRI-CITY MENTAL HEALTH AUTHORITY **SISSON DESIGN GROUP**

By:_____ By: _____
Rimmi Hundal, Executive Director Lee Ann Sisson, President

Attest:

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

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

By:_____
Darold D. Pieper, General Counsel

EXHIBIT A

REVISED – August 19, 2022

TO: **Alex Ramirez**
Facilities Manager
TR-CITY MENTAL HEALTH
2001 N. Garey Ave.
Pomona, CA

RE: CONSTRUCTION DRAWING, FURNITURE SPECIFICATION AND CONSTRUCTION ADMINISTRATION SERVICES

PROJECT: **TRI-CITY MENTAL HEALTH MHSA Office Remodel 2022**
2001 N. Garey Ave.
Pomona, CA

Scope of Services:

Sisson Design Group (Designer) will provide construction drawing, furniture specification and construction administration services for the office/training room remodel of the existing Tr-City MHSA office.

AS-BUILT SITE VERIFICATION and PLANS

Using the existing AutoCAD plans as a basis, we will site verify electrical/data outlets, ceilings, lighting and other conditions in the areas where the new work will occur. The purpose of the site measurements is to have complete as-built plans in preparation of the construction documents. During the site verification, information regarding concealed conditions may not be available. As such, Sisson Design Group will not assume the responsibility of identifying the building structural columns, walls or other conditions which are not readily visible. The as-built plan will be used as a basis for the interior construction drawings.

INTERIOR CONSTRUCTION DRAWINGS

Using the Client approved space plan as a basis, we will commence work on the construction documents as follows:

1) Coordinate with the Client to receive detailed specifications for electrical, mechanical and construction build-out specs.
2) Prepare a dimensioned floor plan indicating locations of new and existing interior partitions, doors, openings, power, communications and data outlets and special conditions.
3) Draft a reflected ceiling plan indicating type, pattern, and location of new and existing light fixtures for the new floor plan
4) We will use the existing site plan showing the existing parking and handicapped access to the building and tenant space as required for city permits. In the event that the city requires parking analysis plans, modifications or additional building access details including access to the public way, the time involved to provide these details will be provided as an additional expense at our hourly rates
5) Provide standard construction details necessary to meet the requirements for construction.
6) We will provide millwork and special construction details for the new operable partition and cabinets in the training rooms, Any additional millwork or specialty design and details will be provided as requested on an hourly basis.
7) If required, we will provide new finish material options for the client's selection and will include the new finish specification in the construction documents. Any Client artwork selections will be in addition to the fixed fees under the compensation schedule and will be provided at our regular hourly rates.
8) Provide consultant engineering services for electrical, and mechanical and structural drawings for (1) new operable partition and the potential addition or replacement of (2) HVAC units. In the event that the city requires additional engineering evaluations for any work, additional fees will apply.
9) Issue the final construction documents to the Client for review and approval.
10) Process the construction documents through the City of Pomona for building permits. If additional coordination or permit processing is required for conditional use, or permits other than the building permit, the processing fee will be in addition to what

is listed under the fee schedule. Plans will be submitted for plan check upon receipt of the Client's check for city fees. In the event that Sisson Design Group pays for the plan check fees, a 20% handling fee will be added. An estimated cost for plan check fees has been provided in the fee schedule below.

ADDITIONAL SERVICES

The following services may be requested during the Construction Drawing phase but are not included in the fixed fee. They will be provided as needed and billed on an hourly basis.

1) As-Built site verifications for any other areas
2) Millwork or special construction details, other than what is shown on the approved space plan and listed above.
3) Special research or separate permits other than the building permit processing required by the City for building permits. Including but not limited to CADPH and OSHPD Certification.
4) Parking evaluations, research, and coordination with the City.
5) Any revisions to the drawings.
6) Above standard research and coordination for the tenant's equipment and use.
7) Any additional engineering drawings or Title 24 calcs.
8) Design for fire life safety or smoke evacuation systems. These drawings will be provided by the general contractor.
9) Design for fire sprinkler systems.
10) Design and drawings for low voltage telephone/data/security systems.
11) Design for replacing or upgrading the existing electrical system is not included.
12) Any design work to the exterior of the building.

FURNITURE SPECIFICATION SERVICES

At the direction of the Client, the Designer will provide furniture specifications services as follows:

1) Prepare a furniture bid package for the new office and conference areas included in the new remodel. If additional office areas are added, additional fees will apply.
2) Issue the bid package to furniture dealers, obtain and qualify furniture bids.
3) Coordinate furniture orders and installations.

CONSTRUCTION ADMINSTRATION

As in included in the pricing, Contract Administration services will be provided during the construction phase of the project to include the following:

1) We will coordinate contractor bidding. We will forward Client approved construction drawings to General Contractors for their review. We will also coordinate questions, RFIs, and provide clarifications during the bid process, as well as review, qualify, and summarize the bids for the Client to review and approve.
2) Observe and monitor construction relative to conformance with the Construction Drawings. The management and supervision of the construction work are the responsibility of the Contractor; however, we will attend (4) job site meetings or conference calls at appropriate intervals and provide reasonable assistance to the Contractor to facilitate the accurate interpretation of our documents.
3) Prepare and distribute Change Orders for changes in construction subsequent to the completion of the Construction Drawings as may be requested by the Client or are required due to site conditions.
4) Review those shop drawings, product data and samples required of the contractor by the construction contract. However, our review will be for the limited purpose of checking for general conformance with the design concept expressed in the construction documents. The Designer shall not be responsible for any deviations between 1) shop drawings and 2) construction documents and field conditions.
5) Maintain communication with the Client, Landlord Rep, and the General Contractor during construction and after completion.

6) Survey the premises prior to occupancy and prepare a punch list.

7) Issue the punch list and monitor to completion.

8) Revisions in drawings, specifications or other documents which are required by the enactment or revision of codes, laws or regulations subsequent to preparation of such documents or are due to other causes not solely within the control of the Designer are considered to be additional work and will be billed for on an hourly basis.

EXCLUSIONS:

1) Fees charged by governmental or regulatory agencies are not included in our fee structure and will be passed on to the Client as a reimbursable Direct Project Expense.

2) Sisson Design Group shall not undertake any of the responsibilities of the Contractor, Subcontractors or the Contractor's Superintendent.

3) Sisson Design Group shall not expedite work for the Contractor.

4) Exterior signage design, or any City permitting required for any exterior signage is not included in this project scope.

5) Any plans, permitting, or coordination with the CADPH and/or OSHPD Certification are not included in this project scope.

CLIENT RESPONSIBILITIES

The Client shall:

1) Provide full information regarding requirements for the project, including a program which shall set forth the Client's objectives, schedule, constraints, and criteria with regard to square footage and location requirements, construction methods and materials preferences, building standards, special equipment, and any systems and site requirements.

2) Provide a complete and up to date set of architectural drawings, specifications and any other information pertaining to the building structure and existing construction.

3) Be responsible for the development and updating of budgets for the Project.

4) Designate a representative authorized to act on the Client's behalf with respect to the Project. The Client or such authorized representative shall render decisions in a timely manner pertaining to documents submitted by the Designer in order to avoid unreasonable delay in the orderly and sequential progress of the Designer's services.

5) Furnish the services of other consultants when such services are reasonably required by the Scope of the project and are requested by the Designer.

6) The Client hereby agrees that to the fullest extent permitted by law, SDG's total liability to Client for any injuries, claims, losses, expenses or damages whatsoever arising out of or any way related to the Project or Contract from any cause or causes including but not limited to SDG's negligence, errors, omissions, strict liability, or breach of contract shall not exceed the total compensation received by SDG under the contract.

COPYRIGHTS & LICENSES

1) The Designer and the Client warrant that in transmitting Instruments of Service, or any other information, the transmitting party is the copyright owner of such information or has permission from the copyright owner to transmit such information for its use on the Project. If the Client and Designer intend to transmit Instruments of Service or any other information or documentation in digital form, they shall endeavor to establish necessary protocols governing such transmissions.

2) The Designer and the Designer's consultants shall be deemed the author and owner of their respective Instruments of Service, including the Drawings and Specifications, and shall retain all common law, statutory and other reserved rights, including copyrights. Submission or distribution of Instruments of Service to meet official regulatory requirements or for similar purposes in connection with the Project is not to be construed as publication in derogation of the reserved rights of the Designer and the Designer's consultants.

3) Upon execution of this Agreement, the Designer grants to the Client a nonexclusive license to use the Designer's Instruments of Service solely and exclusively for purposes of constructing, using, maintaining, altering and adding to the Project provided that the Client substantially performs its obligations, including prompt payment of all sums when due, under this Agreement. The Designer shall obtain similar nonexclusive licenses from the Designer's consultants consistent with this Agreement. The license granted under this section permits the Client to authorize the Contractor, Subcontractors, Sub-subcontractors, and material or equipment suppliers, as well as the Client's consultants and separate contractors, to reproduce applicable portions of the Instruments of Service solely and exclusively for use in performing services or construction for the Project.

4) [illegible]

5) [illegible]

HOURLY RATES:
Our hourly rates are as follows:

Principal	$150.00 per hour
Project Manager	$110.00 per hour
Project Designer	$90.00 per hour
Draftsperson	$85.00 per hour
Clerical	$70.00 per hour

FEE SCHEDULE

As-Built site verifications:	$700.00
Interior Construction Drawings, details and city plan check processing:	6,500.00
Mechanical and Electrical Engineering and Title 24 Calcs:	5,800.00
Structural Engineering:	2,500.00
Finish selections, Furniture Bid Coordination:	4,500.00
*Estimated Reimbursable Expenses:	2,000.00
*Estimated Plan Check Fees:	3,500.00
Construction Administration:	4,500.00
Total Fees:	**$30,000.00**

Billing Policy:

1) *Reimbursable expenses such as CAD plots, plan reproduction costs, mileage, blueprinting, photocopying, fax transmittals, overnight delivery service and plan check fees will be invoiced at the cost with a 20% handling fee.

2) Progress billings will be monthly, and remittance is payable within 15 days.

If this proposal reflects our mutual understanding of the services to be provided, please sign below indicating your approval to proceed with the project. Please make any required changes to this proposal, adding your initials and return one copy to our office. We will not begin work on this project until a signed proposal has been received.

It is our goal to provide you with the highest quality of service possible. We appreciate the opportunity to present this proposal to you and look forward to assisting you in the successful remodel construction of the MHSA 2001 N. Garey Avenue offices.

Best regards,

Lee Ann Sisson

Sisson Design Group

Date: August 19, 2022

Approved by:

_____

Tri-City Mental Health Services

Date: _____

EXHIBIT B

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

SISSON DESIGN GROUP

Contractor's Name Last First

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

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

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

Is Contractor/Proposer/Vendor or any of its staff members currently barred from participation in any Federal or State funded health care program?

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

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

Lee Ann Sisson, President

Date	Contractor or Vendor's Name	Contractor or Vendor's Signature

Rimmi Hundal, Executive Director

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

DISTRIBUTION:
ORIGINAL
COPIES: HR Representative
Contractor
Finance

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

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

DIAL 988

988, the new 3-digit number for mental health, substance use, and suicide crisis was launched for active use on July 16, 2022. 988 is known as the Suicide and Crisis Lifeline (formally known as the Suicide Prevention Lifeline). In support of the launch, program staff has created social media postings and a blog article that is posted on Tri-City's website that informs community members about 988, what to expect when you call/text/chat 988, and the vision for 988.

CERNER UPDATE

Tri-City Mental Health has officially implemented the Cerner Electronic Health Record as of August 16, 2022. The majority of client related clinical operation activities have been transferred to Cerner, including Scheduling, Client Registration, Clinical Chart Documentation, Electronic Prescribing, Billing, and DMH IBHIS Integration.

During the first two weeks of 'go-live', the project core team focused on providing intensive support to agency end users and triaged anywhere from 250 to over 300 reported support requests. Since going live, end users have demonstrated great flexibility and adaptability and have shown great determination to expand their knowledge and practice with navigating the system.

As we near the 1-month mark, post 'go live', end-users are beginning to require less support to perform basic system functions each day and have anecdotally begun to report feeling more confident with using the system.

In looking beyond the first 30 days, into the next phase of the project, we plan to continue to prioritize:

1) Triaging end-user support needs,
2) Providing key follow-up training and learning opportunities,
3) Delving deeper into process optimization. This next phase of the project will likely continue over the next several months, and is critical in order to continue to ensure a successful transition.

HUMAN RESOURCES

Staffing – Month Ending July/August 2022:

- Total Staff is 188 full-time and 10 part-time plus 52 full time vacancies 4 part-time vacancies for a total of 247 positions.
- There were 10 new hires in July/August 2022.
- There were 6 separations in July/August 2022.

Workforce Demographics in July/August 2022:

- American Indian or Alaska Native = 0.52%
- Asian = 10.49%
- Black or African American = 7.16%
- Hispanic or Latino = 57.81%
- Native Hawaiian or Other Pacific Islander = 0.52%
- Other = 7.68%
- Two or more races = 1.53%
- White or Caucasian = 14.33%

Posted Positions in July/August 2022:

- Clinical Supervisor – AOP (1 FTE)
- Clinical Supervisor – MHSSA Grant (1 FTE)
- Clinical Therapist I/II Access to Care (1 FTE) *1 hire pending*
- Clinical Therapist I/II - Adult (6 FTEs) *1 hire pending*
- Clinical Therapist I/II – Child & Family (4 FTEs) *1 hire pending*
- Clinical Therapist I/II – MHSSA Grant (2 FTEs)
- Clinical Therapist II – PACT (1 FTE)
- Clinical Wellness Advocate I/II/III (1 FTE) *1 hire pending*
- Clinical Wellness Advocate I/II/III (2 FTEs)
- Community Mental Health Trainer (1 FTE)
- Human Resources Analyst (1 FTE)
- Mental Health Specialist – FSP/TAY (1 FTE)
- Mental Health Specialist – MHSSA Grant (2 FTEs)
- Mental Health Worker – Adult FSP (1 FTE)
- Mental Health Worker – Wellness Center (1 FTE) *1 hire pending*
- Program Supervisor I – AOP (1 FTE)
- Program Support Assistant II (2 FTEs) *2 hires pending*
- Psychiatric Technician I/II/III - PACT (1 FTE)
- Residential Services Coordinator – Housing (1 FTE)
- Wellness Advocate – Wellness Center (1 FTE) *2 PT hires pending*

I.T. OPERATIONS UPDATE

- For the month of July 2022, the I.T. department received 227 support requests. The three month rolling average is 255 tickets.
- For the month of August 2022, the I.T. department received 302 support requests. The three month rolling average is 265.

Interoperability/Data Exchange

The Agency is currently awaiting word from LACDMH regarding their definitive timeline and requirements for partner integration. Although not applicable to Tri-City, the first milestone for BHQIP interoperability, is set for September 23, 2022. There is much concern amongst County Behavioral Health entities as readiness to meet the deadline has been challenging. Additionally, State entities have conceded that meeting certain milestones are not feasible as CalHHS has yet to develop the mechanisms for meeting required milestones. This led the DHCS BHQIP team to publicly acknowledge a "misalignment of timelines."

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **September 21, 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 TWELVE MONTHS ENDED JUNE 30, 2022 (2022 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the twelve months ended June 30, 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 $1.8 million. MHSA operations accounted for approximately $347 thousand 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 $17.3 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 $1.4 million is from Clinic outpatient operations, which is the result of operations for the twelve months ended June 30, 2022 which includes one-time payments made at the beginning of the year.

The total cash balance at June 30, 2022 was approximately $40.3 million, which represents an increase of approximately $5.4 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 $1.2 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 $6.6 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately $17.3 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 twelve months ended June 30, 2022. Additionally, $1.3 million has been received through September 9, 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 completion of the annual financial statement independent audit, implementing Cerner, the new grants and finalizing the compensation study.

As it pertains to the year-end (unaudited) financial statements contained in this report, there are a couple significant items to note. The matriculation that is required to update the Net Pension Liability (per GASB 68) as of year-end has resulted in a credit (reduction) to Salaries and Benefits of approximately $2.5 million. This is not a result of decreased cash outlay related to salaries and benefits, but simply the results of certain actuarial assumptions and market conditions needed to estimate the net pension liability. Further details will be contained in the audited financial statements. Lastly, as a result of implementing GASB 87, accounting and reporting for lease liabilities, the building leases associated with the Royalty Suites have been brought onto the balance sheet. The present value of future lease payments has been recorded as an intangible asset off-set by current and long term portions of the lease payable. Further details will be contained in the audited financial statements.

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 twelve months ended June 30, 2022.

		MHSA	
Cash at June 30*, 2022*	$	31,878,264	
Receivables net of Reserve for Cost Report Settlements		(763,806)	
Prudent Reserves		(2,200,000)	*
Estimated Remaining Expenses for Operations FY 2021-22		-	**
Reserved for future CFTN Projects including approved TCG Project		(1,247,389)	
Total Estimated Adjustments to Cash		(4,211,195)	
Estimated Available at June 30, 2022	$	27,667,069	
Per Annual Update Estimated Expenses Planned for FY 2022-23		16,320,797	
MHSA funds received in FY 2021-22 in excess of budget estimate	$	4,764,144	

* 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.

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

Included in the MHSA FY 2022-23 Annual Update	CSS	PEI	Innovation	WET	CFTN	Totals
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:

Included in the FY 2022-23 Operating Budget	CSS	PEI	Innovation	WET	CFTN	Totals
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 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) and then updated with more current information:

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***	***715,575***		9,262,133
2022-23 **				***10,099,177***		10,099,177
2023-24						-
Total Expended	8,676,848	8,797,914	9,293,482	10,814,752	-	37,582,996
Unspent Balance	-	-	-	1,009,577	13,178,277	14,187,854

*=These expenses are based on estimated to date and not final.
**=Planned Expenditures based on approved MHSA Plan

PEI reversion waterfall analysis

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***	***1,313,992***		1,743,117
2022-23 **				***1,711,404***	***510,102***	2,221,506
2023-24						-
Total Expended	2,145,788	2,119,324	2,176,109	3,025,396	510,102	9,976,719
Unspent Balance	-	-	-	(77,156)	2,784,467	2,707,311

*=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 *	***302,888***	***26,735***		***Approval***	***Need OAC***	329,623
2022-23 **		***261,660***		***of $234,229***	***Approval by FY 23/24***	261,660
2023-24		***318,811***	***284,669***		***of $866,992***	603,480
2024-25						-
2025-26						-
2026-27		***Tech Suite Project***				-
						-
Total Expended	575,034	607,206	284,669	-	-	1,466,909
Unspent Balance	-	(26,735)	266,210	784,114	866,992	1,890,581

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

*=These expenses are based on estimated to date and not final.
**=Planned Expenditures based on approved MHSA Plan

FACILITIES DEPARTMENT

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

- The Pharmacy-The construction phase is now complete and is now open and operating, serving Tri-City clients. A grand opening is scheduled for mid-September.
- 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 is soliciting contractors through an RFP process which is currently underway. 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 10-A: June 30, 2022 Unaudited Monthly Financial Statements

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

	AT JUNE 30, 2022			AT JUNE 30, 2021		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Current Assets						
Cash	$ 8,444,546	$ 31,878,264	$ 40,322,811	$ 8,578,296	$ 26,320,242	$ 34,898,537
Accounts receivable, net of reserve for uncollectible accounts $427,731 at June 30, 2022 and $482,113 at June 30, 2021	3,276,430	2,130,625	5,407,056	3,656,192	2,344,087	6,000,279
Total Current Assets	11,720,977	34,008,890	45,729,866	12,234,488	28,664,329	40,898,816
Property and Equipment						
Land, building, furniture and equipment	3,828,354	9,742,614	13,570,969	3,778,377	9,595,862	13,374,238
Accumulated depreciation	(2,646,773)	(4,138,210)	(6,784,983)	(2,519,499)	(3,809,586)	(6,329,086)
Rights of use assets-building lease	3,415,204	-	3,415,204	-	-	-
Accumulated amortization-building lease	(1,549,732)	-	(1,549,732)	-	-	-
Total Property and Equipment	3,047,053	5,604,404	8,651,457	1,258,877	5,786,276	7,045,153
Other Assets						
Deposits and prepaid assets	38,122	523,242	561,364	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	3,085,175	8,927,646	12,012,821	1,325,488	9,158,488	10,483,976
Total Assests	$ 14,806,152	$ 42,936,536	$ 57,742,688	$ 13,559,976	$ 37,822,816	$ 51,382,792
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	2,857,668	-	2,857,668	2,893,978	-	2,893,978
Total Deferred Outflows of Resources	2,857,668	-	2,857,668	2,893,978	-	2,893,978
Total Assets and Deferred Outflows of Resouces	**$ 17,663,820**	**$ 42,936,536**	**$ 60,600,356**	**$ 16,453,954**	**$ 37,822,816**	**$ 54,276,771**
LIABILITIES						
Current Liabilities						
Accounts payable	274,821	-	274,821	554,813	1,144	555,956
Accrued payroll liabilities	133,589	166,355	299,944	587,125	115,353	702,478
Accrued vacation and sick leave	619,557	1,052,384	1,671,941	633,584	1,078,193	1,711,777
Reserve for Medi-Cal settlements	3,482,631	2,894,431	6,377,063	3,062,368	2,537,262	5,599,630
Current portion of mortgage debt	-	-	-	771,676	-	771,676
Current portion of lease liability	603,528	-	603,528	-	-	-
Total Current Liabilities	5,114,125	4,113,171	9,227,296	5,609,565	3,731,951	9,341,517
Intercompany Acct-MHSA & TCMH	739,867	(739,867)	-	(314,268)	314,268	-
Long-Term Liabilities						
Mortgages and home loan	-	29,435	29,435	-	58,872	58,872
Lease liability	1,261,944		1,261,944	-	-	-
Net pension liability	2,302,724	-	2,302,724	6,325,906	-	6,325,906
Unearned MHSA revenue	-	14,318,123	14,318,123	-	435,392	435,392
Total Long-Term Liabilities	3,564,668	14,347,558	17,912,226	6,325,906	494,264	6,820,170
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	-	-	-	-	-	-
Total Liabilities	9,418,660	17,720,862	27,139,522	11,621,203	4,540,483	16,161,686
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	8,413,847	8,413,847
Deferred inflows related to the net pension liability	2,010,157	-	2,010,157	45,120	-	45,120
Total Deferred Inflow of Resources	2,010,157	-	2,010,157	45,120	8,413,847	8,458,967
NET POSITION						
Invested in capital assets net of related debt	3,047,053	5,604,404	8,651,457	487,201	5,786,276	6,273,477
Restricted for MHSA programs	-	19,611,270	19,611,270	-	19,082,210	19,082,210
Unrestricted	3,187,949	-	3,187,949	4,300,430	-	4,300,430
Total Net Position	6,235,002	25,215,674	31,450,676	4,787,631	24,868,486	29,656,117
Total Liabilities, Deferred Inflows of Resources and Net Position	**$ 17,663,820**	**$ 42,936,536**	**$ 60,600,356**	**$ 16,453,954**	**$ 37,822,816**	**$ 54,276,771**

Definitions:
TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY

PRELIMINARY

CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION

TWELVE MONTHS ENDED JUNE 30, 2022 AND 2021

	PERIOD ENDED 6/30/22			PERIOD ENDED 6/30/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	$ 3,429,031	$ 2,913,475	$ 6,342,506	$ 4,639,173	$ 4,017,539	$ 8,656,712
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	131,703	49,227	180,929
Medi-Cal SGF-EPSDT	808,235	721,427	1,529,662	1,185,889	1,000,420	2,186,309
Medi-Cal SGF-EPSDT Prior Year	35,501	19,746	55,246	(105,252)	(44,790)	(150,042)
Medicare	14,358	5,296	19,653	2,871	2,889	5,760
Contracts	20,000	28,736	48,736	20,000	28,736	48,736
Patient fees and insurance	1,137	227	1,364	1,662	-	1,662
Rent income - TCMH & MHSA Housing	12,824	74,048	86,873	32,395	95,034	127,428
Other income	874	29,756	30,629	1,983	29,915	31,897
Net Operating Revenues	**4,337,165**	**3,838,489**	**8,175,654**	**5,910,422**	**5,178,971**	**11,089,392**
OPERATING EXPENSES						
Salaries, wages and benefits	6,047,700	11,816,107	17,863,807	8,235,428	11,949,321	20,184,749
Facility and equipment operating cost	563,267	1,078,610	1,641,877	680,873	1,276,400	1,957,273
Client lodging, transportation, and supply expense	167,824	609,095	776,919	306,852	1,581,910	1,888,762
Depreciation & amortization	426,596	738,106	1,164,701	148,026	426,003	574,030
Other operating expenses	671,768	1,229,171	1,900,939	592,440	1,385,192	1,977,632
Total Operating Expenses	**7,877,155**	**15,471,088**	**23,348,242**	**9,963,620**	**16,618,825**	**26,582,445**
OPERATING (LOSS) (Note 1)	**(3,539,990)**	**(11,632,598)**	**(15,172,588)**	**(4,053,198)**	**(11,439,855)**	**(15,493,053)**
Non-Operating Revenues (Expenses)						
Realignment	4,450,480	-	4,450,480	4,095,068	-	4,095,068
Contributions from member cities & donations	70,236	-	70,236	70,236	-	70,236
MHSA funds	-	11,870,954	11,870,954	-	13,523,788	13,523,788
Grants and Contracts	460,483		460,483	622,570	-	622,570
Cares Act Stimulus & Telehealth	-	-	-	185,943	-	185,943
Interest Income	20,572	105,108	125,680	26,943	129,932	156,875
Interest expense	(11,840)	-	(11,840)	(39,965)	-	(39,965)
Gain/(Loss) on disposal of assets	(2,571)	3,724	1,153	-	8,750	8,750
Total Non-Operating Revenues (Expense)	4,987,361	11,979,786	16,967,147	4,960,794	13,662,471	18,623,265
INCOME (LOSS)	**1,447,371**	**347,188**	**1,794,559**	**907,596**	**2,222,616**	**3,130,212**
INCREASE (DECREASE) IN NET POSITION	**1,447,371**	**347,188**	**1,794,559**	**907,596**	**2,222,616**	**3,130,212**
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 YEAR	**$ 6,235,002**	**$ 25,215,674**	**$ 31,450,676**	**$ 4,786,971**	**$ 24,868,486**	**$ 29,655,457**

(**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
PRELIMINARY
CONSOLIDATING STATEMENTS OF CASH FLOWS
TWELVE MONTHS ENDED JUNE 30, 2022 AND 2021

	PERIOD ENDED 6/30/22			PERIOD ENDED 6/30/21		
	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	$ 5,125,418	$ 4,444,106	$ 9,569,524	$ 6,528,786	$ 5,530,957	$ 12,059,743
Cash payments to suppliers and contractors	(1,916,814)	(2,869,049)	(4,785,863)	(1,256,075)	(4,512,197)	(5,768,272)
Payments to employees	(8,537,098)	(11,790,913)	(20,328,011)	(7,606,043)	(11,701,803)	(19,307,846)
	(5,328,494)	(10,215,856)	(15,544,349)	(2,333,331)	(10,683,043)	(13,016,374)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	17,339,728	17,339,728	-	15,435,793	15,435,793
CalHFA-State Administered Projects	-	110	110	-	35,690	35,690
Realignment	4,450,480	-	4,450,480	4,095,068	-	4,095,068
Contributions from member cities	70,236	-	70,236	70,236	-	70,236
Grants and Contracts	476,979	-	476,979	647,856	-	647,856
Cares Act Stimulus & Sierra Telehealth Funds	-	-	-	185,943	-	185,943
	4,997,695	17,339,839	22,337,534	4,999,103	15,471,483	20,470,586
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(89,419)	(560,636)	(650,055)	(110,780)	(262,290)	(373,070)
Principal paid on capital debt	(771,676)	-	(771,676)	(30,695)	-	(30,695)
Note receivable from Housing Development Project	-	-	-	-	(2,800,000)	(2,800,000)
Interest paid on capital debt	(11,840)	-	(11,840)	(39,965)	-	(39,965)
Intercompany-MHSA & TCMH	1,054,135	(1,054,135)	-	(685,229)	685,229	-
	181,201	(1,644,208)	(1,463,007)	(866,669)	(2,406,498)	(3,273,167)
Cash Flows from Investing Activities						
Interest received	15,848	70,122	85,970	39,242	193,088	232,330
Sale of investments	-	8,126	8,126	660	8,750	9,410
	15,848	78,248	94,096	39,902	201,838	241,740
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	(133,750)	5,558,023	5,424,274	1,182,940	2,583,781	3,766,721
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 Year	**$ 8,444,546**	**$ 31,878,265**	**$ 40,322,812**	**$ 8,578,296**	**$ 26,320,241**	**$ 34,898,537**

Definitions:

TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
PRELIMINARY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
TWELVE MONTHS ENDING JUNE 30, 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	$ 3,739,401	$ 4,656,507	$ (917,106)	$ 3,177,181	$ 3,904,075	$ (726,894)	$ 6,916,582	$ 8,560,582	$ (1,644,000)
Medi-Cal FFP Prior Year	16,581	-	16,581	49,923	-	49,923	66,504	-	66,504
Medi-Cal SGF-EPSDT	881,390	1,531,661	(650,271)	786,725	1,118,632	(331,907)	1,668,116	2,650,293	(982,177)
Medi-Cal SGF-EPSDT Prior Year	38,714	-	38,714	21,533	-	21,533	60,247	-	60,247
Medicare	14,358	2,000	12,358	5,296	2,000	3,296	19,653	4,000	15,653
Patient fees and insurance	1,137	2,100	(963)	227	-	227	1,364	2,100	(736)
Contracts	20,000	20,000	-	28,736	-	28,736	48,736	20,000	28,736
Rent income - TCMH & MHSA Housing	12,824	5,350	7,474	74,048	105,500	(31,452)	86,873	110,850	(23,977)
Other income	874	-	874	29,756	-	29,756	30,629	-	30,629
Provision for contractual disallowances	(388,115)	(309,408)	(78,707)	(334,935)	(198,203)	(136,732)	(723,050)	(507,611)	(215,439)
Net Operating Revenues	**4,337,165**	**5,908,210**	**(1,571,045)**	**3,838,489**	**4,932,004**	**(1,093,515)**	**8,175,654**	**10,840,214**	**(2,664,560)**
OPERATING EXPENSES									
Salaries, wages and benefits	6,047,700	9,207,133	(3,159,433)	11,816,107	13,511,869	(1,695,762)	17,863,807	22,719,002	(4,855,195)
Facility and equipment operating cost	565,054	852,933	(287,879)	1,081,246	1,300,768	(219,522)	1,646,300	2,153,701	(507,401)
Client program costs	157,698	252,983	(95,285)	561,898	1,173,518	(611,620)	719,596	1,426,501	(706,905)
Grants			-	79,519	85,000	(5,481)	79,519	85,000	(5,481)
MHSA training/learning costs			-	75,250	114,166	(38,916)	75,250	114,166	(38,916)
Depreciation & amortization	426,596	150,262	276,334	427,039	430,899	(3,860)	853,635	581,161	272,474
Other operating expenses	680,107	571,354	108,753	1,118,963	1,113,461	5,502	1,799,070	1,684,815	114,255
Total Operating Expenses	**7,877,155**	**11,034,665**	**(3,157,510)**	**15,160,021**	**17,729,681**	**(2,569,660)**	**23,037,176**	**28,764,346**	**(5,727,170)**
OPERATING (LOSS)	**(3,539,990)**	**(5,126,455)**	**1,586,465**	**(11,321,532)**	**(12,797,677)**	**1,476,145**	**(14,861,522)**	**(17,924,132)**	**3,062,610**
Non-Operating Revenues (Expenses)									
Realignment	4,450,480	3,955,344	495,136	-	-	-	4,450,480	3,955,344	495,136
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	460,483	345,306	115,177	-	-	-	460,483	345,306	115,177
Interest (expense) income, net	8,732	(24,607)	33,339	105,108	70,420	34,688	113,841	45,813	68,028
Other income-loss on disposal of assets	(2,571)	-	(2,571)	3,724	-	3,724	1,153	-	1,153
Total Non-Operating Revenues (Expense)	**4,987,361**	**4,346,279**	**641,082**	**11,979,786**	**12,293,374**	**(313,588)**	**16,967,147**	**16,639,653**	**327,494**
INCREASE(DECREASE) IN NET POSITION	**$ 1,447,371**	**$ (780,176)**	**$ 2,227,547**	**$ 658,254**	**$ (504,303)**	**$ 1,162,557**	**$ 2,105,625**	**$ (1,284,479)**	**$ 3,390,104**

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
TWELVE MONTHS ENDING JUNE 30, 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 $2.7 million for the following reasons:

1 **Medi-Cal FFP revenues for FY 2021-22** were approximately $1.6 million lower than the budget. Medi-Cal FFP revenues were $917 thousan lower for TCMH and $727 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by $498 thousand and the children program revenues were lower by $419 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by $610 thousand and the Children and TAY FSP programs were lower by $117 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 $982 thousand of which $650 thousand lower were from TCMH and $332 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 $16 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 $29 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 $24 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 $215 thousand higher than budget.

Operating Expenses

Operating expenses were lower than budget by approximately $5.7 million for the following reasons:

1 **Salaries and benefits** are $4.9 million lower than budget and of that amount, salaries and benefits are approximately $3.2 million lower for TCMH operations and are $1.7 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 $906 thousand. The direct program salary costs are lower by $837 thousand due to vacant positions and the administrative salary costs are lower than budget by $69 thousand. Benefits are lower than the budget by $789 thousand. Of that, health insurance is lower than budget by $414 thousand, retirement costs are lower by $170 thousand, state unemployment insurance is lower by $76 thousand and workers compensation is lower by $71 thousand. Other insurance costs are lower by another $58 thousand.

2 **Facility and equipment operating costs** were lower than the budget by $507 thousand. Of that, $573 thousand lower was due to the reclassification of rent expense to amortization as per the new GASB No. 87 reporting requirements.

3 **Client program costs** are lower than the budget by $707 thousand mainly from MHSA due to lower FSP client costs.

4 **Grants for fiscal year 2021-22** awarded under the Community Wellbeing project are $5 thousand lower than the budget.

5 **MHSA learning and training costs** are lower than the budget by approximately $39 thousand.

6 **Depreciation and amortization** is $114 thousand higher than the budget partly due to the new GASB 87 reporting requirements as mentioned above under the facility and equipment operating costs.

7 **Other operating expenses** were higher than the budget by $114 thousand of which $109 thousand higher were from TCMH and $5 thousan higher were from MHSA. At TCMH, attorney fees were higher than budget by $27 thousand, professional fees were higher by $26 thousand, conference and mileage expenses were higher by $16 thousand, personnel recruitment fees were higher by $12 thousand, printing and othe miscellaneous costs were higher by $28 thousand. At MHSA, the higher costs were from conference fees, attorney fees and personnel recruitment fees offset by lower professional fees.

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
TWELVE MONTHS ENDING JUNE 30, 2022

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:
TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)
MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CFTN PROGRAMS)

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are higher than budget by $327 thousand as follows:

1 **TCMH non-operating revenues** are $641 thousand higher than the budget. Of that, realignment fund is higher than the budget by $495 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 $33 thousand. Grants and contracts are higher than the budget by $115 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 $35 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
TWELVE MONTHS ENDED JUNE 30, 2022 AND 2021
PRELIMINARY

	PERIOD ENDED 6/30/22			PERIOD ENDED 6/30/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	$ 3,429,031	$ 2,913,475	$ 6,342,506	$ 4,639,173	$ 4,017,539	$ 8,656,712
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	131,703	49,227	180,929
Medi-Cal SGF-EPSDT	808,235	721,427	1,529,662	1,185,889	1,000,420	2,186,309
Medi-Cal SGF-EPSDT Prior Year	35,501	19,746	55,246	(105,252)	(44,790)	(150,042)
Medicare	14,358	5,296	19,653	2,871	2,889	5,760
Realignment	4,450,480	-	4,450,480	4,095,068	-	4,095,068
MHSA funds	-	11,870,954	11,870,954	-	13,523,788	13,523,788
Grants and contracts	480,483	28,736	509,219	642,570	28,736	671,306
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	1,137	227	1,364	1,662	-	1,662
Rent income - TCMH & MHSA Housing	12,824	74,048	86,873	32,395	95,034	127,428
Other income	874	29,756	30,629	1,983	29,915	31,897
Interest Income	20,572	105,108	125,680	26,943	129,932	156,875
Gain on disposal of assets	(2,571)	3,724	1,153	-	8,750	8,750
Total Revenues	**9,336,366**	**15,818,275**	**25,154,641**	**10,911,181**	**18,841,442**	**29,752,623**
EXPENSES						
Salaries, wages and benefits	6,047,700	11,816,107	17,863,807	8,235,428	11,949,321	20,184,749
Facility and equipment operating cost	563,267	1,078,610	1,641,877	680,873	1,276,400	1,957,273
Client lodging, transportation, and supply expense	167,824	609,095	776,919	306,852	1,581,910	1,888,762
Depreciation & amortization	426,596	738,106	1,164,701	148,026	426,003	574,030
Interest expense	11,840	-	11,840	39,965	-	39,965
Other operating expenses	671,768	1,229,171	1,900,939	592,440	1,385,192	1,977,632
Total Expenses	**7,888,994**	**15,471,088**	**23,360,082**	**10,003,585**	**16,618,825**	**26,622,411**
INCREASE (DECREASE) IN NET POSITION	**1,447,371**	**347,188**	**1,794,559**	**907,596**	**2,222,616**	**3,130,212**
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 YEAR	**$ 6,235,002**	**$ 25,215,674**	**$ 31,450,676**	**$ 4,786,971**	**$ 24,868,486**	**$ 29,655,457**

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
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Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: September 21, 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: CERNER IMPLEMENTATION AND DATA COLLECTION

Tri-City Mental Health Authority continues to implement the Cerner electronic health record technology. We are learning about the software's data tracking and report generating capabilities in this process. Please note that monthly reports for the time being will not contain the data and outcomes previously reported on. We will be developing new reports that we will be able to share with the board in the months to come.

UPDATE: CCMU AND MHSSA GRANTS

Tri-City Mental Health Authority obtained and is using information compiled and summarized by consultant Octopod Solutions to create corresponding project plans for the Crisis Care Mobile Units grant and the Mental Health Student Services Act grant. Octopod Solutions assembled data and feedback into two reports—one for each grant. TCMHA is using the reports to establish community context and status of mental health and crisis services for youth and families in the local area as well as to design appropriate responses and implementation strategies in collaboration with partners relevant to each grant project. Attach please find consultant reports for your review.

ACCESS TO CARE

Current wait times for an intake are as follows:

- **Royalty site:** As of 09/06/2022, current wait times are:
  - There is currently a 6 day wait period for a discharge priority intake appointment. Next appointment available 09/14/2022.
  - There is currently a 3 day wait period for a standard intake. Next appointment on 09/09/22.
  - There is currently a 13 day wait period for a standard intake/0-5 intake. Next appointment on 09/23/22.

- Garey site: As of 09/06/2022, see wait times for Garey site below:
    - There is currently a 5 day wait period for a discharge priority intake appointment. Next appointment on 09/13/22
    - There is currently a 2 day wait period for a standard intake. Next appointment on 09/08/22.

ADULT PROGRAM

Active Clients and Discharges:

With outreach and discharge steps, staff are expediting closings and re-engaging clients. Peer Support Specialists and Co-Occurring Support Teams are aiding adult clinical teams by contacting clients in the interim. Despite groups, CWA, and COST assistance, there is a need for additional clinical support due to staff shortages.

On Call:

Adult and CFS Departments are merging on call effective 9/6/2022. There will be 2 Adult staff and 2 CFS staff on the on-call rotation for the month of September due to a clinical need.

Recruitment Updates:

Interviews are currently being expedited to meet the clinical need. Staff retention is an area of focus in the department. The following positions are posted on CalOpps:

- Clinical Supervisor I/II - AOP
- g(4) Clinical Therapist I/II - Adult FSP
- Clinical Therapist I/II - AOP
- (2) Clinical Therapist I/II - Bilingual - AOP
- Mental Health Specialist - Adult FSP - Bilingual
- Mental Health Worker - Adult FSP
- Program Supervisor I - AOP

CHILD AND FAMILY SERVICES

Early Psychosis:

This month, staff had the first Spanish psychoeducation workshop and MFG group with three families in attendance. The English MFG group continues to remain consistent for the teens group. The challenge is getting a schedule time for young adults to launch the MFG group as most work and have different schedules. The team will continue to provide the skills from the MFG group on a one-on-one basis.

School Partnership Team:

Normally, August marks a slow month in school referrals, however, this year the school referrals started to come in the last week of August from PUSD. Collaborations with school partners started with Claremont Unified via meetings and treatment team meetings. SPT supervisor has attended two back to school nights for two Claremont elementaries and one resource fair for the School of Arts. In addition, the SPT team has been partnering with Tri-City's MHSA regarding support for outreach, back to school nights, and student events. The clinicians have connected with the school satellite sites to resume service on school site locations at least 1x/week.

New partnerships have been established with Cal Poly University and University of La Verne mental health staff. The goal will be to facilitate referrals and increase access to Tri-City Mental Health for college student.The meetings will continue on a monthly basis to assist with connecting students and helping our partners navigate the Tri-City system of care.

THERAPEUTIC COMMUNITY GARDEN (TCG)

In the month of August TCG held seventeen groups. This is the largest number of groups sessions completed by the team since the hiatus. Much like the garden, TCG grows and changes each month to better serve our community. One such addition to our department was the reemergence of the Spanish speaking group, bringing our weekly total to five group options. Elizabeth Fajardo, MHS, worked on a new flyer and title for the group, calling it *Florece en Tu Manera.* The TCG team collectively focused on internal and external outreach to advertise for the new session, as well as preexisting groups. MHSA referrals also continue to be a consistent source of referrals and new participants.

Above: *The flyer created and utilized to advertise Florece en Tu Manera.*

HOUSING

Below you will find the housing referral and placement numbers for the month(s) of July and August.

Month	# of referrals	FSP	AOP	Children's	Eviction
July	25	6	18	1	4
August	18	3	12	3	0
2-month total	43	9	30	4	4

Current housing	July	August	2-month total
Own/Rent	9	4	13
Live with Someone	2	5	7
Staying in Motel	3	0	3
Homeless	11	9	20

If homeless, where do they sleep more frequently	July	August	2-month total
Shelter	1	2	3
Transitional Housing/Sober Living	2	0	2
Outdoors	5	5	10
Couch Surfing	1	0	1
Car	2	1	3
Motel paid by agency or family member that does not reside in motel	0	1	1

Income	July	August	2-month total
Not reported	6	3	9
No income	2	1	3
$221 GR	5	5	10
$222-$1,000	6	4	10
$1,000-$2,000	5	4	9
$2,000-$3,000	0	1	1
$3,000+	1	0	1

	Current Occupancy
Parkside Family Apartments	21 units/21 units
Cedar Springs Apartments	7 units/8 units
Holt Family Apartments	25units/25 units

CO-OCCURING SUPPORT TEAM (COST)

The number of clients referred to the Co-Occurring Support Team in the month of August include seven clients from the Adult Outpatient, and eleven from the Adult Full-Service Partnership team. There were no referrals from the child and family services team. The twice weekly recovery support groups continue to have the consistent attendance with an average of twelve participants per group. The COST team offers the Seeking Safety Curriculum one time weekly. Seeking Safety is an evidenced base trauma and substance use recovery curriculum . That group also has consistent attendance with an average of 9 participants per group

SUCCESS STORY ADULT OUTPATIENT
(Client names are not used and demographic and identifying information have been changed to protect client privacy)

The client came to Tri-City in winter of 2019 and was immediately enrolled in the Full-Service Partnership Program. The client was experiencing severe mental and physical health issues and chronic homelessness. The team placed a housing referral to assist with interim shelter in a safe environment. During their stay with Hope for Home client was able to obtain a housing voucher. However, client struggled with finding an apartment because of their frequent medical hospitalizations. FSP team assisted client in managing distress and provided linkages to address the social determinants of health, such as food insecurity, medical care, transportation, and housing. Additionally, care coordination with client's social worker at the dialysis center was facilitated by the FSP team. The support provided by the clinical team enabled the Client to participate more fully in their medical appointments and dialysis treatment. Additionally, the FSP team encouraged client to reach out to a family member for temporary shelter as they worked to find permanent housing. Client endorsed symptoms consistent with an alcohol use disorder and as a result, client was linked with Tri-City Co- Occurring Support Team to assist with recovery. The FSP team searched for vacant apartments accepting client's city voucher in the Tri-City catchment area. The FSP team connected the client with the leasing manager. assisted them with completing the necessary paperwork and attended the apartment viewing with them. This week, it was shared that the client was approved for the unit and will be moving into his new apartment in this month. This client success story demonstrates the efficacy of an integrated behavioral health approach: medical care, behavioral treatment, substance use care, and case management to address the social determinants of health.

Attachments:

Attachment 11-A: Crisis Care Mobile Units: Stakeholder Engagement Process: Consultant Report-out
Attachment 11-B: Mental Health Student Services Act: Stakeholder Engagement Process: Consultant Report-out

Crisis Care Mobile Unit

Stakeholder Engagement Process: Consultant Report-out

06.30.22

— **Summary Report submitted to Tri-City Mental Health Authority** —

Neel Garlapati

Octopod Solutions | neel@octopodsolutions.com

ATTACHMENT 11-A

Overview

The consultant report enclosed provides more detail on the process, key findings, recommendations, next steps, and remaining questions that emerged over the course of a roughly three-month stakeholder engagement process conducted from March 2022 through June 2022 for Tri-City Mental Health Authority (TCMHA). TCMHA will use the important data and insights gathered during this process as they continue to build out the scope of their crisis care mobile unit offerings for youth aged 25 and under.

Major Themes

Over the course of dozens of public meetings, targeted group sessions, one-on-one interviews and strategy sessions, the Project Team was able to identify a set of major themes related to crisis intervention in the Tri-City community. Major themes include:

- Glaring lack of access to psychiatric hospitals and other crisis facilities leading to exorbitant wait times
- Lack of access leading to youth being taken to facilities across the County sometimes great distances from family and community.
- Prioritize culturally competent services
- Reduce stigma and criminalization for youth experiencing crisis
- Need for clear lines of communication and a cohesive, shared approach to crisis management among different institutions involved.

Next Steps

Octopod Solutions recommends that TCMHA use the analysis and data enclosed within this report to further explore the major themes with a broader swath of the community using surveys and in-depth planning sessions in partnership with school districts, law enforcement, first responders, health care providers and other mental health agencies that specifically focus on crisis care.

See sections titled "Key Findings" and "Plausible Next Steps" for more details on major themes that emerged and potential paths forward for TCMHA.

About Tri-City Mental Health Authority (TCMHA)

TCMHA was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona, to deliver mental health services to the residents of the three cities. Through this collaborative effort, TCMHA has been the designated mental health authority for local residents, serving children, youth, adults and older adults alike.

TCMHA offers a broad suite of comprehensive mental health services to support each person's goal for recovery:

- Children, Transition-age youth, and family services
    - **Outpatient Services:** Therapeutic and comprehensive outpatient services to meet the unique needs of children, youth, and their families.
    - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to children, youth, and families with the highest level of need.
- Adult and Older Adult Services
    - **Outpatient Services:** Comprehensive outpatient services for adults ages 18 and over in order to support and facilitate recovery for mental illness.
    - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to adults with the highest level of need.
    - **Field Capable Clinical Services:** Field Capable Clinical Services are intended for persons aged 60 and above who are experiencing barriers to traditional mental health services.
- Crisis Support Services
    - **Supplemental Crisis Services:** Crisis walk-in services, as well as after-hours and weekend phone support to individuals experiencing a crisis and who currently are not enrolled in TCMHA services.
- Prevention and Well-being Programs
    - **Wellness Center:** The Wellness Center is hub of community activities for people seeking improved mental health and wellbeing, including free peer-run groups and supportive services.
    - **Transition Age Youth (TAY) Resource Center:** The TAY Resource Center is an inclusive, welcoming place for teens and young adults and offers a variety of free activities and services to enhance overall wellbeing.
    - **Family Well-being Program:** Free specialized programming to support and address the unique needs of children, youth and families as a whole, including groups and resources.
    - **Employment Vocational Services:** Community members in search of meaningful and gainful employment can access free programming including workshops and hiring events.
    - **Peer Mentoring Program:** Peer Mentoring is a free program that trains volunteers to listen to people who are looking for mental health support.
    - **Therapeutic Community Gardening:** Individuals have the opportunity to plant, maintain and harvest garden produce in weekly garden groups for therapeutic purposes and symptom management.
- Community Support Programs
    - **Community Navigators:** Community Navigators provide free linkage and referral services to assist community members in accessing the services and support they need.

- **Community Mental Health Trainings:** TCMHA offers free trainings to community members and organizations in the TCMHA service area that cover a variety of mental health and wellness topics.
- **Community Well-being Program:** This program provides small grants and technical assistance to help local communities improve their capacity to support the wellbeing of their members.
- **Stigma Reduction:** Stigma Reduction provides resources, events, trainings, and other free programming to reduce the stigma associated with mental illness and seeking help.

Project Team

- TCMHA Core Project Team
  - Liz (Elizabeth) Renteria, Chief Clinical Officer
  - Debbie Johnson, Child & Family Services Program Manager
  - Erin Sapinoso, Program Analyst II
- TCMHA Support Staff
  - Jessica Arellano, Administrative Assistant
  - Octavio Hernandez, Clinical Supervisor I
- Octopod Solution Facilitation and Analysis Team *(see appendices for biographical information)*
  - Neel Garlapati, Project Lead
  - Kamina Smith, Facilitator: Education and Youth services
  - Karlo Marcelo, Facilitator: Law enforcement and emergency services
  - Maria Servin, Facilitator: Child welfare
  - Rupal Patel: Data and stakeholder analysis

Stakeholder Process and Goals

Purpose and Intent

In early 2022, TCMHA received a $200,000, one-year planning grant from the State of California for the development of a Crisis Care Mobile Unit (CCMU). **The Crisis Care Mobile Unit** grant project is a yearlong planning effort to develop and expand mobile behavioral health crisis services (including linkages to necessary care and support) for individuals ages 25 and younger to prevent and divert involvement in the criminal justice system. The grant for Behavioral Health Mobile Crisis and Non-crisis services (Mobile Crisis) is funded through the California Department of Health Care Services (DHCS). **This grant is referred to as the Crisis Care Mobile Units (CCMU) Grant.** The grant terms dictated that the first stage of

this planning process would require stakeholder feedback and participation to inform subsequent planning efforts.

TCMHA reached out to Octopod Solutions as part of an ongoing conversation about stakeholder engagement to discuss ways to gather feedback from stakeholders in the community through interactive, participatory sessions.

Within roughly the same timeframe, TCMHA also received a multi-year grant from the State of California through the **Mental Health Student Services Act (MHSSA)** to support the broad scope of mental health services for youth. This grant award also included a clearly delineated service planning phase that required an inclusive stakeholder engagement process to ensure that planning activities were informed by community participation.

Given the need for a participatory stakeholder planning process for both the MHSSA and CCMU grants, TCMHA negotiated services from Octopod Solutions to conduct stakeholder engagement efforts related to both grants during the same time frame. In March 2022, Octopod Solutions entered into two separate contracts with TCMHA, after approval by the TCMHA Governing Board on March 16, 2022.

The CCMU grant encourages California jurisdictions to explore creative and innovative approaches to crisis management as levels of youth experiencing mental health crisis continues to increase while access to counselors, hospital beds and specialized care is consistently in short supply. Instead of relying on the existing, already strained resource network, the CCMU grant provides support for the creation of new resources that can alleviate pressure on the entire system by supporting quicker response time, culturally relevant care, and crisis intervention that is closer to home and friends and family for youth in the community.

Because TCMHA often plays an intermediary role between larger institutions such as school districts, law enforcement agencies and health care facilities, it is an ideal partner to lead a planning process around creative, adaptive and mobile resources that could be brough to bear in a crisis situation.

Both grants require a community-focused planning process that integrates feedback and active participation from youth and youth-serving institutions including education, law enforcement, health care and community organizations. Octopod Solutions worked closely with TCMHA to identify key stakeholders and design a process that would engage individuals who were impacted by both the broader mental health systems (MHSSA) and crisis-specific care systems (CCMU).

Methodology

*In order to minimize the burden on community members to participate in the stakeholder process, Octopod Solutions worked with TCMHA to design stakeholder engagement sessions that would allow for feedback to be gathered on **both** mental health services for youth and crisis-specific services for youth. Participants could share their experiences and feedback relevant to both subject areas in one meeting, rather than asking them to attend two separate meetings.*

Ultimately, the stakeholder engagement sessions, along with additional targeted conversations, provided valuable insights into the experiences, priorities and suggestions that youth and families are concerned with in the Tri-City region including Pomona, Claremont and La Verne. There is significant overlap between the scope of these two grants, but the design of the stakeholder process allowed the project team to differentiate between comments relevant to mental health services, comments relevant to crisis care, and comments relevant to both.

The goal of this process was to provide TCMHA with a clear understanding of the realities facing youth, school counselors, law enforcement and health care practitioners navigating the multiple systems for youth crisis intervention in the region. The project team was looking for participants to share priorities, gaps in service and major concerns of a broad cross-section of the community to help inform their planning process as they continue to build and design both broad mental health and crisis-specific programs and services for youth age 25 and under.

The information enclosed reflects stakeholder feedback particularly relevant to the scope of planning activities for the development of a Crisis Care Mobile Unit serving youth age 25 and under in the Tri-City region. Please see the separate report-out on the Mental Health Student Service Act stakeholder engagement process, for an overview of feedback that broadly covers the entire scope of mental health services for youth age 25 and under in the region.

Primary Stakeholder Identification

TCMHA has established positive working relationships with many of the entities that are heavily involved in crisis care and crisis management in the Tri-City region. Most notably, law enforcement officials are often the first to be contacted when a mental health situation approaches crisis levels. TCMHA has previously performed training for law enforcement officers across the region and has worked to create positive working relationships. Given this history and their experience, the project team took special effort to engage representatives from the police departments of Claremont, La Verne, and Pomona by setting up preparatory meetings with leadership and creating follow-up conversations with School Resource Officers, mental health specialists and other officers. The National Alliance on Mental Illness (NAMI) was also a key partner and early stakeholder involved in the process.

Additionally, TCMHA and the project consultants worked closely with the following educational institutions, specifically focused on the issue of crisis care:

- Pomona Unified School District
- Claremont Unified School District
- Bonita Unified School District (La Verne)
- School of Arts and Enterprise (Charter)
- University of La Verne
- Cal Poly Pomona

Additionally, when a crisis occurs at a school site, counselors and mental health professionals on the school site often have to coordinate closely with local law enforcement. The project team wanted to use the opportunity for targeted engagement sessions with both school staff and law enforcement officers to get a better understanding for how these partnerships were working, and where there could be room for improvement.

Law Enforcement and Mental health staff who participated in the sessions also shared important feedback about their experiences working with local health care facilities such as Pomona Valley Hospital and Medical Center. Youth are generally only sent to medical facilities and hospitals if a medical issue presents itself, along with the mental health crisis, but the project team was able to ascertain specific feedback about partnerships with different medical facilities and mental health facilities.

TCMHA was clear with the consultant project team that a concerted effort would be required to gather perspectives directly from the youth most affected by the existing crisis care infrastructure. In addition to gathering information directly from school counselors and law enforcement, the project team worked with them to help spread the word and encourage their students to attend the sessions and participate in whatever way they could. Garnering any direct student participation was a challenge because most of the sessions took place in the month of May, when many students at both the K-12 and post-secondary levels were preparing for final exams and the end of the school year. Despite this situation, the project team was able to gather substantive direct feedback from youth that directly spoke to the way crisis care is handled between the different entities in the region.

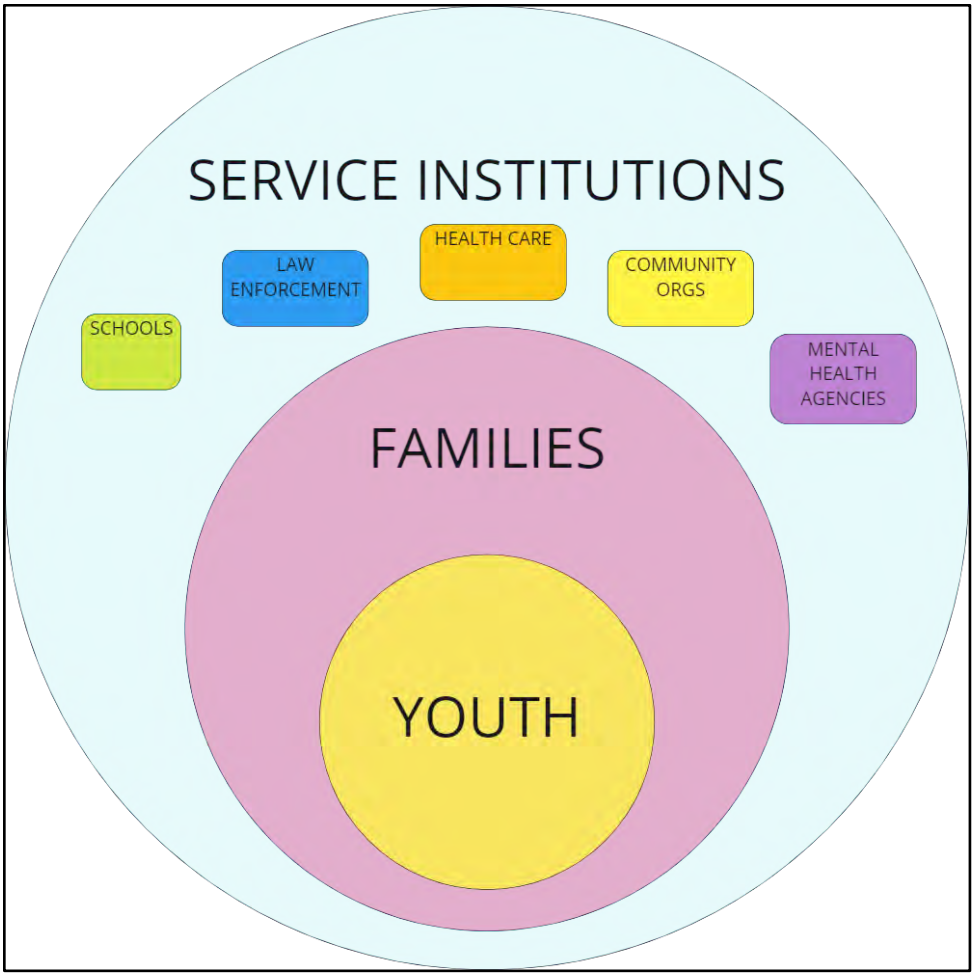

Figure 1: diagram showing key stakeholder outreach priorities

By placing the mental health needs of youth and their families in the community at the center of the project team's focus, they were able to work through a broad cross-section of service providers from school districts and youth-serving agencies to law enforcement and health care institutions to gather as many different perspectives as possible. *See Appendix 2 for a full list of organizations that were contacted as part of this process.*

Virtual engagement sessions

Upon approval of the grant receipt and contract for stakeholder engagement in March 2022, TCMHA worked with Octopod Solutions to plan a series of stakeholder engagement sessions that could be completed by late Spring - before most school-age and college-age youth began their summer holiday. Octopod helped create an engagement plan that would fast-track feedback from youth and the people who most closely interacted with them including parents, teachers, counselors, law enforcement officers, mental health professionals and others.

Virtual Session Mechanics

Due to the unpredictable nature of the COVID-19 pandemic, along with a spike of cases in the Spring of 2022, the project team decided to hold all of the stakeholder sessions virtually. The Octopod Solutions facilitation team is highly skilled and experienced in virtual facilitation and was able to use a number of tools to allow participants multiple avenues for participation. Each session was conducted using the Zoom video conferencing platform. Participants could "raise their hand" to speak and share their perspectives, or they could type responses directly into the chat. Additionally, Octopod employed an advanced collaboration tool known as Miro to allow for another avenue for input from participants. Miro functions like a "digital whiteboard" allowing participants to make notes, post digital sticky notes, and give comments or "thumbs-up" to the comments of other participants. The Octopod team has found, over time, that virtual sessions like this actually allow for more diverse participation and greater feedback gathering in a shorter amount of time by creating opportunities for individuals to participate in whatever way feels most comfortable for them.

Public Sessions: Inclusivity and Privacy

For the public sessions, held in May, Octopod Solutions engaged the services of live interpreters in both Spanish and Vietnamese. Additionally, all of the promotional materials, flyers and emails were translated into both languages.

A virtual consent was read aloud and shared with participants (in all three languages) at the start of each session. This helped to set the stage for the type of issues each session would cover, and also reinforced that all youth under age 18 who were participating would need to have a parent or guardian present.

Responses from participants have been stripped of personal information for all of the event summaries and data gathering in this report. Additionally, participants who provided feedback through Miro were able to do so without sharing any identifying information about themselves.

After starting each public session with the verbal consent statement, Octopod Solutions shared a short video presentation (with subtitles in Spanish and Vietnamese) that provided a brief overview of TCMHA: its history, mission, services and the purpose of that day's session.

Approach to Virtual Stakeholder Sessions

The virtual stakeholder sessions were designed to be engaging for a diverse audience with widely different life and professional experiences and backgrounds. The project team accomplished this by posing broad, open-ended questions that would transition into specific topics to encourage engaging conversation throughout each session. Each conversation was structured to encourage participants to think critically about what mental

health means to them and to think about the services, resources and characteristics of what they would consider a "healthy" community.

With this conceptual grounding, the facilitators encouraged participants to dive further into specific experiences related to mental health services and crisis care that they or friends and families had undergone in the educational, law enforcement, and health systems. Drawing upon these experiences, the project team posed broad, open-ended questions that transitioned into more specific topics, to encourage engaging conversation throughout each session. The facilitation team asked participants to share their own analysis of what worked and what didn't work for them in navigating mental health in the community. Finally, each session closed by asking participants to synthesize the conversation and draw upon their own experiences to share specific suggestions and ideas for a future of mental health services and crisis care that meets the needs of youth in the community.

Please see appendix 1 for a listing and detailed summary of each of the stakeholder engagement sessions.

Figure 2: Facilitation approach to stakeholder sessions

Targeted sessions

In addition to the seven public sessions that were offered to community members in May 2022, the consulting worked with TCMHA to develop targeted stakeholder sessions specifically focused on groups and individuals that had the most exposure to the youth crisis care systems. In those meetings, the project team conducted a series of targeted stakeholder engagement sessions school district officials, including mental health

professionals, and with a highly engaged group of front-line crisis counselors and youth and family counselors from TCMHA. The project team also conducted targeted sessions with each of the three police departments (La Verne, Claremont, and Pomona), focused on officers who serve as school resource officers and who respond to calls dealing with youth mental health issues.

A key focus of these calls was on the level of partnership and collaboration that existed between different types of agencies including K-12 schools, colleges and universities, law enforcement, hospitals and mental health facilities. These targeted sessions were structured differently from the public sessions, with slightly less focus on establishing the conceptual framework of mental health work, and more focused on diving into details of partnerships, collaborations and specific crisis interventions.

Please see appendix 1 for a listing and detailed summaries of targeted stakeholder sessions.

Survey tool development

In addition to a series of both public and targeted stakeholder engagement sessions, Octopod Solutions worked closely with the Project Team to put together a survey for residents of the cities of Pomona, Claremont, and La Verne. This survey can serve as a suitable follow-up for participants of the stakeholder sessions and a way to engage individuals who were not able to participate in those meetings. **Octopod Solutions recommends launching and distributing this survey as the immediate next phase of stakeholder engagement.** Leveraging the relationships and trust established by many close collaborators of TCMHA will be helpful in ensuring wide distribution and participation in the survey. The survey can also help to verify, provide additional detail, or challenge the findings that emerged from the stakeholder sessions.

Octopod Solutions recommends a separate survey for mental health services and for crisis care. **For crisis care, we recommend a survey specifically distributed to youth and families who have experienced mental health crises, along with service providers who specialize in crisis response.** This survey would be structured differently from the broader mental health services survey, because it will be specifically focused on each youth and family member's experience during a time of crisis and seek to elicit specific feedback about how they could have been better served during that time.

Key Findings from Stakeholder Engagement

A key principle established by TCMHA in partnership with Octopod Solutions was to prioritize and elevate the lived experiences of youth and families whenever possible. Though the majority of the total participants in stakeholder sessions were adults, the youth and parents who did participate shared substantive, powerful perspectives which the project team has sought to highlight. We anticipate these perspectives will be critical to TCMHA in helping to determine priorities and identify areas for improvement.

Please see appendix 1: Meeting summaries, for detailed notes on the feedback received in each of the public and targeted meetings.

Lived experiences of youth in the Tri-City region

Significant themes emerged from youth comments over the course of the stakeholder engagement sessions, particularly as it related to crisis response. Specific experiences included the following, along with direct quotes from youth:

- **Systems are either inaccessible due to cost or other barriers or too busy to serve students in times of need**
    - "Free crisis lines are sometimes full, and they can't help fast enough"
    - "I would also make therapy free for at least one session, then you can see how money will work out."
- **Experience of criminalization during mental health crisis**
    - "I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer."

Key reflections from other community members

In addition to youth and their parents, significant feedback was gathered from Law Enforcement officers, including School Resource Officers, who are often among the first to respond when a mental health crisis occurs. Additionally, counselors and mental health staff in the K-12 setting provided important real-life experience to shed perspective on crisis situations and how youth and families navigate them. Key themes that emerged included the following:

- **Services are slow during moments of crisis**
    - "I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough" - Mental health professional
- **Lack of cohesive philosophy around crisis management between school staff, law enforcement and mental health agencies.**
    - "We used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for them, they aren't happening. Everyone is moving so fast but missing some client care." - Mental health professional
    - "In the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer" - Law enforcement officer
    - "Police are mostly helpful when needed. Their [Pomona PD] mental health team is great. If a non-mental health team shows up to a call, they are often not as helpful." - Pomona USD staff
- **Lack of access and over capacity at specialized crisis care facilities**

- "Right now, mental health is so impacted, and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized." - Mental health professional

Community Perspectives: What works? What doesn't work?

During the varied slate of stakeholder engagement sessions, Octopod Solutions encouraged participants to be specific with their feedback. Participants spoke about their own experiences and how those experiences informed their opinions about what crisis approaches, processes and interventions were effective, and which ones were ineffective.

The list below highlights the most common themes, including any topics where youth themselves shared opinions:

Process Note:

Each time a topic was raised verbally, by a participant in the digital Miro board, or by using the zoom "chat" feature, Octopod Solutions logged it as a "mention." The data below represents all of the "mentions" tracked by the consultant team over the project period. At times, even though a subject was "mentioned" only once, it is noted as significant in the report because of the quality and length of discussion that followed it.

Additionally, Octopod Solutions made sure to note whenever a comment, question or suggestion was raised by a youth participant. These figures are also noted in the data below. This is likely an under-reporting of youth participation, because anyone who participated directly using the Miro tool was able to do so anonymously without any attribution to their identity.

What works?

- **Dedicated/trained trauma response team** (15 mentions)
- **Peer support** (10 mentions, including one youth)
- **Collaboration/partnership across sectors** (8 mentions)
- **Establishing trust** (6 mentions)
- **Clear definition of what constitutes a crisis** (5 mentions)
- **Follow-up/Follow-through post-crisis** (4 mentions)

What doesn't work?

- **Access and wait times during crisis** (29 mentions, including one youth and one parent).
- **Support staff without proper training** (18 mentions, including one youth)

- **Criminalization** (11 mentions, including one youth)
- **Lack of education/awareness on how to handle crisis** (11 mentions, including one youth)
- **Shortage of facilities/beds** (11 mentions)

Community-supported Initiatives and Interventions

Increased options for 24/7 care

(19 mentions, including at least one youth)

A common theme expressed by law enforcement, youth, and professional staff was that crisis situations often do not arise during standard business hours. As limited and overburdened as mental health facilities are during standard business hours, they are even more stretched during late-night hours. Law enforcement officers working graveyard shifts expressed struggle to support youth experiencing crisis while being responsive to their other duties, while many specialized mental health facilities have significantly limited capacity during late-night hours.

More beds and staffing

(16 mentions)

The lack of beds in mental health facilities leads to exorbitant wait times and youth who are transported as far as downtown Los Angeles to receive emergency mental health care. Charter Oak Hospital was noted as a first choice for many responding officers and other first responders, but when Charter Oak is at capacity, it can lead to long, frustrating, and scary waiting game for youth and families in crisis. Youth often have no control or knowledge of where they are being transported, and the further from home they go, the more uncertainty and anxiety they are likely to experience.

Decriminalization strategies

(14 mentions)

During the stakeholder sessions, law enforcement officers were as quick as youth and mental health professionals to acknowledge that being handcuffed and placed in the back of a police car during a mental health crisis often adds to the trauma that youth are already experiencing. Unfortunately, given the crisis at hand and the existing protocols, this is sometimes the only option available. Many law enforcement officers were open to strategies that would reduce or eliminate the need for criminalization approaches. One officer even went so far as to say they would welcome a mental health professional in each police vehicle. Additionally, school resource officers expressed success by speaking to youth in an authentic, non-threatening way that builds upon previous relationships. They

also found that being honest about their own mental health challenges or experiences helped to build trust.

Culturally Competent crisis response

(14 mentions, including at least one youth)

For youth who are already in the midst of a significant mental health challenge, the presence of a culturally competent responder can help to de-escalate or prevent the crisis by identifying with the specific cultural experiences and challenges that each individual may be experiencing. Additional training and staffing to ensure cultural competence in crisis situations was recommended in almost every session.

Location-based services

(13 mentions)

The lack of beds for youth who are put on an emergency hold creates glaring problems with wait times, transportation, and lack of intermediate care. Many participants expressed a need for stronger location-based services, operated in partnership with schools and local community-based organizations. Facilities like drop-in crisis centers could help to prevent or de-escalate a crisis before it reaches a level that requires a police response.

Peer support programs

(10 mentions)

There was strong support for peer mentoring and peer support both in the realm of broad mental health services, but also in dealing with crisis circumstances. Several session participants made the point that when a youth is experiencing a crisis, they are less likely to listen to any adult, whether it is a counselor, a police officer, or a relative. In these instances, the words and compassion of a trusted peer can help alleviate the crisis experience for certain youth.

Plausible Next Steps

Over the course of stakeholder engagement sessions, there were certain challenges and opportunities that came up repeatedly, regardless of the specific groups that were participating. The project team drew heavily upon these conversations to pull out the community-supported initiatives and interventions listed above, along with perspectives on what works and what doesn't work. The CCMU grant will be in a planning phase for the remainder of the year. Extensive planning and collaborative work will need to be done before specific programs are ready to request additional funding for implementation. Octopod Solutions offers a set of plausible next steps, drawing upon the stated priorities of community stakeholders, to help advance these collaborative planning efforts:

Wide distribution of mental health access surveys

Octopod Solutions worked closely with the core TCMHA project team to develop a set of survey questions that could help determine the usage, trust and experiences of youth and families with the mental health systems in the region. Octopod Solutions recommends distributing the existing survey draft to as broad a list as possible in Q3, 2022. Following that survey distribution, a follow-up survey focused just on survey respondents and participants in the stakeholder process can help to provide more detailed experiences and constructive criticism of existing systems. The audience for the second survey, to be distributed in late 2022, would be focused on individuals who have already expressed willingness to share their opinions about mental health services in the region and more likely to provide detailed, action-oriented feedback.

Multi-Sector convening on local trends and concerns youth crisis management

The stakeholder engagement process consistently revealed that TCMHA is seen as a trusted, innovative entity within the tri-city community. Octopod Solutions recommends that TCMHA considers ways to use this positive community standing to serve as an impartial convener between school districts, police departments and health care institutions in sharing information and developing common approaches. Currently, there are no regular meetings between all of the organizations across the region that participate in crisis care. Tri-City is well-positioned to take or facilitate an initial step towards this goal with a focus on identifying and prioritizing key issues in communication and collaboration.

Strategic planning to increase 24/7 care options, with a shared focus on mitigating overnight bed shortages.

The lack of adequate overnight psychiatric care beds was a pressing need identified by many different stakeholders. TCMHA itself may not have the ability to increase the number of beds, but it can work collaboratively with partners to develop creative approaches to late-night crisis intervention, with a focus on instances where local beds are not available. Octopod Solutions recommends that TCMHA works closely with partners in law enforcement, health care and education to develop a strategic approach to mitigating the shortage of overnight beds. Long-term, the development of a full CCMU program will help mitigate these challenges, but in order for that to be most effective, the participating agencies will need to collaborate on a shared plan of action, priorities and commonly understood responsibilities. This also creates an ideal opportunity to work collaboratively on advocacy. While any one institution does not have the ability to single-handedly alleviate the shortage of overnight accommodations for youth in crisis, by working together, institutions across the region can advocate at the State and County level for resources that could have a significant impact.

Multi-sectoral initiatives focused on the well-being of front-line staff and caregivers.

The work of TCMHA sits at the intersection of many different career fields including health care, education, and law enforcement. At each of these institutions, the staff often face a day-to-day barrage of trauma, uncertainty, and ongoing mental health challenges. TCMHA could offer peer-to-peer counseling services as a community benefit, or work with local agencies to free up time for this important caregiver benefit. In addition to offering the services, TCMHA can recruit a pilot "class" of law enforcement officers, school counselors and health care providers to take part in the program, on a trial basis. The results of this pilot program could be used to seek funding for a more expansive, region-wide program that can serve all law enforcement, education, and health care staff, along with the staff of other nonprofits and community organizations. TCMHA already uses the Community Resiliency Model to offer training in wellness skills that community members can use to help deal with the day-to-day realities of stress and trauma. Octopod Solutions recommends that TCMHA examine the effectiveness of this curriculum and consider adapting and scaling it to serve a broad cross-section of front-line care workers.

A Vision for the Future

What does a supportive community look like?

Early in each session, participants were asked how they define mental health within their communities. At the end of each session, participants were asked to determine what resources, services, and tools they would add to their communities if they had a "magic wand." Comparing the answers to these two questions is instructive because it ties together people's vision for a healthy community with the actual resources needed to achieve it.

These comments tie back to themes raised in the broader question of how participants define mental health and what the idealized healthy community they imagine is:

- Wellness: emotional and spiritual
- Self-care
- Composure
- Peace
- Balance
- Recovery
- Welcome
- Low barriers to access
- Equitable and just
- Interconnected
- The ability to thrive

Over the course of the meetings, these ideas evolved into specific, targeted concepts that can be applied as TCMHA continues on a planning process to guide crisis intervention services in partnership with local law enforcement, health care providers, schools and community members.

- Culturally relevant response to crisis
- Staffing level that meets the need
- Teams specific to crisis-response
- Youth access without stigma
- More mental health response, fewer law enforcement
- Law enforcement that receives comprehensive youth crisis training
- Adequate, comfortable transportation
- Crisis centers that are accessible and welcoming

Appendices

- List of Stakeholder meetings, including summaries with chat transcripts and Miro Board from each meeting
- Outreach list
- Outreach flyer and materials
- Suggested survey template for continued feedback
- Octopod Solutions, Project Team bios

Appendices

- **Appendix 1:** Stakeholder Engagement session summaries with chat transcript and Miro virtual white boards.
- **Appendix 2:** List of organizations and institutions invited to participate in stakeholder engagement process.
- **Appendix 3**: Three-language flyers distributed as part of outreach for stakeholder engagement
- **Appendix 4**: Suggested survey template for continued feedback and engagement.
- **Appendix 5:** Octopod Solutions, Project Team Bios

TCMHA Stakeholder Meetings

CCMU and MHSSA Planning Process

May - June 2022

Public Stakeholder Meetings:

- 05.03.22: K-12 Students, staff, teachers
- 05.04.22: Higher education communities
- 05.05.22: Adults who support youth (counselors, first responders, teachers, etc…)
- 05.10.22: K-12 Students, staff, teachers
- 05.11.22: Higher education communities
- 05.12.22: Adults who support youth (counselors, first responders, teachers, etc…)
- 05.18.22: Open community session

Targeted Stakeholder Meetings:

- 05.19.22: Pomona Police Department
- 05.26.22: Claremont Police Department
- 06.01.22: Pomona Unified School District Mental Health team
- 06.07.22: La Verne Police Department
- 06.14.22: Tri-City Mental Health Services internal staff

Public Stakeholder Meeting: K-12

May 3, 2022

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Meeting Information

- Total attendance: 6
- Total registered: 7
- Number of youth age 12-17: 1
- Number of adults: 6
- Number of School personnel: 1
- Number of Mental Health personnel: 5
- Parents/family members (self-ID): 1
- Other: Student participant from School of Arts and Enterprise

Summary of Key Points

1. Very challenging for parents and youth to navigate and access mental health system (from 4 mentions from MH personnel and 1 student in zoom chat)
2. Lack of education/awareness around mental health and available mental health services (from 3 MH personnel and 1 student in zoom chat, 1 note in Miro)
3. Long wait times and inaccessible appointment times for youth (from 3 MH personnel and 1 student in zoom chat, 5 in Miro)
4. Cultural or other external stigma in accessing mental health services (1 MH personnel and 1 student in zoom, 1 in Miro)
5. Money prevents access to care (1 student in zoom, 1 in Miro)
6. Doesn't work when youth are shamed (1 MH personnel and 1 student in zoom, 4 in Miro
7. Mental health staff also need mental health services (i.e. burn out) (1 MH personnel in zoom, 2 in Miro)
8. Shortage of resources (i.e. hospital beds, hotline staff, (4 in Miro)
9. Challenge for minors without supportive adults (5 in Miro)
10. What works: when youth feel heard and when staff have good connections with community partners (5 in Miro)
11. Lack of control or communication of outcomes when accessing mental health services (1 MH personnel in zoom, 3 in Miro)
12. Need more staff with lived experiences (1 in Miro)

Featured Quotes/Lived Experiences

- *Mental health is a muscle you have to work, and as a teenager from my perspective it's super important to find something that works that muscle, and while it's hard I'll keep trying.*
- *I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings*
- *Free crisis lines sometimes are full and they cant help fast enough*

- *I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.*
- *I would also make therapy free for at least one session, then you can see how money will work out.*

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Rafael Nieves
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

17:36:41 From Facilitator1 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=464130110481
18:11:22 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
18:12:01 From Facilitator2 to Everyone:

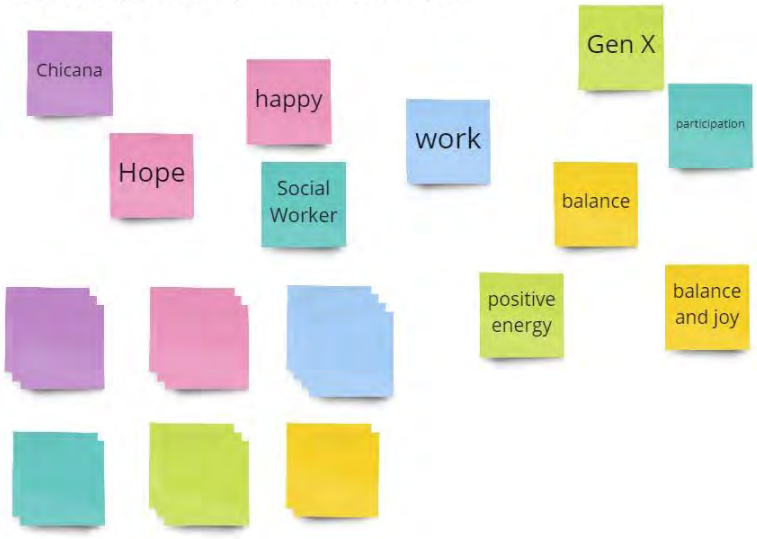
Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us: https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:12:14 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:12:39 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:17:19 From Pomona Student with Parent to Everyone:
Hello my name is XXX, Im with my mom and we are both team kitkat
18:17:21 From Facilitator2 to Everyone:
Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us: https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:20:18 From MH Personnel, she/her/hers to Everyone:
balance
18:20:40 From MH Personnel to Everyone:
Balance and Joy
18:20:48 From Pomona Student to Everyone:
I wrote happy lol
18:21:02 From MH Personnel to Everyone:
positive energy
18:21:26 From MH Personnel to Everyone:
Participation
18:22:02 From MH Personnel to Everyone:
Whole person wellness
18:22:44 From MH Personnel to Everyone:
mental health is all of us, wellness quality of life
18:23:03 From Pomona Student to Everyone:
Mental health is a muscle you have to work and as a teenager from my perspective its super important to find something that works that muscle, and while its hard Ill keep trying.
18:23:27 From MH Personnel , she/her/hers to Everyone:
having a support system to turn to
18:23:49 From MH Personnel to Everyone:
Right now mental health care a very complicated system, that is hard to navigate and challenging to work in
18:24:14 From Pomona Student to Everyone:
Yes!
18:24:48 From MH Personnel to Everyone:
lack of information, access, education
18:25:13 From Pomona Student to Everyone:
Outside forces like people and anxiety
18:25:35 From MH Personnel to Everyone:
willingness to talk about it with out fear of judgement
18:26:15 From MH Personnel , she/her/hers to Everyone:
Stigma whether that be family, culture, community

18:28:32 From MH Personnel to Everyone:
Difficulty accessing care without a supportive adult
18:28:46 From MH Personnel to Everyone:
limited, unaware of services, minors who don't have parents who are understand/support
18:29:07 From MH Personnel to Everyone:
Time doesn't meet youth schedule
18:29:10 From Pomona Student to Everyone:
I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings
18:29:22 From MH Personnel to Everyone:
Technology underuttilized
18:29:36 From MH Personnel to Everyone:
some youth are aware of their MH and are open to discuss/disclose their struggles
18:30:53 From Pomona Student to Everyone:
Money
18:30:57 From MH Personnel to Everyone:
other youth don't know enough about MH to understand what they're going through
18:31:33 From MH Personnel to Everyone:
don't trust professional health or adults
18:31:40 From MH Personnel , she/her/hers to Everyone:
reliant on others to access
18:32:09 From MH Personnel , she/her/hers to Everyone:
Don't want parents to know what they are discussing
18:33:29 From MH Personnel , she/her/hers to Everyone:
I have heard youth and families not wanting police involvement and this often deters them.
18:35:28 From Pomona Student to Everyone:
And free crisis lines sometimes are full and they cant help fast enough
18:35:56 From MH Personnel , she/her/hers to Everyone:
lack of resources for those who may need more care like hospitalizations.
18:37:58 From MH Personnel , she/her/hers to Everyone:
I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough
18:40:53 From MH Personnel to Everyone:
long waits
18:41:26 From MH Personnel to Everyone:
the system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need.
18:42:14 From MH Personnel , she/her/hers to Everyone:
in a mental health crises: I know youth and family often feel like they don't have a choice or say regarding outcomes

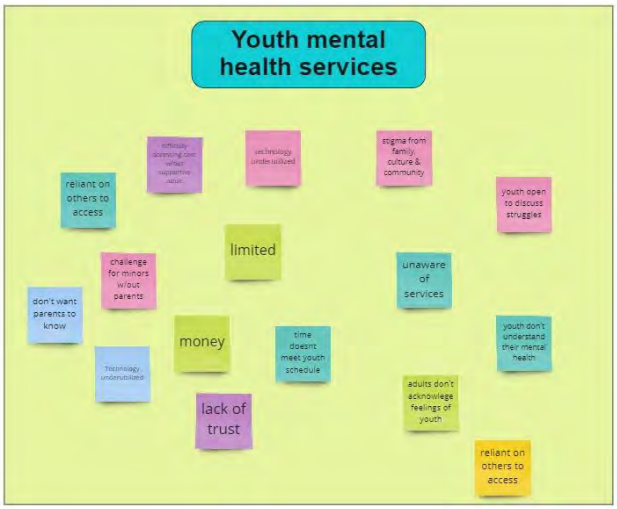
18:42:28 From MH Personnel to Everyone:
the wait period was already long before covid and now it's even longer
18:43:59 From MH Personnel to Everyone:
difficult to understand, scary
18:44:30 From Pomona Student to Everyone:
Stressful its makes the brain do backflips and your mind just thinks about too much
18:48:18 From MH Personnel to Everyone:
Works: when the youth's voice is heard and their strengths are highlighted
18:49:02 From MH Personnel to Everyone:
doesn't work : when youth are shamed
18:52:40 From Pomona Student to Everyone:
I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.
18:57:21 From MH Student to Everyone:
More people on life or crisis lines, and if not like amazingly well AI. I would also make therapy free for at least one session, then you can see how money will work out.
18:58:00 From MH Personnel , she/her/hers to Everyone:
to add to the question about what doesn't work is that we also have staff who are burnt out taking crises calls. SO staff well being is also important in making sure the best crises services are provided and mental helath services.
18:58:16 From Pomona Student to Everyone:
And classes for parents to actually make their children feel safe and how to work through stuff together and or as a family.
18:58:58 From Facilitator1 (he/him) to Everyone:
neel@octopodsolutions.com
18:59:21 From MH Personnel , she/her/hers to Everyone:
more resources, crises specific teams
19:00:08 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r

Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?
Feel free to copy-paste an image or meme that inspires you!

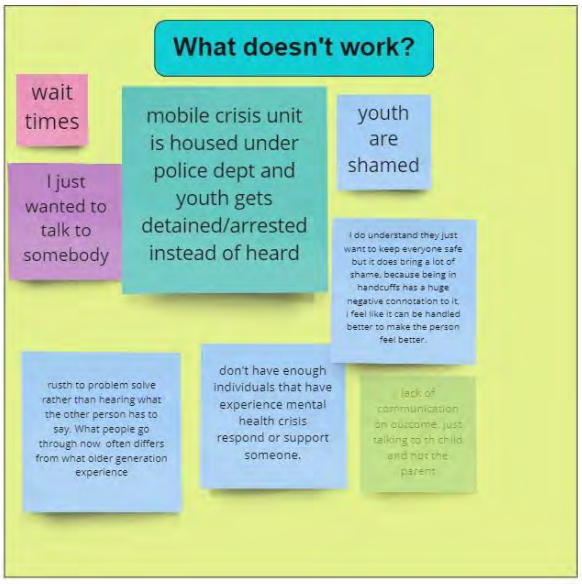


What words come to mind in describing:

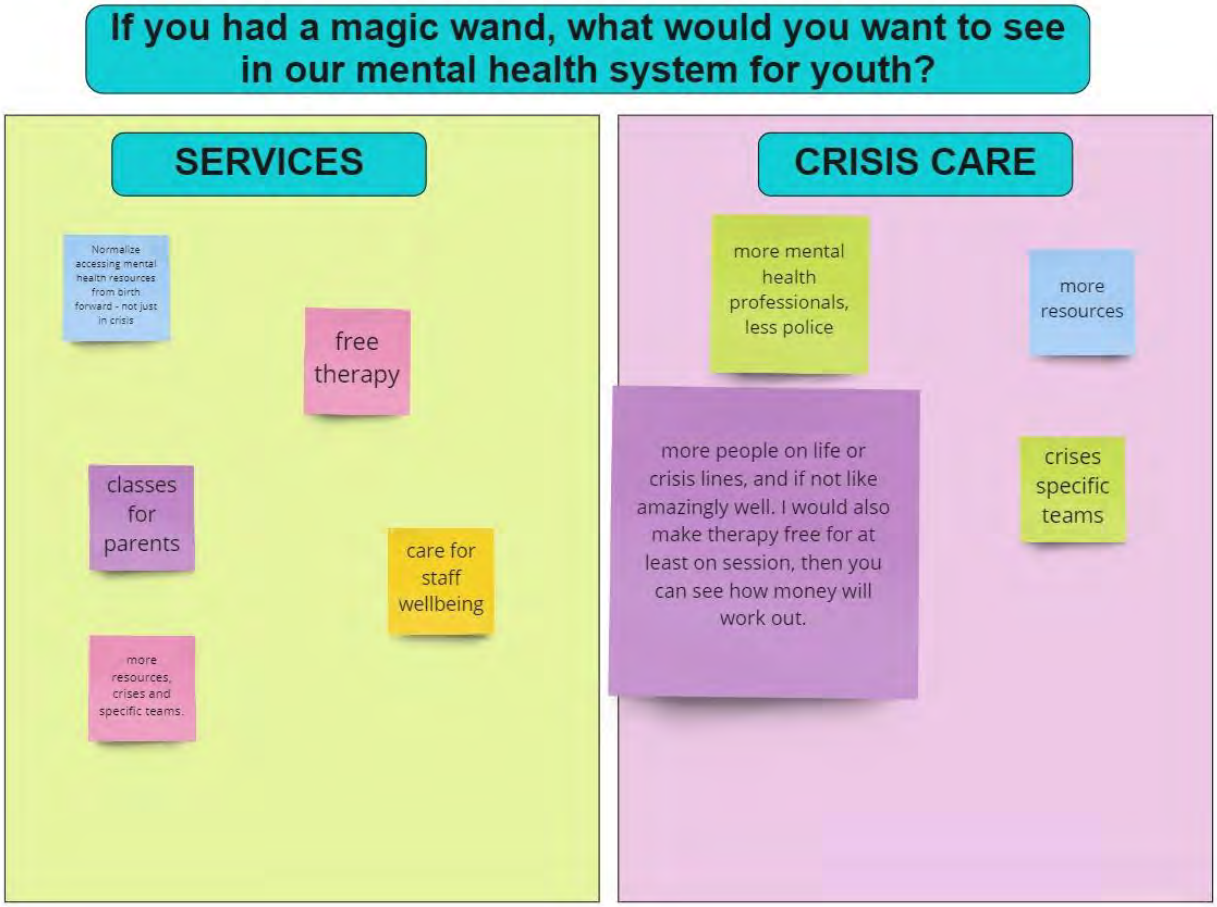


What has been the experience of you or youth you know in our region?

Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Normalize accessing mental health resources from birth forward - not just in crisis
free therapy
classes for parents
care for staff wellbeing
more resources, crises and specific teams.
CRISIS CARE
more mental health professionals, less police
more resources
more people on life or crisis lines, and if not like amazingly well. I would also make therapy free for at least on session, then you can see how money will work out.
crises specific teams

Public Stakeholder Meeting: Higher Education

May 4, 2022

—

Meeting Information

- Total attendance: 9
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2 registered
- Number of adults: 9
- Number of School personnel: 4
- Number of Mental Health personnel: 5

Summary of Key Points

1. Challenging, overwhelming, confusing to access mental health services (4 in miro)
2. Staff mental health should be included (1 in miro)
3. Validating and acknowledging client's mental health experience works (3 in miro)
4. Integrating culturally competent care works (2 in miro)
5. Lack of awareness of process or resources (2 in miro)
6. Lack of housing interventions (1 in miro)
7. Having trained professionals respond works (3 in miro)
8. Collaboration and col-locating services with libraries, schools, hospitals, etc. works (1 in miro, 1 School Professional in zoom)
9. Criminalizing crisis doesn't work (1 in miro)
10. Staff also need mental health support (1 School Professional in zoom)

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?

0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

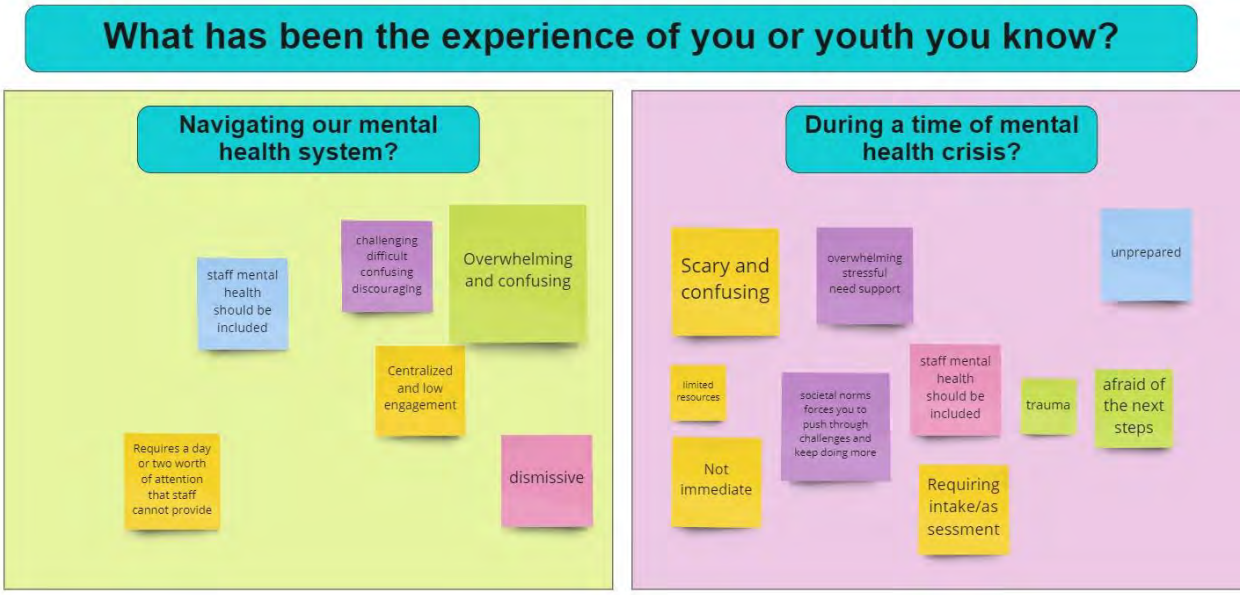
Chat Transcript *(Identifying Information removed)*

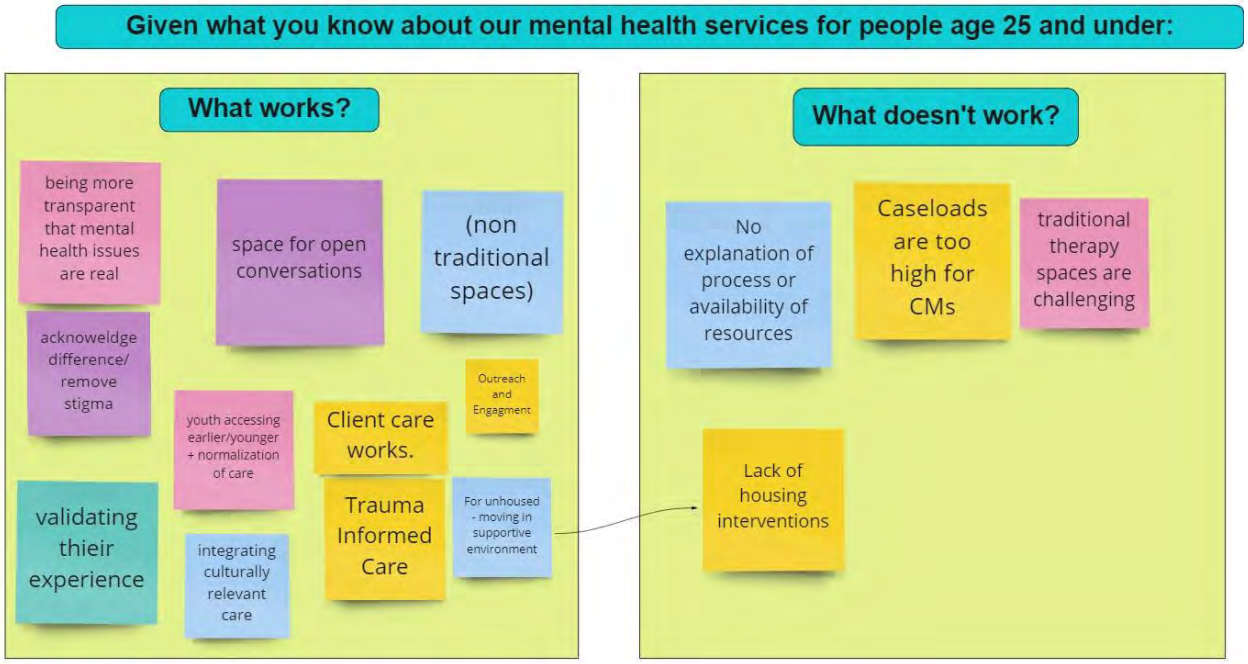
18:10:55 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r
18:11:47 From Facilitator2 to Everyone:
Hi Everyone! We will be using a tool called Miro to collaborate together this evening. Please click the link to join in the conversation: https://miro.com/app/board/uXjVO4Sucs0=/?share_link_id=743903368044
18:12:09 From Facilitator2 to Everyone:
There is no need to register
18:12:13 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4Sucs0=/?share_link_id=743903368044
18:20:06 From Claremont School Employee to Everyone:
College Students; High School Students - Underrepresented, underprivileged youth/adults in Claremont and in LA and the Inland Empire
18:20:27 From Pasadena Unhoused Services Employee to Everyone:
Represent unhoused, unstably housed youth and youth adults throughout San Gabriel Valley
18:21:13 From Walnut School Employee to Everyone:
Healthy ,
18:21:27 From Claremont School Education to Everyone:
College students who work with other college students and underaged youths.
18:22:31 From MH Personnel to Everyone:
LGBTQ+ services
18:29:17 From Claremont School Employee to Everyone:
It's hard to practice what we preach... sometimes we ask our students/scholars to practice it when we ourselves have a difficult time to balance our own mental health (with all the responsibilities that we may have)

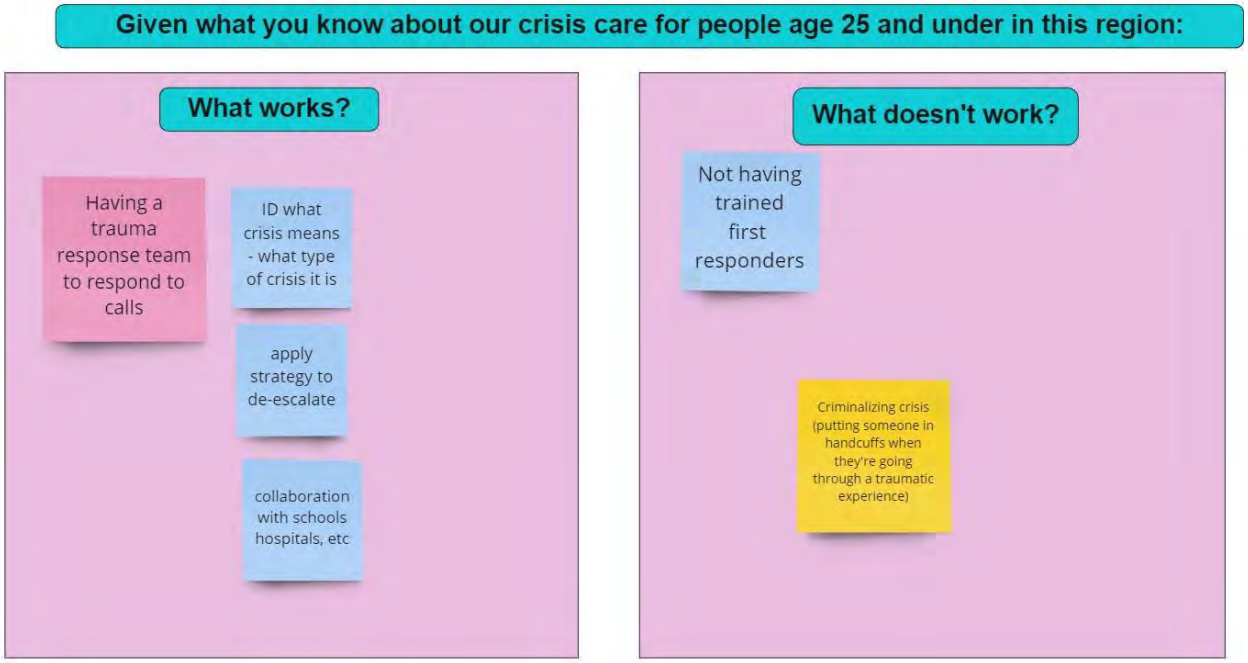
18:34:06 From Claremont School Employee to Everyone:
It's also hard to practice taking care of our mental health when societal norms are to do more, add more on your plate and/or just push through these challenges.
18:57:15 From Claremont School Employee to Everyone:
I'm not how to say this coherently but to somewhat lessen expectations of a "successful" student/scholar - thinking about students - they are constantly expected to perform and perform well to do the next thing (in life)
18:57:29 From Claremont School Employee to Everyone:
I'm not sure* how
18:59:45 From Walnut School Employee to Everyone:
Co-locating? Establishing spaces in different programs/part of towns like colleges? Libraries?
19:00:32 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
19:00:33 From Claremont School Employee to Everyone:
And to take a step back even further, challenge the systems which create oppressive situations which fracture our mental health.
19:01:11 From Claremont School Employee to Everyone:
Thank you so much for this "round table" discussion!
19:01:27 From Claremont School Employee to Everyone:
Thank you! 🙏

Miro Boards


What does Mental health mean to you?
LOVE
Mental tools and resources to navigate life
Access
Freedom
Awareness
Joy
Rest
freedom to learn and get understanding in a non-judgemental space


What has been the experience of you or youth you know?
Navigating our mental health system?
staff mental health should be included
challenging difficult confusing discouraging
Overwhelming and confusing
Centralized and low engagement
Requires a day or two worth of attention that staff cannot provide
dismissive
During a time of mental health crisis?
Scary and confusing
overwhelming stressful need support
unprepared
limited resources
societal norms forces you to push through challenges and keep doing more
staff mental health should be included
trauma
afraid of the next steps
Not immediate
Requiring intake/assessment


Given what you know about our mental health services for people age 25 and under:
What works?
being more transparent that mental health issues are real
space for open conversations
(non traditional spaces)
acknoweldge difference/ remove stigma
youth accessing earlier/younger + normalization of care
Outreach and Engagment
Client care works.
validating thieir experience
integrating culturally relevant care
Trauma Informed Care
For unhoused - moving in supportive environment
What doesn't work?
No explanation of process or availability of resources
Caseloads are too high for CMs
traditional therapy spaces are challenging
Lack of housing interventions


Given what you know about our crisis care for people age 25 and under in this region:
What works?
Having a trauma response team to respond to calls
ID what crisis means - what type of crisis it is
apply strategy to de-escalate
collaboration with schools hospitals, etc
What doesn't work?
Not having trained first responders
Criminalizing crisis (putting someone in handcuffs when they're going through a traumatic experience)


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
proactive services and engagements for youth
co-locating services with public spaces (i.e.colleges and libraries)
increased sensitivity to societal pressure to perform
More staff to meet need
CRISIS CARE
diverse people responding to crisis
challenge systems that oppress expression of mental health

Public Stakeholder Meeting: Adults

May 5, 2022

Meeting Information

- Total attendance: 7
- Total registered: 8
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 7
- Number of School personnel: 2
- Number of Mental Health personnel: 5

Summary of Key Points

1. Challenging to navigate mental health services – complicated, not knowing where to go, insurance) (3 in miro)
2. Peer mentors, navigators, wellness center and services that don't require insurance work (1 from MH professional in zoom, 4 in miro)
3. Need more public info on how to access services in areas where youth and community spend time (6 in miro)
4. Need more adult support for youth to navigate services (2 in miro)
5. Police involvement doesn't work, lack of safe transportation (2 in miro)
6. Need education on what to report to 911 or other emergency help (1 in miro)
7. Bridge generational divide around mental health awareness and access to services (3 in miro)
8. Make more beds available (1 in miro)

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?

0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Thanh Erway

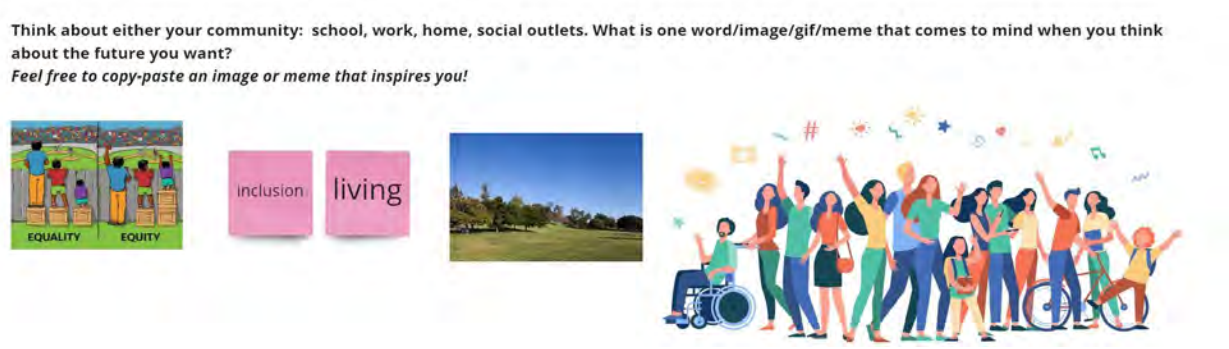
Chat Transcript *(Identifying Information removed)*

18:10:26 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
18:10:49 From Facilitator2 to Everyone:
Hi Everyone! We will be using a tool called Miro to collaborate together today. Please click this link to participate: https://miro.com/app/board/uXjVO4SuzZA=/?share_link_id=780486403273 — You do not need to sign up to use the Miro Board. Disregard the notification at the bottom of the screen.
18:11:31 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SuzZA=/?share_link_id=780486403273
18:23:12 From Claremont Youth Professional to Everyone:
My word is Health! Mentally, physically & emotionally

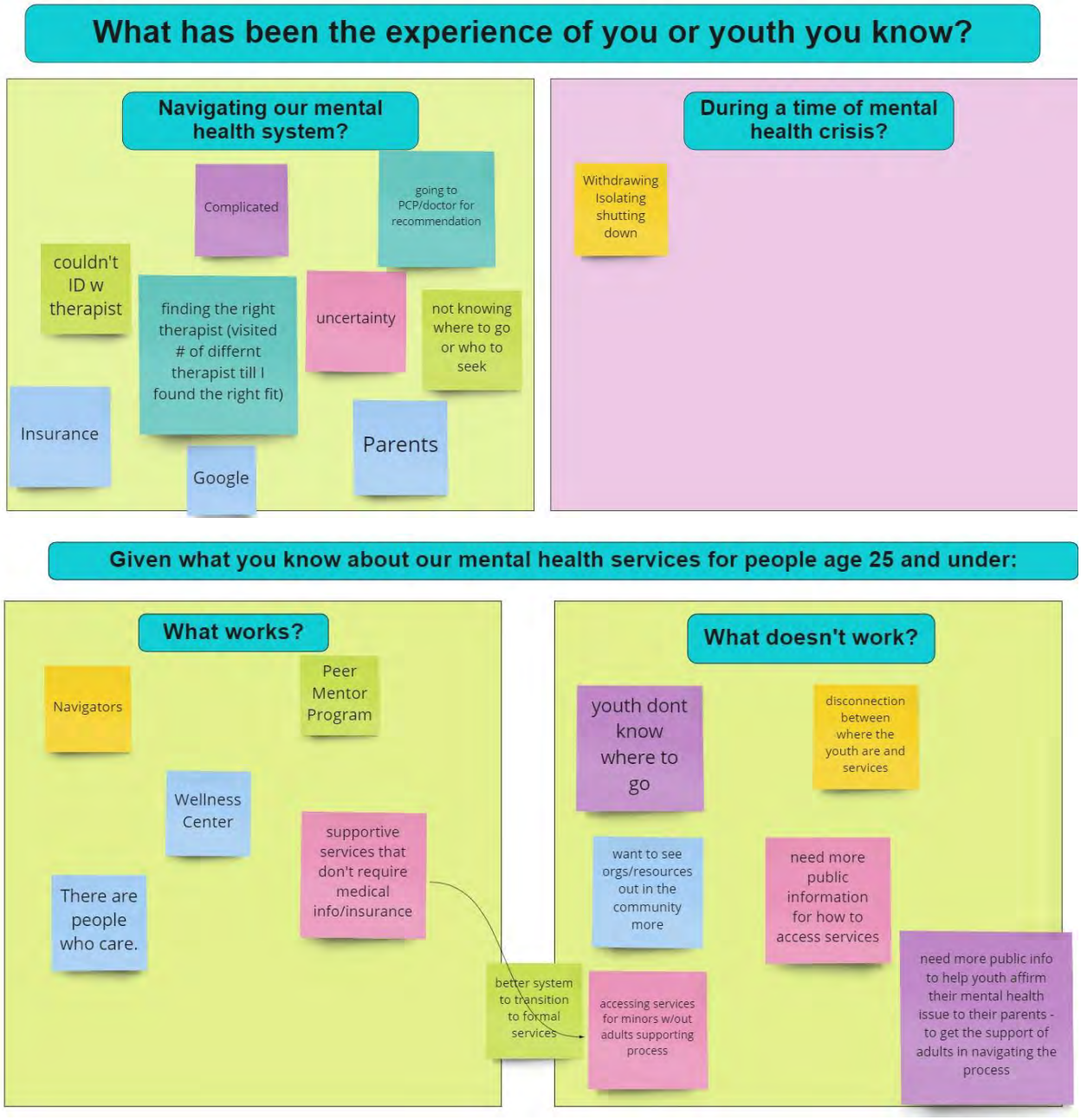
I couldn't use the website on my phone
18:23:49 From Miro Share to Everyone:
Thanks xxxx we will make sure that is included!
18:24:31 From Claremont Youth Professional to Everyone:
Regulation
18:39:08 From MH Personnel to Everyone:
supportive services that don't require medical information/insurance like our Wellness Center, Peer Mentor Program, Navigators
18:42:20 From Claremont Youth Professional to Everyone:
Yes! I love what she said
18:42:54 From MH Personnel to Everyone:
thanks xxxxx ☺

19:01:35 From MH Personnel to Everyone:
Thank you! This was fun! I look forward to seeing what we (Tri-City) does with this feedback in the future! :-)
19:01:54 From Analyst to Everyone:
Thank you for all your great feedback
19:02:00 From Facilitator1 to Everyone:
• bit.ly/3LiFE0r
19:02:22 From Claremont Youth Professional to Everyone:
Thank you! I appreciated everyone's input !
19:02:29 From La Verne School Professional to Everyone:
Thank you!
19:03:36 From Spanish Interpreter to Everyone:
Thank you

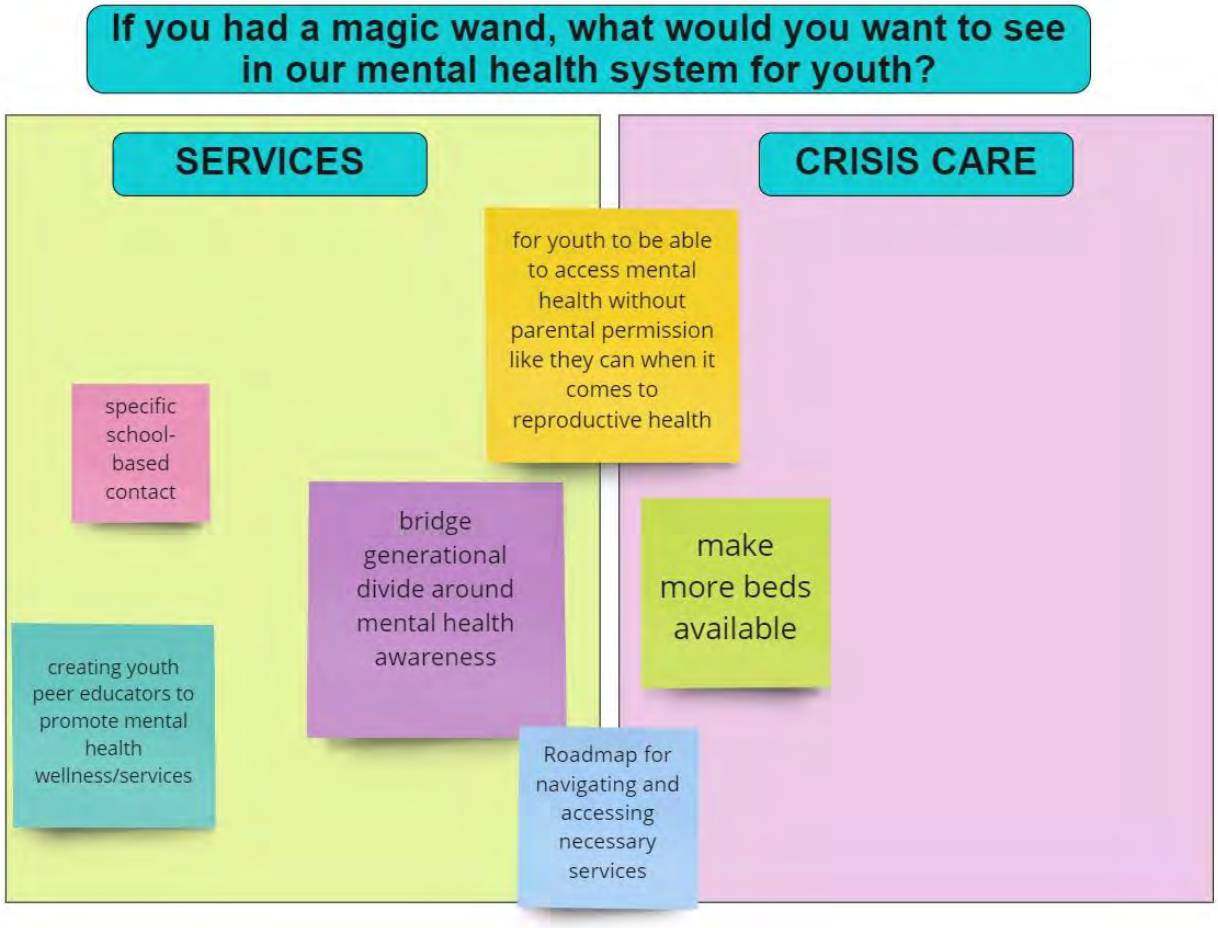
Miro Boards




What does Mental health mean to you?
acknowledge the struggles
Regulation - physical, bodies included
Health! Mentally, physcially, emotionally
Calm, Happiness, Satisfaction
Having ability to cope with different situations


What has been the experience of you or youth you know?
Navigating our mental health system?
Complicated
going to PCP/doctor for recommendation
couldn't ID w therapist
finding the right therapist (visited # of differnt therapist till I found the right fit)
uncertainty
not knowing where to go or who to seek
Insurance
Google
Parents
During a time of mental health crisis?
Withdrawing
Isolating
shutting down
Given what you know about our mental health services for people age 25 and under:
What works?
Navigators
Peer Mentor Program
Wellness Center
supportive services that don't require medical info/insurance
There are people who care.
better system to transition to formal services
What doesn't work?
youth dont know where to go
disconnection between where the youth are and services
want to see orgs/resources out in the community more
need more public information for how to access services
accessing services for minors w/out adults supporting process
need more public info to help youth affirm their mental health issue to their parents - to get the support of adults in navigating the process


Given what you know about our crisis care for people age 25 and under in this region:
What works?
outreach and education
articulating to 911 dispatch exactly what is being experienced --> relay to police officers
What doesn't work?
Police Involvment
lack of safe transportation
need education on what to report to 911 or other emergency help


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
for youth to be able to access mental health without parental permission like they can when it comes to reproductive health
specific school-based contact
bridge generational divide around mental health awareness
make more beds available
creating youth peer educators to promote mental health wellness/services
Roadmap for navigating and accessing necessary services

Public Stakeholder Meeting: K-12

May 10, 2022

—

Meeting Information

- Total attendance: 3
- Total registered: 3
- Number of youth age 12-17: 1
- Number of adults: 2
- Number of School personnel: 0
- Number of Mental Health personnel: 2

Summary of Key Points

1. All of the points below came from a high-school student participant:
    a. Existing outreach efforts are not effective enough
    b. There is a need for outreach that reaches youth in ways they can identify with
    c. Youth tend to be most receptive to receiving help from their peers
    d. Youth should be a guiding force in determining what services are established and how they are delivered.
    e. There is a deep need for culturally aligned support, both for mental health care and for crisis-specific care
    f. If there were more opportunities for peers to help each other, there would be great interest in participation.

Additional Facilitator Notes

- This was a very small meeting, but it allowed for extensive feedback to be received from one High School student. This individual was very enthusiastic about the opportunity to improve mental health services. Specifically, the individual highlighted a few areas for consideration:
    - Existing outreach/information efforts are not effective for youth. Specifically, things like posters and flyers in restrooms as generally ignored.
    - The individual recommended investing more heavily in communications through social media - particularly around de-stigmatizing mental heath care.
    - The individual expressed great enthusiasm for the idea of peer-training and peer-support for both mental health services and crisis. They expressed that they would be happy to serve as a peer support person if the opportunity was available.
    - They also expressed that peer support could provide a trusted alternative to police response and could help youth who are concerned with privacy issues.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
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0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

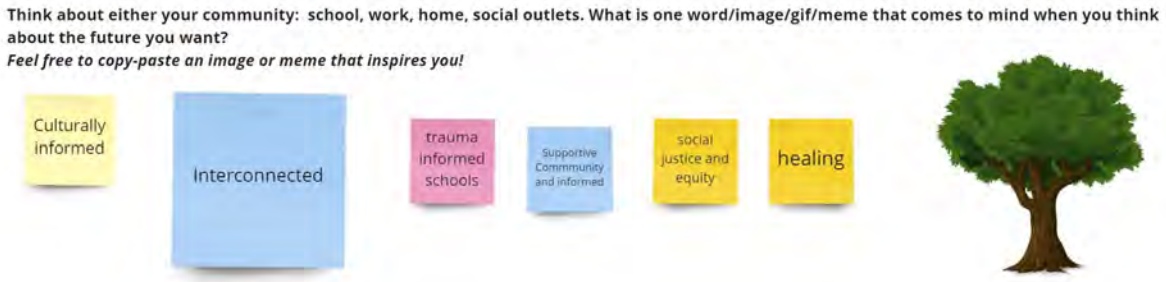
INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

17:14:24 From Facilitator 2 to Everyone:
Hi All, We will be using Miro today:
https://miro.com/app/board/uXjVO4Sldfs=/?share_link_id=486672293768
17:14:49 From Facilitator 2 to Everyone:
Please disregard the "Sign Up" notification at the bottom of the screen
17:15:01 From Facilitator 2 to Everyone:
There is no need to register to use the tool
17:15:16 From Facilitator 2 to Everyone:
Feel free to jump in as you are comfortable

17:15:27 From Facilitator 2 to Everyone:
We'll also be using the Zoom chat today as well
17:15:30 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVO4Sldfs=/?share_link_id=486672293768
17:19:27 From Claremont HS Student to Everyone:
In my community i represent the Claremont Teen Committee and a youth leader who also struggles with anxiety.
17:19:52 From Mental Health Professional, she/her/hers to Everyone:
I am a women of an immigrant family and a mental health professional.
17:52:45 From Claremont HS Student to Everyone:
Yes, I agree and would loved to be trained in peer support/ help develop a program
17:56:14 From Mental Health professional to Everyone:
XXXXXX if you share your email we would love to have you be part of the development of programs and trainings
18:00:36 From Facilitator 2 to Everyone:
bit.ly/3LiFE0r

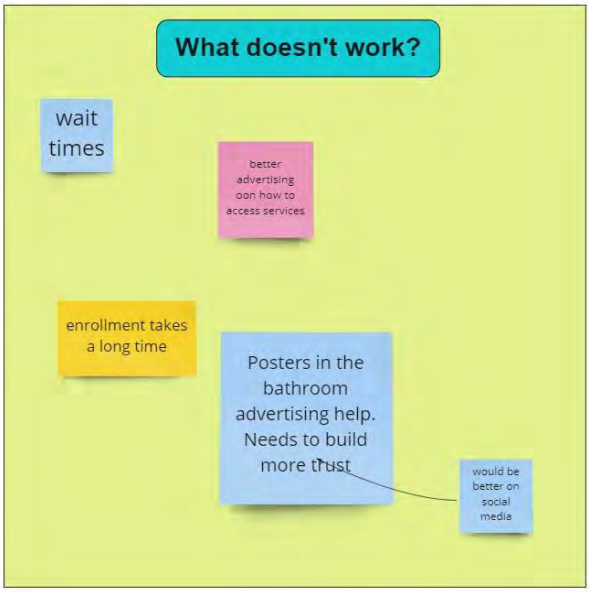
Miro Boards

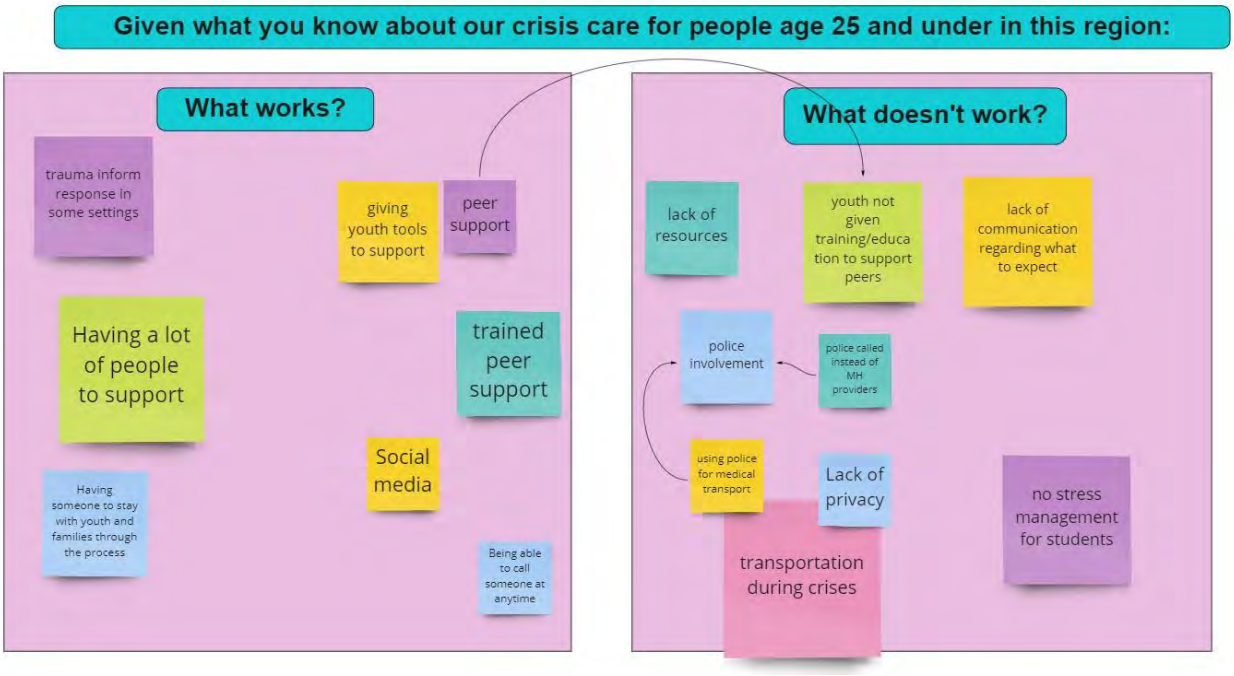



What does Mental health mean to you?
pressing on
Recovery
Balance
Well being
joy
flow
Self care
mind body connection
being able to experience all feelings
being able to be pat of community
being in tune with your mind and emotions
art and creativity
helping w stress/calm
gratitude
ability to thrive
peace
Being able to ask for help
trusting yourself and others
Self care and self compassion
prioritizing

What has been the experience of you or youth you know?

Given what you know about our mental health services for people age 25 and under:




Given what you know about our crisis care for people age 25 and under in this region:
What works?
trauma inform response in some settings
giving youth tools to support
peer support
Having a lot of people to support
trained peer support
Social media
Having someone to stay with youth and families through the process
Being able to call someone at anytime
What doesn't work?
lack of resources
youth not given training/education to support peers
lack of communication regarding what to expect
police involvement
police called instead of MH providers
using police for medical transport
Lack of privacy
transportation during crises
no stress management for students


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
services when I need it and a tconvenient times
culturally responsive care
trauma informed care
Culturally aligned support
drop in crisis center
Whole family healing
more mental health staff instead of police /punishment
Announcements at community events
A place where I can just take space
a provider that you can connect with
easy access
Youth voice/presence, feedback, and guidance
transportation other than ambulance and PD
Mental health proffestionals in teen programs
art and healing
Peer to peer training
social media campaigns
peer involvement

Public Stakeholder Meeting: Higher Education

May 11, 2022

—

Meeting Information

- Total attendance: 5
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 1 registered
- Number of adults: 5
- Number of Mental Health personnel: 2

Summary of Key Points

1. Too embarrassed to start to navigate mental health
2. Services too short (2 in miro)
3. Accessible hours (2 in miro)
4. Don't know how to use insurance
5. Confusion, overwhelming, difficult to find right place (4 in miro)
6. Need to create a culture of mental health awareness on campus (4 in miro)
7. Cultural stigma on seeking services
8. Unsure if resource will help or be trustworthy
9. Video calls for busy people and/or in person sessions works (2 in miro)
10. Respect identity in service provision
11. Access to internet for telehealth is challenging
12. Supportive, competent, trained resources available to navigate crisis works (3 in miro)
13. Having calm trusted person to support person in crisis works (2 in miro)
14. Communication with each step taken works (2 in miro)
15. Law enforcement and lack of trained response professionals doesn't work (5 in miro)

Additional Facilitator Notes

- One participant from the University of La Verne made the point that there is an ongoing issues where students are hesitant to share their struggles with each other.
- The participant stated that there is a general discomfort around the University around the idea of being vulnerable, but that they want to work to create a climate on campus where people can share their experiences and vulnerabilities beyond a surface level.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

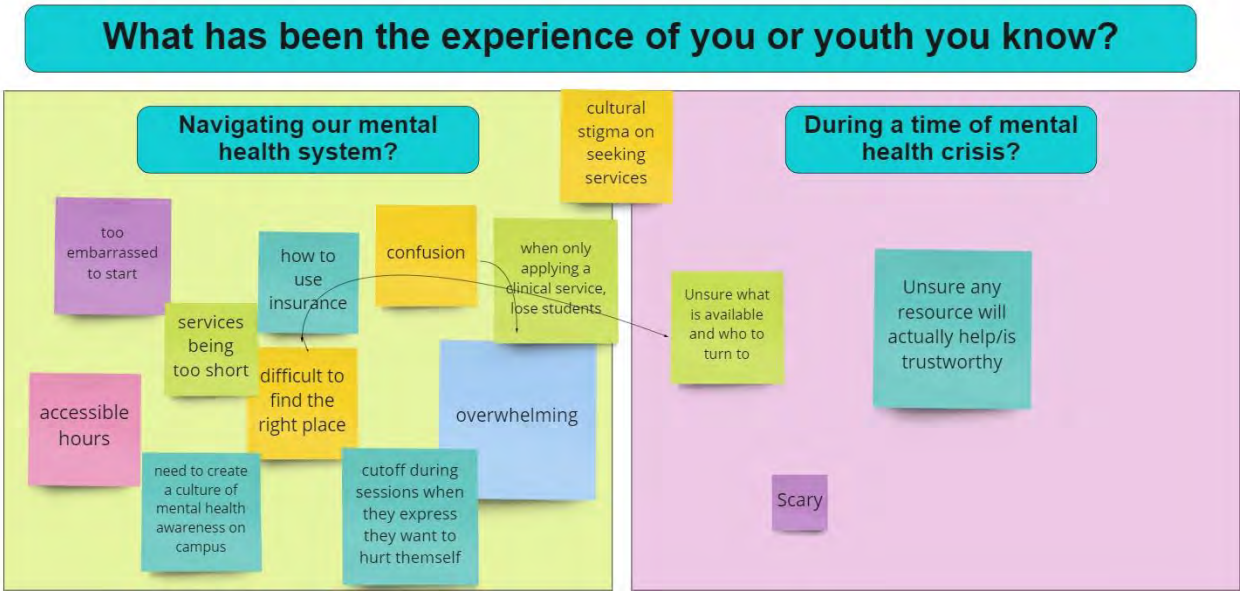
Chat Transcript *(Identifying Information removed)*

12:11:48 From Facilitator2 to Everyone:
Hello All! We will be using a tool called Miro to collaborate together today. Please click this link to participate: https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029 Please disregard the notification at the bottom of the screen asking you to sign up. You DO NOT need to register to use Miro.
12:12:16 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029
12:14:24 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r

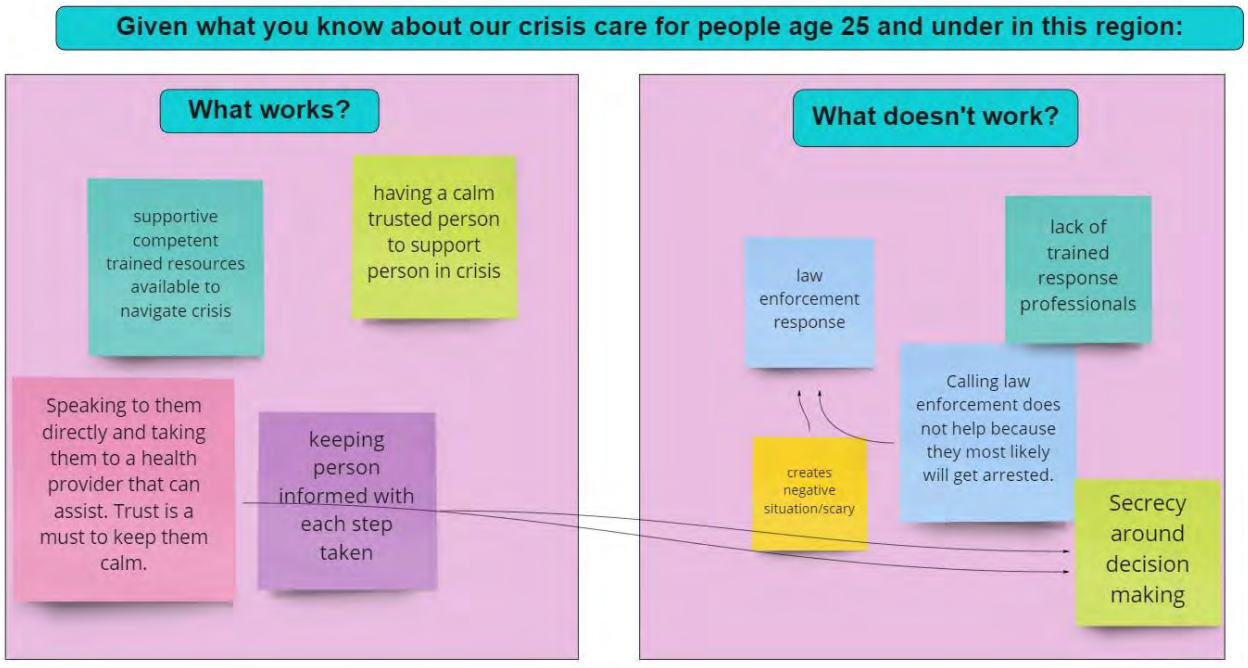
12:14:58 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029
12:18:30 From La Verne School Professional to Everyone:
I am a social worker at the University of La Verne. I work to support student well-being on campus.
12:26:16 From Pomona Youth Organization to Everyone:
self care
12:28:30 From Pomona Youth Organization to Everyone:
box breathing
12:44:23 From Pomona Youth Organization to Facilitator1 (Direct Message):
video calls for busy people and in-person sessions.
12:49:56 From Pomona Youth Organization to Facilitator 1 (Direct Message):
Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.
12:50:45 From Pomona Youth Organization to Facilitator1 (Direct Message): Calling law enforcement does not help because they most likely will get arrested.
12:59:13 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
12:59:48 From La Verne School Professional to Everyone:
Thank you! This was a great session.
12:59:54 From Pomona Youth Organization to Everyone:
Thank you!

Miro Boards


What does Mental health mean to you?
being at peace
wellness
healthy coping
Box breathing
self care
maintain composure despite whats happening around us
Self awareness


What has been the experience of you or youth you know?
Navigating our mental health system?
cultural stigma on seeking services
During a time of mental health crisis?
too embarrassed to start
how to use insurance
confusion
when only applying a clinical service, lose students
services being too short
difficult to find the right place
overwhelming
accessible hours
need to create a culture of mental health awareness on campus
cutoff during sessions when they express they want to hurt themself
Unsure what is available and who to turn to
Unsure any resource will actually help/is trustworthy
Scary


Given what you know about our mental health services for people age 25 and under:
What works?
culture of wellness
normalization and more conversations
video calls for busy people and in-person sessions.
in person sessions
respecting identity students in service provision
What doesn't work?
access to internet for telehealth


Given what you know about our crisis care for people age 25 and under in this region:
What works?
supportive competent trained resources available to navigate crisis
having a calm trusted person to support person in crisis
Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.
keeping person informed with each step taken
What doesn't work?
law enforcement response
lack of trained response professionals
Calling law enforcement does not help because they most likely will get arrested.
creates negative situation/scary
Secrecy around decision making


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
more trained professionals
effective awareness-building
24-hour services
no law enforcement involvement

Public Stakeholder Meeting: Adults

May 12, 2022

—

Meeting Information

- Total attendance: 21
- Total registered: 34
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 19
- Unknown ID participants: 2
- Number of School personnel: 7
- Number of Mental Health personnel:
- Parents/family members (self-ID): 0
- Other: 0

Summary of Key Points

1. Consistent professional care, difficult for foster youth because of frequent moves (5 in miro)
2. Not knowing where to start
3. Lack of awareness on available resources
4. Navigating without parent support (2 in miro)
5. Services in appropriate locations
6. Long wait times (3 in miro)
7. Difficult to get families to follow through
8. Systemic challenges for serving persons without housing
9. PMRT not available
10. Feeling shame or embarrassment to reach out (2 in miro)
11. Training for police is a barrier
12. Frustrating as to what constitutes crises intervention
13. Meeting in homes and schools works (2 in miro)
14. Peer specialists with lived experience works
15. Improve communication regarding ongoing referrals (3 in miro)
16. Providers who are relatable and authentic with youth (4 in miro)
17. Collaboration with multiple community agencies/schools/partners works (6 in miro)
18. Transitional age youth specific services such as FSP-TAY, TAY Housing, TAY-led programming/think tank (3 in miro)
19. Counselors and dedicated response teams in high school campuses (2 in miro)
20. 24 hour hotline with trained person online

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

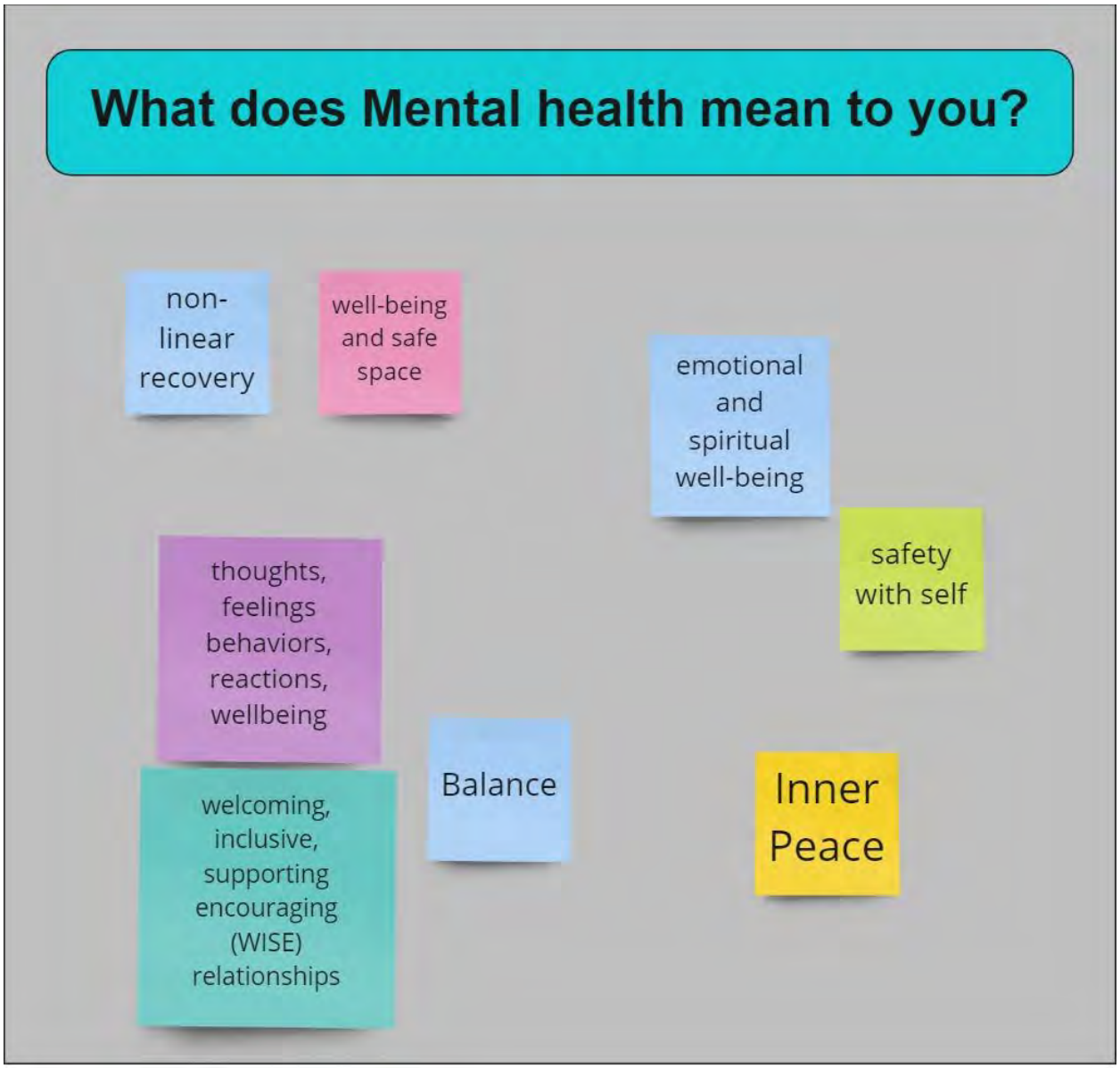
12:12:26 From Facilitator2 to Everyone:
Hi All! We will be using a collaboration tool called Miro today. Please click this link to participate with us: https://miro.com/app/board/uXjVO4Sko4c=/ Please disregard the "Sign Up" pop-up on the bottom of the screen. You DO NOT need to register to use the tool today. All of your contributions will be anonymous.
12:12:36 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4Sko4c=/
12:19:03 From Pomona Youth Organization to Everyone:
How do we grab a sticky note?

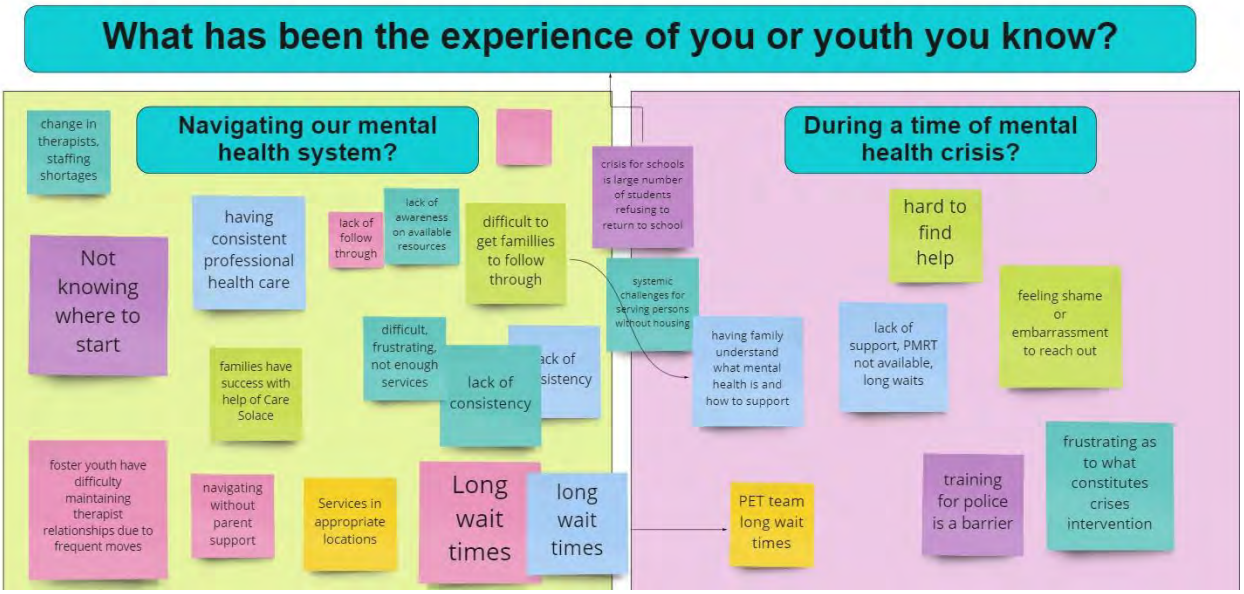
12:20:58 From MH Personnel to Everyone:
Hope
12:21:08 From Claremont School Professional to Everyone:
Welcome
12:21:24 From MH Personnel to Everyone:
Peace
12:21:42 From Pomona Youth Organization to Everyone:
Participatory
12:22:15 From Pomona Youth Organization to Everyone:
Inclusive!
12:23:21 From MH Personnel to Everyone:
Thoughts, feelings behaviors, reactions, wellbeing
12:23:29 From Pomona Youth Organization to Everyone:
Emotional & spiritual well-being
12:24:34 From Pomona Youth Organization to Everyone:
WISE (welcoming, inclusive, supportive, encouraging) relationships
12:26:33 From Pomona Youth Organization to Everyone:
Hard to find help at moments of crisis
12:26:52 From Pomona Youth Organization to Everyone:
Thankful for a major hospital here with a psych unit
12:27:18 From Claremont School Professional to Everyone:
Difficult to get families to follow through.
12:27:51 From Pomona School Professional to Everyone:
Difficult, frustrating, not enough services, lack of follow through, lack of consistency
12:27:51 From MH Professional to Everyone:
Foster youth have difficulty maintaining therapist relationships due to frequent moves
12:28:09 From Claremont School Professional to Everyone:
Our families are having success with the help of Care Solace.
12:28:43 From LA County Professional to Everyone:
Frustrating as to what constitutes crises intervention
12:30:33 From Claremont School Professional to Everyone:
A crisis for schools is we have a large number of students refusing to return to school.
12:30:46 From Pomona School Professional to Everyone:
Change in therapists, staffing shortages
12:30:48 From MH Professional to Everyone:
Lack of awareness among youth about resources available
12:32:44 From Pomona School Professional to Everyone:
Lack of support, PMRT not available, long waits
12:33:36 From Pomona School Professional to Everyone:

lack of ambulance availability
12:33:36 From MH Professional to Everyone:
Police officers who are not trained in mental health crisis intervention is a barrier
12:36:03 From Pomona Youth Organization to Everyone:
Systemic challenges of serving persons who are without housing.
12:37:45 From Pomona School Professional to Everyone:
Works...collaboration with multiple community agencies/partners
12:38:19 From MH Professional to Everyone:
They like providers who are relateable and authentic with them
12:40:05 From Claremont School Professional to Everyone:
Look at ways to improve communication regarding ongoing referrals.
12:40:13 From Pomona School Professional to Everyone:
Services provided on school campus
12:41:00 From MH Professional to Everyone:
Talking down to youth and or being fake
12:41:22 From Pomona Youth Organization to Everyone:
Inadequate emergency housing for youth
12:42:37 From Claremont School Professional to Everyone:
Frequently the family needs services
12:44:37 From MH Professional to Everyone:
yes, I agree with Brad. Families also need services and more education about Mental Health
12:46:09 From MH Professional to Everyone:
TAY specific services such as FSP-TAY
12:47:51 From Pomona Youth Organization to Everyone:
CBOs that serve youth & have some if not all of the components for navigational & resource assistance
12:49:30 From Pomona Youth Organization to Everyone:
Sensitivity to systemic biases (race, gender identity, even age of clients)
12:51:05 From Pomona Youth Organization to Everyone:
Training opportunities for CBO service providers
12:54:26 From Pomona Youth Organization to Everyone:
TAY housing!
12:55:13 From Claremont School Professional to Everyone:
Immediate intervention with scheduled follow-up
12:55:20 From MH Professional to Everyone:
Less stigma
12:55:22 From Pomona Youth Organization to Everyone:
24-hour hotline
12:56:02 From Claremont School Professional to Everyone:
Crisis team for schools

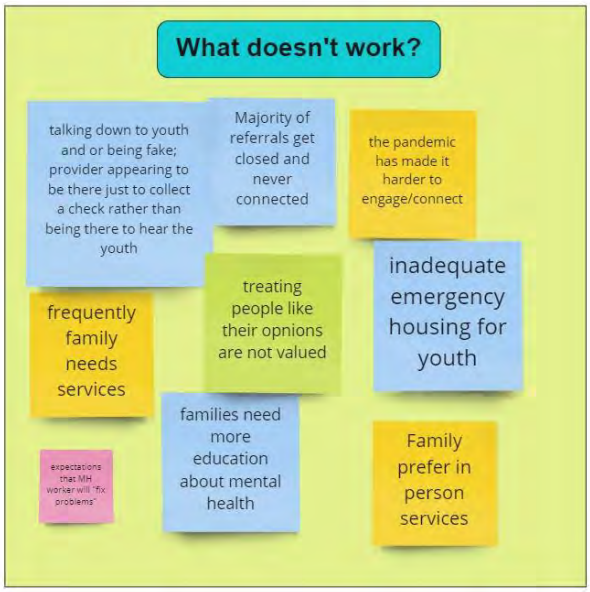
12:56:18 From Pomona School Professional to Everyone:
Providers with openings!!!
12:56:49 From Pomona School Professional to Everyone:
Yes!
12:58:01 From Pomona School Professional to Everyone:
Dedicated school crisis response teams
12:58:37 From Claremont School Professional to Everyone:
yes that is correct
12:58:40 From Pomona Youth Organization to Everyone:
24-hour hotline with a trained person on the line
12:59:58 From Pomona Youth Organization to Everyone:
Special thanks to facilitators and to whoever's typing comments onto sticky notes!
13:00:28 From Claremont Youth Organization to Everyone:
Thank you 1
13:00:29 From Pomona Housing Organization to Everyone:
Thank You!
13:00:32 From Pomona School Professional to Everyone:
Thanks!

Miro Boards

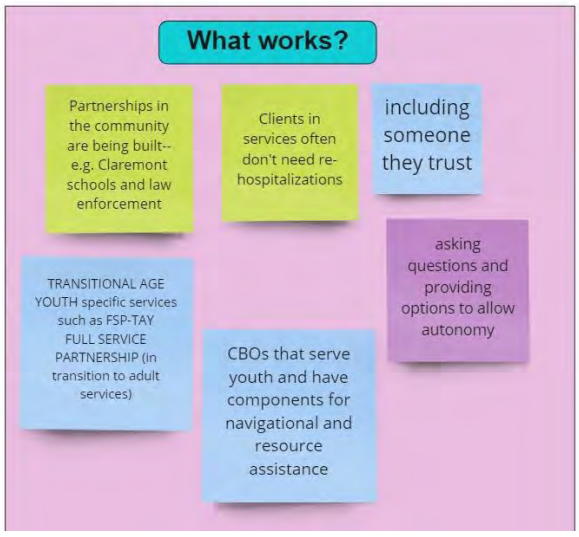

What does Mental health mean to you?
non-linear recovery
well-being and safe space
emotional and spiritual well-being
safety with self
thoughts, feelings behaviors, reactions, wellbeing
Balance
Inner Peace
welcoming, inclusive, supporting encouraging (WISE) relationships

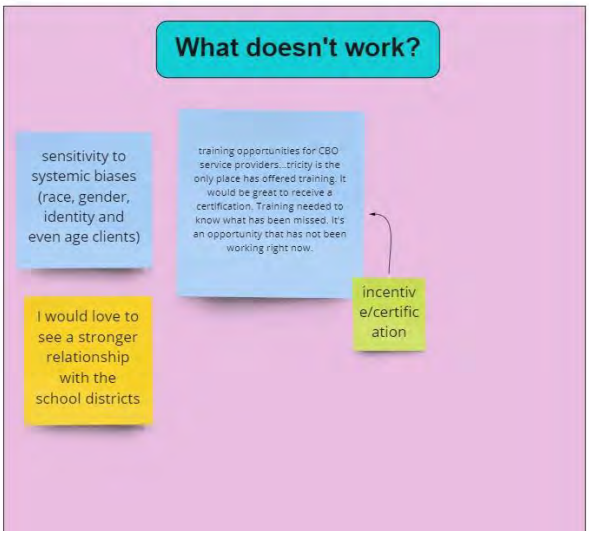

What has been the experience of you or youth you know?
Navigating our mental health system?
During a time of mental health crisis?
change in therapists, staffing shortages
Not knowing where to start
having consistent professional health care
lack of follow through
lack of awareness on available resources
difficult to get famillies to follow through
families have success with help of Care Solace
difficult, frustrating, not enough services
lack of consistency
foster youth have difficulty maintaining therapist relationships due to frequent moves
navigating without parent support
Services in appropriate locations
Long wait times
long wait times
crisis for schools is large number of students refusing to return to school
systemic challenges for serving persons without housing
having family understand what mental health is and how to support
PET team long wait times
hard to find help
lack of support, PMRT not available, long waits
feeling shame or embarrassment to reach out
training for police is a barrier
frustrating as to what constitutes crises intervention

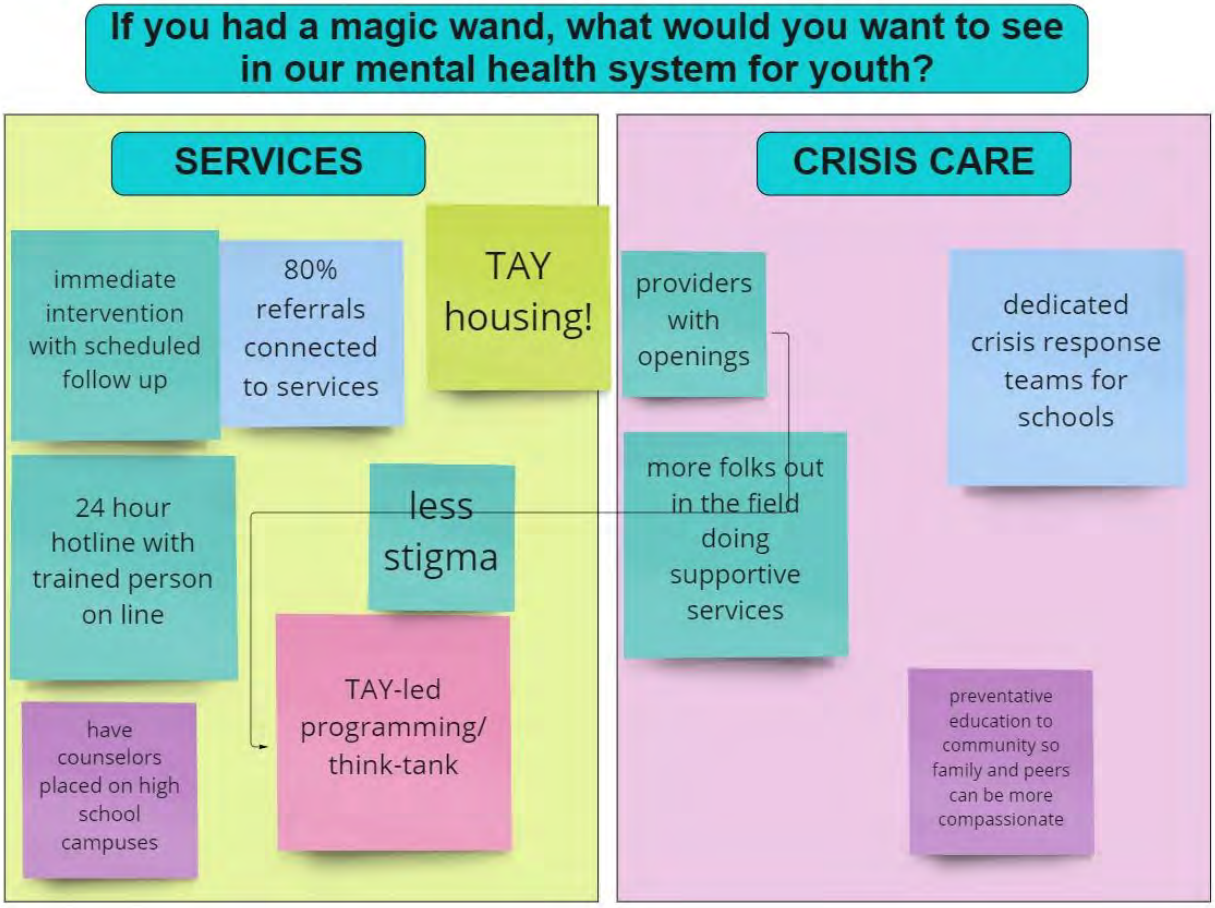
Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:






If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
immediate intervention with scheduled follow up
80% referrals connected to services
TAY housing!
providers with openings
dedicated crisis response teams for schools
24 hour hotline with trained person on line
less stigma
more folks out in the field doing supportive services
TAY-led programming/ think-tank
have counselors placed on high school campuses
preventative education to community so family and peers can be more compassionate

Public Stakeholder Meeting: Open Session

May 18, 2022

—

Meeting Information

- Total attendance: 16
- Total registered: 29
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2
- Number of adults: 15
- Number of School personnel: 3
- Number of Mental Health personnel: 4
- Parents/family members (self-ID): 2

Summary of Key Points

1. Non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance (3 in miro)
2. Wait lists, long turn around times, canceled appointments barriers (7 in miro)
3. Scared and reluctant to seek help (2 in miro)
4. Distrust the system
5. Hard for parents to get youth the care they need
6. Lack of 24 hour trained response and help (7 in miro)
7. Community navigators work
8. Early psychosis program works
9. Having more culturally competent services help
10. Having staff member from TriCity join SARB intervention meetings works
11. Mental health workshop for parents and families (5 in miro)
12. Youth Support groups (3 in miro)
13. Professionals supporting individuals with development and intellectual disabilities
14. Treatment team meetings with school district and mental health staff work
15. DBT counselors and therapy for teens
16. CPD has been great with parents
17. More local hospital beds and follow up care for those hospitalized
18. Mobile crisis response team that doesn't include police is needed

Featured Quotes/Lived Experiences

- *Daughter diagnosed with PTSD and told she needs EMDR therapy. However, her therapist is available only once a month and cancels often.*

- *On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.*

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

18:12:00 From Facilitator2 to Everyone:
Hello All! Thank you for joining us this evening. We will be using an anonymous tool called Miro to collaborate together during our session. Please click this link to join us: https://miro.com/app/board/uXjVO4SvdoQ=/?share_link_id=141083592951. Please disregard the notice at the

bottom of the screen requesting that you sign up. You do not need to sign up to use Miro with us and all of your contributions will be anonymous.

18:12:03 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvdoQ=/?share_link_id=141083592951

18:17:00 From Pomona Services Organization to Everyone:
Team M&M's

18:18:12 From Claremont School Professional to Everyone:
Team M&M's

18:19:56 From Claremont Resident to Everyone:
I feel like I represent students in the Claremont school district.

18:20:47 From Claremont Resident to Everyone:
I want to be on team Kit Kat. I'm here on behalf of Claremont students.

18:20:51 From Pomona Services Organization to Everyone:
Parent of 3 young adults and a Professional serving individuals served by the Regional Centers.

18:21:07 From Claremont School Professional to Everyone:
I support students and families in CUSD, team Kit Kat for sure (after-school program). I represent parents in our community.

18:21:15 From MH Professional to Everyone:
advocate for children

18:21:17 From Pomona Medical Student to Everyone:
Medical student at western university and actor

18:21:33 From Pomona Medical Student to Everyone:
Represent the arts and sciences

18:23:06 From MH Professional to Everyone:
wellness

18:23:12 From Claremont Resident to Everyone:
Parent of CHS students

18:23:25 From Pomona Medical Student to Everyone:
Constantly changing

18:23:53 From Pomona Services Organization to Everyone:
emotional wellbeing

18:24:22 From Pomona Services Organization to Everyone:
Balance

18:24:34 From Claremont Resident to Everyone:
Mental health is important for everyone, even if they don't know it.

18:24:35 From Pomona Medical Student to Everyone:
Sustenance

18:25:07 From Claremont School Professional to Everyone:
Social-Emotional Wellbeing

18:25:26 From Claremont Resident to Everyone:
How we handle stress, relate to others…
18:26:32 From Facilitator3 to Everyone:
just type 'stack' if you'd like to unmute and share
18:28:21 From Pomona Services Organization to Everyone:
with tri city or in general?
18:28:38 From Claremont School Professional to Everyone:
I think sometimes the mental health system can be very difficult for youth because it is hard for their parents to get them to the care they need.
18:28:48 From Pomona Medical Student to Everyone:
Inaccessible. Distrust in the system.
18:29:24 From Pomona Medical Student to Everyone:
Yes that's correct!
18:30:37 From Pomona Services Organization to Everyone:
Cancellations
18:30:41 From Pomona Services Organization to Everyone:
Working with many parents that do not speak English, often they do not know where to look for mental health services. Especially if they do not have medical insurance or even Medi-Cal.
18:32:14 From Claremont School Professional to Everyone:
We know that when someone calls for help it is typically a crisis. When they are put on wait lists there is very little chance that you will actually be able to help.
18:36:57 From Pomona Services Organization to Everyone:
I'm glad your daughter is doing well now. That's a tough crisis you went through.
18:37:31 From Claremont School Professional to Everyone:
so very happy to know she is doing well.
18:37:32 From Pomona Services Organization to Everyone:
Not knowing there are resources available. Not wanting to let others know what is happening inside our home.
18:37:56 From Pomona Services Organization to Everyone:
Thank you for sharing,!
18:38:24 From MH Professional to Everyone:
thank you so much for sharing, powerful story and very important point
18:38:53 From Pomona Medical Student to Everyone:
Thank you for sharing your story!
18:38:55 From Facilitator1 to Everyone:
Thank you - your perspective is so important!
18:39:01 From Claremont Resident to Everyone:
Are "navigators" still available?
18:41:13 From Claremont School Professional to Everyone:

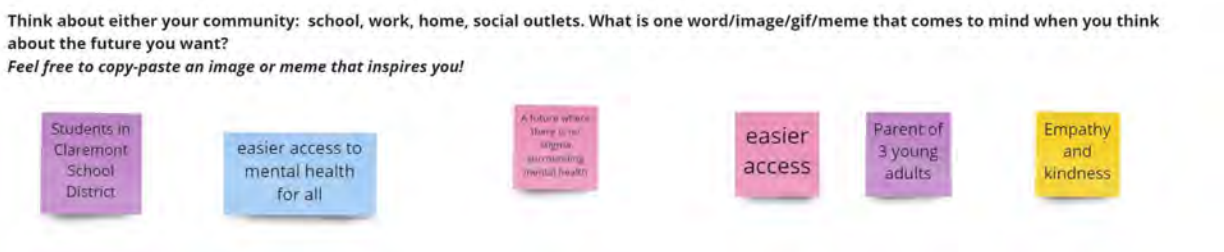
Yes, I call our community navigator quite often, he is wonderful and very responsive.
18:43:22 From Pomona Services Organization to Everyone:
Wondeful information! Thank you so much. I will share this with parents in our program.
18:44:08 From Claremont School Professional to Everyone:
Early Psychosis Program is working!
18:44:35 From MH Professional to Everyone:
if you send me an email I can email the brochures if you want more information
18:45:20 From Pomona Medical Student to Everyone:
Having more open minded professionals providing services. Especially for people who are part of marginalized groups, such as LGBTQ
18:46:12 From Pomona School Professional to Everyone:
Having mental health workshops for parents
18:46:30 From Claremont School Professional to Everyone:
Your workshops are working
18:46:30 From Pomona Services Organization to Everyone:
Support groups for young people
18:47:13 From Pomona Services Organization to Everyone:
Education to break the stigma of mental health
18:47:46 From Claremont Resident to Everyone:
Group Therapy for kids and workshops for parents
18:48:08 From Claremont School Professional to Everyone:
Treatment team meetings are working. These meetings give school district staff and community mental health the opportunity to collaborate and support the student and family.
18:48:48 From Pomona Services Organization to Everyone:
having professionals supporting individuals with developmental and intellectual disabilities
18:49:00 From Claremont Resident to Everyone:
Good point
18:49:12 From MH Professional to Everyone:
I second that communication in treatment team meetings is very helpful
18:50:10 From Claremont School Professional to Everyone:
What isn't: Wait lists, cancelled appointments, therapists leaving, closing cases after just 3 calls.
18:51:02 From Pomona Services Organization to Everyone:
Not having enough bilingual mental health professionals in our community.
18:52:59 From Pomona Services Organization to Everyone:
Insurance companies limiting the number of therapy visits.
18:54:14 From Claremont School Professional to Everyone:
Something else that works: Full Service Partnership
18:55:15 From Claremont Resident to Everyone:
DBT counselors. DBT Group therapy for teens

18:57:18 From Pomona Resident to Everyone:
The crisis team takes to long to come out sometimes
18:59:41 From Claremont School Professional to Everyone:
Right now mental health is so impacted and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized.

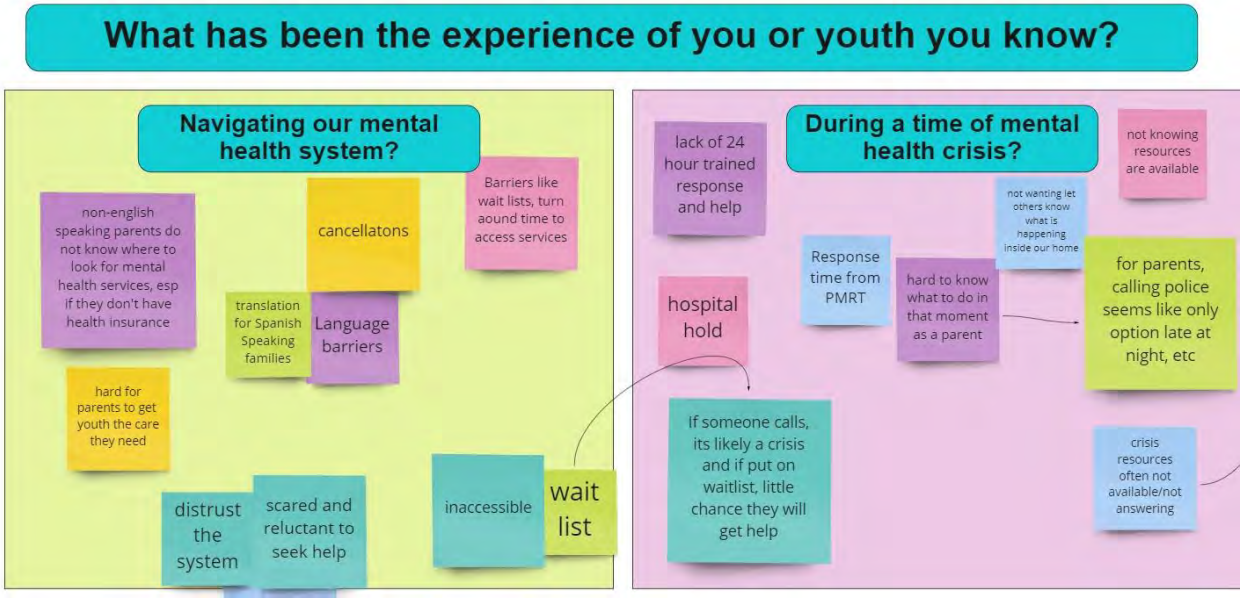
19:00:38 From Claremont School Professional to Everyone:
Timely accessible care on the complete continuum of care.
19:01:22 From MH Professional to Everyone:
Thank you everyone for your participation
19:01:32 From Claremont School Professional to Everyone:
Thank you all 🙂
19:01:36 From Pomona Services Organization to Everyone:
Thank you! This has been great.
19:01:39 From Pomona Services Organization to Everyone:
My daughter was diagnosed with PTSD and was told she needs EMDR therapy. However, the therapist can only see her 1 per month and he cancels every other month. Therefore, this is ineffective.
19:01:48 From Facilitator1 to Everyone:
@tricitymhs
19:01:59 From Pomona Medical Student to Everyone:
Thank you so much!
19:02:50 From Claremont Resident to Everyone:
A local crisis center for our youth open 24 hours
19:03:47 From Pomona Services Organization to Everyone:
On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offer. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.
19:04:51 From Claremont School Professional to Everyone:
she may still benefit as I'm sure the whole experience was traumatic for her and you all. It's never too late 🙂
19:05:32 From Pomona Services Organization to Everyone:
Yes! She is now receiving the necessary therapy.
19:05:46 From Claremont School Professional to Everyone:
Wonderful news 🙂
19:05:57 From MH Professional to Everyone:
I agree with xxxx she can still benefit, we have also have support groups for you and her that you can attend now, please feel free to email me
19:06:09 From MH Professional to Everyone:
Great news xxxx

19:06:16 From Claremont School Professional to Everyone:
Thank you all for doing this work and parents for sharing your stories.
19:06:32 From Pomona Services Organization to Everyone:
Thank you all so much.
19:06:50 From MH Professional to Everyone:
thank you - muchas gracias buenas noches
19:06:53 From Claremont Resident to Everyone:
Thank you
19:07:04 From Pomona Services Organization to Everyone:
Thank you again!

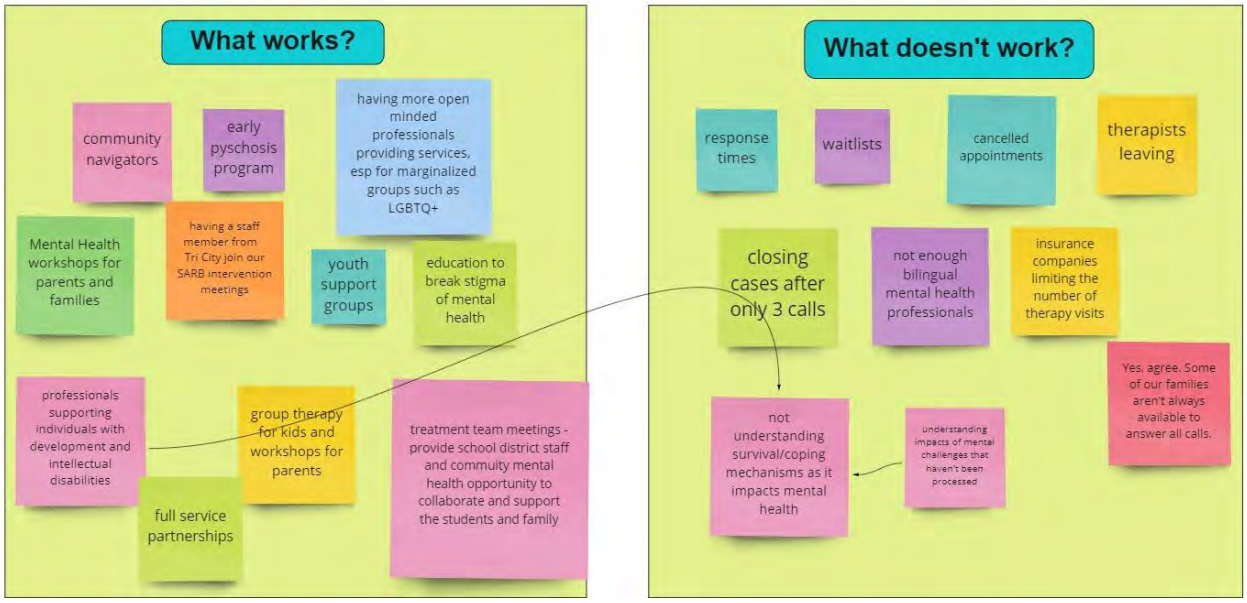
Miro Boards



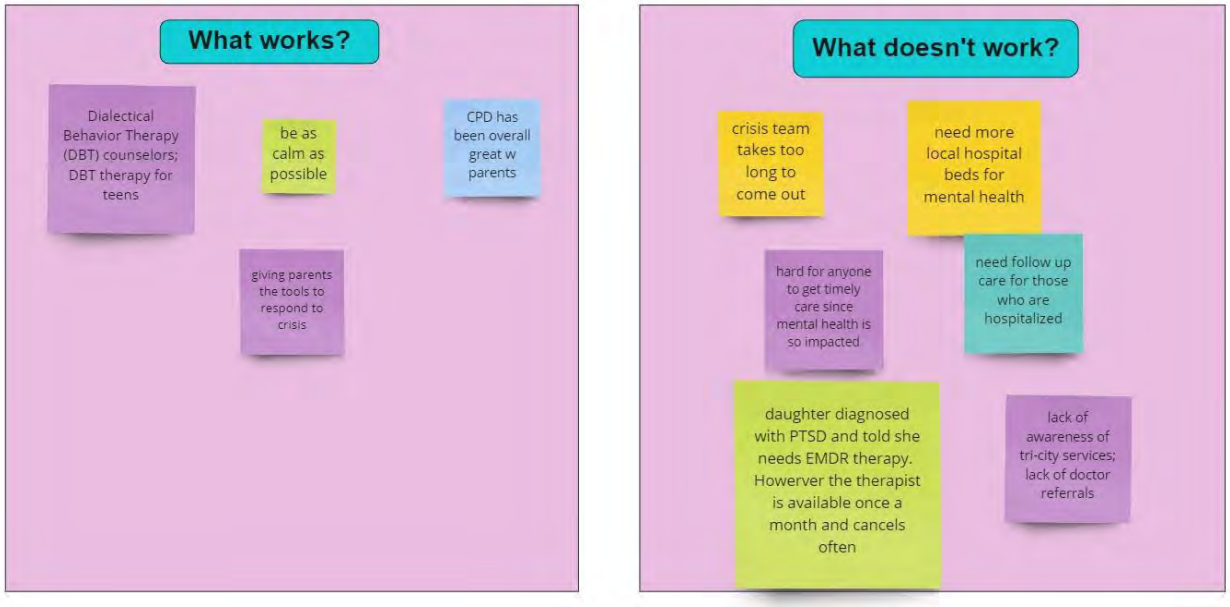

What does Mental health mean to you?
social-emotional wellbeing
wellness
balance
strength of mind
constantly changing
emotional wellbeing
peace
sustenance
how we handle stress, relate to others
emotional, psychological and social wellbeing


What has been the experience of you or youth you know?
Navigating our mental health system?
non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance
cancellatons
Barriers like wait lists, turn aound time to access services
translation for Spanish Speaking families
Language barriers
hard for parents to get youth the care they need
distrust the system
scared and reluctant to seek help
inaccessible
wait list
During a time of mental health crisis?
lack of 24 hour trained response and help
not knowing resources are available
not wanting let others know what is happening inside our home
Response time from PMRT
hard to know what to do in that moment as a parent
for parents, calling police seems like only option late at night, etc
hospital hold
If someone calls, its likely a crisis and if put on waitlist, little chance they will get help
crisis resources often not available/not answering

Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:




If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Easier Access
timely accessible care on the complete continuam of care
CRISIS CARE
A mobile crisis response team that doesn't include the police.
local crisis center for youth open 24 hours

Stakeholder Meeting: Pomona Police Dept

May 19, 2022

—

Meeting Information

- Total attendance: 8
- Law enforcement officers: 6
- Mental Health professionals: 2

Summary of Key Points

1. Partnership between Pomona MET and PD has been beneficial to all citizens impacted by suicidal crisis and homelessness
2. Long-term holistic approach works (2 in miro)
3. New medical providers in hospital misunderstand HIPPA – don't share info
4. Partners are needed support and additional resources (3 in miro)
5. Mental health team works well
6. Need specialized services for specific groups (i.e. culturally competent, veterans, etc.) (2 in miro)
7. Taking issues more seriously now than before
8. Public/professional education works
9. Quick fixes do not work
10. Parents assume their child will be prescribed meds and sent home
11. PD is handed off at end of day without full context
12. Not clear who is best caretaker in situation
13. School admin do not want to stay after hours and call PD to handle even though admin knows students get triggered by PD
14. When District handles mental health crisis PD is not told what the outcome is
15. Parents don't want to accept services
16. Acknowledgment of crisis and connecting to resources works (5 in miro)
17. Trained resources and staff work (2 in miro)
18. Putting younger officers on MH team works
19. Making mental health apart of the culture works
20. More mental health clinicians needed (2 in miro)
21. Faster response times needed (2 in miro)
22. Educate and resource parents
23. Having more locations that will accept youth outside LA

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis repsonse?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what would you want to see in our mental health system for youth?

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitator (Karlo Marcelo)

Chat Transcript *(Identifying Information removed)*

07:58:03 From Facilitator1 to Everyone:
https://miro.com/app/board/uXjVO0FoGXY=/?share_link_id=987642406559
08:00:45 From Facilitator3 to Everyone:
Welcome! Good morning.
08:02:09 From MH Professional to Everyone:
Good morning!
08:05:09 From Pomona LEO to Everyone:
Good morning , apologize for no video from me but have daddy duty and getting son ready for school. I'm listening tho!
08:12:45 From Facilitator3 to Everyone:
Miro board: https://miro.com/app/board/uXjVO0FoGXY=/?share_link_id=987642406559
08:13:12 From Facilitator3 to Everyone:
Click above to join what you see on Neel's share screen

08:13:23 From Facilitator3to Everyone:
(You can use Miro or you can use the chat)
08:18:14 From MH Professional to Everyone:
I am social worker
08:18:36 From MH Professional to Everyone:
Latina Therapist
08:18:44 From Pomona LEO to Everyone:
Caretaker
08:19:48 From Pomona LEO to Everyone:
the mic in the chat is not working
08:20:31 From Pomona LEO to Everyone:
Suicidal thoughts or actions
08:21:25 From Pomona LEO to Everyone:
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
08:24:03 From Pomona LEO to Everyone:
Thank you ! I can hear you loud and clear
08:25:10 From Pomona LEO to Everyone:
Determining whether they fit the criteria.
08:25:19 From Pomona LEO to Everyone:
If not, providing them with resources
08:26:19 From Pomona LEO to Everyone:
when dealing with a minor, we always give them the most urgent attention and priority
08:26:29 From Pomona LEO to Everyone:
She's trying to figure out the microphone
08:27:40 From Pomona LEO to Everyone:
It depends on the call for service
08:28:30 From Facilitator 3 to Everyone:
Dial above to get audio
08:28:45 From Karlo Marcelo to Everyone:
Meeting ID: 822 3786 9731
Passcode: 331478
08:28:56 From Facilitator 3 to Everyone:
+16699006833,,82237869731#,,,,*331478#
08:30:32 From Pomona LEO to Everyone:
We work really well with our partners
08:31:53 From Pomona DMH LCSW to Everyone:
Good Morning, I am one of the DMH LCSW with Pomona MET. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.

08:31:53 From Facilitator3 to Everyone:
follow up question: are other partners needed?
08:32:44 From Pomona DMH LCSW to Everyone:
Yes, partners are needed for support and additional resourses
08:40:32 From Pomona LEO to Everyone:
the acknowledgement of their crisis
08:43:00 From Pomona LEO to Everyone:
when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work
08:44:00 From Pomona LEO to Everyone:
I some of the complains that I hear from administrators is that sometimes parents don't want to accept the services . other than that I don't know if the approach works or doesnt
08:44:14 From Pomona LEO to Everyone:
the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.
08:46:24 From Pomona LEO to Everyone:
in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off
08:47:47 From Pomona LEO to Everyone:
I have not used your language services.
08:48:45 From Pomona DMH LCSW to Everyone:
What works: time. taking the time to listen and find common ground with the person who is in crisis.
08:48:47 From Pomona LEO to Everyone:
Trying to understand where they are coming from and connecting them with resources. Also connecting them with our Mental Health Unit so that they can follow up with them at a later date. I also check with our principals to make sure they connect the students with long term services
08:49:17 From Pomona LEO to Everyone:
yes PUSD
08:51:49 From MH Professional to Everyone:
Thank you for attending
08:52:53 From Pomona DMH LCSW to Everyone:
More Mental health Clinicians :)
08:53:33 From Pomona DMH LCSW to Everyone:
weekend access from Tri-City
08:54:18 From Pomona LEO to Everyone:
I believe that we have a process for those who do meet the criteria and the services they need. Having more locations that will accept juveniles and not having to drive all the way to LA. Having more mental health

clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location

08:55:02 From Pomona DMH LCSW to Everyone:
Faster response time PMRT

08:55:37 From MH Professional to Everyone:
PMRT - psychiatric emergency response team

08:55:50 From Pomona LEO to Everyone:
Find some way to get the parents connected or informed of the services there are and signs to look for

08:58:35 From Facilitator3 to Everyone:
Thank you for your time this morning.

08:58:46 From MH Professional to Everyone:
thank you for your time and participation

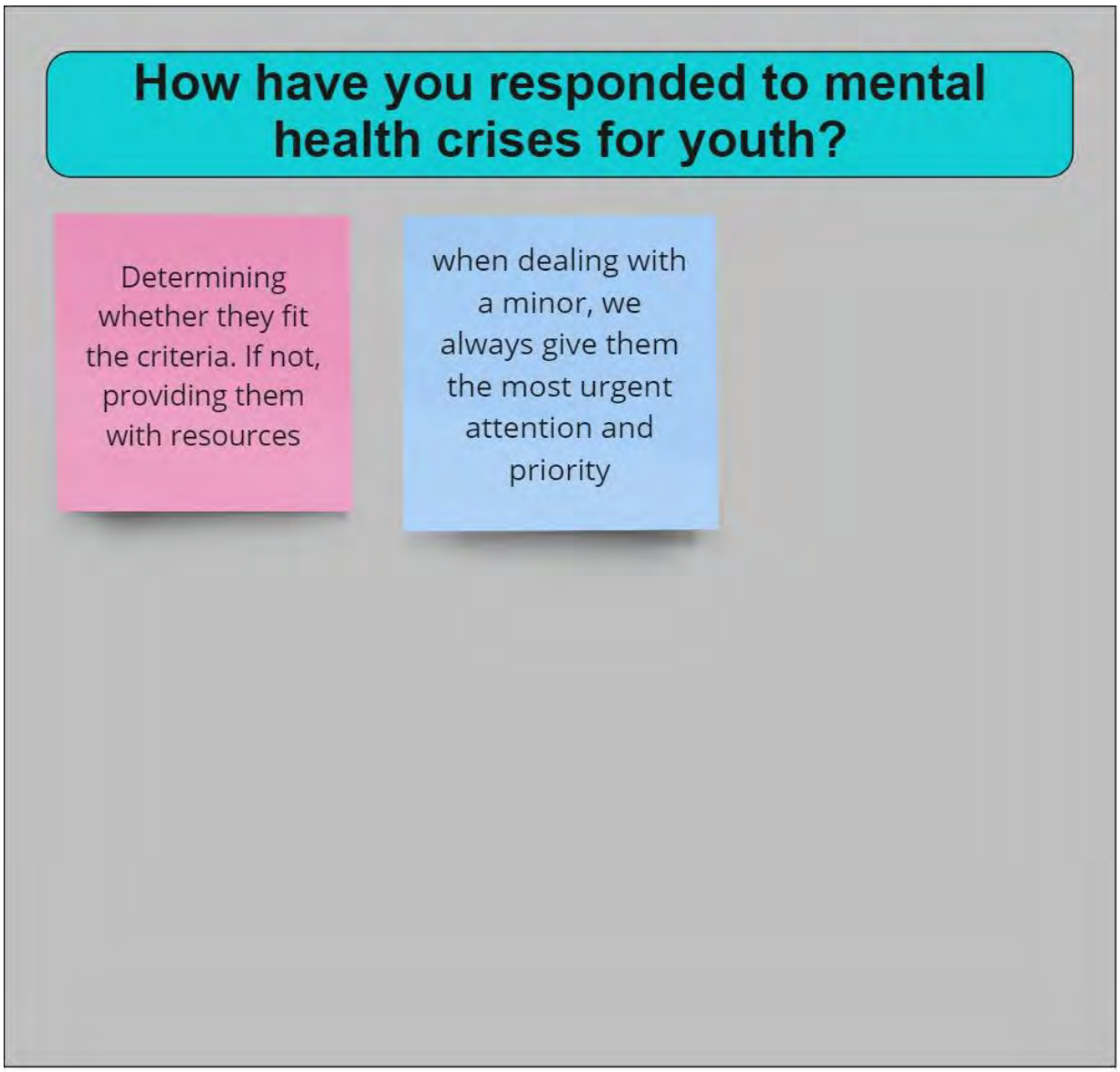
08:59:01 From MH Professional to Everyone:
Thank you all for your insight!

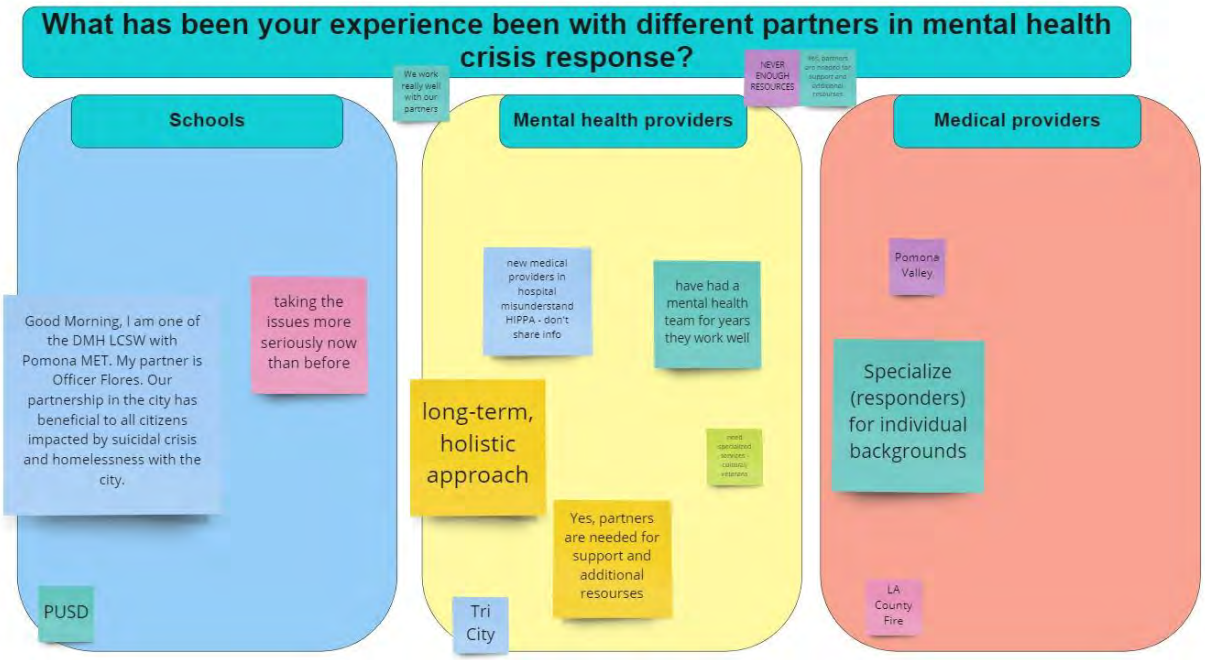
08:59:24 From Pomona LEO to Everyone:
thank you

08:59:25 From Pomona DMH LCSW to Everyone:
thank yo! look forward to your partnership!

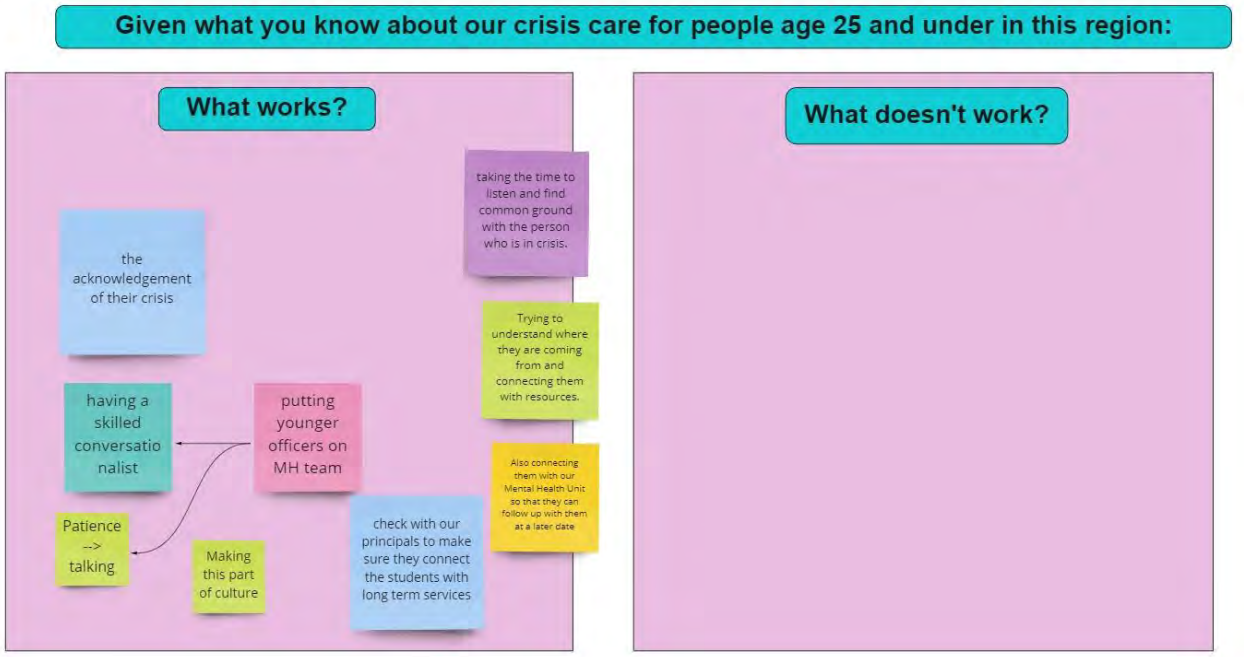
Miro Boards


How do you define a mental health crisis?
someone operating outside of nroms - perceives the world differently
unable to interpret info in the way we do
need to see what they are seeing the way they see it
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
Suicidal thoughts or actions


How have you responded to mental health crises for youth?
Determining whether they fit the criteria. If not, providing them with resources
when dealing with a minor, we always give them the most urgent attention and priority


What has been your experience been with different partners in mental health crisis response?
Schools
Mental health providers
Medical providers
We work really well with our partners
NEVER ENOUGH RESOURCES
Good Morning, I am one of the DMH LCSW with Pomona MET. My partner is Officer Flores. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.
taking the issues more seriously now than before
PUSD
new medical providers in hospital misunderstand HIPPA - don't share info
have had a mental health team for years they work well
long-term, holistic approach
Yes, partners are needed for support and additional resourses
Tri City
Pomona Valley
Specialize (responders) for individual backgrounds
LA County Fire


Given what you know about our mental health services for people age 25 and under:
What works?
Partnerships
Since 20 years ago, big positive change in terms of resources and holistic approach
public/professional education
the acknowledgement of their crisis
There is a difference between youth vs adults
What doesn't work?
trying for a quick-fix
PD is handed off at end of day without full context
when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work
the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.
Not clear who is best caretaker in a stiuation
some of the complains that I hear from administrators is that sometimes parents don't want to accept the services .
in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off


Given what you know about our crisis care for people age 25 and under in this region:
What works?
the acknowledgement of their crisis
taking the time to listen and find common ground with the person who is in crisis.
Trying to understand where they are coming from and connecting them with resources.
having a skilled conversatio nalist
putting younger officers on MH team
Also connecting them with our Mental Health Unit so that they can follow up with them at a later date
Patience --> talking
Making this part of culture
check with our principals to make sure they connect the students with long term services
What doesn't work?


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
I believe that we have a process for those who do meet the criteria and the services they need.
Having more mental health clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location
More Mental health Clinicians :)
Having more locations that will accept juveniles and not having to drive all the way to LA.
weekend access from Tri-City
Faster response time PMRT
Find some way to get the parents connected or informed of the services there are and signs to look for

Stakeholder Meeting: Claremont PD

May 26, 2022

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Meeting Information

- Total attendance: 2
- Number of Mental Health personnel: 1
- Law enforcement personnel: 1

Summary of Key Points

Facilitator's Note: Only one Claremont LEO was able to schedule a meeting with the Project Team. As such, the meeting was structured more as a 1:1 interview between the lead facilitator and the LEO, with TCMHS staff sitting in on the call. The notes below reflect major points covered during the meeting. The individual who was interviewed works during the graveyard shift, and shared comments that reflected that experience. They were not able to share many reflections regarding partnerships with schools and other organizations because of the hours they are on duty.

- LEOs Don't have the immediate training for mental health
- Graveyard shift gets a lot of calls for service regarding mental health help needed for transient populations in the area- they don't have the PAC team at night – They often can't tell if the person is suffering a mental health crisis or is it a narcotics issue or something else?
- Guess is that more than half of parent calls for MH crisis in the home - they have reached the end of the rope - they don't know how to handle it - they haven't been through a training - they've just been living it - dealing with the anguish of what it does in the home
- Not a lot of parents will go the extra mile to find resources to find out how they can get help
- Claremont doesn't have a 24-7 crisis response team - graveyard even more limited and the fact that they sometimes need to provide transport makes it more complicated.
- Response and transportation issues vary across hospitals including Pomona Valley, Charter Oaks, InterCommunity, Monclair, Canyon Ridge, Kaisers, Loma Linda, BHC Alhambra.
- LEOs want to get the person into a facility get them professional help as quickly as possible so that they can get back to serving the community.
- If there is a mental health issue - usually when someone sees a uniform - walls go up - LEO doesn't have the luxury of taking off the uniform - it is more inviting to have someone who tells you they are not law enforcement.
- PACT Team or other services are more effective
- crisis de escalation for adolescents - would be beneficial.
- More trainings for both professional and personal portion - a lot of officers have children themselves and they are dealing with these things
- thinking about how the officers going home at night and how do they not internalize that - it can lead to spiral - it is heavy

- Transportation for youth is a major issue.
- Often between hospital and law enforcement it feels like the left hand doesn't know what the right hand is doing.
- Overall, very positive experiences working with Charter Oak. They offer clear communication if/when they are not able to provide a bed.
- Kaiser has been very positive to work with for individuals who have health coverage through Kaiser.
- Canyon Ridge has presented problems in communication and lack of clarity on availability. As a result, the department avoids using them.
- BHC Alhambra is another very good facility but it is a long drive both for LEOs and for individuals experiencing crisis.
- Claremont may not need a dedicated PACT team just for the City, but it may be beneficial to have a resource that is shared between cities.
- As an LEO, it is beneficial to share first-hand experience. Many LEOs in the field are very young in their careers. They don't have the same first-hand experience but they are open to training.
- LEO stated he was interested in developing a peer support team for the Claremont PD. Officers need to be able to take care of themselves before they can take care of others.
- LEOs and other first responders see traumatic experiences every day. There should be more mental health support for them in dealing with the impact of those experiences.
- LEO stated they would be open to the idea of having a counselor in every patrol car. It would benefit both the community and the LEO.

Public Stakeholder Meeting: Pomona USD

June 1, 2022

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Meeting Information

- Total attendance: 8
- Number of adults: 8

Summary of Key Points

1. Pomona PD has a great mental health team that is very helpful when needed. When they are not available, responding officers are not as helpful.
2. More training is needed for officers who are not mental health specialists
3. Would be helpful to get feedback from PD when utilized for wellness checks in evenings, crisis situations on weekends, and during school days use for students not in school
4. Shortage of providers at all mental health agencies now
5. Frequent and regular communication from agencies regarding openings, referral status, and linkage contact concerns is helpful
6. Premature discharge from hospitals, appointments not made prior to discharge
7. Weekly engagement, consistent regular appointments, timely responses, taking into account economic hardship/trauma
8. Less re-hospitalizations and progress with services instead
9. Consider transportation and other accommodations
10. More likely for youth to reach out if they have a good experience
11. Drug and Alcohol treatment, in-patient treatment and family therapy on campuses
12. Dedicated crisis intervention team
13. PMRT team and ambulance for Pomona only

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?

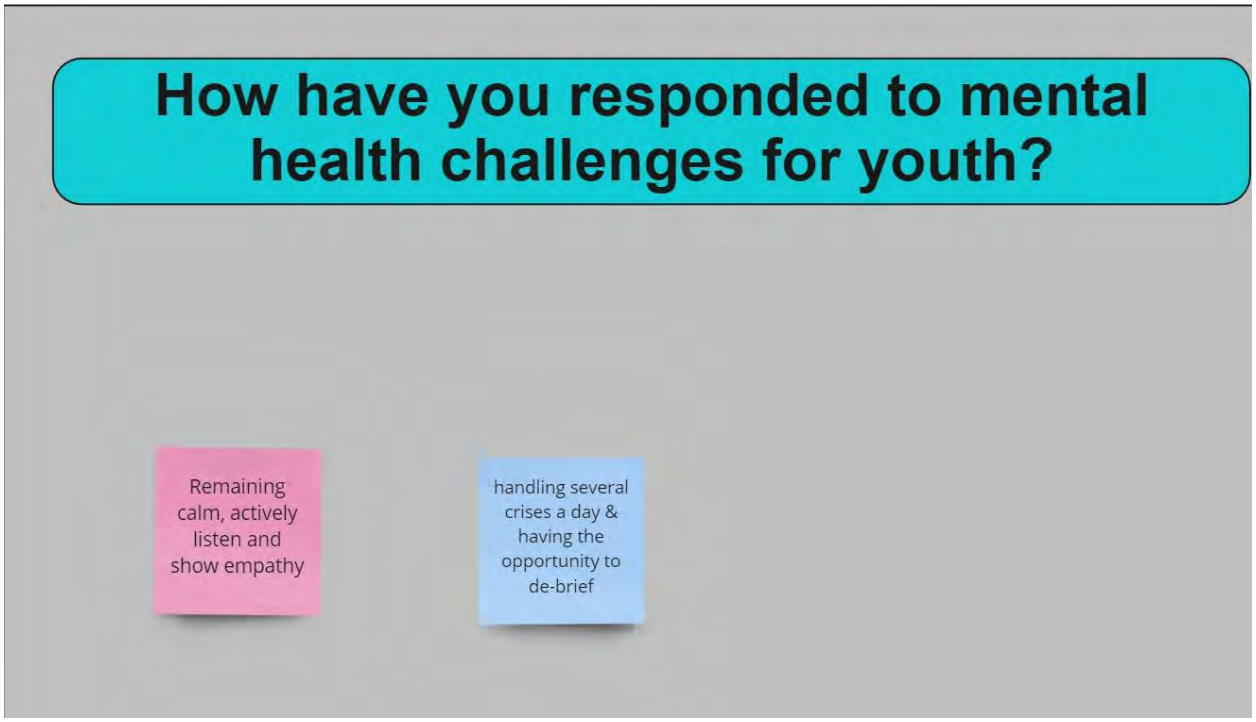
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

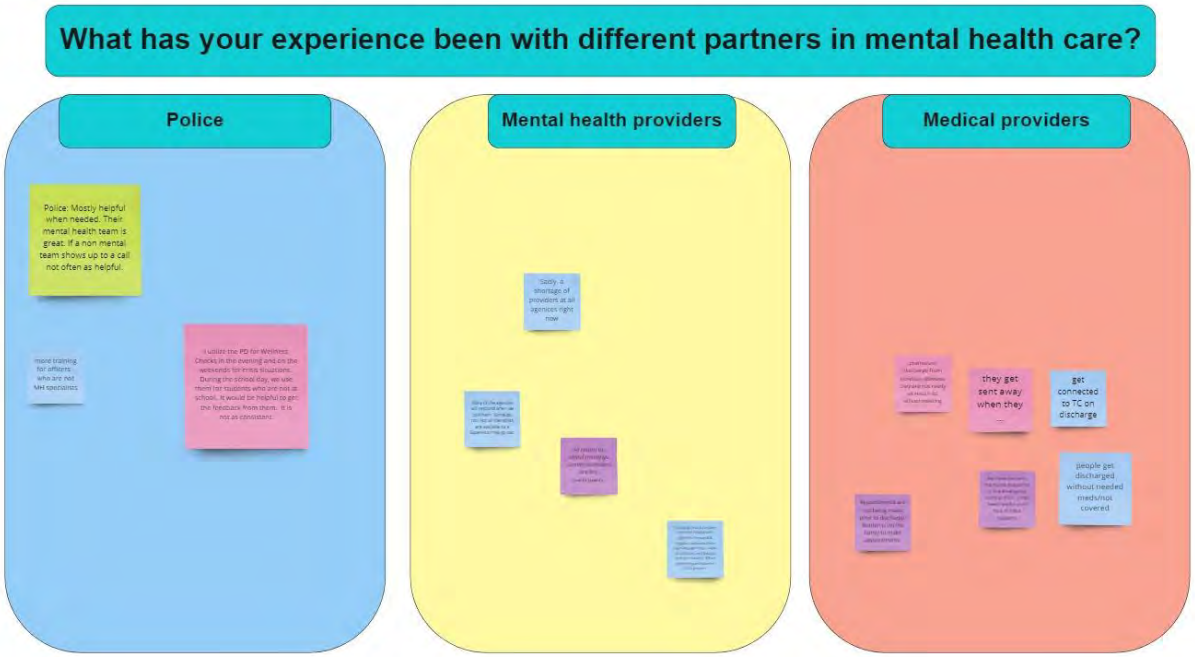
Meeting Personnel

Project Lead (Neel Garlapati**)**
Analyst (Rupal Patel)

Miro Boards

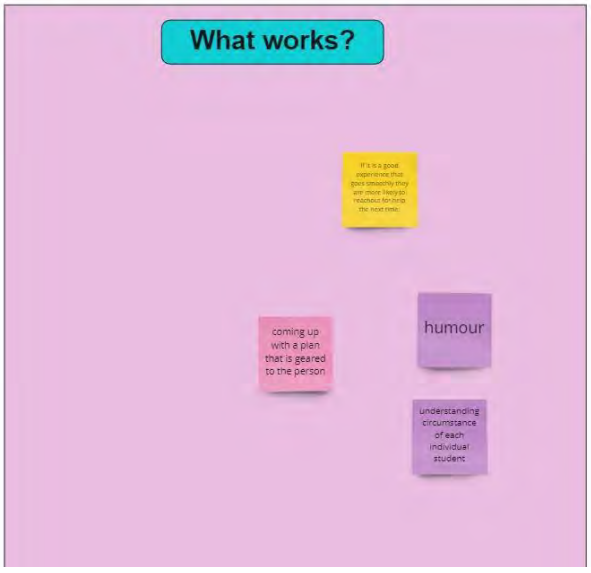

How do you define mental health?
psychological and emotional well being
Finding balance from a whole person perspective
the ability to manage a range of emotions to form and maintain good healthy life

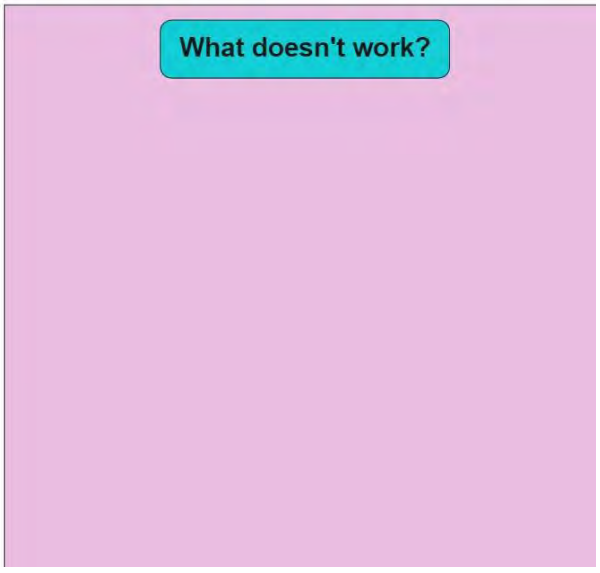

How have you responded to mental health challenges for youth?
Remaining calm, actively listen and show empathy
handling several crises a day & having the opportunity to de-brief

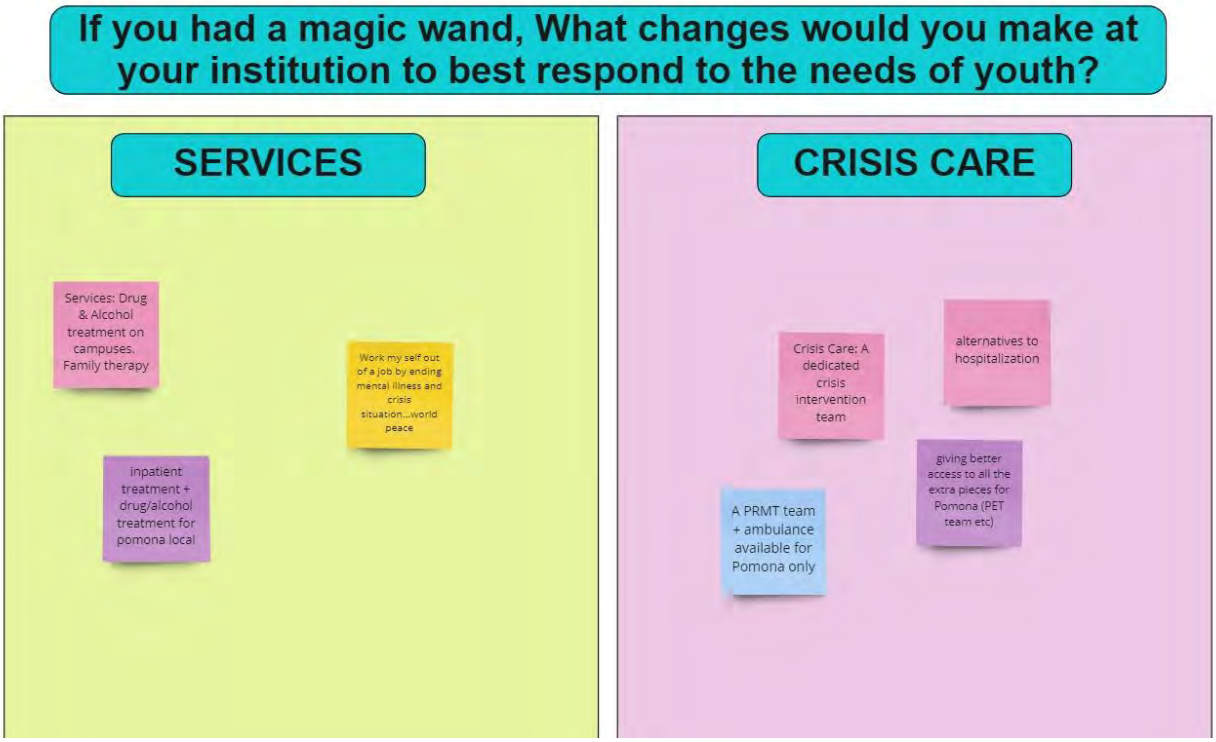

What has your experience been with different partners in mental health care?
Police
Police: Mostly helpful when needed. Their mental health team is great. If a non mental team shows up to a call not often as helpful.
Mental health providers
Medical providers
they get sent away when they
get connected to TC on discharge
people get discharged without needed meds/not covered

Given what you know about our mental health services for people age 25 and under:

Given what you know about our crisis care for people age 25 and under in this region:






If you had a magic wand, What changes would you make at your institution to best respond to the needs of youth?
SERVICES
Services: Drug & Alcohol treatment on campuses. Family therapy
Work my self out of a job by ending mental illness and crisis situation...world peace
inpatient treatment + drug/alcohol treatment for pomona local
CRISIS CARE
Crisis Care: A dedicated crisis intervention team
alternatives to hospitalization
giving better access to all the extra pieces for Pomona (PET team etc)
A PRMT team + ambulance available for Pomona only

Stakeholder Meeting: La Verne PD

June 07, 2022

—

Meeting Information

- Total attendance: 7
- Number of Law Enforcement personnel: 5
- Number of Mental Health personnel: 2

Summary of Key Points

- Focus on importance of constant training opportunities
- Crisis at school site allows for more factors that can be controlled to ensure safety (as long as lines of communication are clear)
- Partnership with La Verne schools is focused on student relationships with counselors with understanding of progression before it reaches PD.
- Charter Oak is the preferred mental health/psychiatric facility for crisis care. When that facility is at capacity, it can create a cascading set of challenges around accessibility and transportation during a crisis.
- Importance of creating a personalized care plan and dealing with each youth as an individual.
- Officers encounter youth on more than one occasion so it is important to build trust within those interactions.

Additional Facilitator Notes

- LEOs stressed the impact of a 5150/5585 order and the need to make decisions with the implications of those orders clearly understood by care team.
- LEOs expressed that they wanted to defer to school counselors whenever possible as first line of resort.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)

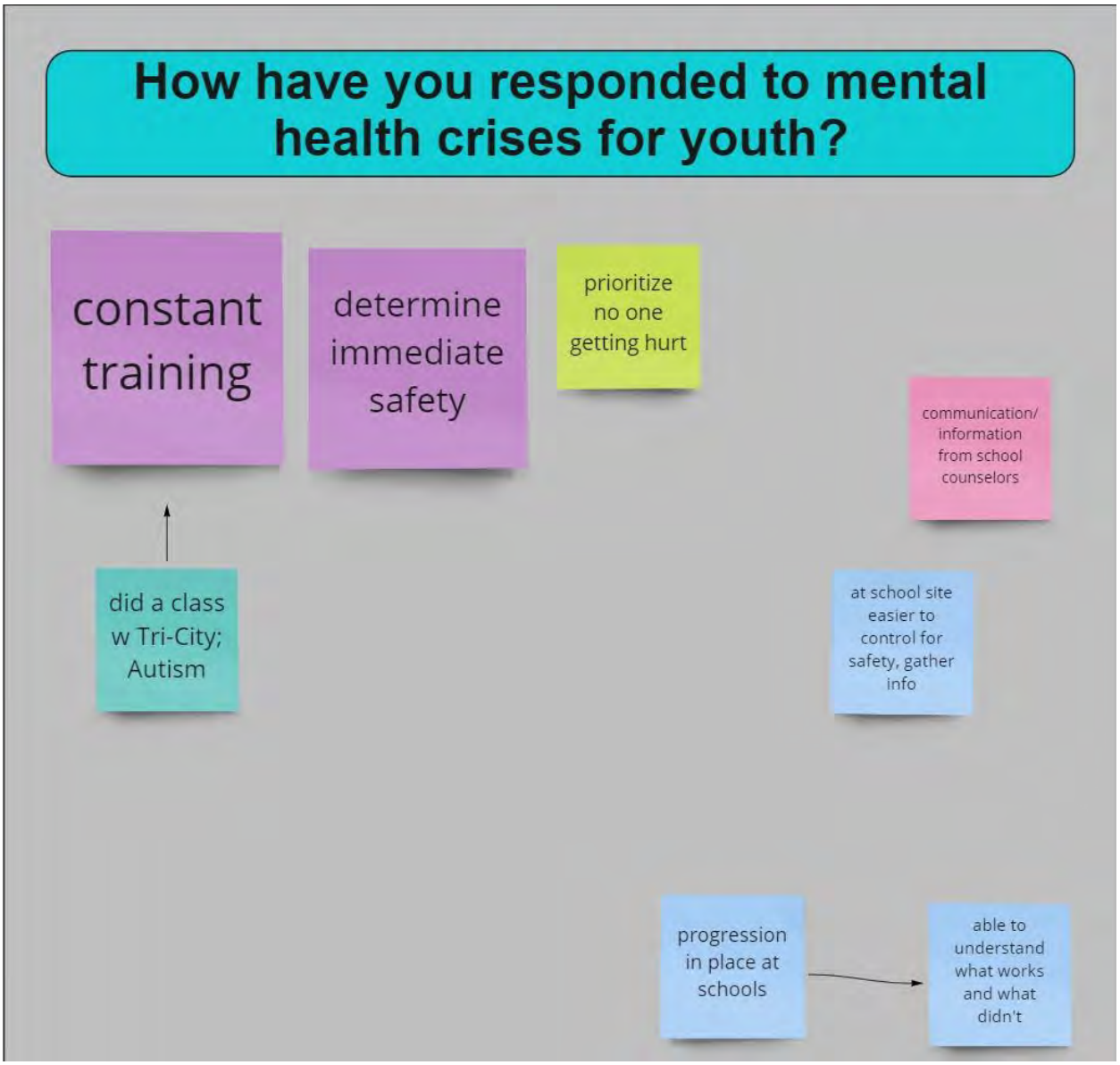
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

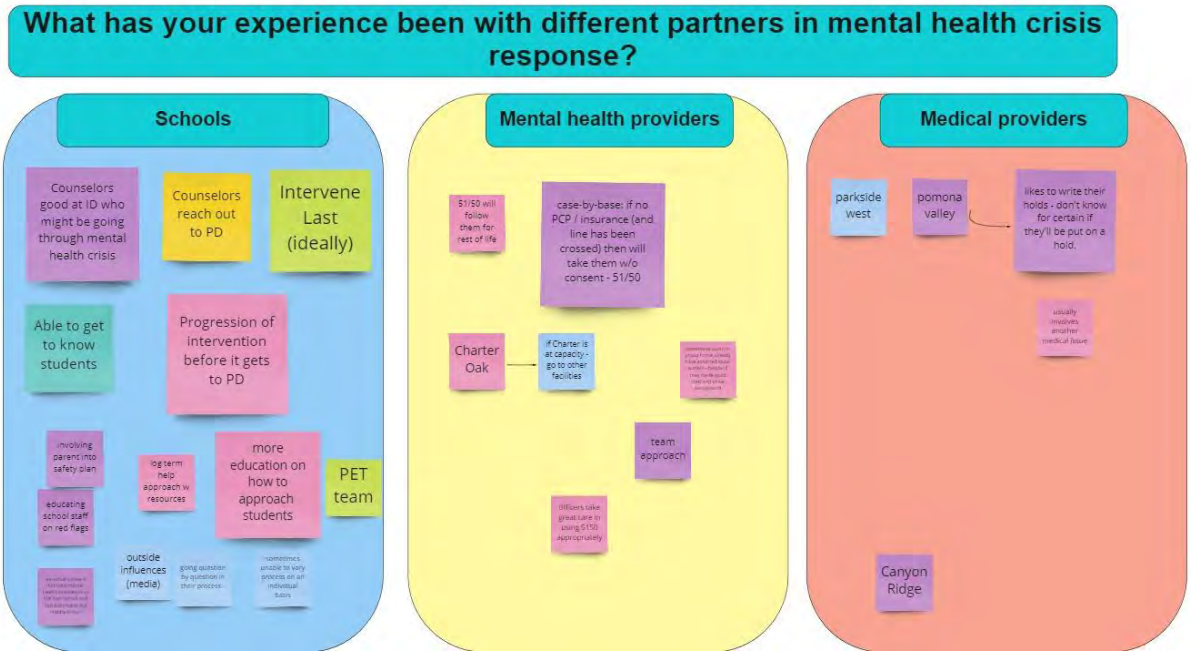
Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Karlo Marcelo)

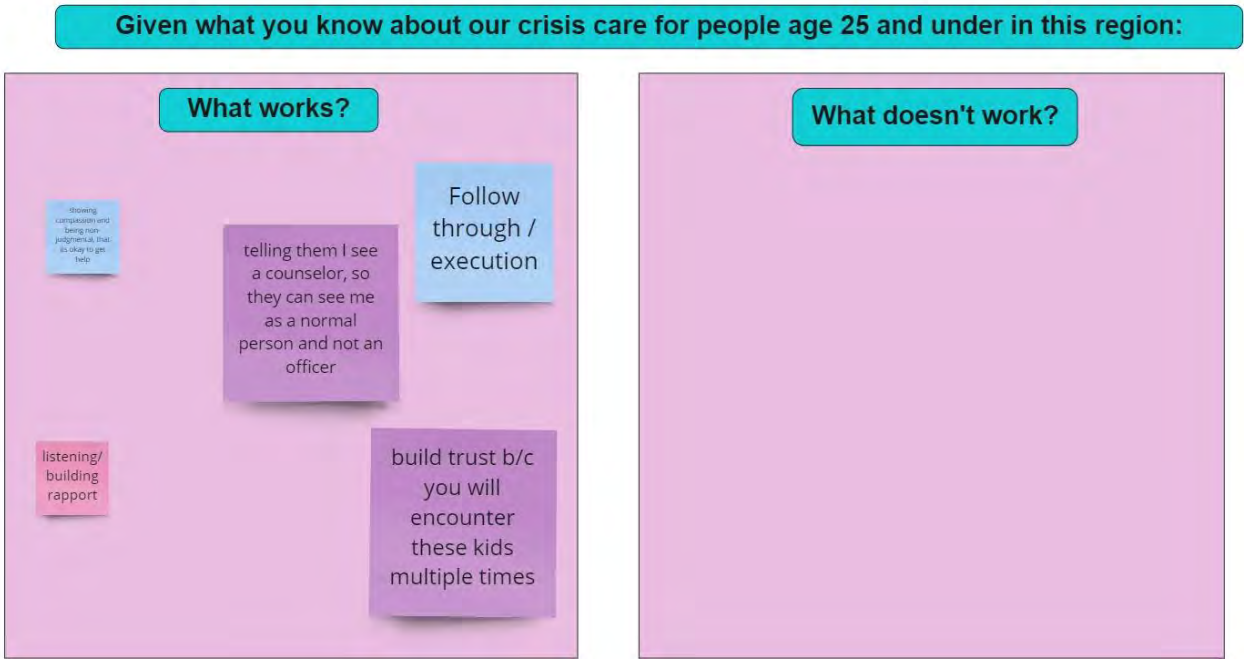
Miro Boards


How do you define a mental health crisis?
a moment in which a person's grasp on reality is altered or lost temporarily
acting out, in words and actions, seeking help
verbal or physical altercations
unable to communicate


How have you responded to mental health crises for youth?
constant training
determine immediate safety
prioritize no one getting hurt
communication/ information from school counselors
did a class w Tri-City; Autism
at school site easier to control for safety, gather info
progression in place at schools
able to understand what works and what didn't


What has your experience been with different partners in mental health crisis response?
Schools
Counselors good at ID who might be going through mental health crisis
Counselors reach out to PD
Intervene Last (ideally)
Able to get to know students
Progression of intervention before it gets to PD
involving parent into safety plan
log term help approach w resources
more education on how to approach students
PET team
educating school staff on red flags
outside influences (media)
going question by question in their process
sometimes unable to vary process on an individual basis
Mental health providers
$1/$0 will follow them for rest of life
case-by-base: if no PCP / insurance (and line has been crossed) then will take them w/o consent - 51/50
Charter Oak
if Charter is at capacity - go to other facilities
team approach
officers take great care to using 5150 appropriately
Medical providers
parkside west
pomona valley
likes to write their holds - don't know for certain if they'll be put on a hold.
usually involves another medical issue
Canyon Ridge


Given what you know about our mental health services for people age 25 and under:
What works?
consistent (and persistent) approach
taking extra time/effort for preparation
really helpful to know the background / context
typically same children we interact with
showing compassion and being non-judgmental, that its okay to get help
Listening to what is causing this crisis
What doesn't work?
they can sense apathy


Given what you know about our crisis care for people age 25 and under in this region:
What works?
showing compassion and being non-judgmental, that its okay to get help
telling them I see a counselor, so they can see me as a normal person and not an officer
Follow through / execution
listening/ building rapport
build trust b/c you will encounter these kids multiple times
What doesn't work?


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Mobile react team (get them help / not getting them in trouble)
available 24/7 (most problems don't happen 9-5)
having a designated facility for youth closer to us
CRISIS CARE

Stakeholder Meeting: TCMHA staff

June 14, 2022

—

Meeting Information

- Total attendance: 22

Summary of Key Points

- Focus on reducing stigma in approach to mental health care
- Importance of creating spaces where mental health professionals can approach youth with honesty and authenticity
- Collaboration across institutions and departments is critical
- PD sometimes have a different definition of what constitutes a crisis vs a behavioral or other issue
- Lack of clarity around which specific issues PD will respond to and which they won't regarding potential safety concerns
- Working with school districts, youth experience vary greatly from district to another.
- With school environments, much is dependent on trust and open-ness to mental health providers
- With health care facilities (i.e. Pomona Valley Hospital and Medical Center) - it can be challenging to find out information about youth who have been admitted or even availability of beds.
- Lack of beds in psychiatric hospitals and other facilities is a major choke point for the entire community and impacts all involved.
- Need for better collaborative treatment plans for youth upon discharge, along with continued follow-up.

Additional feedback emailed from a staff member:

Some suggestions:

- Available resources for youth experiencing crisis:
    - Youth Shelters
    - C.A.S.E or CSECY resource, if applicable.
    - Drop-In Centers/TAY Centers
    - Department of Public Social Services
        - CalWorks/Cash Aid
        - Food Stamps
    - Legal Services (issues with emancipation or immigration, VAWA, etc)
    - Education
    - Barriers to Care

        - Transportation Access
        - Phone-CA Lifeline
        - Internet-help with signing up for Free Internet
    - Faith Based/Spiritual Connection
        - Community churches
    - Behavioral Health
        - NAMI
        - Support Groups
        - Behavioral Health Urgent Care Centers if needed
        - Create a packet like WRAP (Wellness Recovery Action Plan)
        - Access to Behavioral Health services
        - National Suicide Prevention Hotline
    - Medical Services
        - CALAIM (Enhanced Care Management, Community Health Worker, Linkage to Community Resource Center)
        - Community Supports (In Lieu of Services-ILOS)
        - Planned Parenthood
        - Primary Care

Is there a specific area causing a crisis or exacerbating the crisis? How can we alleviate the crisis by connecting youth to getting their needs met? Approaching the crisis as a Whole Person Care lens. I hope this list is helpful.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:14	Welcome and Icebreaker #1 (Candy)
0:14 - 0:28	How would you describe your approach to mental health challenges for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 1:00	What works and What doesn't work?
N/A - ran out of time	If you had a magic wand, what changes would you make at TCMHA to best respond to the needs of youth?

Meeting Personnel

Project Lead (Neel Garlapati**)**

Co-Facilitators (Kamina Smith)

Chat Transcript *(Identifying Information removed)*

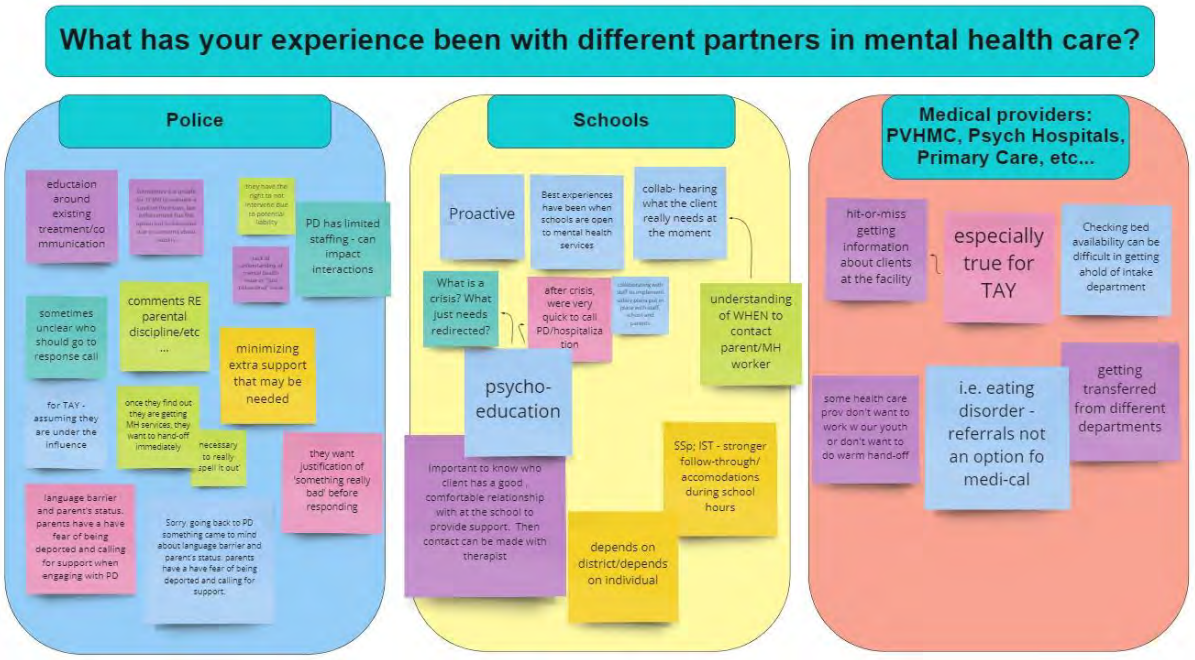
11:04:12 From Facilitator 2 to Everyone:
Hi All! We will be using a tool called Miro to collaborate together today: https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849 Please click the link to jump in.
11:04:48 From Facilitator 2 to Everyone:
There is no need to sign up to use the tool. Disregard the note at the bottom of the screen asking you to sign up.
11:04:51 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849
11:12:43 From TCMHA Staff, she/her/hers to Everyone:
the green tea kit kats are good too!
11:13:26 From TCMHA Staff to Everyone:
I love frozen m&m's
11:16:38 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849
11:17:09 From Facilitator 2 to Everyone:
Feel free to jump into the Miro Board to add your ideas
11:23:22 From TCMHA Staff, (she/her/ella) to Everyone:
your experiences are important as we shape the grants and collaboration with police and schools
11:26:25 From TCMHA Staff, (she/her/ella) to Everyone:
sometimes its a mixed response - not understanding mental health
11:38:42 From TCMHA Staff to Everyone:
Collaboration with school staff to assist client in reaching goals
11:39:22 From TCMHA Staff to Everyone:
collaborating with staff to implement safety plans put in place with staff, school and parents
11:40:20 From TCMHA Staff to Everyone:
Sorry, going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.
11:40:47 From Facilitator 2 to Everyone:
Thanks,! I'll add it to the board
11:40:49 From TCMHA Staff, (she/her/ella) to Everyone:
great point Genesis
11:41:20 From TCMHA Staff to Everyone:
Important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist
11:42:46 From TCMHA Staff to Everyone:
Great questions
11:44:46 From TCMHA Staff to Everyone:
Checking bed availability can be difficult in getting ahold of intake department
11:47:25 From TCMHA Staff, (she/her/ella) to Everyone:
primary care doctors are hesistant to prescribe psychotropic meds or flat out refuse to prescribe
11:48:50 From TCMHA Staff to Everyone:

what works well is collaboration with schools, parents, treatment team
11:49:14 From TCMHA Staff to Everyone:
treatment team meetings work well and help client's success
11:49:47 From TCMHA Staff to Everyone:
Works-Working with crisis team mates that you can depend on/, reduces stress of being in a crisis.
11:52:58 From TCMHA Staff to Everyone:
Doesn't work-How the staff treats the client is really important. Can either help them to seek admission or fear admission.
11:53:01 From TCMHA Staff to Everyone:
Not working would be ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
11:53:53 From TCMHA Staff to Everyone:
staff at the psychiatric hospital
11:54:12 From TCMHA Staff to Everyone:
Obtaining documentation from other providers
11:54:45 From Genesis A. MHS FSP/TAY to Everyone:
yes great point Ilse!
11:56:17 From TCMHA Staff, she/her/hers to Everyone:
Back in the day, we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
11:57:12 From TCMHA Staff to Everyone:
something that is working : access to lock boxes and gunlocks for all of our clients to reduce access
11:57:50 From TCMHA Staff to Everyone:
I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.
11:57:54 From TCMHA Staff, she/her/hers to Everyone:
Yes that is working. And allowing clients to voluntarily check in any protective weapons.
11:58:21 From TCMHA Staff, she/her/hers to Everyone:
Also we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
11:59:25 From TCMHA Staff, she/her/hers to Everyone:
Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the most part they trust us this.
12:00:36 From Facilitator 1 to Everyone:
This board will stay open - please feel free to add additional thoughts:

https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=963219258294
12:00:41 From TCMHA Staff to Everyone:
Yes :)
12:00:45 From TCMHA Staff to Everyone:
this was very productive, thanks for setting this up!

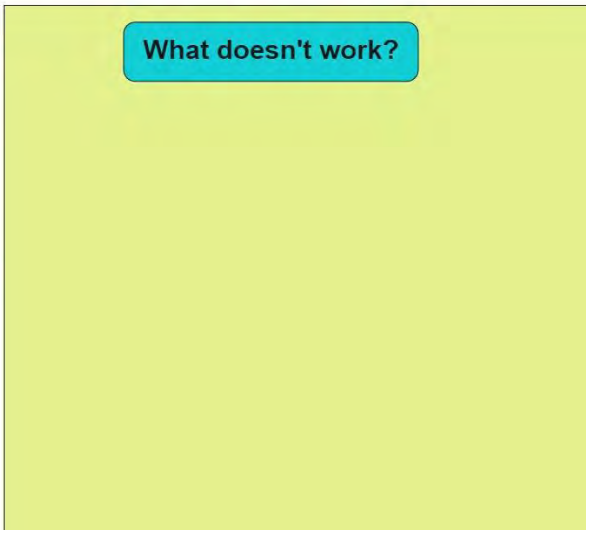
Miro Boards


How would you describe your approach to mental health challenges for youth?
taking stigma out of receiving services
if they have diagnosis making sure they don't feel "less than"
Collaborative - ID all the ppl involved in their life
Collaborative approach is important with working with Youth
Open & honest and identify with the youth
Providing support to youth that creates healthy individuals, family, community
instilling hope and purpose
Helping youth that creates healthy families and community


What has your experience been with different partners in mental health care?
Police
eductaion around existing treatment/communication
PD has limited staffing - can impact interactions
sometimes unclear who should go to response call
comments RE parental discipline/etc ...
minimizing extra support that may be needed
for TAY - assuming they are under the influence
once they find out they are getting MH services, they want to hand-off immediately
necessary to really spell it out
they want justification of 'something really bad' before responding
language barrier and parent's status. parents have a have fear of being deported and calling for support when engaging with PD
Sorry going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.
Schools
Proactive
Best experiences have been when schools are open to mental health services
collab- hearing what the client really needs at the moment
What is a crisis? What just needs redirected?
after crisis, were very quick to call PD/hospitalization
understanding of WHEN to contact parent/MH worker
psycho-education
SSp; IST - stronger follow-through/ accomodations during school hours
important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist
depends on district/depends on individual
Medical providers: PVHMC, Psych Hospitals, Primary Care, etc...
hit-or-miss getting information about clients at the facility
especially true for TAY
Checking bed availability can be difficult in getting ahold of intake department
some health care prov don't want to work w our youth or don't want to do warm hand-off
i.e. eating disorder - referrals not an option fo medi-cal
getting transferred from different departments

Given what you know about our crisis care for people age 25 and under in this region:

Given what you know about our mental health services for people age 25 and under:



TCMHA Project Outreach

CCMU and MHSSA Planning Process

May - June 2022

AGENCY/INSTITUTION CONTACTED	ATTENDED
EDUCATION	
Pomona Unified School District	x
School of Arts and Enterprise	x
Bonita Unified School District	x
Ronyon Elementary School	x
Claremont Unified School District	x
University of La Verne	x
Cal Poly Pomona	x
The Claremont Colleges	x
Western University of Health Sciences	x
Mt. San Antonio College	x
LAW ENFORCEMENT	
Pomona Police Department	x
La Verne Police Department	x
Claremont Police Department	x
HEALTH/WELFARE	
National Alliance on Mental Illness	x
Pomona Valley Hospital and Medical Center	
PCS Family Services	
Sycamores (child welfare agency)	x
Behavioral Health Services, Inc	
LA COUNTY DEPTS	
Los Angeles County Office of Education	x
Los Angeles County Office of Probation	
LA County Dept of Child and Family Services	x
LA County Department of Mental Health	x
FAITH-BASED ORGS	
Brown Memorial Temple Church	
Sacred Heart Catholic Church	
Purpose Church	
COMMUNITY ORGS	
Fairplex	
Pomona Community Crisis Center	
The Club Pomona	
God's Pantry	x
PFLAG Claremont	x
Pomona Pride Center	x
Bright Prospect	
Gente Organizada	
Just Us 4 Youth	x
San Gabriel/Pomona Regional Center	x
Pomona Hope	x

TRI·CITY
Mental Health

Help shape mental health services in our region!

For Youth and Young adults age 25 and under in Pomona, Claremont and La Verne and everyone who supports their well-being!

We encourage you to participate in an important conversation and help shape the future of mental health services in our community. You can help design a more effective approach to youth-focused crisis intervention and mental health services that reflect the distinct cultural features and realities of our communities. The following is the schedule of stakeholder sessions, along with registration links. *Please choose one session.*

High School and Middle School Students *(parent or legal guardian must also join for youth under age 18)*

Counselors will be available if mental health support is needed

- Tues. May 3: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Tues. May 10: 5:00 PM to 6:00 PM [Click here for Registration Link]

Adults who support youth from early childhood onwards (teachers, parents, counselors, first responders, etc.)

- Thurs. May 5: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Thurs. May 12: 12:00 PM to 1:00 PM [Click here for Registration Link]

Youth ages 18 to 25; University students, staff and faculty

- Weds. May 4: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Weds. May 11: 12:00 PM to 1:00 PM [Click here for Registration Link]

Open Session: All community members welcome

- Weds. May 18: 6:00 PM to 7:00 PM [Click here for Registration Link]

What does mental health mean to you?

What works? What doesn't work?

What do you want to see in our mental health system?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Live interpretation services will be available in both Spanish and Vietnamese

TRI·CITY
Mental Health

¡Ayude a definir los servicios de salud mental en nuestra región!

Para jóvenes y jóvenes adultos de 25 años y menores en las ciudades de Pomona, Claremont y La Verne, así como para cualquier persona que apoye su bienestar.

Lo animamos a que participe en una conversación importante y ayude a definir el futuro de los servicios de salud mental en nuestra comunidad. Puede ayudar a diseñar un enfoque más adecuado para las intervenciones en caso de crisis y servicios de salud mental dirigidos para jóvenes que refleje las características y realidades culturales distintivas de nuestras comunidades. Abajo está el programa de las sesiones para personas interesadas y los enlaces para registrarse. *Elija una sesión.*

Estudiantes de escuela secundaria y primaria (el padre o tutor legal deberá participar con jóvenes menores de 18 años). Habrá consejeros disponibles durante las sesiones en caso de que se necesite apoyo para salud mental

- Martes 3 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Martes 10 de mayo: 5:00 p.m. a 6:00 p.m. [Enlace parar registarse]

Adultos que apoyan a los jóvenes (maestros, padres, consejeros, responsables de primeros auxilios, etc.) desde la escuela para la primera infancia hasta niveles posteriores.

- Jueves 5 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Jueves 12 de mayo: 12:00 p.m. a 1:00 p.m. [Enlace para registrarse]

Jóvenes de 18 a 25 años, estudiantes universitarios, personal y profesores.

- Miércoles 4 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Miércoles 11 de mayo: 12:00 p.m. a 1:00 p.m. [Enlace para registrarse]

Sesión abierta: Bienvenida a todos los miembros de la comunidad

- Miércoles 18 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]

·¿Qué significa la salud mental para usted?

·¿qué cosa funciona?
¿Qué cosa no funciona?

¿qué le gustaría ver en nuestro sistema de salud mental?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Se ofrecerán servicios de interpretación en vivo en español y vietnamita.

TRI·CITY
Mental Health

Giúp định hình các dịch vụ sức khỏe tâm thần trong khu vực của chúng ta!

Thông điệp này dành cho thiếu niên và thanh niên từ độ tuổi 25 trở xuống ở các thành phố Pomona, Claremont và La Verne, cùng với tất cả những người hỗ trợ cho sức khỏe tinh thần của họ.

Chúng tôi khuyến khích quý vị tham gia vào cuộc trò chuyện quan trọng và giúp định hình tương lai cho các dịch vụ sức khỏe tâm thần trong cộng đồng chúng ta. Quý vị có thể hỗ trợ chúng tôi thiết kế phương án tiếp cận hiệu quả hơn đối với dịch vụ can thiệp khủng hoảng và sức khỏe tâm thần tập trung vào thanh thiếu niên, phản ánh thực tế và nét đặc trưng văn hóa riêng biệt của cộng đồng chúng ta. Phần sau đây cung cấp lịch trình các buổi họp của bên liên quan, cùng với liên kết để quý vị đăng ký. *Chọn một phiên họp.*

Học sinh Trung Học Cơ Sở và Trung Học Phổ Thông (thiếu niên dưới 18 tuổi phải cùng tham gia buổi họp với cha mẹ hoặc người giám hộ hợp pháp.) Chuyên viên cố vấn sẽ có mặt trong các buổi họp nếu cần hỗ trợ sức khỏe tâm thần

- Thứ Ba, ngày 3 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Ba, ngày 10 tháng 5: 5:00 chiều đến 6:00 chiều [liên kết]

Người lớn hỗ trợ thiếu niên (giáo viên, cha mẹ, chuyên viên cố vấn, nhân viên tuyến đầu, v.v.) – từ cấp mầm non trở đi

- Thứ Năm, ngày 5 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Năm, ngày 12 tháng 5: Trưa đến 1:00 chiều [liên kết]

Thanh niên từ 18 đến 25 tuổi; sinh viên đại học, giảng viên và nhân viên nhà trường

- Thứ Tư, ngày 4 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Tư, ngày 11 tháng 5: Trưa đến 1:00 chiều [liên kết]

Buổi họp công khai: Hoan nghênh mọi thành viên trong cộng đồng

- Thứ Tư, ngày 18 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]

·Sức khỏe tâm thần có ý nghĩa gì đối với quý vị?

hoạt động nào có hiệu quả?
Hoạt động nào không hiệu quả?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Dịch vụ thông dịch trực tiếp bằng tiếng Tây Ban Nha và tiếng Việt sẽ được hỗ trợ.

APX PG 90

Tri-City Mental Health
Stakeholder Engagement Survey
May 2022
Survey Questions

Draft Survey Questions (Survey to be formatted in SurveyMonkey).

SCHOOL/CITY INFO

1. What city do you live in?
    a. Pomona
    b. La Verne
    c. Claremont
    d. Other _____

2. Are you a student?
    a. Yes
    b. No
    c. Decline to state

If yes.

2a. If yes, What school are you enrolled in [blank for answer] _____

If no or decline to state,

2b. How do you support the involvement of youth in our community age 25 and under (check all that apply)?

- Parent/guardian/foster parent
- Educator
- First responder
- Medical provider
- Behavioral/mental health provider
- Law enforcement/justice system
- LGBTQ+ support/ally
- Faith/spiritual leader
- Community member
- Other _____

2c. If your job involves working with youth, please list your place of work: _____

DEMOGRAPHIC INFORMATION [TO BE COPIED FROM MHSA REFERRAL FORM]

3. Race [use checkboxes from HMSA Universal Referral form]
4. Ethnicity [use checkboxes from HMSA Universal Referral form]
5. Age [use checkboxes from HMSA Universal Referral form]

6. Gender Identity [use checkboxes from HMSA Universal Referral form]
7. Sexual Orientation [use checkboxes from HMSA Universal Referral form]
8. Disability [use checkboxes from HMSA Universal Referral form]
9. Veteran Status [use checkboxes from HMSA Universal Referral form]
10. I prefer not to answer demographic questions [checkbox if yes]

MENTAL HEALTH SYSTEM QUESTIONS:

1. What is one word or phrase that comes to mind in describing mental health services and crisis services for youth?
    a. Short answer _____

2. How would you rate the experience of yourself or youth/young adults (ages 25 and under) you know with the mental health system and with crisis care systems?
    a. [Ranking from 0 “extremely negative” to 10 “extremely helpful”]
    b. Please share more detail about your ranking. _____

3. Given what you know about mental health services and crisis intervention for people ages 25 and under, what works well in our community? (check all that apply)
    - Individual therapy
    - Group therapy
    - Family therapy
    - School services
    - Support groups
    - Walk in Crisis Support
    - After hour Crisis line
    - Mental Health Trainings
    - Peer support
    - Drop in wellness center
    - Other _____

4. Given what you know about mental health services and crisis intervention for people ages 25 and under, what *doesn’t* work in our community? (check all that apply)
    - Individual therapy
    - Group therapy
    - Family therapy
    - School services
    - Support groups
    - Walk in Crisis Support
    - After hour Crisis line

- Mental Health Trainings
- Peer support
- Drop in wellness center
- Other _____

5. If you had a magic wand, what would you want to see in the mental health system (including crisis care) serving youth and young adults age 25 and under? (check all that apply)
    - More services in the school setting
    - Increased therapy option in the school setting
    - Community mental health trainings
    - Other _____

Consulting Team Bios

- **Neel Garlapati,** Project Lead
- **Karlo Marcelo,** Co-Facilitator
- **Rupal Patel,** Analyst
- **Maria Servin,** Co-Facilitator
- **Kamina Smith,** Co-Facilitator

Neel Garlapati, Project Lead

Neel Garlapati is an independent consultant working at the intersection of fundraising and philanthropy, program design, project management and strategic planning. He has spent most of his career in the nonprofit sector in organizations ranging from social services to museums to higher education.

Neel has worked as an independent consultant for more than two years. In that time, he helped lead project management efforts with the Committee for Greater LA, a unique cross-sectoral collaboration of civic leaders focused on shaping the public narrative and influencing policy towards a Los Angeles that comes out of the COVID-19 pandemic with a greater focus on equity. He also facilitated a collaboration of nonprofits in partnership with the California Community Foundation to foster a network of regional COVID-19 recovery hubs across LA County. Neel recently worked with the Pomona Community Foundation to convene a broad swath of stakeholders in the region to help develop a framework for longer-term community collaborations and initiatives.

As Senior Director of Development at Fairplex, Neel helped the organization develop and amplify its culture of philanthropy and commitment to public benefit. He was one of the lead architects and facilitators of the planning phase of *Pomona Vision 2030,* an 18-month long planning grant from the Ballmer Group that is pulling together nonprofits, the Pomona Unified School District, businesses, local government and community groups to develop a set of metrics and indicators that will point to educational and economic success for Pomona residents in childhood, early adulthood and adulthood in the City.

Prior to joining Fairplex, Neel was Executive Director of Strategic Initiatives and Institutional Philanthropy at Claremont McKenna College where he worked on cross-college and community collaborative projects from program design to fundraising to implementation, evaluation and monitoring.

Neel loves being able to explore California's natural areas with his family camping, backpacking and biking, while also being able to enjoy the creativity and diversity of LA's unparalleled food scene.

Karlo Marcelo, Co-Facilitator

Karlo Marcelo, an economist and social impact entrepreneur, is Principal and Founder of the Manager, Good Scout Capital LLC.

Karlo is a founding member of Star Insights, a social impact strategy firm based in Hollywood, California. He brings to the firm decades of direct leadership and organizational development experience in political campaigns, government, philanthropy, consulting, and for-profit ventures and start-ups. He is an intersectional resource hub who is a creative problem solver and idea generator for extraordinary leaders who seek to challenge the status quo.

At The Aspen Institute, he worked in the Economic Opportunities Program, analyzing and advising CEOs and Presidents of Community Development Finance Institutions nationwide on their business and social impact outcomes and those of their microfinance clients. His last stop in Washington, DC was as the Partnerships Director for the Truman National Security Project, advising local, state, and federal elected officials on national security policy and communications. He managed a public private partnerships portfolio of $15M with the Mayor's Fund for Los Angeles, leading the organization's accelerator efforts on public safety and economic development. At the same time he was a Contributor to The Economist Intelligence Unit, producing business intelligence on market demand, labor markets, and regulatory policy for global corporations and leaders.

Karlo graduated with a double major in economics and government from the University of Maryland. As a Public Policy and International Affairs Fellow, he received a Master of Public Policy from the Ford School of Public Policy at the University of Michigan. He started his career at CIRCLE as the country's youth vote expert where he co-produced targeted research for brands with social impact angles such as Rock the Vote and WWE, increasing Millennial generation voter turnout to its highest levels in consecutive election cycles. He's a published author on civic participation in journals and higher education civics textbooks.

Rupal Patel, Analyst

Rupal Patel is Principal and Founder of the Manager, Good Scout Capital LLC'. Prior to founding Good Scout Capital, Rupal was a Principal at RRG Capital Management, a capital and asset management firm investing in agriculture, water and renewable energy. During her 12 years at RRG, Rupal managed $150 million in renewable energy and agricultural capital investments. Rupal's environmental and social impact portfolio includes developing the 579 MW Solar Star Project, ranked in the top 10 largest projects in the world; developing and managing an inaugural Corporate Social Responsibility program for Sun World International, one of RRG's largest agricultural operating companies; and originating the first employee benefit company in the U.S., California Harvesters, of which Rupal is Co-founder and Board President. Just four years after launch, California Harvesters provides quality jobs to over 1,200 farmworkers in California's Central Valley.

Rupal takes great pride in developing her impact portfolio in collaboration with established environmental and social impact organizations, inviting increased accountability and transparency to the impact investment process. As a Public Policy and International Affairs fellow, Rupal received her B.A. in Sociology and M.P.P. from the University of Michigan, Ann Arbor. Rupal serves on the Board of Leading Harvest and serves as a Founding Member of the Integrated Capitals Investment Committee for San Joaquin Valley at The Heron Foundation.

Prior to joining RRG, Rupal gained extensive experience engaging with LGBTQ, environmental justice, labor, poverty, and immigration issues while working for organizations such as the Council of Michigan Foundations, NAACP Washington Bureau, Urban Justice Center, Liberty Hill Foundation, and the California Immigrant Policy Center.

Maria Servin, Co-Facilitator

Maria Servin works in case management through nonprofit organizations, assisting individuals with accessing services and resources to improve their daily life and needs.

Maria has worked in the nonprofit sector for the past 7 years, in different social areas such as Los Angeles School District, mental health, and developmental disabilities. She has worked with children, teenagers, and young adults with developmental disabilities. Maria has facilitated meetings with families and individuals to target goals and plans to advance different aspects of the individual life.

Maria currently serves as a Case Manager with Crittenton Services for Children and Families in Norwalk, CA. She coordinates team meetings in order to identify and plan accordingly on how to better support client mental health goals. She has also served as a Case Manager at the Watts Labor Community Action Committee. Maria has a B.A. in Ethnic and Women's Studies from Cal Poly Pomona.

Kamina Smith, Co-Facilitator

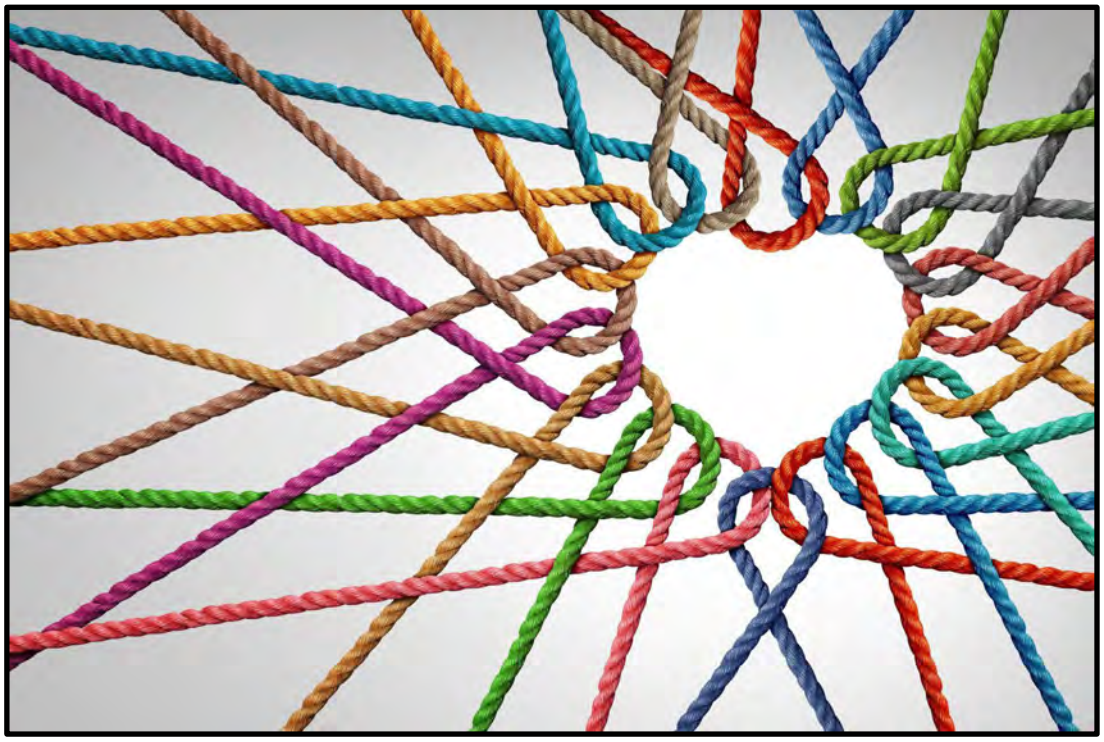
Kamina Smith is a talent transformation strategist specializing in organizational development, talent management, learning & development, and diversity, equity & inclusion.

She is driven to help clients harness the power of purpose, empathy, and insights to realize sustainable social impact and growth.

With over 15 years of experience gained through working with corporations such as Hewlett Packard & Sony Electronics, public sector organizations such as The New York City Department of Education & The Los Angeles County Department of Health Services, nonprofits such as Year Up, Inc. & FUSE Corps, and cross-sector Management Consulting with Slalom Consulting, Kamina has developed a truly diverse and unique perspective on tackling challenges and developing innovative solutions.

Kamina is certified in Integrated Talent Management and Instructional Design and leverages these skill sets to not only develop customized strategies for organizations but also partners directly with leaders to infuse diversity, equity & inclusion in every phase of the employee lifecycle. Previous project work includes designing recruitment & hiring processes; reimagining & restructuring performance management systems; developing comprehensive executive & management development programs; building and calibrating compensation & rewards approaches, and defining & redesigning job roles, departments and organizations.

Kamina is a California native and obtained her BS in Business Administration and MBA with a concentration in Management from Florida A&M University.



Mental Health Student Services Act:

Stakeholder Engagement Process: Consultant Report-out

06.30.22

— **Summary Report submitted to Tri-City Mental Health Authority** —

Neel Garlapati

Octopod Solutions | neel@octopodsolutions.com

Overview

The consultant report enclosed provides more detail on the process, key findings, recommendations, next steps, and questions that emerged over the course of a roughly three-month stakeholder engagement process conducted from March 2022 through June 2022 for Tri-City Mental Health Authority (TCMHA). TCMHA will use the important data and insights gathered during this process as they continue to build-out the scope of their mental health service offerings for youth aged 25 and under.

Major Themes

Over the course of dozens of public meetings, targeted group sessions, one-on-one interviews and strategy sessions, the Project Team was able to identify a set of major themes related to mental health service offerings in the Tri-City community. Major themes include:

- Need to make the mental health system more inclusive and accessible
- Prioritize culturally competent services
- Listen to and prioritize the perspectives of youth in treatment options
- Improve community outreach and awareness efforts
- Increase staffing supporting youth mental health and provide mental health support to existing staff.

Next Steps

Octopod Solutions recommends that TCMHA use the analysis and data enclosed within this report to further explore the major themes with a broader swath of the community using surveys and in-depth planning sessions in partnership with school districts, law enforcement, first responders, health care providers and other mental health agencies.

See sections titled "Key Findings" and "Plausible Next Steps" for more details on major themes that emerged and potential paths forward for TCMHA.

About Tri-City Mental Health Authority (TCMHA)

TCMHA was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona, to deliver mental health services to the residents of the three cities. Through this collaborative effort, TCMHA has been the designated mental health authority for local residents, serving children, youth, adults and older adults alike.

TCMHA offers a broad suite of comprehensive mental health services to support each person's goal for recovery:

- Children, Transition-age youth, and family services
    - **Outpatient Services:** Therapeutic and comprehensive outpatient services to meet the unique needs of children, youth, and their families.
    - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to children, youth, and families with the highest level of need.
- Adult and Older Adult Services
    - **Outpatient Services:** Comprehensive outpatient services for adults ages 18 and over in order to support and facilitate recovery for mental illness.
    - **Full-Service Partnership:** Oriented in a 'wrap-around' philosophy, the FSP program provides intensive services to adults with the highest level of need.
    - **Field Capable Clinical Services:** Field Capable Clinical Services are intended for persons aged 60 and above who are experiencing barriers to traditional mental health services.
- Crisis Support Services
    - **Supplemental Crisis Services:** Crisis walk-in services, as well as after-hours and weekend phone support to individuals experiencing a crisis and who currently are not enrolled in TCMHA services.
- Prevention and Well-being Programs
    - **Wellness Center:** The Wellness Center is hub of community activities for people seeking improved mental health and wellbeing, including free peer-run groups and supportive services.
    - **Transition Age Youth (TAY) Resource Center:** The TAY Resource Center is an inclusive, welcoming place for teens and young adults and offers a variety of free activities and services to enhance overall wellbeing.
    - **Family Well-being Program:** Free specialized programming to support and address the unique needs of children, youth, and families as a whole, including groups and resources.
    - **Employment Vocational Services:** Community members in search of meaningful and gainful employment can access free programming including workshops and hiring events.
    - **Peer Mentoring Program:** Peer Mentoring is a free program that trains volunteers to listen to people who are looking for mental health support.

    - **Therapeutic Community Gardening:** Individuals have the opportunity to plant, maintain and harvest garden produce in weekly garden groups for therapeutic purposes and symptom management.
- Community Support Programs
    - **Community Navigators:** Community Navigators provide free linkage and referral services to assist community members in accessing the services and support they need.
    - **Community Mental Health Trainings:** TCMHA offers free trainings to community members and organizations in the TCMHA service area that cover a variety of mental health and wellness topics.
    - **Community Well-being Program:** This program provides small grants and technical assistance to help local communities improve their capacity to support the wellbeing of their members.
    - **Stigma Reduction:** Stigma Reduction provides resources, events, trainings, and other free programming to reduce the stigma associated with mental illness and seeking help.

Project Team

- TCMHA Core Project Team
    - Liz (Elizabeth) Renteria, Chief Clinical Officer
    - Debbie Johnson, Child & Family Services Program Manager
    - Erin Sapinoso, Program Analyst II
- TCMHA Support Staff
    - Jessica Arellano, Administrative Assistant
    - Octavio Hernandez, Clinical Supervisor I
- Octopod Solution Facilitation and Analysis Team *(see appendices for biographical information)*
    - Neel Garlapati, Project Lead
    - Kamina Smith, Facilitator: Education and Youth services
    - Karlo Marcelo, Facilitator: Law enforcement and emergency services
    - Maria Servin, Facilitator: Child welfare
    - Rupal Patel: Data and stakeholder analysis

Stakeholder Process and Goals

Purpose and Intent

In early 2022, TCMHA received a grant from the State of California to support Mental Health Services for youth in its region. This grant, titled the **Mental Health Student Services Act (MHSSA)** is overseen by the Mental Health Services and Oversight and Accountability Commission (MHSOAC). TCMHA has received a four-year grant totaling

roughly $3.8 million to foster school-community partnerships, train staff in schools and clinics and provide and increase access to mental health services in locations where children, youth, young adults and families feel comfortable. This grant award included a clearly delineated service planning phase that required an inclusive stakeholder engagement process to ensure that planning activities were informed by community participation.

TCMHA reached out to Octopod Solutions shortly after receiving notification of the award to discuss a project involving gathering feedback from stakeholders in the community through interactive, participatory sessions.

As these conversations were under way, TCMHA received a separate $200,000, year-long planning grant for the development of a **Crisis Care Mobile Unit (CCMU)** for youth in the community. The grant terms for the CCMU grant also dictated that the first stage of this planning process would require stakeholder feedback and participation to inform subsequent planning efforts.

Given the need for a participatory stakeholder planning process for both the MHSSA and CCMU grants, TCMHA negotiated services from Octopod Solutions to conduct stakeholder engagement efforts related to both grants during the same time frame. In March 2022, Octopod Solutions entered into two separate contracts with TCMHA, after approval by the TCMHA Governing Board on March 16, 2022.

The MHSSA grant is unique in the comprehensive approach it brings to mental health services for youth in the tri-city community. MHSSA funding was passed through the California State Legislature because there was a strong interest in supporting collaborative efforts between County health and mental health agencies and school districts, charter schools and officers of education. This is why a multi-sector, inclusive stakeholder planning process that helps to inform and foster collaboration was integral to kickstarting the first phase of MHSSA program activities for TCMHA. Given the role that TCMHA plays in the tri-city community, it serves as an ideal focal point for collaborative efforts.

Both grants require a community-focused planning process that integrates feedback and active participation from youth and youth-serving institutions including education, law enforcement, health care and community organizations. Octopod Solutions worked closely with TCMHA to identify key stakeholders and design a process that would engage individuals who were impacted by both the broader mental health systems (MHSSA) and crisis-specific care systems (CCMU).

Methodology

In order to minimize the burden on community members to participate in the stakeholder process, Octopod Solutions worked with TCMHA to design stakeholder engagement sessions that

*would allow for feedback to be gathered on **both** mental health services for youth and crisis-specific services for youth. This streamlined the information gathering process during the end of the school year – a time of year that was particularly busy for students, teachers, professional staff, and family. The process enabled participants to share their experiences and feedback relevant to both subject areas in one meeting, rather than asking them to attend two separate meetings.*

Ultimately, the Stakeholder engagement sessions, along with additional targeted conversations, provided valuable insights into the experiences, priorities and suggestions that youth and families are concerned with in the Tri-City region. There is significant overlap between the scope of these two grants, but the design of the stakeholder process allowed the project team to differentiate between comments relevant to mental health services, comments relevant to crisis care, and comments relevant to both.

The goal of this process was to provide TCMHA with a clear understanding of the priorities, needs and major concerns of a broad cross-section of the community to help inform their planning process as they continue to build and design both broad mental health and crisis-specific services for youth age 25 and under.

The information enclosed reflects stakeholder feedback particularly relevant to the scope of the MHSSA program of mental health services that TCMHA does, or could in the future, provide to youth age 25 and under. Please see the separate report-out on the Crisis Care Mobile Unit stakeholder engagement process, for an overview of feedback that specifically pertains to crisis care for youth.

Primary Stakeholder Identification

TCMHA began planning for mental health service improvements with a heavy focus on the way youth interact with mental health services through partnerships with local educational institutions. The process began with preparatory conversations with the three participating school districts: Pomona Unified, Claremont Unified and Bonita Unified (serving students from the City of La Verne), along with the School of Arts and Enterprise, a Charter School based in the City of Pomona. Additionally, TCMHA connected with colleagues at the University of La Verne and Cal Poly Pomona to get a better understanding of the most critical priorities and needs facing the students in a higher education setting. Law Enforcement, and health care providers were also engaged, though these agencies are more likely to engage into mental health support when a crisis situation is at hand.

In addition to education-based institutions, Octopod Solutions also facilitated targeted conversations with each of the three law enforcement agencies that serve the Tri-City Area: The Claremont Police Department, Pomona Police Department and the La Verne Police Department.

TCMHA was clear with the project team that a concerted effort would be required to gather perspectives directly from the youth most affected by the availability of mental health services. The broad outreach strategy to gather the perspectives and opinions of these youth was to work through the institutions, including youth-serving community agencies, that they most often engaged with. In addition to gathering information directly from school counselors and higher education administrators, the project team worked with them to help spread the word and encourage their students to attend the sessions and participate in whatever way they could. Garnering any direct student participation was a challenge because most of the sessions took place in the month of May, when many students at both the K-12 and post-secondary levels were preparing for final exams and the end of the school year. Despite this situation, the project team was able to gather significant, substantive direct feedback from youth at both the K-12 and postsecondary levels.

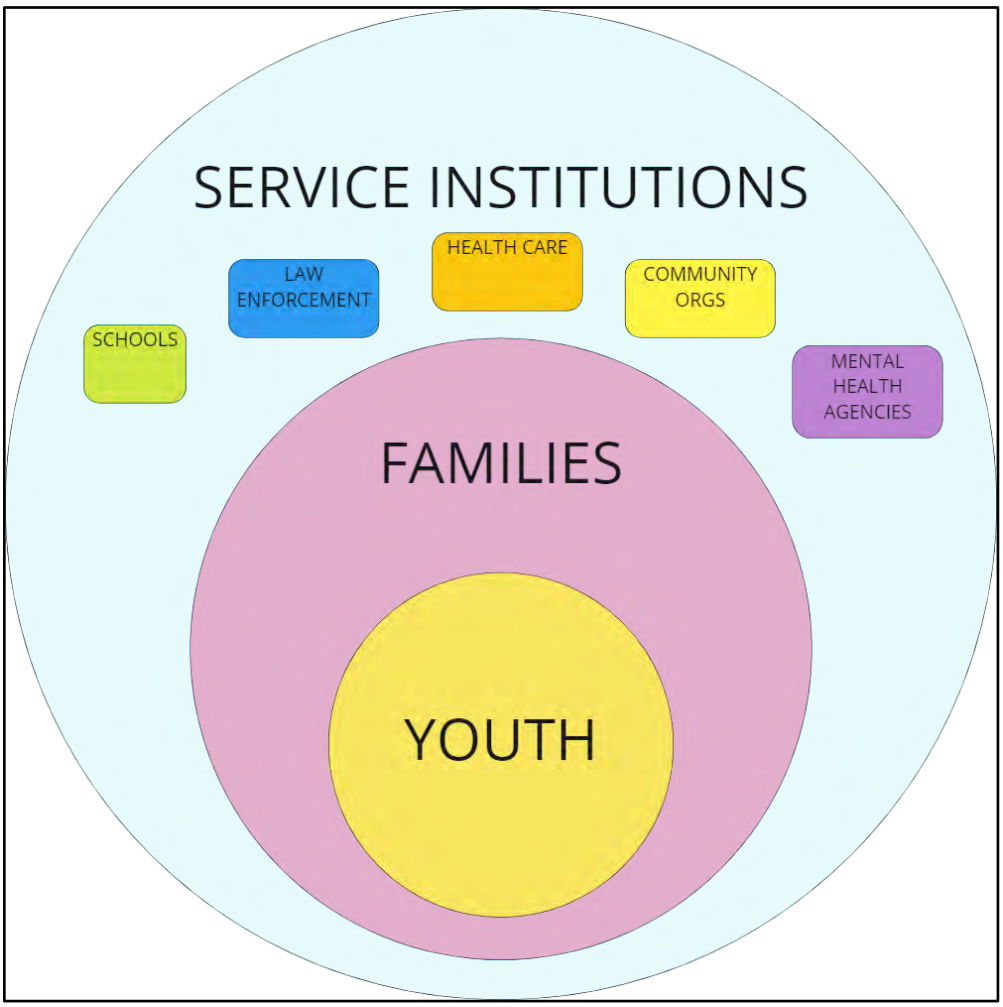


Figure 1: diagram showing key stakeholder outreach priorities

By placing the mental health needs of youth and their families in the community at the center of the project team's focus, they were able to work through a broad cross-section of

service providers from school districts and youth-serving agencies to law enforcement and health care institutions to gather as many different perspectives as possible. See Appendix 2 for a full list of organizations that were contacted as part of this process.

Virtual engagement sessions

Upon approval of the grant receipt and contract for stakeholder engagement in March 2022, TCMHA worked with Octopod Solutions to plan a series of stakeholder engagement sessions that could be completed by late Spring - before most school-age and college-age youth began their summer holiday. Octopod helped create an engagement plan that would fast-track feedback from youth and the people who most closely interacted with them including parents, teachers, counselors, law enforcement officers, mental health professionals and others.

Virtual Session Mechanics
Due to the unpredictable nature of the COVID-19 pandemic, along with a spike of cases in the Spring of 2022, the project team decided to hold all of the stakeholder sessions virtually. The Octopod Solutions facilitation team is highly skilled and experienced in virtual facilitation and was able to use a number of tools to allow participants multiple avenues for participation. Each session was conducted using the Zoom video conferencing platform. Participants could “raise their hand” to speak and share their perspectives, or they could type responses directly into the chat. Additionally, Octopod employed an advanced collaboration tool known as Miro to allow for another avenue for input from participants. Miro functions like a “digital whiteboard” allowing participants to make notes, post digital sticky notes, and give comments or “thumbs-up” to the comments of other participants. The Octopod team has found, over time, that virtual sessions like this actually allow for more diverse participation and greater feedback gathering in a shorter amount of time by creating opportunities for individuals to participate in whatever way feels most comfortable for them.

Public Sessions: Inclusivity and Privacy
For the public sessions, held in May, Octopod Solutions engaged the services of live interpreters in both Spanish and Vietnamese. Additionally, all of the promotional materials, flyers and emails were translated into both languages.

A virtual consent was read aloud and shared with participants (in all three languages) at the start of each session. This helped to set the stage for the type of issues each session would cover, and also reinforced that all youth under age 18 who were participating would need to have a parent or guardian present.

Responses from participants have been stripped of personal information for all of the event summaries and data gathering in this report. Additionally, participants who provided

feedback through Miro were able to do so without sharing any identifying information about themselves.

After starting each public session with the verbal consent statement, Octopod Solutions shared a short video presentation (with subtitles in Spanish and Vietnamese) that provided a brief overview of TCMHA: its history, mission, services, and the purpose of that day's session.

Approach to Virtual Stakeholder Sessions

The virtual stakeholder sessions were designed to be engaging for a diverse audience with widely different life and professional experiences and backgrounds. The project team accomplished this by posing broad, open-ended questions that would transition into specific topics to encourage engaging conversation throughout each session. Each conversation was structured to encourage participants to think critically about what mental health means to them and to think about the services, resources, and characteristics of what they would consider a "healthy" community.

With this conceptual grounding, the facilitators encouraged participants to dive further into specific mental health-related experiences that they or friends and families had undergone in the educational, law enforcement, and health systems. Drawing upon these experiences, the facilitation team posed broad, open-ended questions that transitioned into more specific topics, to help encourage engaging conversation through each session. Finally, each session closed by asking participants to synthesize the conversation and draw upon their own experiences to share specific suggestions and ideas for a future of mental health services that meets the needs of youth in the community.

Please see appendix 1 for a listing and detailed summary of each of the stakeholder engagement sessions.

Figure 2: Facilitation approach to stakeholder sessions

Targeted sessions

In addition to the seven public sessions that were offered to community members in May 2022, the project team conducted a series of targeted stakeholder engagement sessions with both school district officials, including mental health professionals, and with law enforcement agencies, focused on officers who serve as school resource officers and who respond to calls dealing with youth mental health issues.

A key focus of these calls was on the level of partnership and collaboration that existed between different types of agencies including K-12 schools, colleges and universities, law enforcement, hospitals and mental health facilities. These targeted sessions were structured differently from the public sessions, with slightly less focus on establishing the conceptual framework of mental health work, and more focused on diving into details of partnerships, collaborations, and specific mental health interventions.

Please see appendix 1 for a listing and detailed summaries of targeted stakeholder sessions.

Survey tool development

In addition to a series of both public and targeted stakeholder engagement sessions, Octopod Solutions worked closely with the Project Team to put together a survey of residents of the cities of Pomona, Claremont, and La Verne. This survey can serve as a

suitable follow-up for participants of the stakeholder sessions and a way to engage individuals who were not able to participate in those meetings. **Octopod Solutions recommends launching and distributing this survey as the immediate next phase of stakeholder engagement.** Leveraging the relationships and trust established by many close collaborators of TCMHA will be helpful in ensuring wide distribution and participation in the survey. The survey can also help to verify, provide additional detail, or challenge many of the findings that emerged from the stakeholder sessions. A survey will be particularly useful for the needs of the MHSSA project, allowing TCMHA to gather information and perspectives on a wide range of mental health services and resources available to youth.

Key Findings from Stakeholder Engagement

A key principle established by TCMHA in partnership with the facilitation team was to prioritize and elevate the lived experiences of youth and families whenever possible. Though the majority of the total participants in stakeholder sessions were adults, the youth and parents who did participate shared extremely substantive, powerful perspectives which the project team has sought to highlight. We anticipate these perspectives will be critical to TCMHA in helping to determine priorities and identify areas for improvement.

Please see appendix 1: Meeting summaries, for detailed notes on the feedback received in each of the public and targeted meetings.

Lived experiences of youth in the Tri-City region

Significant themes from youth comments over the course of the stakeholder engagement sessions included the following, along with direct quotes from youth:

- **Lack of understanding/stigma from adults around mental health issues**
    - “I feel like mental health for youth is getting WAY better, but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won’t acknowledge your feelings”
    - “Classes for parents to actually make their children feel safe and how to work through stuff together and or as a family”
- **Ineffective and inadequate outreach regarding availability of mental health services**
    - “We need something other than flyers in the school bathrooms.”
- **Systems are either inaccessible due to cost or other barriers or too busy to serve students in times of need**
    - “Free crisis lines are sometimes full, and they can’t help fast enough”
    - “I would also make therapy free for at least on session, then you can see how money will work out.”

Lived experiences of parents and families in the Tri-City region

Significant themes from parents and families of youth including the following, along with direct quotes from parents and families:

- **Challenges navigating the mental health system, including accessing regular services**
    - "My daughter was diagnosed with PTSD and told she needs EMDR therapy. However, a therapist is available once a month and cancels every other month. Therefore, this is ineffective"
- **Lack of awareness of potential support or treatment options**
    - "On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I."

Key reflections and quotes from other community members

In addition to youth and their parents, significant feedback was gathered from K-12 teachers and administrators, counselors and support staff working in colleges and universities, health care providers and law enforcement officers. Key themes emerging included the following:

- **Difficulty of navigating the mental health system**
    - "The system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need." - Mental Health professional
- **The need for improved support for professional staff working directly with youth (including mental health professionals, school staff and counselors, and law enforcement).**
    - "Cops are human. Sometimes they want to talk about what they see with their partner, but they also don't want to burden them …It is still very taboo for an officer to reach out and say that they need help." - Law enforcement officer
- **The stigma around accessing mental health services is still a deterrent for many youth.**
    - "Many youth hesitate, thinking 'something is wrong with me,' so they don't do anything." - Mental health professional

Community Perspectives: What works? What doesn't work?

During the varied slate of stakeholder engagement sessions, Octopod Solutions encouraged participants to be specific with their feedback. Participants spoke about their own experiences and how those experiences informed their opinions about what approaches, processes and interventions were effective, and which ones were ineffective.

The list below highlights the most common themes, including any topics where youth themselves shared opinions:

Process Note:

Each time a topic was raised verbally, by a participant in the digital Miro board, or by using the zoom "chat" feature, Octopod Solutions logged it as a "mention." The data below represents all of the "mentions" tracked by the consultant team over the project period. At times, even though a subject was "mentioned" only once, it is noted as significant in the report because of the quality and length of discussion that followed it.

Additionally, Octopod Solutions made sure to note whenever a comment, question or suggestion was raised by a youth participant. These figures are also noted in the data below. This is likely an under-reporting of youth participation, because anyone who participated directly using the Miro tool was able to do so anonymously without any attribution to their identity.

What works?

- **Validating the experience of youth** (16 mentions, including one youth)
- **Culturally relevant care** (14 mentions, including one youth)
- **Peer support** (10 mentions, including one youth)
- **Clear community connections** (8 mentions)
- **Stigma reduction** (5 mentions, including one youth)
- **Transparency around process and procedures** (3 mentions)

What doesn't work?

- **Lack of information/awareness** (11 mentions, including one youth)
- **Not explaining interventions that occur/poor communication** (5 mentions)
- **Poor handoff/communication between schools, PD, Health care** (4 mentions)
- **Talking down to or patronizing youth** (2 mentions)

Community-supported Initiatives and Interventions

Session participants provided a wealth of suggestions and ideas for programs, interventions and resources that could best serve the needs of the community's youth. Some of these suggestions were made by multiple different individuals, on multiple occasions. Those are listed below:

Peer-mentoring and co-located services

(18 mentions, including one youth)

Youth and families in the community see many of the mental health offerings as inaccessible, hard to understand or untrustworthy. Many participants, including youth themselves, gravitated towards the idea of services that were co-located with school sites, along with youth centers and youth-serving organizations. Additionally, the idea of peer-mentoring programs was highlighted as an opportunity to help reduce the stigma and to provide mental health support to youth through trusted messengers. One youth participant, who had overcome mental health challenges of their own, was particularly eager to serve as and help build a peer mentoring program.

Right-sizing staffing and resource levels to meet the need

(10 mentions)

The need for increased levels of staffing for mental health professionals, increased access to in-patient and out-patient treatment services and greater availability of 24/7 services was echoed in nearly every public and targeted meeting that was held. Existing staffing and resource levels are simply not enough to meet the needs of youth in the community, resulting in exorbitant wait times, cancellations, and inability to access care as mental health issues escalate. Community members, nearly universally, wanted to see higher levels of staffing and resources for mental health practitioners with a focus on those directly serving youth.

Support for the well-being of mental health and support/safety staff

(7 mentions)

Mental health professionals, medical staff, school staff, law enforcement and emergency personnel all encounter and address significant trauma on a regular basis. In addition to the harm these experiences serve to youth and families, repeated exposure to this trauma can have a significant impact on the professionals who are tasked with responding to these situations, potentially limiting or inhibiting their ability to serve their communities. Many participants in the sessions called for a methodical approach to ensuring that service providers have access to regular mental health check-ins to ensure that their own well-being is supported.

Support Campaign for Intra-family and Inter-generational communication

(3 mentions)

The challenges that exist between youth and their parents and families around access to mental health services and support for mental health interventions were well-documented in the sessions. Several participants felt that clear opportunities for intergenerational communication and understanding would be helpful to youth in the community struggling with acceptance or perceived stigma attached to their desire or need to access mental

health services. A community-wide program, targeted at youth, parents, and even grandparents, serving to educate and inform families about the availability, benefits and critical need for mental health services could serve to help bridge this inter-generational divide.

Community-wide campaigns to reduce stigma around mental health issues

(2 mentions)

Stigma reduction was a commonly cited need to encourage youth to access mental health services before they reached a crisis point. Several participants suggested wide-scale, professional communications campaigns specifically targeted around reducing stigma to access to mental health care. Youth, in particular, suggested the youth of social media campaigns, instead of traditional flyers and emails, to help spread this message.

Plausible Next Steps

Over the course of stakeholder engagement sessions, there were certain challenges and opportunities that came up repeatedly, regardless of the specific groups that were participating. The project team drew heavily upon these conversations to pull out the community-supported initiatives and interventions listed above, along with perspectives on what works and what doesn't work. The MHSSA grant is still in a planning phase, and further planning and collaborative work will need to be done before specific programs are ready for implementation. Octopod Solutions offers a set of plausible next steps, drawing upon the stated priorities of community stakeholders, to help advance these collaborative planning efforts:

Wide distribution of mental health access surveys

Octopod Solutions worked closely with the core TCMHA project team to develop a set of survey questions that could help determine the usage, trust and experiences of youth and families with the crisis care systems in the region. Octopod Solutions recommends distributing the existing survey draft to as broad a list as possible in Q3, 2022. Following that survey distribution, a follow-up survey focused just on survey respondents and participants in the stakeholder process can help to provide more detailed experiences and constructive criticism of existing systems. The audience for the second survey, to be distributed in late 2022, would be focused on individuals who have already expressed willingness to share their opinions about mental health services in the region and more likely to provide detailed, action-oriented feedback.

Further evaluation and inventory of culturally relevant care options available to youth in the region

For youth and families grappling with mental health challenges, the importance of culturally relevant care was a subject that came up repeatedly in stakeholder engagement sessions. TCMHA already has a set of wellness advisory councils that specifically focus on the needs of AAPI clients, Latinx clients, African American clients, LGBTQ+ clients and Transitional-Age Youth. This councils are a critical resource in assessing the ongoing effectiveness and cultural relevance of the care provided by TCMHA. Octopod Solutions recommends resourcing a more in-depth analysis of the cultural competency of the care offered using In-depth surveys, interviews and focus groups with individuals who have experienced the crisis care system specifically and the broader mental health system. In this instance, the surveys, interviews and focus groups would be focused on the caregiver's awareness of culturally relevant aspects of their situation (language, immigration status, gender identity, etc.), and caregivers' ability to deliver adequate care in the moment.

Examine the viability of a youth peer-to-peer support program

The establishment of a trusting relationship is one of the most critical aspects to successful mental health interventions. Over the course of the stakeholder engagement sessions, multiple participants, including youth themselves expressed that they felt more trusting of their peers as stewards and co-navigators of mental health services. TCMHA already offers a successful peer mentor program, but only youth age 18 and over can serve as peer mentors and youth must be at least 16 years to be mentored by a peer. Octopod Solutions recommends that TCMHA works closely with local school administrators and local youth-serving nonprofits to examine the possibility of expanding the reach and scope of programs like this. Many youth are enthusiastic about supporting their peers and a successful program could create a solid off-ramp for youth seeking a specific type of support. Youth can also serve as an advisory council to help provide direction on the most effective forms of outreach (social media vs. in-person) and specific messaging. In addition to providing peer-support services, youth can advise on potential venues and programs for new co-located services. A potential pilot expanded program would be about co-designing services with a small set of youth and testing the viability of the services and answering the most critical question: Is this something that youth would actually take advantage of when they need it?

Develop a broad, multi-targeted campaign around stigma reduction

TCMHA already offers a stigma reduction campaign through its ROOM4EVERYONE campaign. Despite this, stakeholder engagement revealed that many youth and families still expressed the ongoing stigma associated with receiving mental health care. Youth, in particular, expressed a generational divide between themselves and the generation of their parents that often manifested in feelings of stigma. Octopod Solutions recommends TCMHA examines existing stigma reduction efforts and determine if they adequately address the concerns raised about intergenerational stigma, particularly for youth who live at home. In these efforts, TCMHA can work with a youth advisory council and parents who have helped their children recover from mental health crises to create a broad messaging

campaign through in-person ambassadors, events, social media, and traditional media to help de-stigmatize mental health care in a way that actually resonates with both youth and their families.

Multi-sectoral initiatives focused on the well-being of front-line staff and caregivers.

The work of TCMHA sits at the intersection of many different career fields including health care, education, and law enforcement. At each of these institutions, the staff often face a day-to-day barrage of trauma, uncertainty, and ongoing mental health challenges. TCMHA could offer peer-to-peer counseling services as a community benefit, or work with local agencies to free up time for this important caregiver benefit. In addition to offering the services, TCMHA can recruit a pilot "class" of law enforcement officers, school counselors and health care providers to take part in the program, on a trial basis. The results of this pilot program could be used to seek funding for a more expansive, region-wide program that can serve all law enforcement, education, and health care staff, along with the staff of other nonprofits and community organizations. TCMHA already uses the Community Resiliency Model to offer training in wellness skills that community members can use to help deal with the day-to-day realities of stress and trauma. Octopod Solutions recommends that TCMHA examine the effectiveness of this curriculum and consider adapting and scaling it to serve a broad cross-section of front-line care workers.

A Vision for the Future

What does a supportive community look like?

Early in each session, participants were asked how they define mental health within their communities. At the end of each session, participants were asked to determine what resources, services, and tools they would add to their communities if they had a "magic wand." Comparing the answers to these two questions is instructive because it ties together people's vision for a healthy community with the actual resources needed to achieve it.

These comments tie back to themes raised in the broader question of how participants define mental health and what the idealized healthy community they imagine is:

- Wellness: emotional and spiritual
- Self-care
- Composure
- Peace
- Balance
- Recovery
- Welcome

- Low barriers to access
- Equitable and just
- Interconnected
- The ability to thrive

Over the course of the meetings, these ideas evolved into specific, targeted concepts that can be applied as TCMHA continues on a planning process to guide future mental health programming.

- Whole family healing
- Culturally aligned support
- Services when and where they are needed
- Art and healing
- Adequate housing - particularly for transitional-age youth
- Youth-led programming, presence, feedback, and guidance

Appendices

- List of Stakeholder meetings, including summaries with chat transcripts and Miro Board from each meeting
- Outreach list
- Outreach flyer and materials
- Suggested survey template for continued feedback
- Octopod Solutions, Project Team bios

Appendices

- **Appendix 1:** Stakeholder Engagement session summaries with chat transcript and Miro virtual white boards.
- **Appendix 2:** List of organizations and institutions invited to participate in stakeholder engagement process.
- **Appendix 3**: Three-language flyers distributed as part of outreach for stakeholder engagement
- **Appendix 4**: Suggested survey template for continued feedback and engagement.
- **Appendix 5:** Octopod Solutions, Project Team Bios

TCMHA Stakeholder Meetings

CCMU and MHSSA Planning Process

May - June 2022

Public Stakeholder Meetings:

- 05.03.22: K-12 Students, staff, teachers
- 05.04.22: Higher education communities
- 05.05.22: Adults who support youth (counselors, first responders, teachers, etc…)
- 05.10.22: K-12 Students, staff, teachers
- 05.11.22: Higher education communities
- 05.12.22: Adults who support youth (counselors, first responders, teachers, etc…)
- 05.18.22: Open community session

Targeted Stakeholder Meetings:

- 05.19.22: Pomona Police Department
- 05.26.22: Claremont Police Department
- 06.01.22: Pomona Unified School District Mental Health team
- 06.07.22: La Verne Police Department
- 06.14.22: Tri-City Mental Health Services internal staff

Public Stakeholder Meeting: K-12

May 3, 2022

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Meeting Information

- Total attendance: 6
- Total registered: 7
- Number of youth age 12-17: 1
- Number of adults: 6
- Number of School personnel: 1
- Number of Mental Health personnel: 5
- Parents/family members (self-ID): 1
- Other: Student participant from School of Arts and Enterprise

Summary of Key Points

1. Very challenging for parents and youth to navigate and access mental health system (from 4 mentions from MH personnel and 1 student in zoom chat)
2. Lack of education/awareness around mental health and available mental health services (from 3 MH personnel and 1 student in zoom chat, 1 note in Miro)
3. Long wait times and inaccessible appointment times for youth (from 3 MH personnel and 1 student in zoom chat, 5 in Miro)
4. Cultural or other external stigma in accessing mental health services (1 MH personnel and 1 student in zoom, 1 in Miro)
5. Money prevents access to care (1 student in zoom, 1 in Miro)
6. Doesn't work when youth are shamed (1 MH personnel and 1 student in zoom, 4 in Miro
7. Mental health staff also need mental health services (i.e. burn out) (1 MH personnel in zoom, 2 in Miro)
8. Shortage of resources (i.e. hospital beds, hotline staff, (4 in Miro)
9. Challenge for minors without supportive adults (5 in Miro)
10. What works: when youth feel heard and when staff have good connections with community partners (5 in Miro)
11. Lack of control or communication of outcomes when accessing mental health services (1 MH personnel in zoom, 3 in Miro)
12. Need more staff with lived experiences (1 in Miro)

Featured Quotes/Lived Experiences

- *Mental health is a muscle you have to work, and as a teenager from my perspective it's super important to find something that works that muscle, and while it's hard I'll keep trying.*
- *I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings*
- *Free crisis lines sometimes are full and they cant help fast enough*

- *I do understand they [police] just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.*
- *I would also make therapy free for at least one session, then you can see how money will work out.*

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Rafael Nieves
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

17:36:41 From Facilitator1 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=464130110481
18:11:22 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
18:12:01 From Facilitator2 to Everyone:

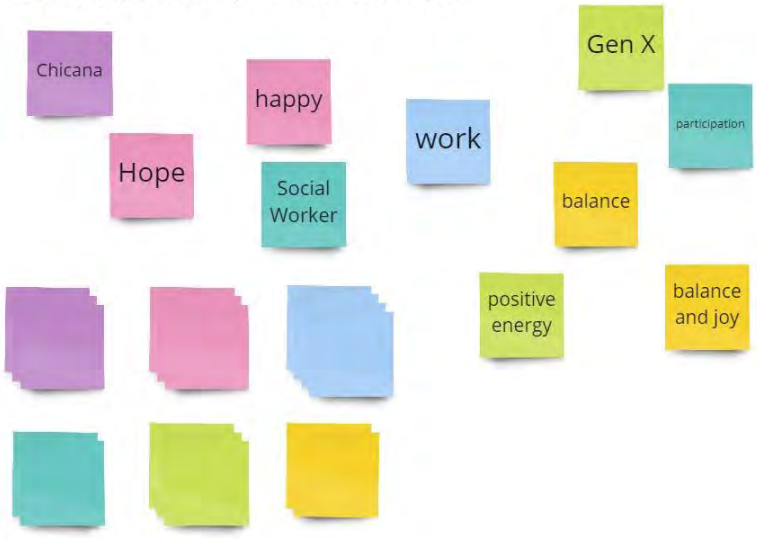
Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us: https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:12:14 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:12:39 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:17:19 From Pomona Student with Parent to Everyone:
Hello my name is XXX, Im with my mom and we are both team kitkat
18:17:21 From Facilitator2 to Everyone:
Hi Everyone! We will be using Miro today. Click the link to join in and collaborate with us: https://miro.com/app/board/uXjVO4SlbXc=/?share_link_id=20478639576
18:20:18 From MH Personnel, she/her/hers to Everyone:
balance
18:20:40 From MH Personnel to Everyone:
Balance and Joy
18:20:48 From Pomona Student to Everyone:
I wrote happy lol
18:21:02 From MH Personnel to Everyone:
positive energy
18:21:26 From MH Personnel to Everyone:
Participation
18:22:02 From MH Personnel to Everyone:
Whole person wellness
18:22:44 From MH Personnel to Everyone:
mental health is all of us, wellness quality of life
18:23:03 From Pomona Student to Everyone:
Mental health is a muscle you have to work and as a teenager from my perspective its super important to find something that works that muscle, and while its hard Ill keep trying.
18:23:27 From MH Personnel , she/her/hers to Everyone:
having a support system to turn to
18:23:49 From MH Personnel to Everyone:
Right now mental health care a very complicated system, that is hard to navigate and challenging to work in
18:24:14 From Pomona Student to Everyone:
Yes!
18:24:48 From MH Personnel to Everyone:
lack of information, access, education
18:25:13 From Pomona Student to Everyone:
Outside forces like people and anxiety
18:25:35 From MH Personnel to Everyone:
willingness to talk about it with out fear of judgement
18:26:15 From MH Personnel , she/her/hers to Everyone:
Stigma whether that be family, culture, community

18:28:32 From MH Personnel to Everyone:
Difficulty accessing care without a supportive adult
18:28:46 From MH Personnel to Everyone:
limited, unaware of services, minors who don't have parents who are understand/support
18:29:07 From MH Personnel to Everyone:
Time doesn't meet youth schedule
18:29:10 From Pomona Student to Everyone:
I feel like mental health for youth is getting WAY better but I do think we need to help the adults understand younger people can go through it because it's hard to talk about when adults won't acknowledge your feelings
18:29:22 From MH Personnel to Everyone:
Technology underuttilized
18:29:36 From MH Personnel to Everyone:
some youth are aware of their MH and are open to discuss/disclose their struggles
18:30:53 From Pomona Student to Everyone:
Money
18:30:57 From MH Personnel to Everyone:
other youth don't know enough about MH to understand what they're going through
18:31:33 From MH Personnel to Everyone:
don't trust professional health or adults
18:31:40 From MH Personnel , she/her/hers to Everyone:
reliant on others to access
18:32:09 From MH Personnel , she/her/hers to Everyone:
Don't want parents to know what they are discussing
18:33:29 From MH Personnel , she/her/hers to Everyone:
I have heard youth and families not wanting police involvement and this often deters them.
18:35:28 From Pomona Student to Everyone:
And free crisis lines sometimes are full and they cant help fast enough
18:35:56 From MH Personnel , she/her/hers to Everyone:
lack of resources for those who may need more care like hospitalizations.
18:37:58 From MH Personnel , she/her/hers to Everyone:
I know parents and children are often frustrated that someone cannot provide in person response as often or quick enough
18:40:53 From MH Personnel to Everyone:
long waits
18:41:26 From MH Personnel to Everyone:
the system is hard to navigate when you're well and have the patience to learn the process, but we know most start the process when they're in crisis and tend to get frustrated and give up or not get help they need.
18:42:14 From MH Personnel , she/her/hers to Everyone:
in a mental health crises: I know youth and family often feel like they don't have a choice or say regarding outcomes

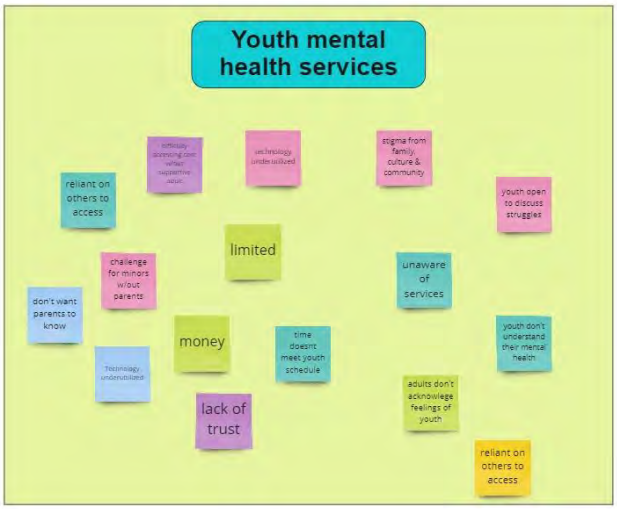
18:42:28 From MH Personnel to Everyone:
the wait period was already long before covid and now it's even longer
18:43:59 From MH Personnel to Everyone:
difficult to understand, scary
18:44:30 From Pomona Student to Everyone:
Stressful its makes the brain do backflips and your mind just thinks about too much
18:48:18 From MH Personnel to Everyone:
Works: when the youth's voice is heard and their strengths are highlighted
18:49:02 From MH Personnel to Everyone:
doesn't work : when youth are shamed
18:52:40 From Pomona Student to Everyone:
I do understand they just want to keep everyone safe but it does bring a lot of shame, because being in handcuffs has a huge negative connotation to it, I feel like it can be handled better to make the person feel safer.
18:57:21 From MH Student to Everyone:
More people on life or crisis lines, and if not like amazingly well AI. I would also make therapy free for at least one session, then you can see how money will work out.
18:58:00 From MH Personnel , she/her/hers to Everyone:
to add to the question about what doesn't work is that we also have staff who are burnt out taking crises calls. SO staff well being is also important in making sure the best crises services are provided and mental helath services.
18:58:16 From Pomona Student to Everyone:
And classes for parents to actually make their children feel safe and how to work through stuff together and or as a family.
18:58:58 From Facilitator1 (he/him) to Everyone:
neel@octopodsolutions.com
18:59:21 From MH Personnel , she/her/hers to Everyone:
more resources, crises specific teams
19:00:08 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r

Miro Boards

Think about either your community: school, work, home, social outlets. What is one word/image/gif/meme that comes to mind when you think about the future you want?
Feel free to copy-paste an image or meme that inspires you!

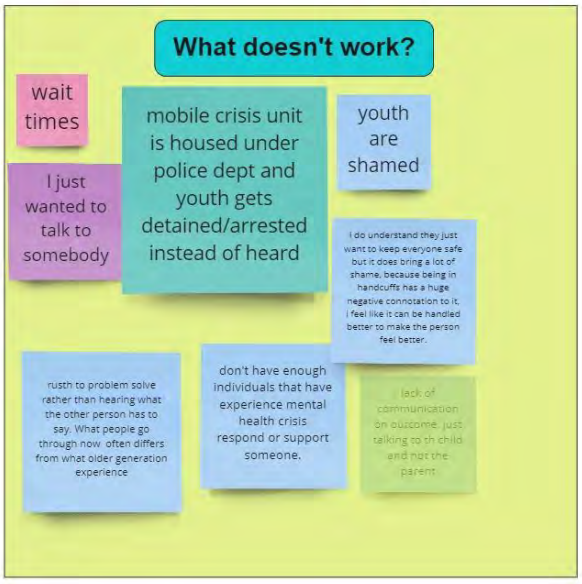


What words come to mind in describing:

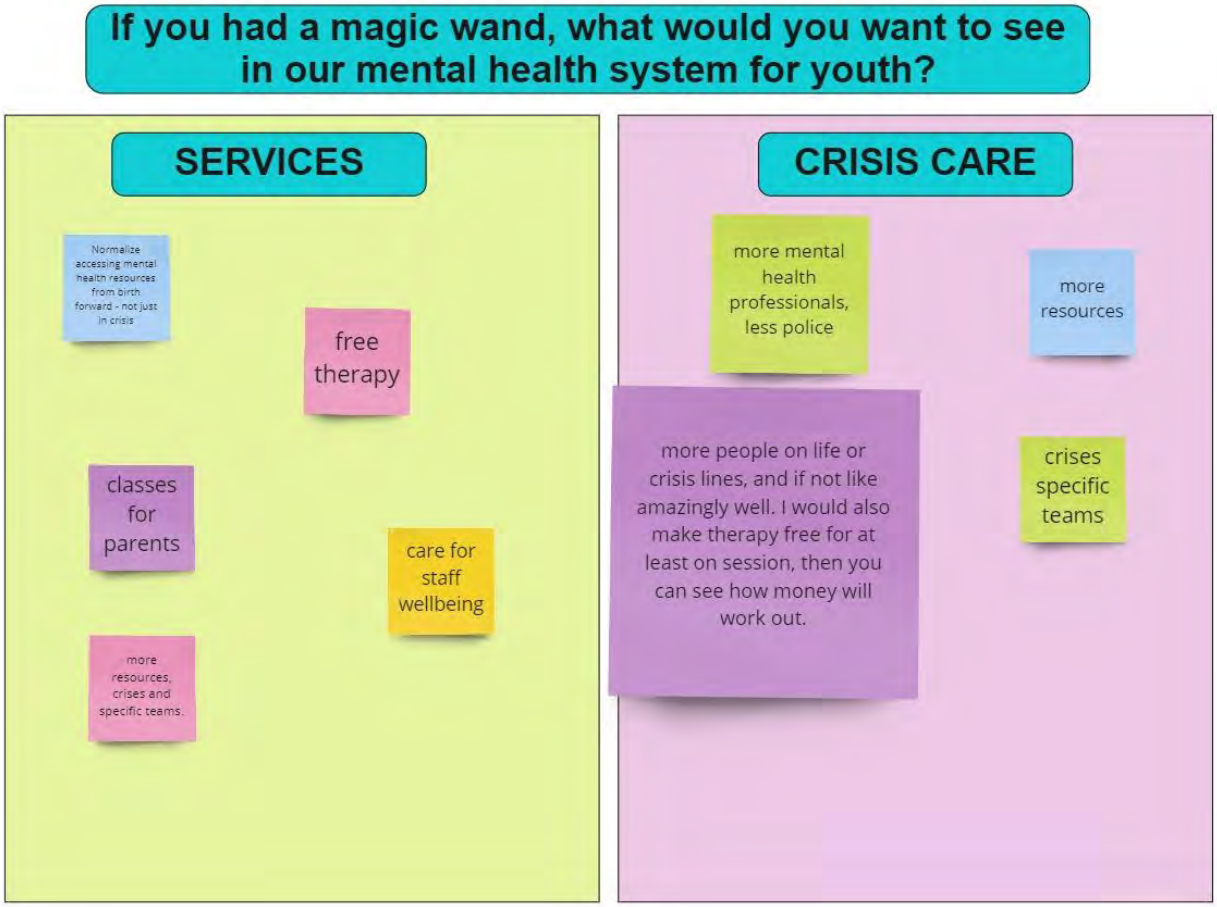


What has been the experience of you or youth you know in our region?

Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Normalize accessing mental health resources from birth forward - not just in crisis
free therapy
classes for parents
care for staff wellbeing
more resources, crises and specific teams.
CRISIS CARE
more mental health professionals, less police
more resources
more people on life or crisis lines, and if not like amazingly well. I would also make therapy free for at least on session, then you can see how money will work out.
crises specific teams

Public Stakeholder Meeting: Higher Education

May 4, 2022

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Meeting Information

- Total attendance: 9
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2 registered
- Number of adults: 9
- Number of School personnel: 4
- Number of Mental Health personnel: 5

Summary of Key Points

1. Challenging, overwhelming, confusing to access mental health services (4 in miro)
2. Staff mental health should be included (1 in miro)
3. Validating and acknowledging client's mental health experience works (3 in miro)
4. Integrating culturally competent care works (2 in miro)
5. Lack of awareness of process or resources (2 in miro)
6. Lack of housing interventions (1 in miro)
7. Having trained professionals respond works (3 in miro)
8. Collaboration and col-locating services with libraries, schools, hospitals, etc. works (1 in miro, 1 School Professional in zoom)
9. Criminalizing crisis doesn't work (1 in miro)
10. Staff also need mental health support (1 School Professional in zoom)

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?

0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

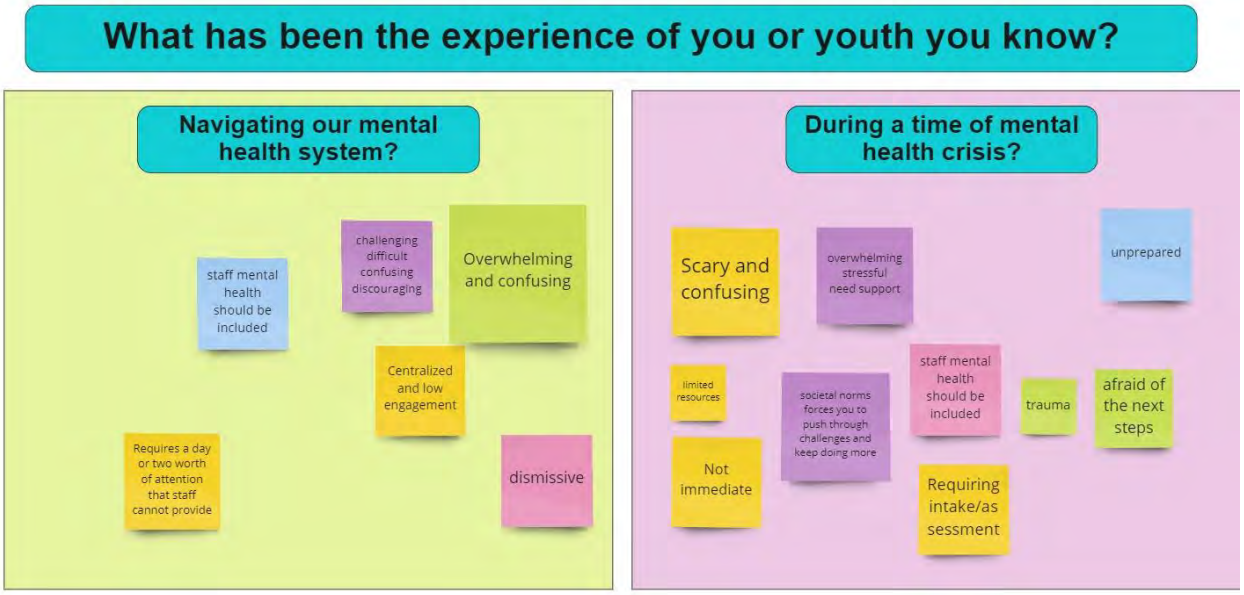
Chat Transcript *(Identifying Information removed)*

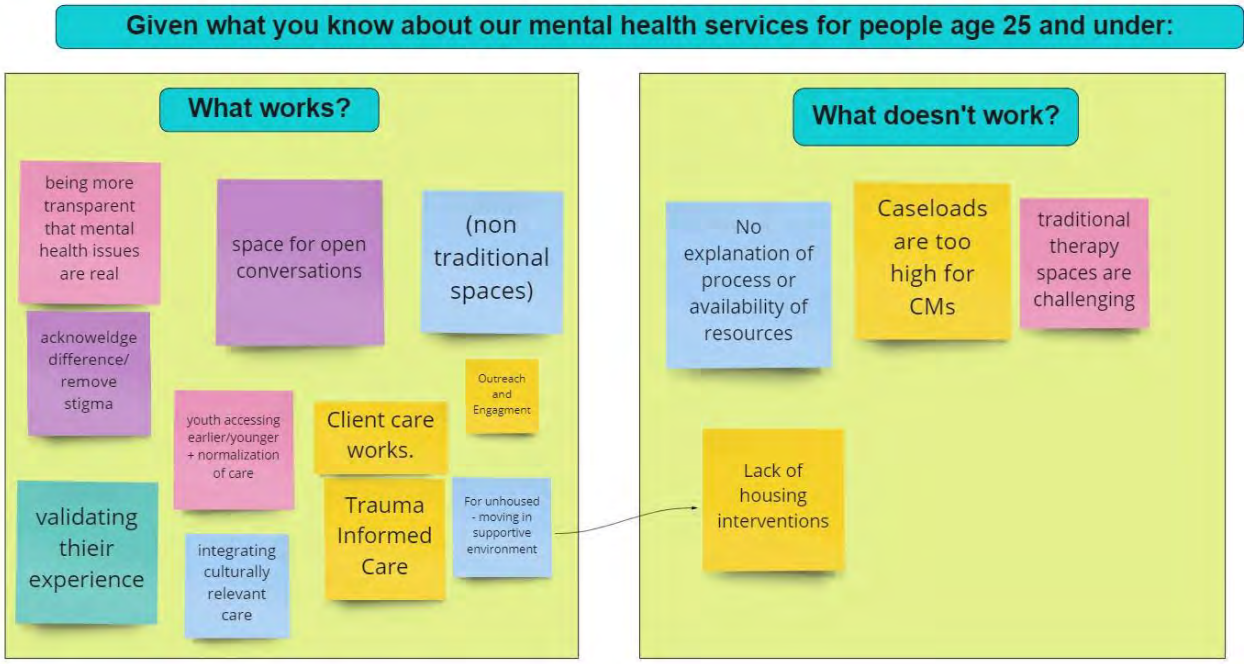
18:10:55 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r
18:11:47 From Facilitator2 to Everyone:
Hi Everyone! We will be using a tool called Miro to collaborate together this evening. Please click the link to join in the conversation: https://miro.com/app/board/uXjVO4Sucs0=/?share_link_id=743903368044
18:12:09 From Facilitator2 to Everyone:
There is no need to register
18:12:13 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4Sucs0=/?share_link_id=743903368044
18:20:06 From Claremont School Employee to Everyone:
College Students; High School Students - Underrepresented, underprivileged youth/adults in Claremont and in LA and the Inland Empire
18:20:27 From Pasadena Unhoused Services Employee to Everyone:
Represent unhoused, unstably housed youth and youth adults throughout San Gabriel Valley
18:21:13 From Walnut School Employee to Everyone:
Healthy ,
18:21:27 From Claremont School Education to Everyone:
College students who work with other college students and underaged youths.
18:22:31 From MH Personnel to Everyone:
LGBTQ+ services
18:29:17 From Claremont School Employee to Everyone:
It's hard to practice what we preach... sometimes we ask our students/scholars to practice it when we ourselves have a difficult time to balance our own mental health (with all the responsibilities that we may have)

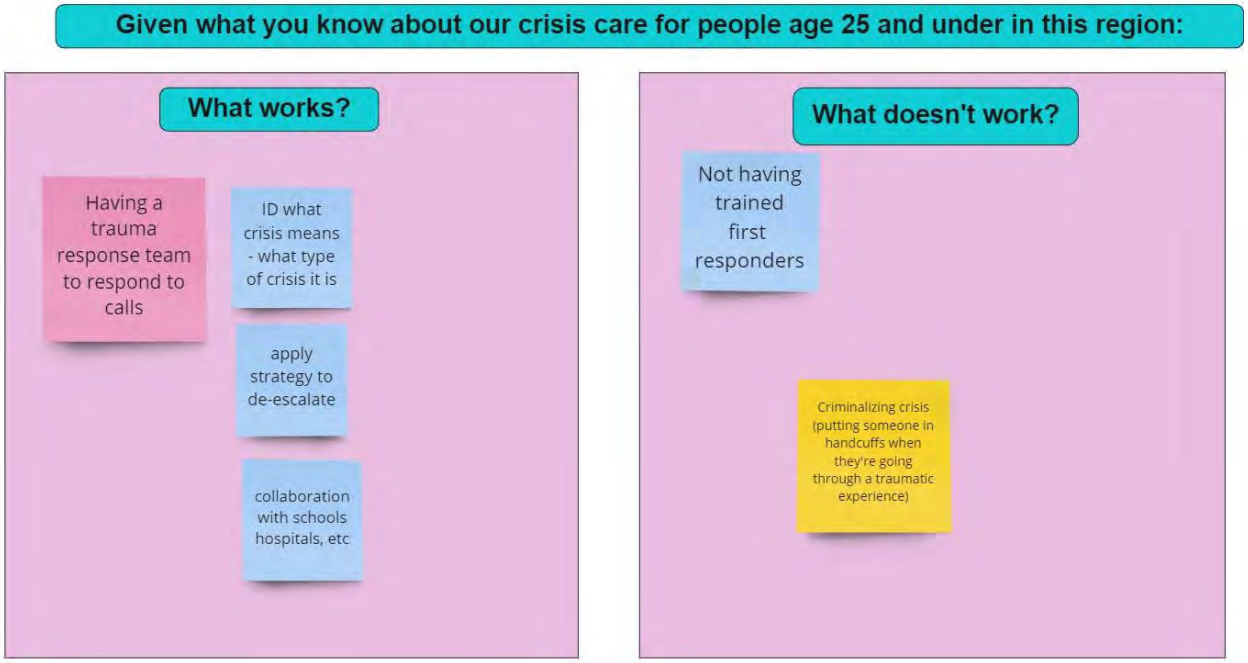
18:34:06 From Claremont School Employee to Everyone:
It's also hard to practice taking care of our mental health when societal norms are to do more, add more on your plate and/or just push through these challenges.
18:57:15 From Claremont School Employee to Everyone:
I'm not how to say this coherently but to somewhat lessen expectations of a "successful" student/scholar - thinking about students - they are constantly expected to perform and perform well to do the next thing (in life)
18:57:29 From Claremont School Employee to Everyone:
I'm not sure* how
18:59:45 From Walnut School Employee to Everyone:
Co-locating? Establishing spaces in different programs/part of towns like colleges? Libraries?
19:00:32 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
19:00:33 From Claremont School Employee to Everyone:
And to take a step back even further, challenge the systems which create oppressive situations which fracture our mental health.
19:01:11 From Claremont School Employee to Everyone:
Thank you so much for this "round table" discussion!
19:01:27 From Claremont School Employee to Everyone:
Thank you! 🙏

Miro Boards


What does Mental health mean to you?
LOVE
Mental tools and resources to navigate life
Access
Freedom
Awareness
Joy
Rest
freedom to learn and get understanding in a non-judgemental space


What has been the experience of you or youth you know?
Navigating our mental health system?
staff mental health should be included
challenging difficult confusing discouraging
Overwhelming and confusing
Centralized and low engagement
Requires a day or two worth of attention that staff cannot provide
dismissive
During a time of mental health crisis?
Scary and confusing
overwhelming stressful need support
unprepared
limited resources
societal norms forces you to push through challenges and keep doing more
staff mental health should be included
trauma
afraid of the next steps
Not immediate
Requiring intake/assessment


Given what you know about our mental health services for people age 25 and under:
What works?
being more transparent that mental health issues are real
space for open conversations
(non traditional spaces)
acknoweldge difference/ remove stigma
youth accessing earlier/younger + normalization of care
Outreach and Engagment
Client care works.
validating thieir experience
integrating culturally relevant care
Trauma Informed Care
For unhoused - moving in supportive environment
What doesn't work?
No explanation of process or availability of resources
Caseloads are too high for CMs
traditional therapy spaces are challenging
Lack of housing interventions


Given what you know about our crisis care for people age 25 and under in this region:
What works?
Having a trauma response team to respond to calls
ID what crisis means - what type of crisis it is
apply strategy to de-escalate
collaboration with schools hospitals, etc
What doesn't work?
Not having trained first responders
Criminalizing crisis (putting someone in handcuffs when they're going through a traumatic experience)


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
proactive services and engagements for youth
co-locating services with public spaces (i.e.colleges and libraries)
increased sensitivity to societal pressure to perform
More staff to meet need
CRISIS CARE
diverse people responding to crisis
challenge systems that oppress expression of mental health

Public Stakeholder Meeting: Adults

May 5, 2022

Meeting Information

- Total attendance: 7
- Total registered: 8
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 7
- Number of School personnel: 2
- Number of Mental Health personnel: 5

Summary of Key Points

1. Challenging to navigate mental health services – complicated, not knowing where to go, insurance) (3 in miro)
2. Peer mentors, navigators, wellness center and services that don't require insurance work (1 from MH professional in zoom, 4 in miro)
3. Need more public info on how to access services in areas where youth and community spend time (6 in miro)
4. Need more adult support for youth to navigate services (2 in miro)
5. Police involvement doesn't work, lack of safe transportation (2 in miro)
6. Need education on what to report to 911 or other emergency help (1 in miro)
7. Bridge generational divide around mental health awareness and access to services (3 in miro)
8. Make more beds available (1 in miro)

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?

0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Thanh Erway

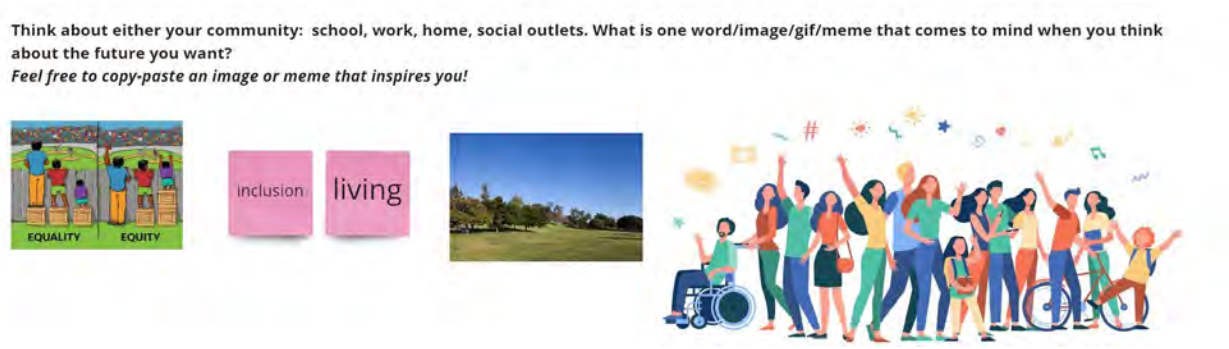
Chat Transcript *(Identifying Information removed)*

18:10:26 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
18:10:49 From Facilitator2 to Everyone:
Hi Everyone! We will be using a tool called Miro to collaborate together today. Please click this link to participate: https://miro.com/app/board/uXjVO4SuzZA=/?share_link_id=780486403273 — You do not need to sign up to use the Miro Board. Disregard the notification at the bottom of the screen.
18:11:31 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SuzZA=/?share_link_id=780486403273
18:23:12 From Claremont Youth Professional to Everyone:
My word is Health! Mentally, physically & emotionally

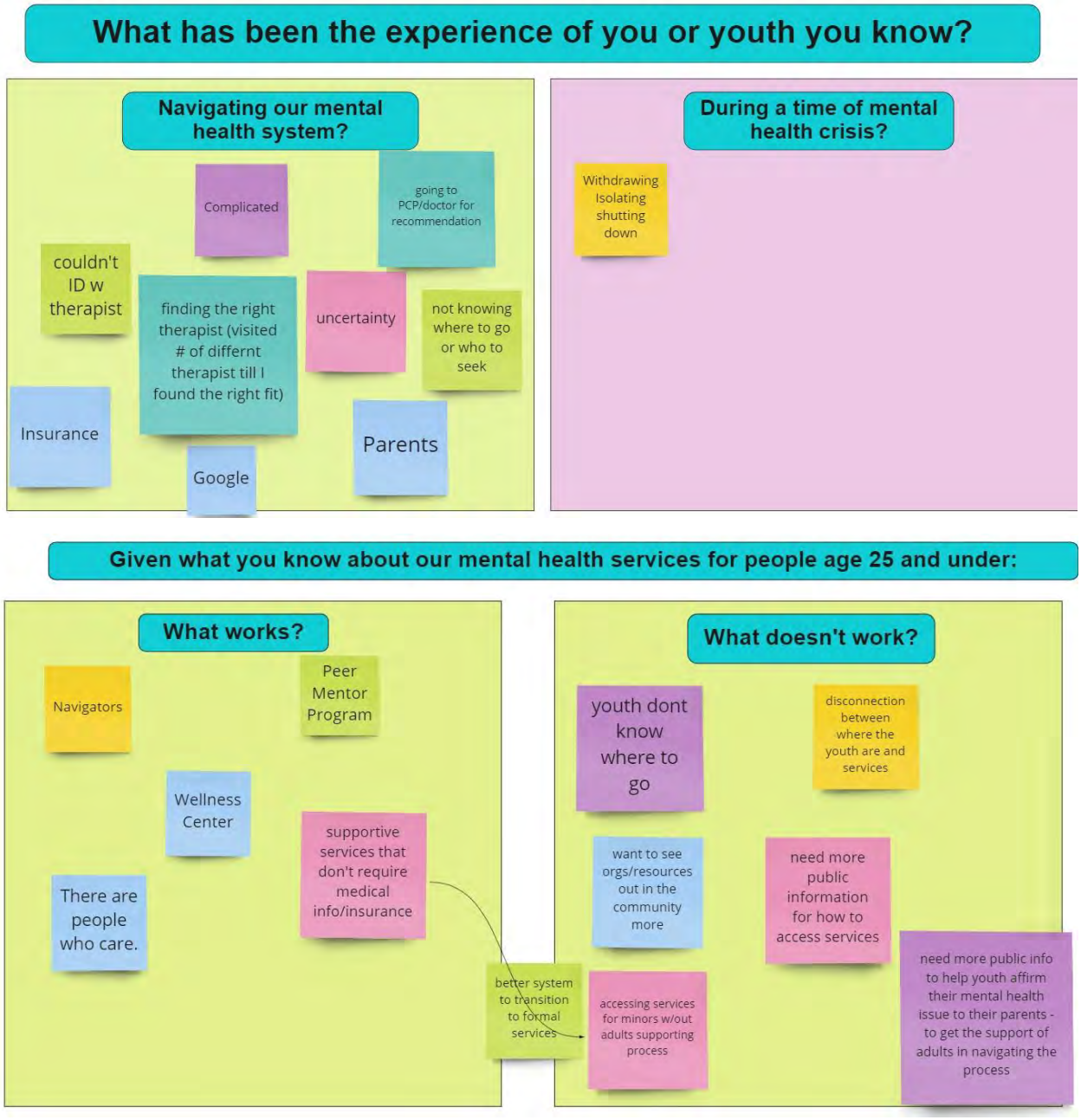
I couldn't use the website on my phone
18:23:49 From Miro Share to Everyone:
Thanks xxxx we will make sure that is included!
18:24:31 From Claremont Youth Professional to Everyone:
Regulation
18:39:08 From MH Personnel to Everyone:
supportive services that don't require medical information/insurance like our Wellness Center, Peer Mentor Program, Navigators
18:42:20 From Claremont Youth Professional to Everyone:
Yes! I love what she said
18:42:54 From MH Personnel to Everyone:
thanks xxxxx ☺

19:01:35 From MH Personnel to Everyone:
Thank you! This was fun! I look forward to seeing what we (Tri-City) does with this feedback in the future! :-)
19:01:54 From Analyst to Everyone:
Thank you for all your great feedback
19:02:00 From Facilitator1 to Everyone:
• bit.ly/3LiFE0r
19:02:22 From Claremont Youth Professional to Everyone:
Thank you! I appreciated everyone's input !
19:02:29 From La Verne School Professional to Everyone:
Thank you!
19:03:36 From Spanish Interpreter to Everyone:
Thank you

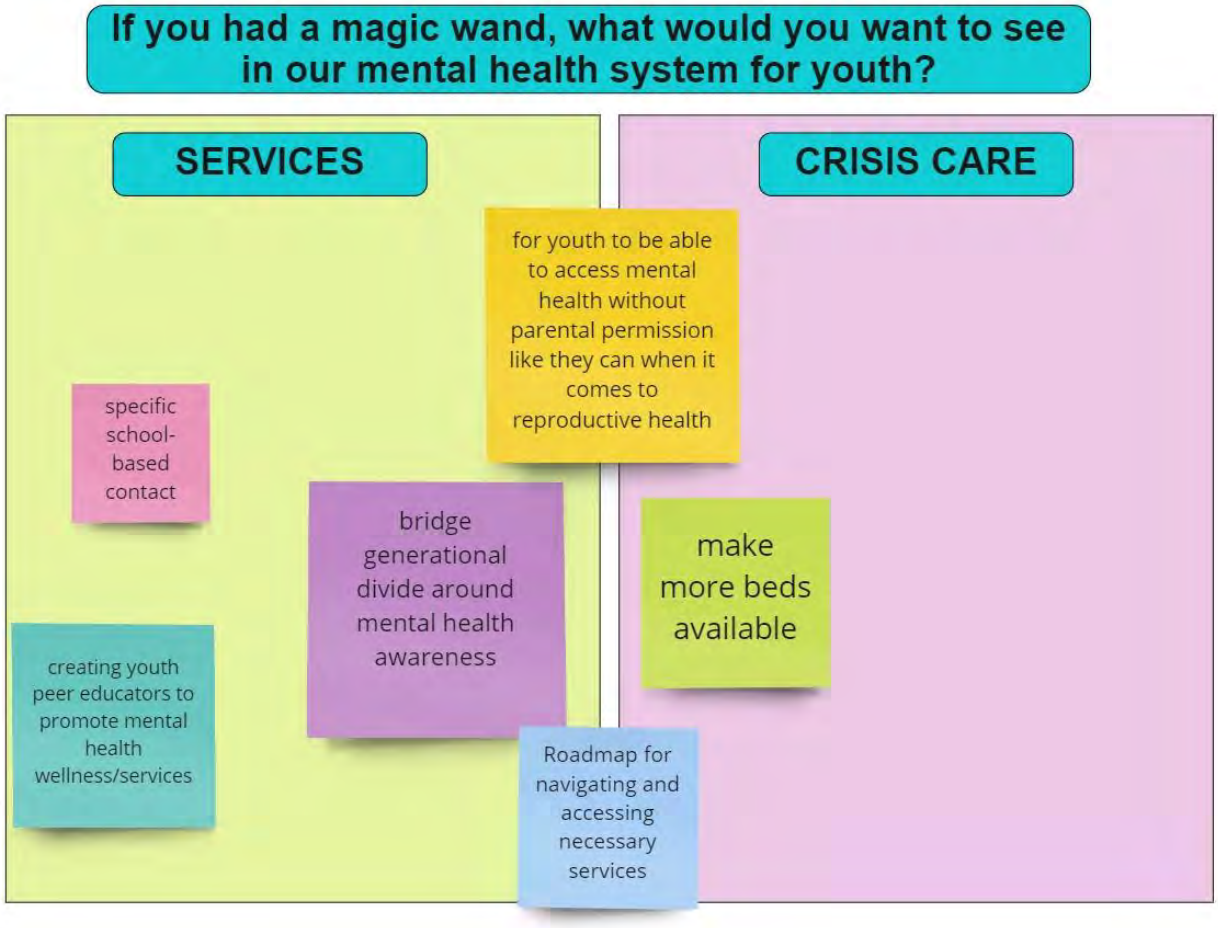
Miro Boards




What does Mental health mean to you?
acknowledge the struggles
Regulation - physical, bodies included
Health! Mentally, physcially, emotionally
Calm, Happiness, Satisfaction
Having ability to cope with different situations


What has been the experience of you or youth you know?
Navigating our mental health system?
Complicated
going to PCP/doctor for recommendation
couldn't ID w therapist
finding the right therapist (visited # of differnt therapist till I found the right fit)
uncertainty
not knowing where to go or who to seek
Insurance
Google
Parents
During a time of mental health crisis?
Withdrawing
Isolating
shutting down
Given what you know about our mental health services for people age 25 and under:
What works?
Navigators
Peer Mentor Program
Wellness Center
supportive services that don't require medical info/insurance
There are people who care.
better system to transition to formal services
What doesn't work?
youth dont know where to go
disconnection between where the youth are and services
want to see orgs/resources out in the community more
need more public information for how to access services
accessing services for minors w/out adults supporting process
need more public info to help youth affirm their mental health issue to their parents - to get the support of adults in navigating the process


Given what you know about our crisis care for people age 25 and under in this region:
What works?
outreach and education
articulating to 911 dispatch exactly what is being experienced --> relay to police officers
What doesn't work?
Police Involvment
lack of safe transportation
need education on what to report to 911 or other emergency help


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
for youth to be able to access mental health without parental permission like they can when it comes to reproductive health
specific school-based contact
bridge generational divide around mental health awareness
make more beds available
creating youth peer educators to promote mental health wellness/services
Roadmap for navigating and accessing necessary services

Public Stakeholder Meeting: K-12

May 10, 2022

—

Meeting Information

- Total attendance: 3
- Total registered: 3
- Number of youth age 12-17: 1
- Number of adults: 2
- Number of School personnel: 0
- Number of Mental Health personnel: 2

Summary of Key Points

1. All of the points below came from a high-school student participant:
    a. Existing outreach efforts are not effective enough
    b. There is a need for outreach that reaches youth in ways they can identify with
    c. Youth tend to be most receptive to receiving help from their peers
    d. Youth should be a guiding force in determining what services are established and how they are delivered.
    e. There is a deep need for culturally aligned support, both for mental health care and for crisis-specific care
    f. If there were more opportunities for peers to help each other, there would be great interest in participation.

Additional Facilitator Notes

- This was a very small meeting, but it allowed for extensive feedback to be received from one High School student. This individual was very enthusiastic about the opportunity to improve mental health services. Specifically, the individual highlighted a few areas for consideration:
    - Existing outreach/information efforts are not effective for youth. Specifically, things like posters and flyers in restrooms as generally ignored.
    - The individual recommended investing more heavily in communications through social media - particularly around de-stigmatizing mental heath care.
    - The individual expressed great enthusiasm for the idea of peer-training and peer-support for both mental health services and crisis. They expressed that they would be happy to serve as a peer support person if the opportunity was available.
    - They also expressed that peer support could provide a trusted alternative to police response and could help youth who are concerned with privacy issues.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

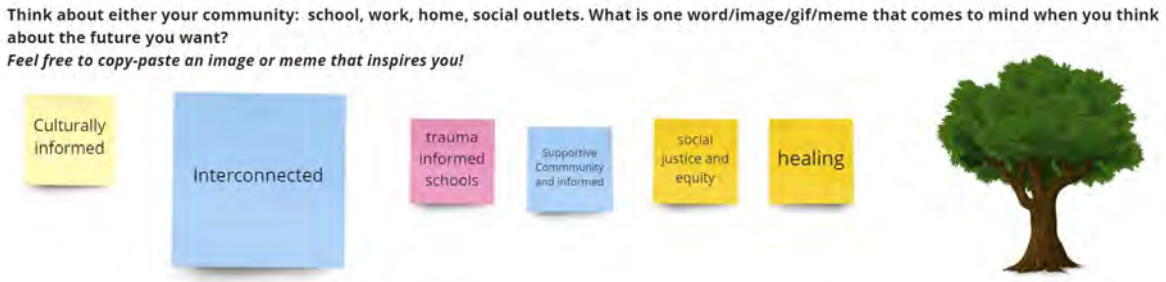
INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

17:14:24 From Facilitator 2 to Everyone:
Hi All, We will be using Miro today:
https://miro.com/app/board/uXjVO4Sldfs=/?share_link_id=486672293768
17:14:49 From Facilitator 2 to Everyone:
Please disregard the "Sign Up" notification at the bottom of the screen
17:15:01 From Facilitator 2 to Everyone:
There is no need to register to use the tool
17:15:16 From Facilitator 2 to Everyone:
Feel free to jump in as you are comfortable

17:15:27 From Facilitator 2 to Everyone:
We'll also be using the Zoom chat today as well
17:15:30 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVO4Sldfs=/?share_link_id=486672293768
17:19:27 From Claremont HS Student to Everyone:
In my community i represent the Claremont Teen Committee and a youth leader who also struggles with anxiety.
17:19:52 From Mental Health Professional, she/her/hers to Everyone:
I am a women of an immigrant family and a mental health professional.
17:52:45 From Claremont HS Student to Everyone:
Yes, I agree and would loved to be trained in peer support/ help develop a program
17:56:14 From Mental Health professional to Everyone:
XXXXXX if you share your email we would love to have you be part of the development of programs and trainings
18:00:36 From Facilitator 2 to Everyone:
bit.ly/3LiFE0r

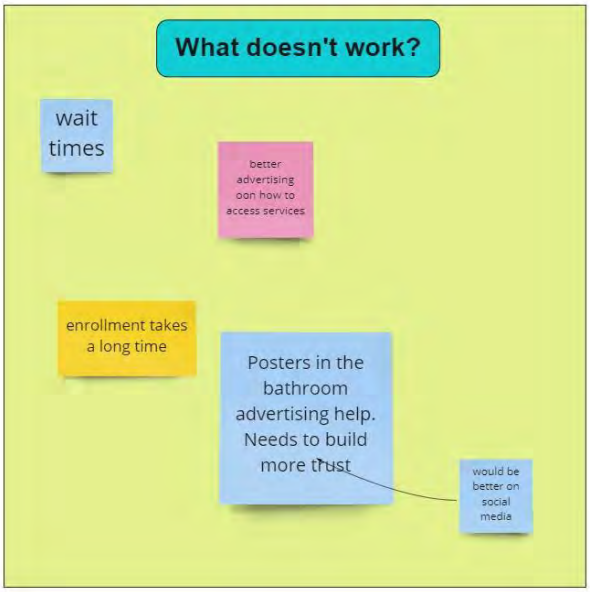
Miro Boards

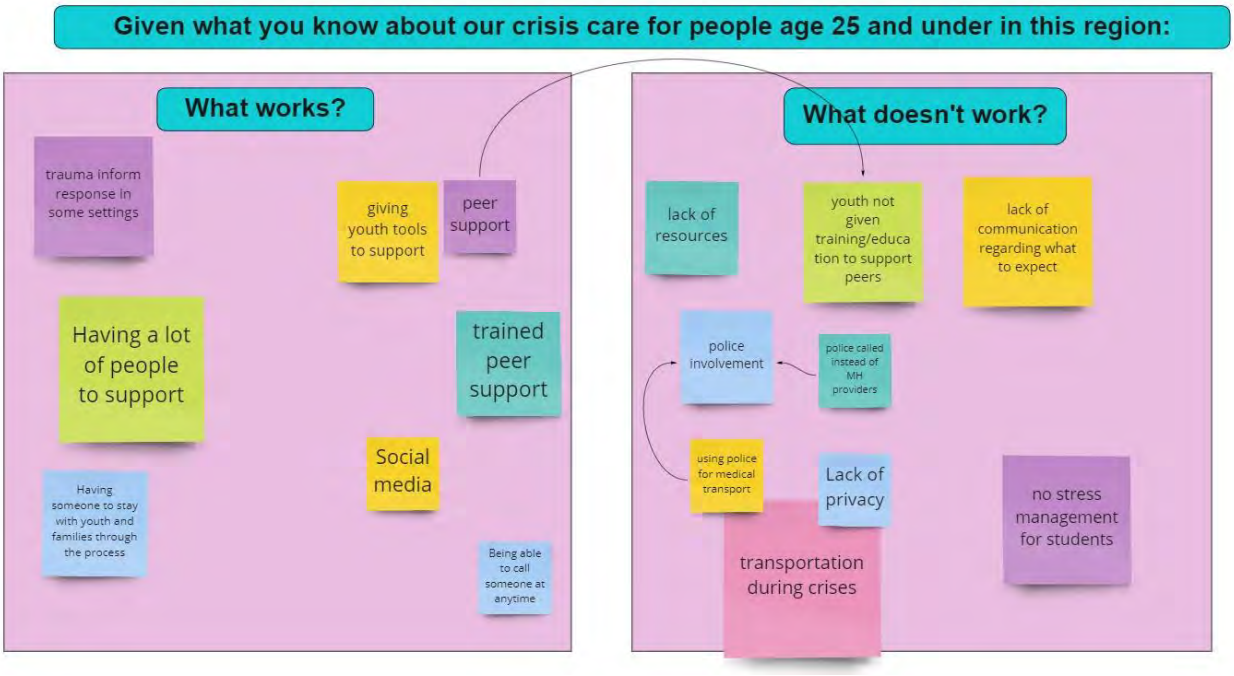



What does Mental health mean to you?
pressing on
Recovery
Balance
Well being
joy
flow
Self care
mind body connection
being able to experience all feelings
being able to be pat of community
being in tune with your mind and emotions
art and creativity
helping w stress/calm
gratitude
ability to thrive
peace
Being able to ask for help
trusting yourself and others
Self care and self compassion
prioritizing

What has been the experience of you or youth you know?

Given what you know about our mental health services for people age 25 and under:




Given what you know about our crisis care for people age 25 and under in this region:
What works?
trauma inform response in some settings
giving youth tools to support
peer support
Having a lot of people to support
trained peer support
Social media
Having someone to stay with youth and families through the process
Being able to call someone at anytime
What doesn't work?
lack of resources
youth not given training/education to support peers
lack of communication regarding what to expect
police involvement
police called instead of MH providers
using police for medical transport
Lack of privacy
transportation during crises
no stress management for students


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
services when I need it and a tconvenient times
culturally responsive care
trauma informed care
Culturally aligned support
drop in crisis center
Whole family healing
more mental health staff instead of police /punishment
Announcements at community events
A place where I can just take space
a provider that you can connect with
easy access
Youth voice/presence, feedback, and guidance
transportation other than ambulance and PD
Mental health proffestionals in teen programs
art and healing
Peer to peer training
social media campaigns
peer involvement

Public Stakeholder Meeting: Higher Education

May 11, 2022

—

Meeting Information

- Total attendance: 5
- Total registered: 11
- Number of youth age 12-17: 0
- Number of youth age 18-25: 1 registered
- Number of adults: 5
- Number of Mental Health personnel: 2

Summary of Key Points

1. Too embarrassed to start to navigate mental health
2. Services too short (2 in miro)
3. Accessible hours (2 in miro)
4. Don't know how to use insurance
5. Confusion, overwhelming, difficult to find right place (4 in miro)
6. Need to create a culture of mental health awareness on campus (4 in miro)
7. Cultural stigma on seeking services
8. Unsure if resource will help or be trustworthy
9. Video calls for busy people and/or in person sessions works (2 in miro)
10. Respect identity in service provision
11. Access to internet for telehealth is challenging
12. Supportive, competent, trained resources available to navigate crisis works (3 in miro)
13. Having calm trusted person to support person in crisis works (2 in miro)
14. Communication with each step taken works (2 in miro)
15. Law enforcement and lack of trained response professionals doesn't work (5 in miro)

Additional Facilitator Notes

- One participant from the University of La Verne made the point that there is an ongoing issues where students are hesitant to share their struggles with each other.
- The participant stated that there is a general discomfort around the University around the idea of being vulnerable, but that they want to work to create a climate on campus where people can share their experiences and vulnerabilities beyond a surface level.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

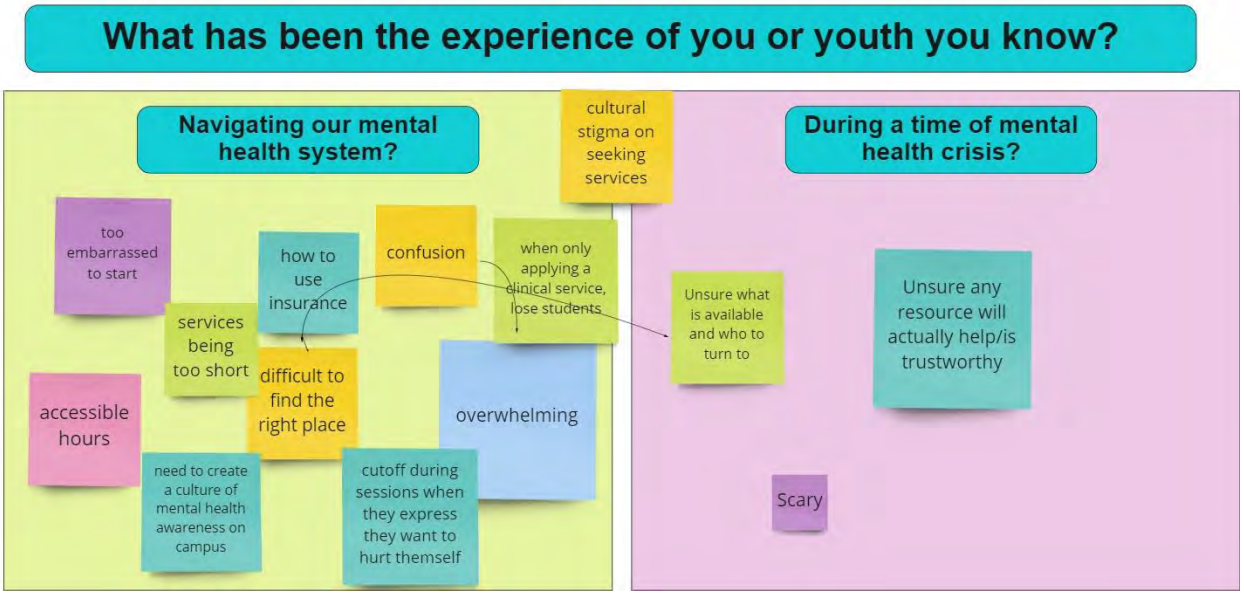
Chat Transcript *(Identifying Information removed)*

12:11:48 From Facilitator2 to Everyone:
Hello All! We will be using a tool called Miro to collaborate together today. Please click this link to participate: https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029 Please disregard the notification at the bottom of the screen asking you to sign up. You DO NOT need to register to use Miro.
12:12:16 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029
12:14:24 From Facilitator1 (he/him) to Everyone:
bit.ly/3LiFE0r

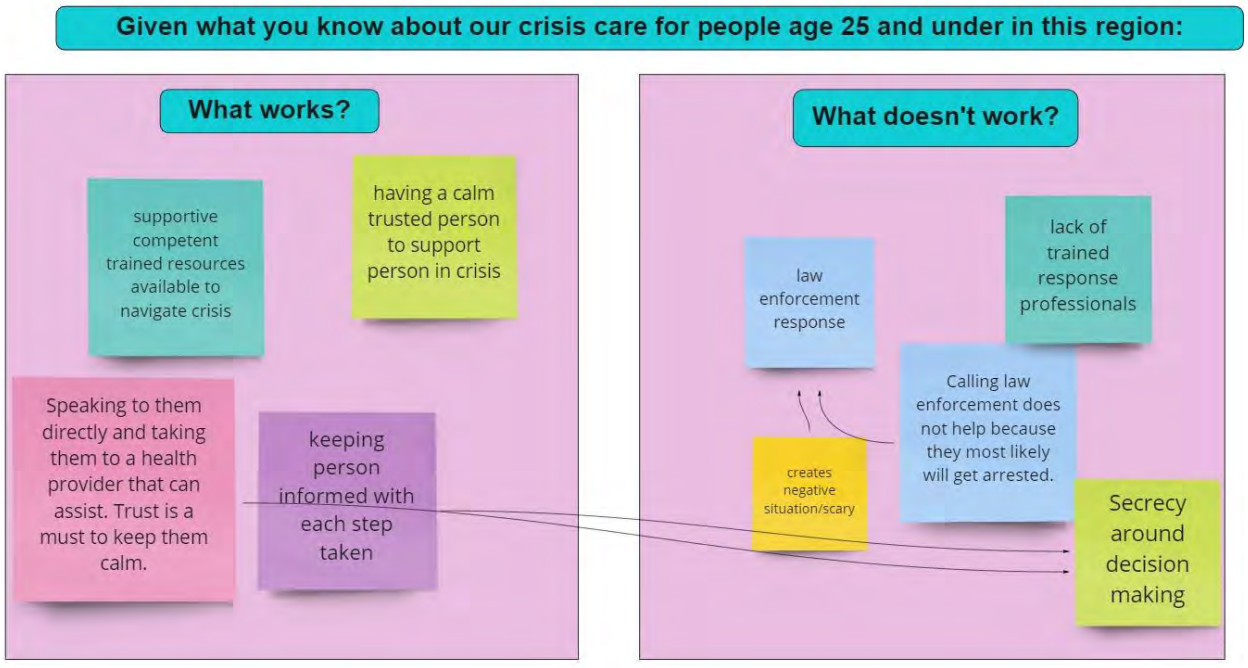
12:14:58 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvSw0=/?share_link_id=183882564029
12:18:30 From La Verne School Professional to Everyone:
I am a social worker at the University of La Verne. I work to support student well-being on campus.
12:26:16 From Pomona Youth Organization to Everyone:
self care
12:28:30 From Pomona Youth Organization to Everyone:
box breathing
12:44:23 From Pomona Youth Organization to Facilitator1 (Direct Message):
video calls for busy people and in-person sessions.
12:49:56 From Pomona Youth Organization to Facilitator 1 (Direct Message):
Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.
12:50:45 From Pomona Youth Organization to Facilitator1 (Direct Message): Calling law enforcement does not help because they most likely will get arrested.
12:59:13 From Facilitator1 to Everyone:
bit.ly/3LiFE0r
12:59:48 From La Verne School Professional to Everyone:
Thank you! This was a great session.
12:59:54 From Pomona Youth Organization to Everyone:
Thank you!

Miro Boards


What does Mental health mean to you?
being at peace
wellness
healthy coping
Box breathing
self care
maintain composure despite whats happening around us
Self awareness


What has been the experience of you or youth you know?
Navigating our mental health system?
cultural stigma on seeking services
During a time of mental health crisis?
too embarrassed to start
how to use insurance
confusion
when only applying a clinical service, lose students
services being too short
difficult to find the right place
overwhelming
accessible hours
need to create a culture of mental health awareness on campus
cutoff during sessions when they express they want to hurt themself
Unsure what is available and who to turn to
Unsure any resource will actually help/is trustworthy
Scary


Given what you know about our mental health services for people age 25 and under:
What works?
culture of wellness
normalization and more conversations
video calls for busy people and in-person sessions.
in person sessions
respecting identity students in service provision
What doesn't work?
access to internet for telehealth


Given what you know about our crisis care for people age 25 and under in this region:
What works?
supportive competent trained resources available to navigate crisis
having a calm trusted person to support person in crisis
Speaking to them directly and taking them to a health provider that can assist. Trust is a must to keep them calm.
keeping person informed with each step taken
What doesn't work?
law enforcement response
lack of trained response professionals
Calling law enforcement does not help because they most likely will get arrested.
creates negative situation/scary
Secrecy around decision making


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
more trained professionals
effective awareness-building
24-hour services
no law enforcement involvement

Public Stakeholder Meeting: Adults

May 12, 2022

—

Meeting Information

- Total attendance: 21
- Total registered: 34
- Number of youth age 12-17: 0
- Number of youth age 18-25: 0
- Number of adults: 19
- Unknown ID participants: 2
- Number of School personnel: 7
- Number of Mental Health personnel:
- Parents/family members (self-ID): 0
- Other: 0

Summary of Key Points

1. Consistent professional care, difficult for foster youth because of frequent moves (5 in miro)
2. Not knowing where to start
3. Lack of awareness on available resources
4. Navigating without parent support (2 in miro)
5. Services in appropriate locations
6. Long wait times (3 in miro)
7. Difficult to get families to follow through
8. Systemic challenges for serving persons without housing
9. PMRT not available
10. Feeling shame or embarrassment to reach out (2 in miro)
11. Training for police is a barrier
12. Frustrating as to what constitutes crises intervention
13. Meeting in homes and schools works (2 in miro)
14. Peer specialists with lived experience works
15. Improve communication regarding ongoing referrals (3 in miro)
16. Providers who are relatable and authentic with youth (4 in miro)
17. Collaboration with multiple community agencies/schools/partners works (6 in miro)
18. Transitional age youth specific services such as FSP-TAY, TAY Housing, TAY-led programming/think tank (3 in miro)
19. Counselors and dedicated response teams in high school campuses (2 in miro)
20. 24 hour hotline with trained person online

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

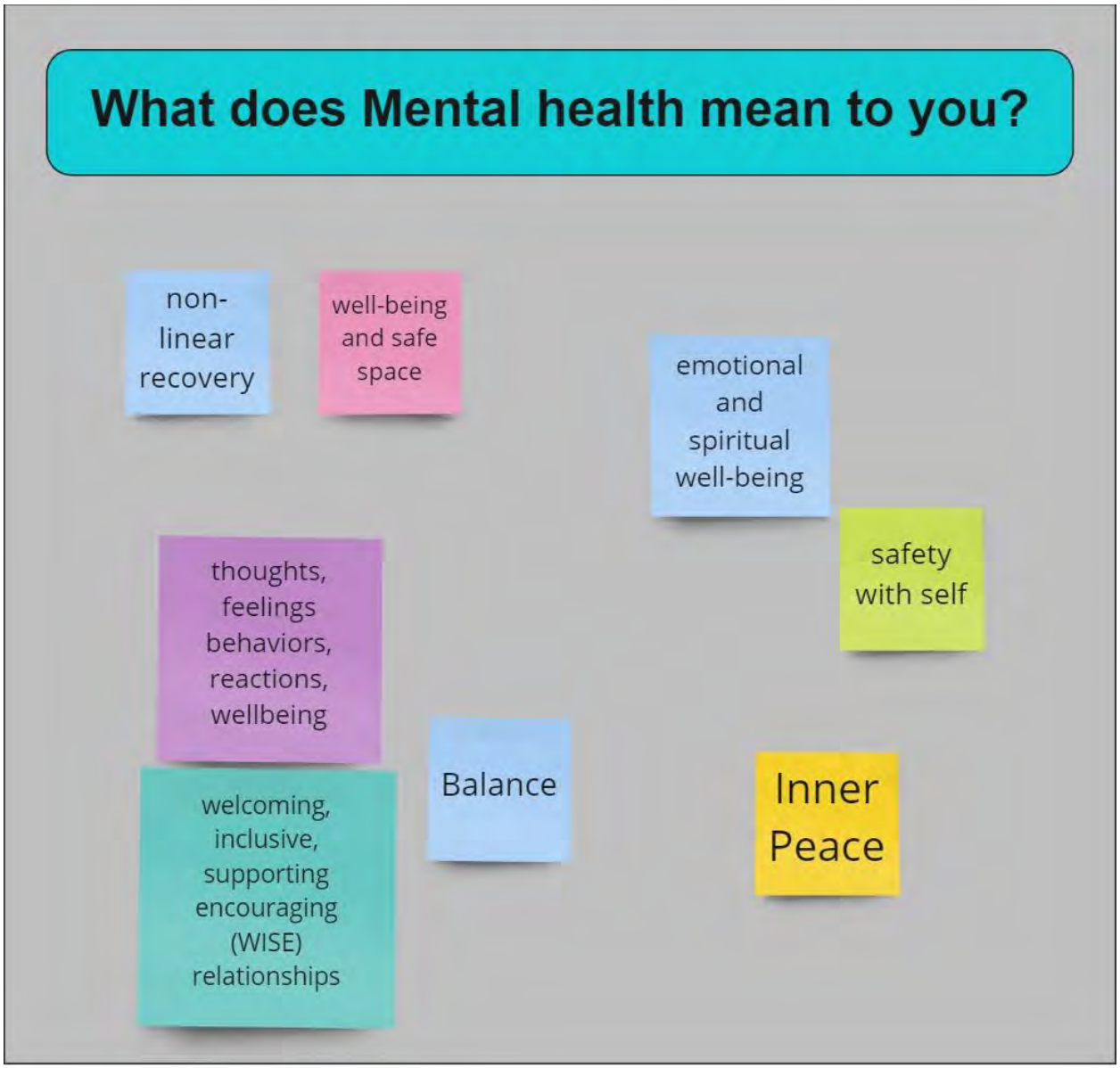
12:12:26 From Facilitator2 to Everyone:
Hi All! We will be using a collaboration tool called Miro today. Please click this link to participate with us: https://miro.com/app/board/uXjVO4Sko4c=/ Please disregard the "Sign Up" pop-up on the bottom of the screen. You DO NOT need to register to use the tool today. All of your contributions will be anonymous.
12:12:36 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4Sko4c=/
12:19:03 From Pomona Youth Organization to Everyone:
How do we grab a sticky note?

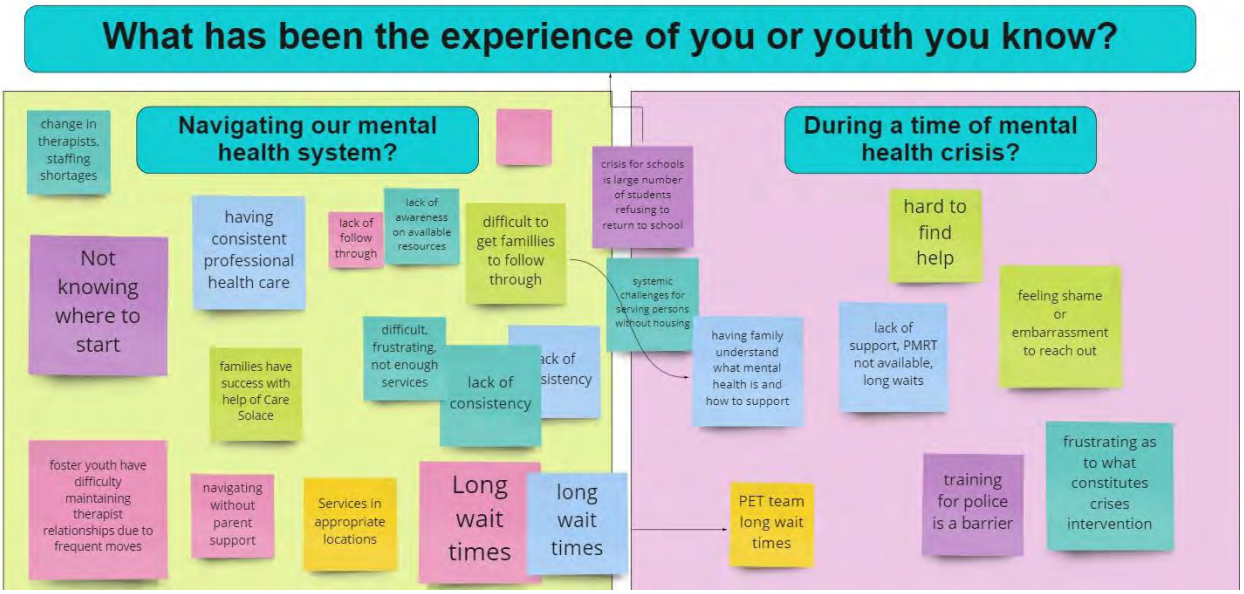
12:20:58 From MH Personnel to Everyone:
Hope
12:21:08 From Claremont School Professional to Everyone:
Welcome
12:21:24 From MH Personnel to Everyone:
Peace
12:21:42 From Pomona Youth Organization to Everyone:
Participatory
12:22:15 From Pomona Youth Organization to Everyone:
Inclusive!
12:23:21 From MH Personnel to Everyone:
Thoughts, feelings behaviors, reactions, wellbeing
12:23:29 From Pomona Youth Organization to Everyone:
Emotional & spiritual well-being
12:24:34 From Pomona Youth Organization to Everyone:
WISE (welcoming, inclusive, supportive, encouraging) relationships
12:26:33 From Pomona Youth Organization to Everyone:
Hard to find help at moments of crisis
12:26:52 From Pomona Youth Organization to Everyone:
Thankful for a major hospital here with a psych unit
12:27:18 From Claremont School Professional to Everyone:
Difficult to get families to follow through.
12:27:51 From Pomona School Professional to Everyone:
Difficult, frustrating, not enough services, lack of follow through, lack of consistency
12:27:51 From MH Professional to Everyone:
Foster youth have difficulty maintaining therapist relationships due to frequent moves
12:28:09 From Claremont School Professional to Everyone:
Our families are having success with the help of Care Solace.
12:28:43 From LA County Professional to Everyone:
Frustrating as to what constitutes crises intervention
12:30:33 From Claremont School Professional to Everyone:
A crisis for schools is we have a large number of students refusing to return to school.
12:30:46 From Pomona School Professional to Everyone:
Change in therapists, staffing shortages
12:30:48 From MH Professional to Everyone:
Lack of awareness among youth about resources available
12:32:44 From Pomona School Professional to Everyone:
Lack of support, PMRT not available, long waits
12:33:36 From Pomona School Professional to Everyone:

lack of ambulance availability
12:33:36 From MH Professional to Everyone:
Police officers who are not trained in mental health crisis intervention is a barrier
12:36:03 From Pomona Youth Organization to Everyone:
Systemic challenges of serving persons who are without housing.
12:37:45 From Pomona School Professional to Everyone:
Works...collaboration with multiple community agencies/partners
12:38:19 From MH Professional to Everyone:
They like providers who are relateable and authentic with them
12:40:05 From Claremont School Professional to Everyone:
Look at ways to improve communication regarding ongoing referrals.
12:40:13 From Pomona School Professional to Everyone:
Services provided on school campus
12:41:00 From MH Professional to Everyone:
Talking down to youth and or being fake
12:41:22 From Pomona Youth Organization to Everyone:
Inadequate emergency housing for youth
12:42:37 From Claremont School Professional to Everyone:
Frequently the family needs services
12:44:37 From MH Professional to Everyone:
yes, I agree with Brad. Families also need services and more education about Mental Health
12:46:09 From MH Professional to Everyone:
TAY specific services such as FSP-TAY
12:47:51 From Pomona Youth Organization to Everyone:
CBOs that serve youth & have some if not all of the components for navigational & resource assistance
12:49:30 From Pomona Youth Organization to Everyone:
Sensitivity to systemic biases (race, gender identity, even age of clients)
12:51:05 From Pomona Youth Organization to Everyone:
Training opportunities for CBO service providers
12:54:26 From Pomona Youth Organization to Everyone:
TAY housing!
12:55:13 From Claremont School Professional to Everyone:
Immediate intervention with scheduled follow-up
12:55:20 From MH Professional to Everyone:
Less stigma
12:55:22 From Pomona Youth Organization to Everyone:
24-hour hotline
12:56:02 From Claremont School Professional to Everyone:
Crisis team for schools

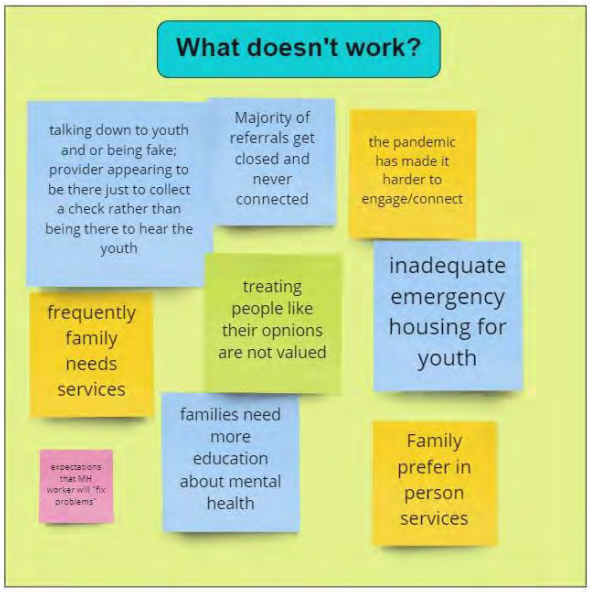
12:56:18 From Pomona School Professional to Everyone:
Providers with openings!!!
12:56:49 From Pomona School Professional to Everyone:
Yes!
12:58:01 From Pomona School Professional to Everyone:
Dedicated school crisis response teams
12:58:37 From Claremont School Professional to Everyone:
yes that is correct
12:58:40 From Pomona Youth Organization to Everyone:
24-hour hotline with a trained person on the line
12:59:58 From Pomona Youth Organization to Everyone:
Special thanks to facilitators and to whoever's typing comments onto sticky notes!
13:00:28 From Claremont Youth Organization to Everyone:
Thank you 1
13:00:29 From Pomona Housing Organization to Everyone:
Thank You!
13:00:32 From Pomona School Professional to Everyone:
Thanks!

Miro Boards

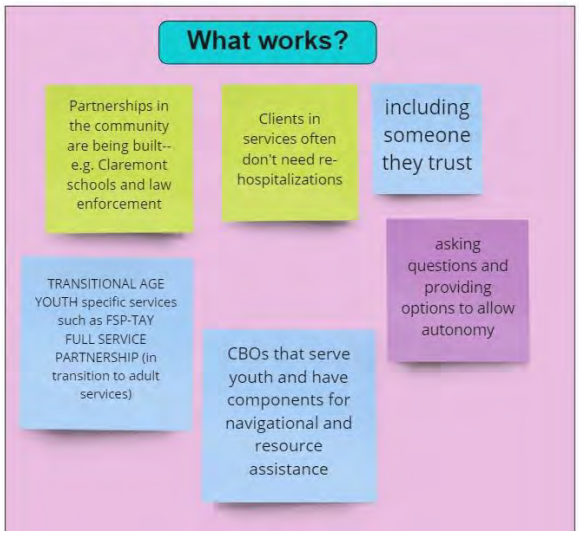

What does Mental health mean to you?
non-linear recovery
well-being and safe space
emotional and spiritual well-being
safety with self
thoughts, feelings behaviors, reactions, wellbeing
Balance
Inner Peace
welcoming, inclusive, supporting encouraging (WISE) relationships

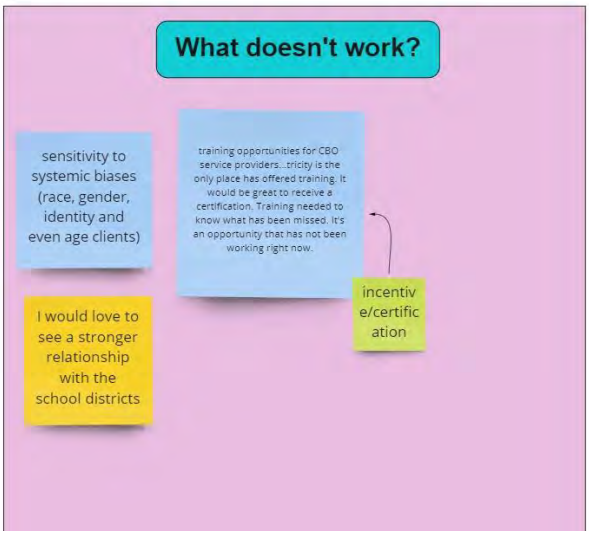

What has been the experience of you or youth you know?
Navigating our mental health system?
During a time of mental health crisis?
change in therapists, staffing shortages
Not knowing where to start
having consistent professional health care
lack of follow through
lack of awareness on available resources
difficult to get famillies to follow through
families have success with help of Care Solace
difficult, frustrating, not enough services
lack of consistency
foster youth have difficulty maintaining therapist relationships due to frequent moves
navigating without parent support
Services in appropriate locations
Long wait times
long wait times
crisis for schools is large number of students refusing to return to school
systemic challenges for serving persons without housing
having family understand what mental health is and how to support
PET team long wait times
hard to find help
lack of support, PMRT not available, long waits
feeling shame or embarrassment to reach out
training for police is a barrier
frustrating as to what constitutes crises intervention

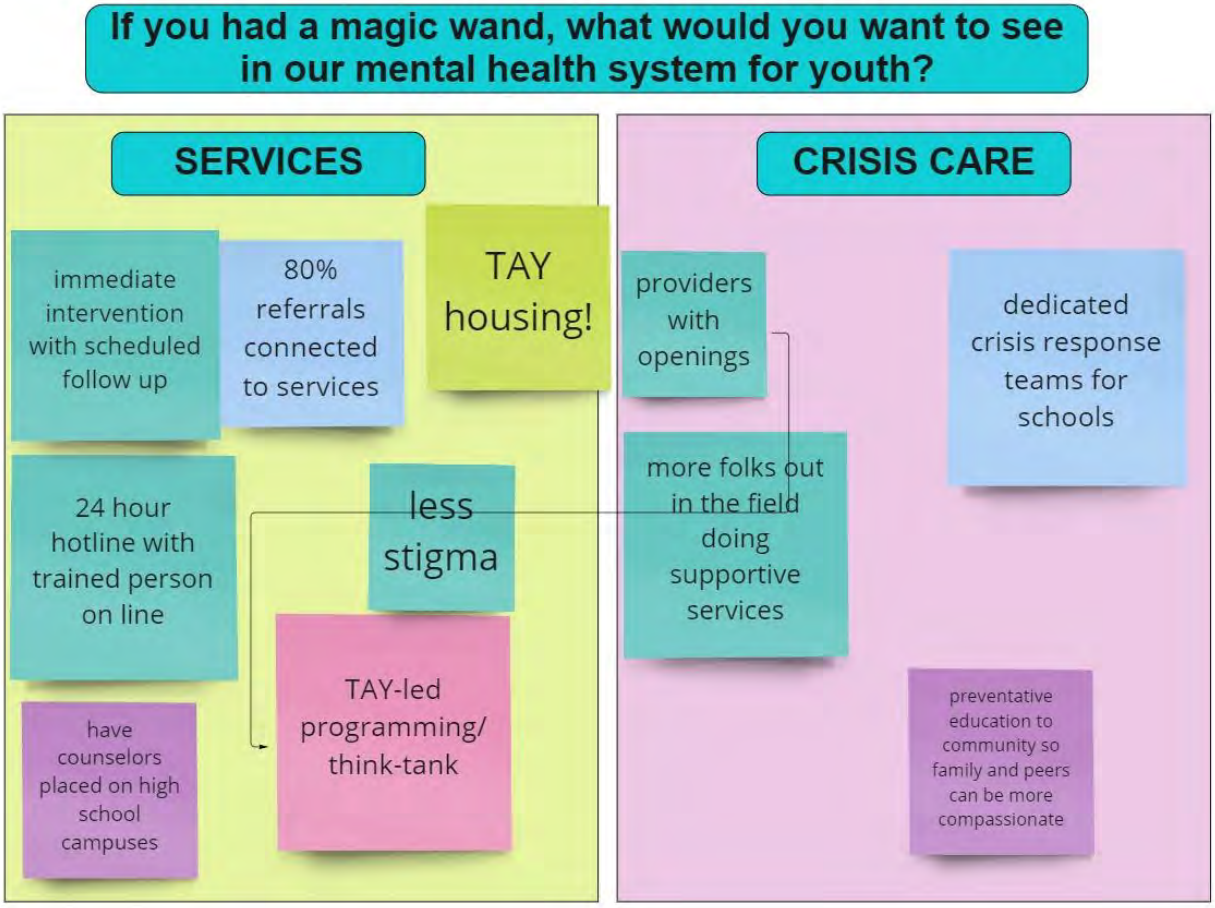
Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:






If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
immediate intervention with scheduled follow up
80% referrals connected to services
TAY housing!
providers with openings
dedicated crisis response teams for schools
24 hour hotline with trained person on line
less stigma
more folks out in the field doing supportive services
TAY-led programming/ think-tank
have counselors placed on high school campuses
preventative education to community so family and peers can be more compassionate

Public Stakeholder Meeting: Open Session

May 18, 2022

—

Meeting Information

- Total attendance: 16
- Total registered: 29
- Number of youth age 12-17: 0
- Number of youth age 18-25: 2
- Number of adults: 15
- Number of School personnel: 3
- Number of Mental Health personnel: 4
- Parents/family members (self-ID): 2

Summary of Key Points

1. Non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance (3 in miro)
2. Wait lists, long turn around times, canceled appointments barriers (7 in miro)
3. Scared and reluctant to seek help (2 in miro)
4. Distrust the system
5. Hard for parents to get youth the care they need
6. Lack of 24 hour trained response and help (7 in miro)
7. Community navigators work
8. Early psychosis program works
9. Having more culturally competent services help
10. Having staff member from TriCity join SARB intervention meetings works
11. Mental health workshop for parents and families (5 in miro)
12. Youth Support groups (3 in miro)
13. Professionals supporting individuals with development and intellectual disabilities
14. Treatment team meetings with school district and mental health staff work
15. DBT counselors and therapy for teens
16. CPD has been great with parents
17. More local hospital beds and follow up care for those hospitalized
18. Mobile crisis response team that doesn't include police is needed

Featured Quotes/Lived Experiences

- *Daughter diagnosed with PTSD and told she needs EMDR therapy. However, her therapist is available only once a month and cancels often.*

- *On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offers. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.*

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Explain Interpreters and Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	Icebreaker #2 (School, home, work)
0:20 - 0:28	What does mental health mean to you?
0:28 - 0:38	What has been your experience with … ?
0:38 - 0:52	What works and What doesn't work?
0:52 - 1:00	If you had a Magic Wand

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Kamina Smith, Maria Servin, Karlo Marcelo)
Analyst (Rupal Patel)

INTERPRETERS
Spanish: Daniela Morales
Vietnamese: Nhu Le

Chat Transcript *(Identifying Information removed)*

18:12:00 From Facilitator2 to Everyone:
Hello All! Thank you for joining us this evening. We will be using an anonymous tool called Miro to collaborate together during our session. Please click this link to join us: https://miro.com/app/board/uXjVO4SvdoQ=/?share_link_id=141083592951. Please disregard the notice at the

bottom of the screen requesting that you sign up. You do not need to sign up to use Miro with us and all of your contributions will be anonymous.

18:12:03 From Facilitator2 to Everyone:
https://miro.com/app/board/uXjVO4SvdoQ=/?share_link_id=141083592951

18:17:00 From Pomona Services Organization to Everyone:
Team M&M's

18:18:12 From Claremont School Professional to Everyone:
Team M&M's

18:19:56 From Claremont Resident to Everyone:
I feel like I represent students in the Claremont school district.

18:20:47 From Claremont Resident to Everyone:
I want to be on team Kit Kat. I'm here on behalf of Claremont students.

18:20:51 From Pomona Services Organization to Everyone:
Parent of 3 young adults and a Professional serving individuals served by the Regional Centers.

18:21:07 From Claremont School Professional to Everyone:
I support students and families in CUSD, team Kit Kat for sure (after-school program). I represent parents in our community.

18:21:15 From MH Professional to Everyone:
advocate for children

18:21:17 From Pomona Medical Student to Everyone:
Medical student at western university and actor

18:21:33 From Pomona Medical Student to Everyone:
Represent the arts and sciences

18:23:06 From MH Professional to Everyone:
wellness

18:23:12 From Claremont Resident to Everyone:
Parent of CHS students

18:23:25 From Pomona Medical Student to Everyone:
Constantly changing

18:23:53 From Pomona Services Organization to Everyone:
emotional wellbeing

18:24:22 From Pomona Services Organization to Everyone:
Balance

18:24:34 From Claremont Resident to Everyone:
Mental health is important for everyone, even if they don't know it.

18:24:35 From Pomona Medical Student to Everyone:
Sustenance

18:25:07 From Claremont School Professional to Everyone:
Social-Emotional Wellbeing

18:25:26 From Claremont Resident to Everyone:
How we handle stress, relate to others…
18:26:32 From Facilitator3 to Everyone:
just type 'stack' if you'd like to unmute and share
18:28:21 From Pomona Services Organization to Everyone:
with tri city or in general?
18:28:38 From Claremont School Professional to Everyone:
I think sometimes the mental health system can be very difficult for youth because it is hard for their parents to get them to the care they need.
18:28:48 From Pomona Medical Student to Everyone:
Inaccessible. Distrust in the system.
18:29:24 From Pomona Medical Student to Everyone:
Yes that's correct!
18:30:37 From Pomona Services Organization to Everyone:
Cancellations
18:30:41 From Pomona Services Organization to Everyone:
Working with many parents that do not speak English, often they do not know where to look for mental health services. Especially if they do not have medical insurance or even Medi-Cal.
18:32:14 From Claremont School Professional to Everyone:
We know that when someone calls for help it is typically a crisis. When they are put on wait lists there is very little chance that you will actually be able to help.
18:36:57 From Pomona Services Organization to Everyone:
I'm glad your daughter is doing well now. That's a tough crisis you went through.
18:37:31 From Claremont School Professional to Everyone:
so very happy to know she is doing well.
18:37:32 From Pomona Services Organization to Everyone:
Not knowing there are resources available. Not wanting to let others know what is happening inside our home.
18:37:56 From Pomona Services Organization to Everyone:
Thank you for sharing,!
18:38:24 From MH Professional to Everyone:
thank you so much for sharing, powerful story and very important point
18:38:53 From Pomona Medical Student to Everyone:
Thank you for sharing your story!
18:38:55 From Facilitator1 to Everyone:
Thank you - your perspective is so important!
18:39:01 From Claremont Resident to Everyone:
Are "navigators" still available?
18:41:13 From Claremont School Professional to Everyone:

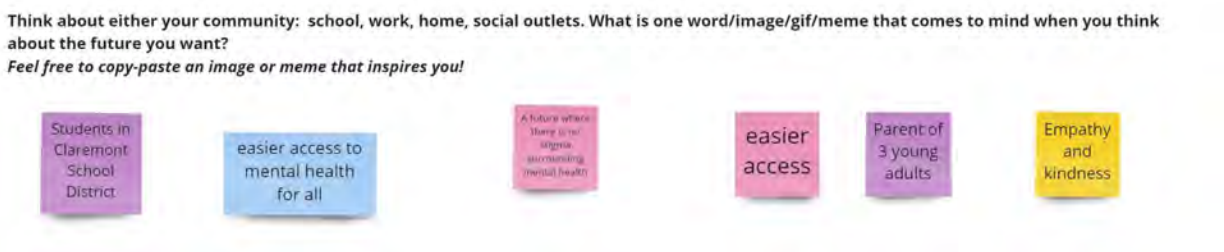
Yes, I call our community navigator quite often, he is wonderful and very responsive.
18:43:22 From Pomona Services Organization to Everyone:
Wondeful information! Thank you so much. I will share this with parents in our program.
18:44:08 From Claremont School Professional to Everyone:
Early Psychosis Program is working!
18:44:35 From MH Professional to Everyone:
if you send me an email I can email the brochures if you want more information
18:45:20 From Pomona Medical Student to Everyone:
Having more open minded professionals providing services. Especially for people who are part of marginalized groups, such as LGBTQ
18:46:12 From Pomona School Professional to Everyone:
Having mental health workshops for parents
18:46:30 From Claremont School Professional to Everyone:
Your workshops are working
18:46:30 From Pomona Services Organization to Everyone:
Support groups for young people
18:47:13 From Pomona Services Organization to Everyone:
Education to break the stigma of mental health
18:47:46 From Claremont Resident to Everyone:
Group Therapy for kids and workshops for parents
18:48:08 From Claremont School Professional to Everyone:
Treatment team meetings are working. These meetings give school district staff and community mental health the opportunity to collaborate and support the student and family.
18:48:48 From Pomona Services Organization to Everyone:
having professionals supporting individuals with developmental and intellectual disabilities
18:49:00 From Claremont Resident to Everyone:
Good point
18:49:12 From MH Professional to Everyone:
I second that communication in treatment team meetings is very helpful
18:50:10 From Claremont School Professional to Everyone:
What isn't: Wait lists, cancelled appointments, therapists leaving, closing cases after just 3 calls.
18:51:02 From Pomona Services Organization to Everyone:
Not having enough bilingual mental health professionals in our community.
18:52:59 From Pomona Services Organization to Everyone:
Insurance companies limiting the number of therapy visits.
18:54:14 From Claremont School Professional to Everyone:
Something else that works: Full Service Partnership
18:55:15 From Claremont Resident to Everyone:
DBT counselors. DBT Group therapy for teens

18:57:18 From Pomona Resident to Everyone:
The crisis team takes to long to come out sometimes
18:59:41 From Claremont School Professional to Everyone:
Right now mental health is so impacted and it is hard for anyone to get timely care. We need more local hospital beds for mental health care. How many beds do we have at PVH in the ER? We then need all the follow up care for those who are hospitalized.

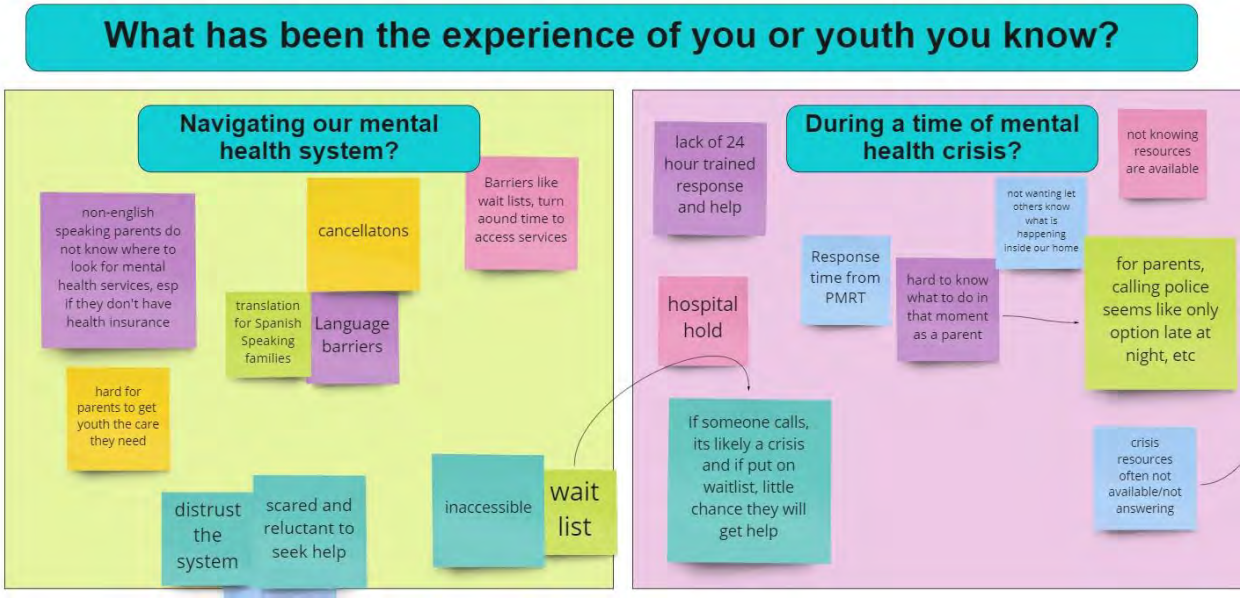
19:00:38 From Claremont School Professional to Everyone:
Timely accessible care on the complete continuum of care.
19:01:22 From MH Professional to Everyone:
Thank you everyone for your participation
19:01:32 From Claremont School Professional to Everyone:
Thank you all 🙂
19:01:36 From Pomona Services Organization to Everyone:
Thank you! This has been great.
19:01:39 From Pomona Services Organization to Everyone:
My daughter was diagnosed with PTSD and was told she needs EMDR therapy. However, the therapist can only see her 1 per month and he cancels every other month. Therefore, this is ineffective.
19:01:48 From Facilitator1 to Everyone:
@tricitymhs
19:01:59 From Pomona Medical Student to Everyone:
Thank you so much!
19:02:50 From Claremont Resident to Everyone:
A local crisis center for our youth open 24 hours
19:03:47 From Pomona Services Organization to Everyone:
On a personal note, my daughter was diagnosed with cancer at the age of 15. She is now 25 and healthy. However, at the time, I wish I had known of the amazing opportunities Tri-City offer. Unfortunately, her doctors never referred her to therapy to deal with what was happening. Neither did I.
19:04:51 From Claremont School Professional to Everyone:
she may still benefit as I'm sure the whole experience was traumatic for her and you all. It's never too late 🙂
19:05:32 From Pomona Services Organization to Everyone:
Yes! She is now receiving the necessary therapy.
19:05:46 From Claremont School Professional to Everyone:
Wonderful news 🙂
19:05:57 From MH Professional to Everyone:
I agree with xxxx she can still benefit, we have also have support groups for you and her that you can attend now, please feel free to email me
19:06:09 From MH Professional to Everyone:
Great news xxxx

19:06:16 From Claremont School Professional to Everyone:
Thank you all for doing this work and parents for sharing your stories.
19:06:32 From Pomona Services Organization to Everyone:
Thank you all so much.
19:06:50 From MH Professional to Everyone:
thank you - muchas gracias buenas noches
19:06:53 From Claremont Resident to Everyone:
Thank you
19:07:04 From Pomona Services Organization to Everyone:
Thank you again!

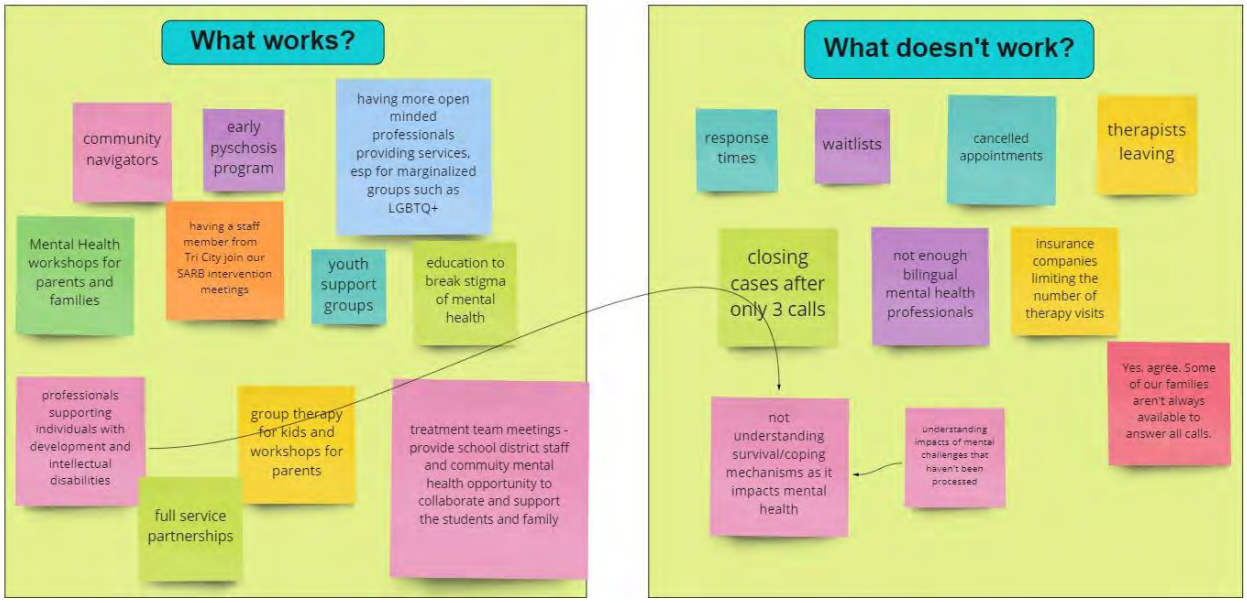
Miro Boards



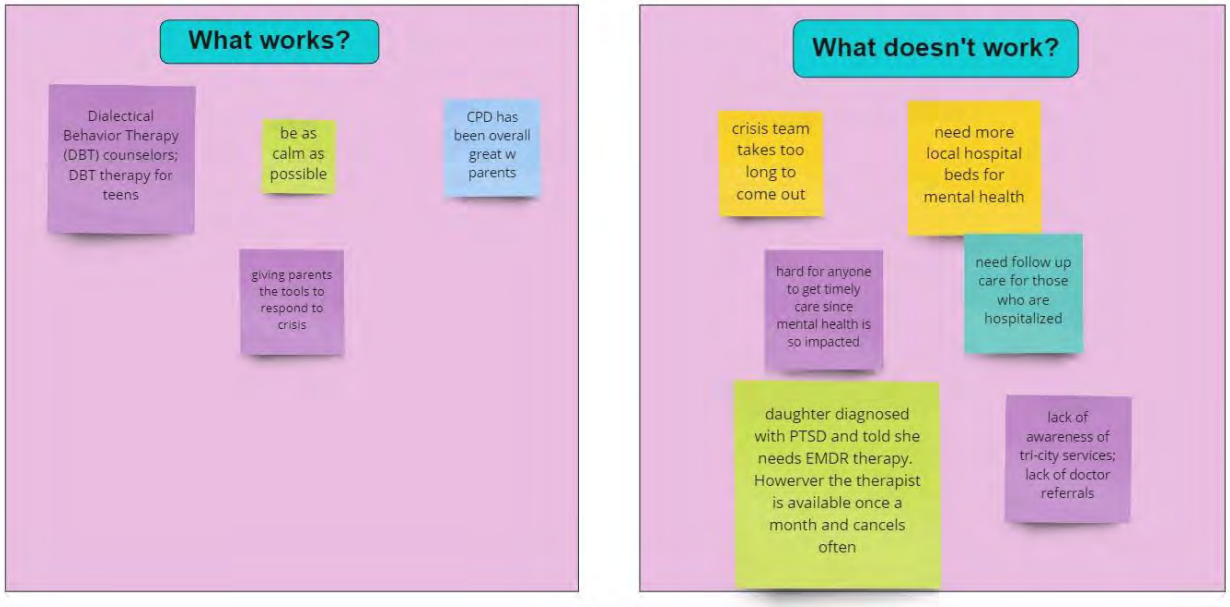

What does Mental health mean to you?
social-emotional wellbeing
wellness
balance
strength of mind
constantly changing
emotional wellbeing
peace
sustenance
how we handle stress, relate to others
emotional, psychological and social wellbeing


What has been the experience of you or youth you know?
Navigating our mental health system?
non-english speaking parents do not know where to look for mental health services, esp if they don't have health insurance
cancellatons
Barriers like wait lists, turn aound time to access services
translation for Spanish Speaking families
Language barriers
hard for parents to get youth the care they need
distrust the system
scared and reluctant to seek help
inaccessible
wait list
During a time of mental health crisis?
lack of 24 hour trained response and help
not knowing resources are available
not wanting let others know what is happening inside our home
Response time from PMRT
hard to know what to do in that moment as a parent
for parents, calling police seems like only option late at night, etc
hospital hold
If someone calls, its likely a crisis and if put on waitlist, little chance they will get help
crisis resources often not available/not answering

Given what you know about our mental health services for people age 25 and under:



Given what you know about our crisis care for people age 25 and under in this region:




If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Easier Access
timely accessible care on the complete continuam of care
CRISIS CARE
A mobile crisis response team that doesn't include the police.
local crisis center for youth open 24 hours

Stakeholder Meeting: Pomona Police Dept

May 19, 2022

—

Meeting Information

- Total attendance: 8
- Law enforcement officers: 6
- Mental Health professionals: 2

Summary of Key Points

1. Partnership between Pomona MET and PD has been beneficial to all citizens impacted by suicidal crisis and homelessness
2. Long-term holistic approach works (2 in miro)
3. New medical providers in hospital misunderstand HIPPA – don't share info
4. Partners are needed support and additional resources (3 in miro)
5. Mental health team works well
6. Need specialized services for specific groups (i.e. culturally competent, veterans, etc.) (2 in miro)
7. Taking issues more seriously now than before
8. Public/professional education works
9. Quick fixes do not work
10. Parents assume their child will be prescribed meds and sent home
11. PD is handed off at end of day without full context
12. Not clear who is best caretaker in situation
13. School admin do not want to stay after hours and call PD to handle even though admin knows students get triggered by PD
14. When District handles mental health crisis PD is not told what the outcome is
15. Parents don't want to accept services
16. Acknowledgment of crisis and connecting to resources works (5 in miro)
17. Trained resources and staff work (2 in miro)
18. Putting younger officers on MH team works
19. Making mental health apart of the culture works
20. More mental health clinicians needed (2 in miro)
21. Faster response times needed (2 in miro)
22. Educate and resource parents
23. Having more locations that will accept youth outside LA

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis repsonse?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what would you want to see in our mental health system for youth?

Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitator (Karlo Marcelo)

Chat Transcript *(Identifying Information removed)*

07:58:03 From Facilitator1 to Everyone:
https://miro.com/app/board/uXjVO0FoGXY=/?share_link_id=987642406559
08:00:45 From Facilitator3 to Everyone:
Welcome! Good morning.
08:02:09 From MH Professional to Everyone:
Good morning!
08:05:09 From Pomona LEO to Everyone:
Good morning , apologize for no video from me but have daddy duty and getting son ready for school. I'm listening tho!
08:12:45 From Facilitator3 to Everyone:
Miro board: https://miro.com/app/board/uXjVO0FoGXY=/?share_link_id=987642406559
08:13:12 From Facilitator3 to Everyone:
Click above to join what you see on Neel's share screen

08:13:23 From Facilitator3to Everyone:
(You can use Miro or you can use the chat)
08:18:14 From MH Professional to Everyone:
I am social worker
08:18:36 From MH Professional to Everyone:
Latina Therapist
08:18:44 From Pomona LEO to Everyone:
Caretaker
08:19:48 From Pomona LEO to Everyone:
the mic in the chat is not working
08:20:31 From Pomona LEO to Everyone:
Suicidal thoughts or actions
08:21:25 From Pomona LEO to Everyone:
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
08:24:03 From Pomona LEO to Everyone:
Thank you ! I can hear you loud and clear
08:25:10 From Pomona LEO to Everyone:
Determining whether they fit the criteria.
08:25:19 From Pomona LEO to Everyone:
If not, providing them with resources
08:26:19 From Pomona LEO to Everyone:
when dealing with a minor, we always give them the most urgent attention and priority
08:26:29 From Pomona LEO to Everyone:
She's trying to figure out the microphone
08:27:40 From Pomona LEO to Everyone:
It depends on the call for service
08:28:30 From Facilitator 3 to Everyone:
Dial above to get audio
08:28:45 From Karlo Marcelo to Everyone:
Meeting ID: 822 3786 9731
Passcode: 331478
08:28:56 From Facilitator 3 to Everyone:
+16699006833,,82237869731#,,,,*331478#
08:30:32 From Pomona LEO to Everyone:
We work really well with our partners
08:31:53 From Pomona DMH LCSW to Everyone:
Good Morning, I am one of the DMH LCSW with Pomona MET. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.

08:31:53 From Facilitator3 to Everyone:
follow up question: are other partners needed?
08:32:44 From Pomona DMH LCSW to Everyone:
Yes, partners are needed for support and additional resourses
08:40:32 From Pomona LEO to Everyone:
the acknowledgement of their crisis
08:43:00 From Pomona LEO to Everyone:
when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work
08:44:00 From Pomona LEO to Everyone:
I some of the complains that I hear from administrators is that sometimes parents don't want to accept the services . other than that I don't know if the approach works or doesnt
08:44:14 From Pomona LEO to Everyone:
the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.
08:46:24 From Pomona LEO to Everyone:
in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off
08:47:47 From Pomona LEO to Everyone:
I have not used your language services.
08:48:45 From Pomona DMH LCSW to Everyone:
What works: time. taking the time to listen and find common ground with the person who is in crisis.
08:48:47 From Pomona LEO to Everyone:
Trying to understand where they are coming from and connecting them with resources. Also connecting them with our Mental Health Unit so that they can follow up with them at a later date. I also check with our principals to make sure they connect the students with long term services
08:49:17 From Pomona LEO to Everyone:
yes PUSD
08:51:49 From MH Professional to Everyone:
Thank you for attending
08:52:53 From Pomona DMH LCSW to Everyone:
More Mental health Clinicians :)
08:53:33 From Pomona DMH LCSW to Everyone:
weekend access from Tri-City
08:54:18 From Pomona LEO to Everyone:
I believe that we have a process for those who do meet the criteria and the services they need. Having more locations that will accept juveniles and not having to drive all the way to LA. Having more mental health

clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location

08:55:02 From Pomona DMH LCSW to Everyone:
Faster response time PMRT

08:55:37 From MH Professional to Everyone:
PMRT - psychiatric emergency response team

08:55:50 From Pomona LEO to Everyone:
Find some way to get the parents connected or informed of the services there are and signs to look for

08:58:35 From Facilitator3 to Everyone:
Thank you for your time this morning.

08:58:46 From MH Professional to Everyone:
thank you for your time and participation

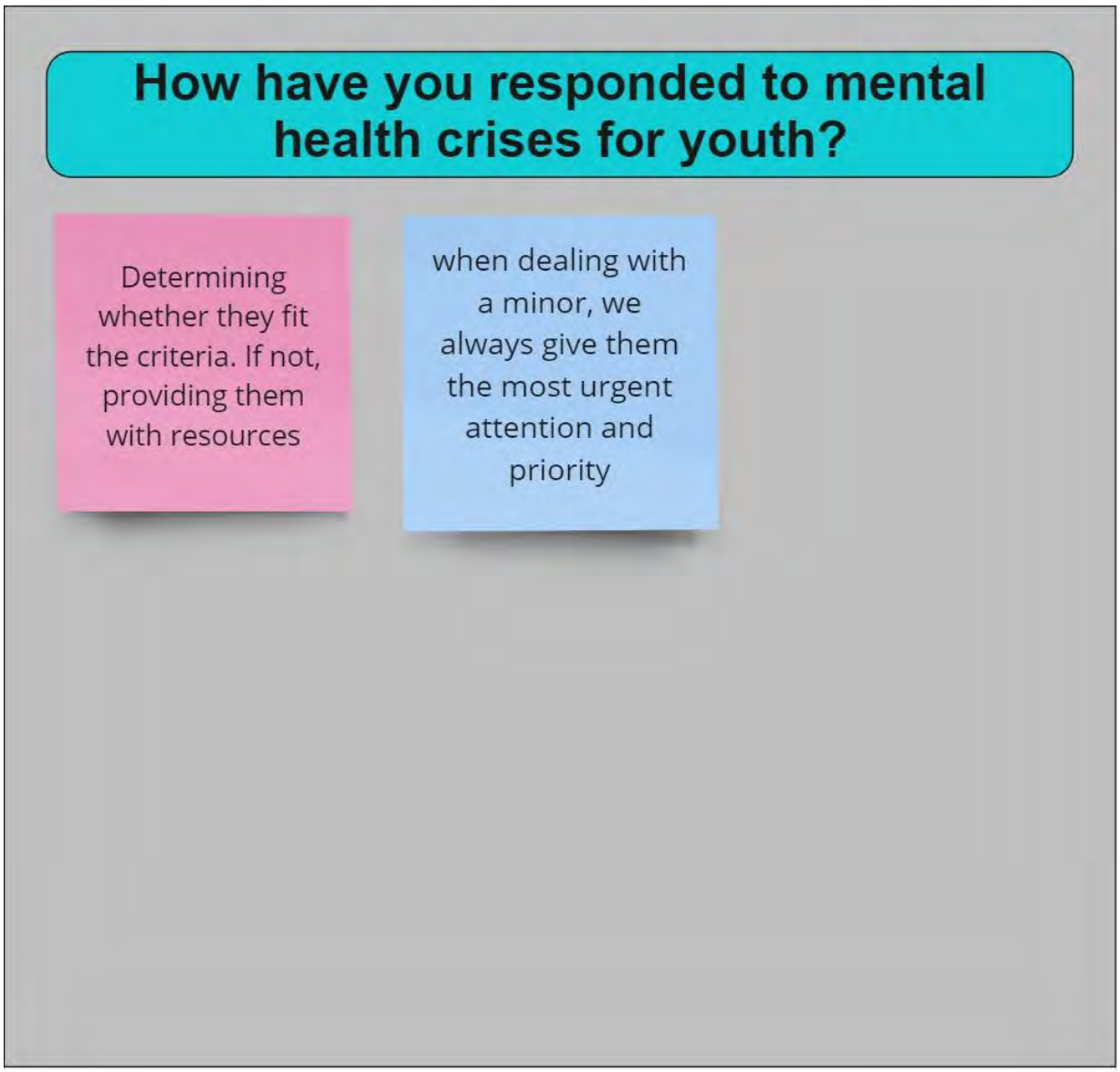
08:59:01 From MH Professional to Everyone:
Thank you all for your insight!

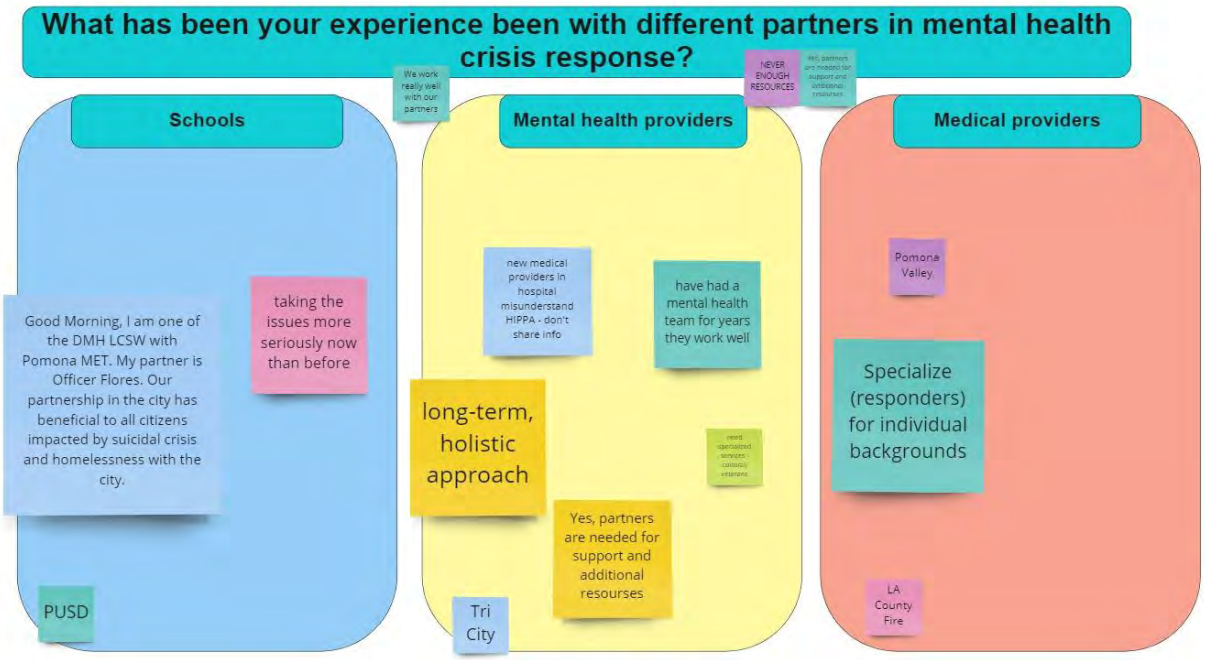
08:59:24 From Pomona LEO to Everyone:
thank you

08:59:25 From Pomona DMH LCSW to Everyone:
thank yo! look forward to your partnership!

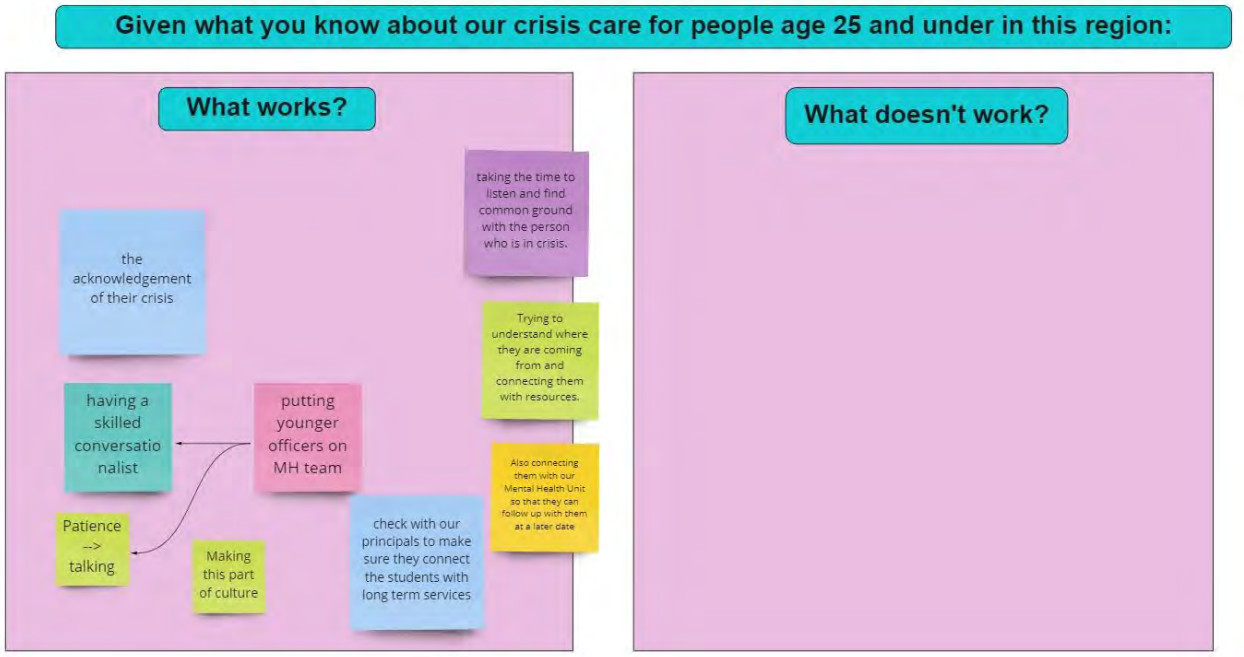
Miro Boards


How do you define a mental health crisis?
someone operating outside of nroms - perceives the world differently
unable to interpret info in the way we do
need to see what they are seeing the way they see it
someone who is experiencing a mental crisis, could be personally affected and is causing them to not function normally or have suicidal thoughts
Suicidal thoughts or actions


How have you responded to mental health crises for youth?
Determining whether they fit the criteria. If not, providing them with resources
when dealing with a minor, we always give them the most urgent attention and priority


What has been your experience been with different partners in mental health crisis response?
Schools
Mental health providers
Medical providers
We work really well with our partners
NEVER ENOUGH RESOURCES
Good Morning, I am one of the DMH LCSW with Pomona MET. My partner is Officer Flores. Our partnership in the city has beneficial to all citizens impacted by suicidal crisis and homelessness with the city.
taking the issues more seriously now than before
PUSD
new medical providers in hospital misunderstand HIPPA - don't share info
have had a mental health team for years they work well
long-term, holistic approach
Yes, partners are needed for support and additional resourses
Tri City
Pomona Valley
Specialize (responders) for individual backgrounds
LA County Fire


Given what you know about our mental health services for people age 25 and under:
What works?
Partnerships
Since 20 years ago, big positive change in terms of resources and holistic approach
public/professional education
the acknowledgement of their crisis
There is a difference between youth vs adults
What doesn't work?
trying for a quick-fix
PD is handed off at end of day without full context
when the district handles the mental health crisis we are not told what the outcome generally is. I personally don't know what works or doesn't work
the stigma of mental health some parents hold. often they assume their child is just going to be prescribed medications and sent home.
Not clear who is best caretaker in a stiuation
some of the complains that I hear from administrators is that sometimes parents don't want to accept the services .
in the past we have had to respond when the school administrators don't want to wait too long after school hours even though they know that the students trigger is a police officer and having to deal with that while also not wanting to be in a position where we are trying to kiss it off


Given what you know about our crisis care for people age 25 and under in this region:
What works?
the acknowledgement of their crisis
taking the time to listen and find common ground with the person who is in crisis.
Trying to understand where they are coming from and connecting them with resources.
having a skilled conversatio nalist
putting younger officers on MH team
Also connecting them with our Mental Health Unit so that they can follow up with them at a later date
Patience --> talking
Making this part of culture
check with our principals to make sure they connect the students with long term services
What doesn't work?


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
CRISIS CARE
I believe that we have a process for those who do meet the criteria and the services they need.
Having more mental health clinicians for faster response times for school calls. It would be AWESOME if each school had one at each location
More Mental health Clinicians :)
Having more locations that will accept juveniles and not having to drive all the way to LA.
weekend access from Tri-City
Faster response time PMRT
Find some way to get the parents connected or informed of the services there are and signs to look for

Stakeholder Meeting: Claremont PD

May 26, 2022

—

Meeting Information

- Total attendance: 2
- Number of Mental Health personnel: 1
- Law enforcement personnel: 1

Summary of Key Points

Facilitator's Note: Only one Claremont LEO was able to schedule a meeting with the Project Team. As such, the meeting was structured more as a 1:1 interview between the lead facilitator and the LEO, with TCMHS staff sitting in on the call. The notes below reflect major points covered during the meeting. The individual who was interviewed works during the graveyard shift, and shared comments that reflected that experience. They were not able to share many reflections regarding partnerships with schools and other organizations because of the hours they are on duty.

- LEOs Don't have the immediate training for mental health
- Graveyard shift gets a lot of calls for service regarding mental health help needed for transient populations in the area- they don't have the PAC team at night – They often can't tell if the person is suffering a mental health crisis or is it a narcotics issue or something else?
- Guess is that more than half of parent calls for MH crisis in the home - they have reached the end of the rope - they don't know how to handle it - they haven't been through a training - they've just been living it - dealing with the anguish of what it does in the home
- Not a lot of parents will go the extra mile to find resources to find out how they can get help
- Claremont doesn't have a 24-7 crisis response team - graveyard even more limited and the fact that they sometimes need to provide transport makes it more complicated.
- Response and transportation issues vary across hospitals including Pomona Valley, Charter Oaks, InterCommunity, Monclair, Canyon Ridge, Kaisers, Loma Linda, BHC Alhambra.
- LEOs want to get the person into a facility get them professional help as quickly as possible so that they can get back to serving the community.
- If there is a mental health issue - usually when someone sees a uniform - walls go up - LEO doesn't have the luxury of taking off the uniform - it is more inviting to have someone who tells you they are not law enforcement.
- PACT Team or other services are more effective
- crisis de escalation for adolescents - would be beneficial.
- More trainings for both professional and personal portion - a lot of officers have children themselves and they are dealing with these things
- thinking about how the officers going home at night and how do they not internalize that - it can lead to spiral - it is heavy

- Transportation for youth is a major issue.
- Often between hospital and law enforcement it feels like the left hand doesn't know what the right hand is doing.
- Overall, very positive experiences working with Charter Oak. They offer clear communication if/when they are not able to provide a bed.
- Kaiser has been very positive to work with for individuals who have health coverage through Kaiser.
- Canyon Ridge has presented problems in communication and lack of clarity on availability. As a result, the department avoids using them.
- BHC Alhambra is another very good facility but it is a long drive both for LEOs and for individuals experiencing crisis.
- Claremont may not need a dedicated PACT team just for the City, but it may be beneficial to have a resource that is shared between cities.
- As an LEO, it is beneficial to share first-hand experience. Many LEOs in the field are very young in their careers. They don't have the same first-hand experience but they are open to training.
- LEO stated he was interested in developing a peer support team for the Claremont PD. Officers need to be able to take care of themselves before they can take care of others.
- LEOs and other first responders see traumatic experiences every day. There should be more mental health support for them in dealing with the impact of those experiences.
- LEO stated they would be open to the idea of having a counselor in every patrol car. It would benefit both the community and the LEO.

Public Stakeholder Meeting: Pomona USD

June 1, 2022

—

Meeting Information

- Total attendance: 8
- Number of adults: 8

Summary of Key Points

1. Pomona PD has a great mental health team that is very helpful when needed. When they are not available, responding officers are not as helpful.
2. More training is needed for officers who are not mental health specialists
3. Would be helpful to get feedback from PD when utilized for wellness checks in evenings, crisis situations on weekends, and during school days use for students not in school
4. Shortage of providers at all mental health agencies now
5. Frequent and regular communication from agencies regarding openings, referral status, and linkage contact concerns is helpful
6. Premature discharge from hospitals, appointments not made prior to discharge
7. Weekly engagement, consistent regular appointments, timely responses, taking into account economic hardship/trauma
8. Less re-hospitalizations and progress with services instead
9. Consider transportation and other accommodations
10. More likely for youth to reach out if they have a good experience
11. Drug and Alcohol treatment, in-patient treatment and family therapy on campuses
12. Dedicated crisis intervention team
13. PMRT team and ambulance for Pomona only

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?

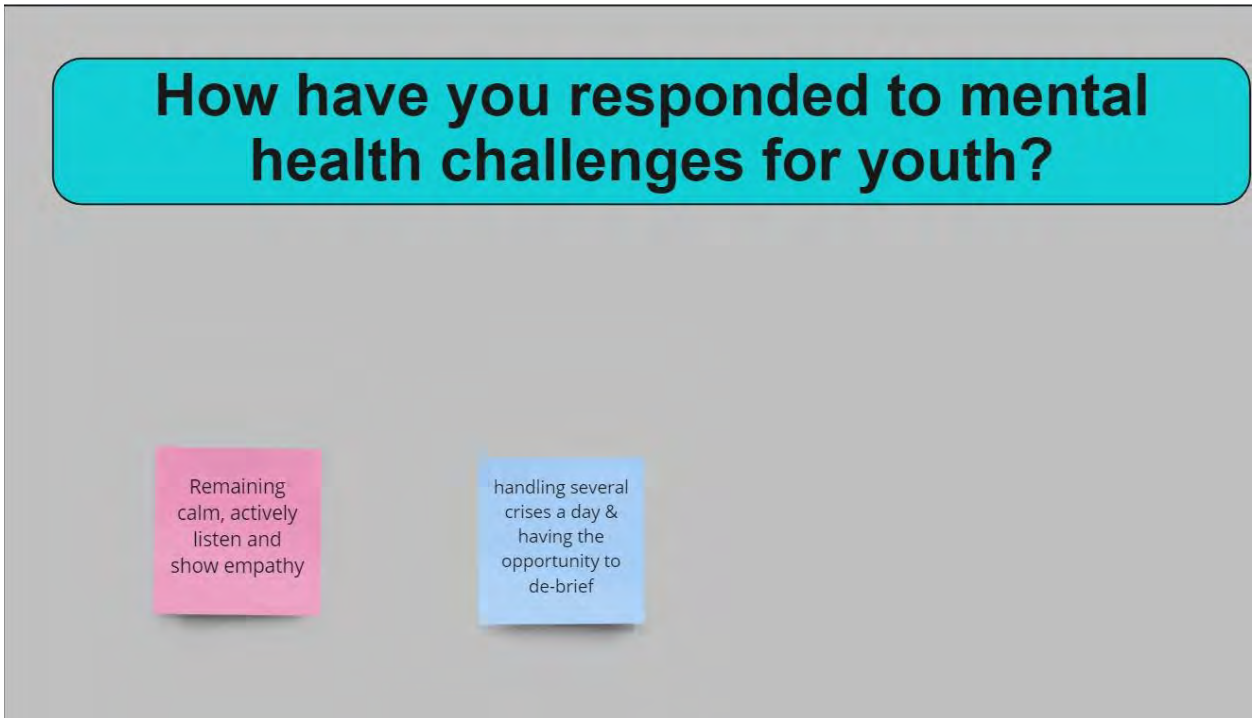
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

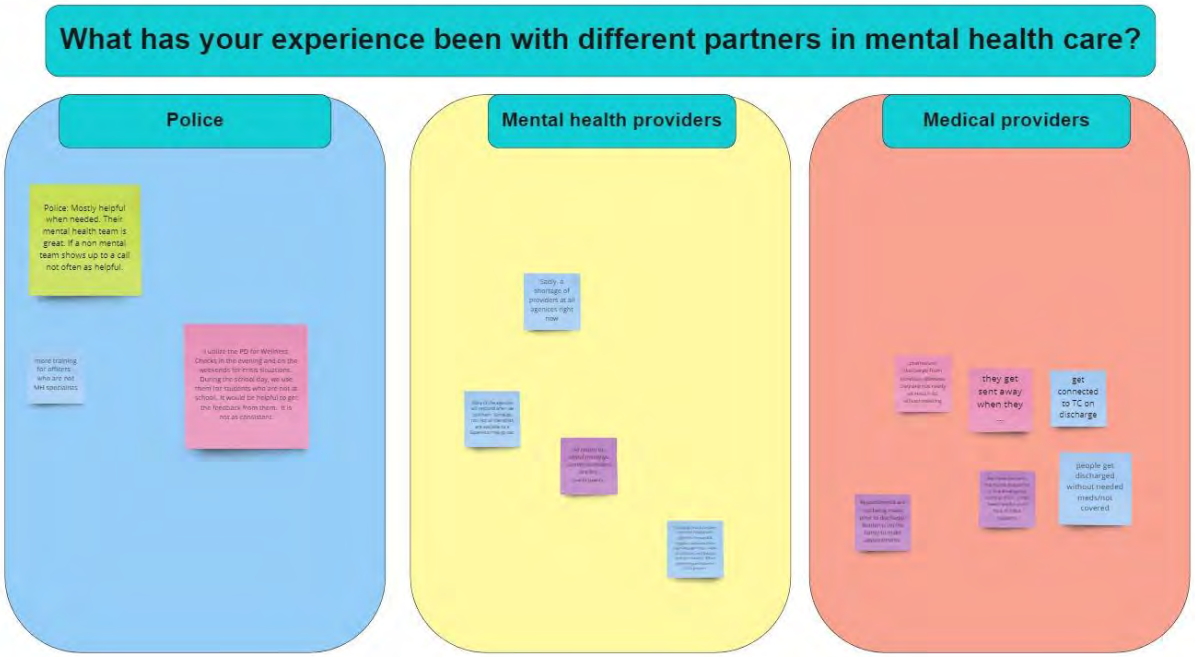
Meeting Personnel

Project Lead (Neel Garlapati**)**
Analyst (Rupal Patel)

Miro Boards

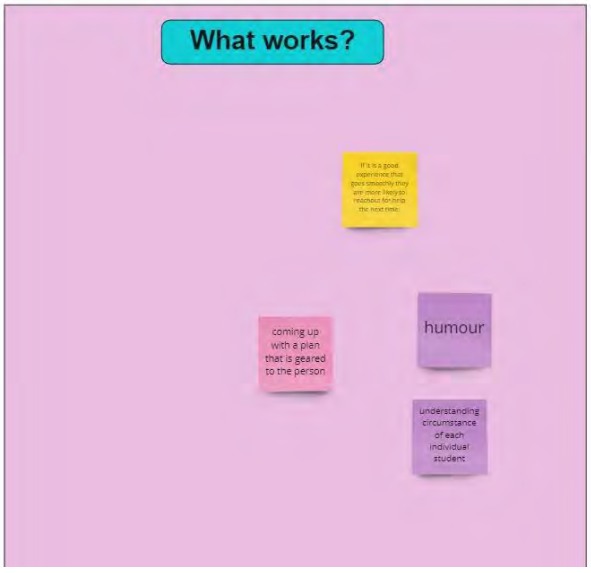

How do you define mental health?
psychological and emotional well being
Finding balance from a whole person perspective
the ability to manage a range of emotions to form and maintain good healthy life

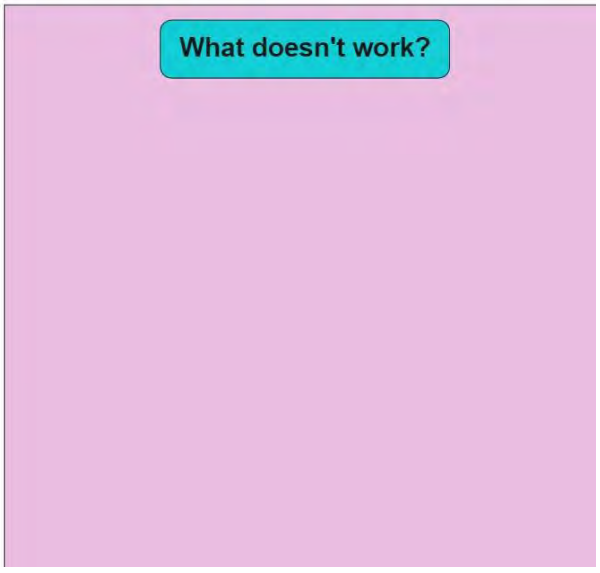

How have you responded to mental health challenges for youth?
Remaining calm, actively listen and show empathy
handling several crises a day & having the opportunity to de-brief

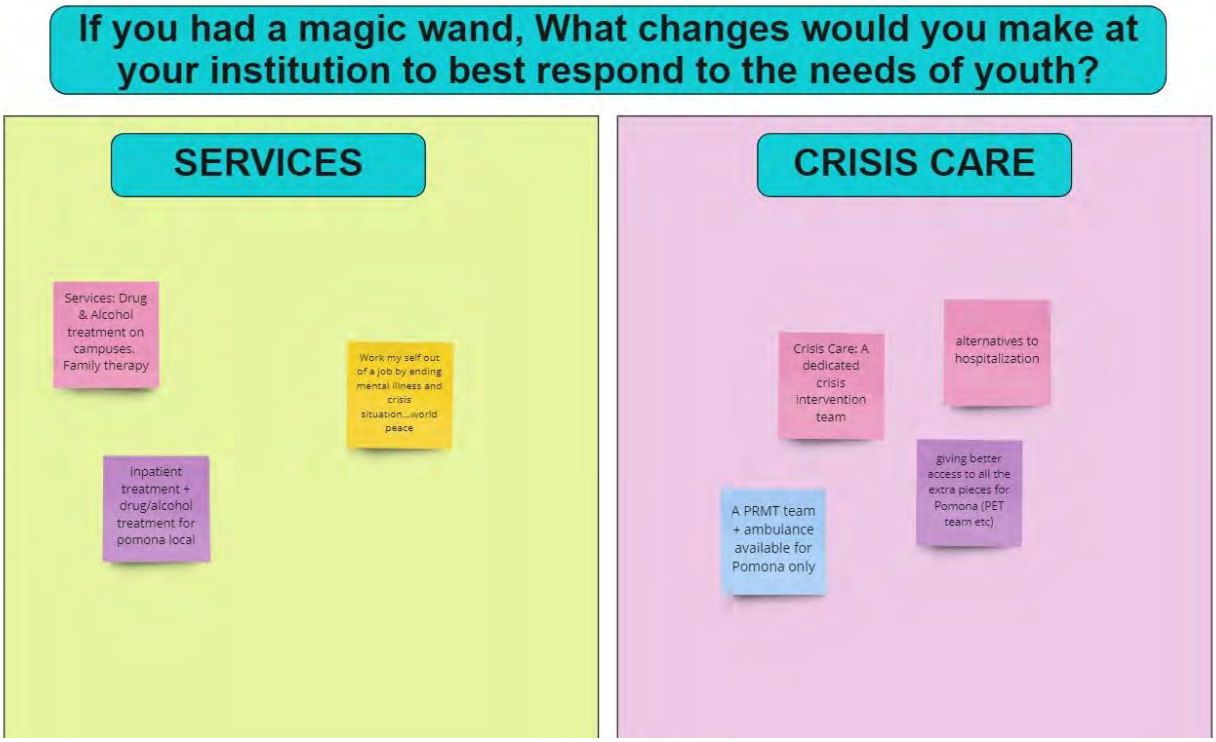

What has your experience been with different partners in mental health care?
Police
Police: Mostly helpful when needed. Their mental health team is great. If a non mental team shows up to a call not often as helpful.
Mental health providers
Medical providers
they get sent away when they
get connected to TC on discharge
people get discharged without needed meds/not covered

Given what you know about our mental health services for people age 25 and under:

Given what you know about our crisis care for people age 25 and under in this region:






If you had a magic wand, What changes would you make at your institution to best respond to the needs of youth?
SERVICES
Services: Drug & Alcohol treatment on campuses. Family therapy
Work my self out of a job by ending mental illness and crisis situation...world peace
inpatient treatment + drug/alcohol treatment for pomona local
CRISIS CARE
Crisis Care: A dedicated crisis intervention team
alternatives to hospitalization
giving better access to all the extra pieces for Pomona (PET team etc)
A PRMT team + ambulance available for Pomona only

Stakeholder Meeting: La Verne PD

June 07, 2022

—

Meeting Information

- Total attendance: 7
- Number of Law Enforcement personnel: 5
- Number of Mental Health personnel: 2

Summary of Key Points

- Focus on importance of constant training opportunities
- Crisis at school site allows for more factors that can be controlled to ensure safety (as long as lines of communication are clear)
- Partnership with La Verne schools is focused on student relationships with counselors with understanding of progression before it reaches PD.
- Charter Oak is the preferred mental health/psychiatric facility for crisis care. When that facility is at capacity, it can create a cascading set of challenges around accessibility and transportation during a crisis.
- Importance of creating a personalized care plan and dealing with each youth as an individual.
- Officers encounter youth on more than one occasion so it is important to build trust within those interactions.

Additional Facilitator Notes

- LEOs stressed the impact of a 5150/5585 order and the need to make decisions with the implications of those orders clearly understood by care team.
- LEOs expressed that they wanted to defer to school counselors whenever possible as first line of resort.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:05	WELCOME, Verbal consent
0:05 - 0:10	TCMHS intro video
0:10 - 0:14	Icebreaker #1 (Candy)

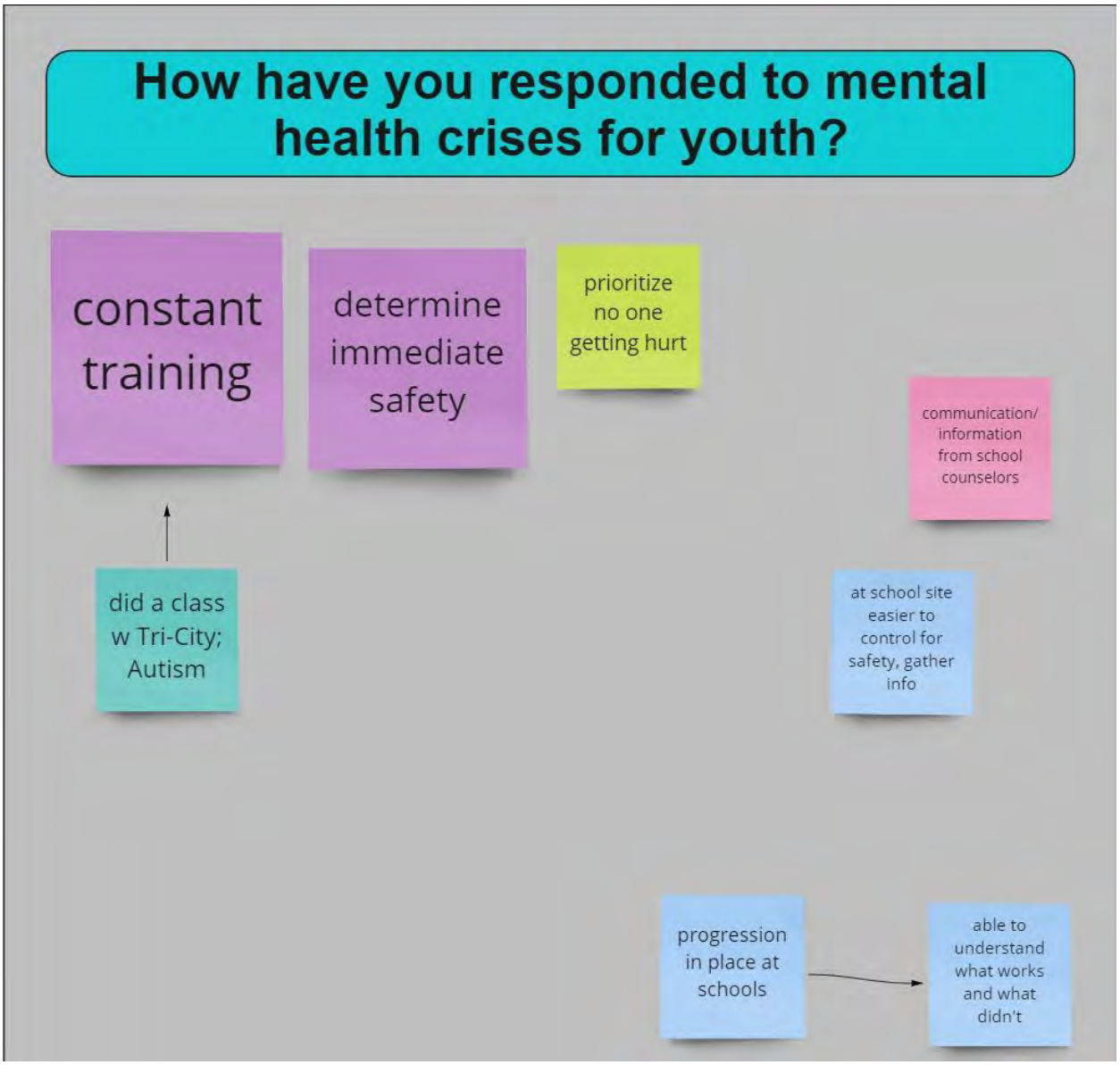
0:14 - 0:20	How do you define a mental health crisis?
0:28 - 0:33	How have you responded to mental health crises for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 0:55	What works and What doesn't work?
0:55 - 1:00	If you had a magic wand, what changes would you make at your institution to best respond to the needs of youth?

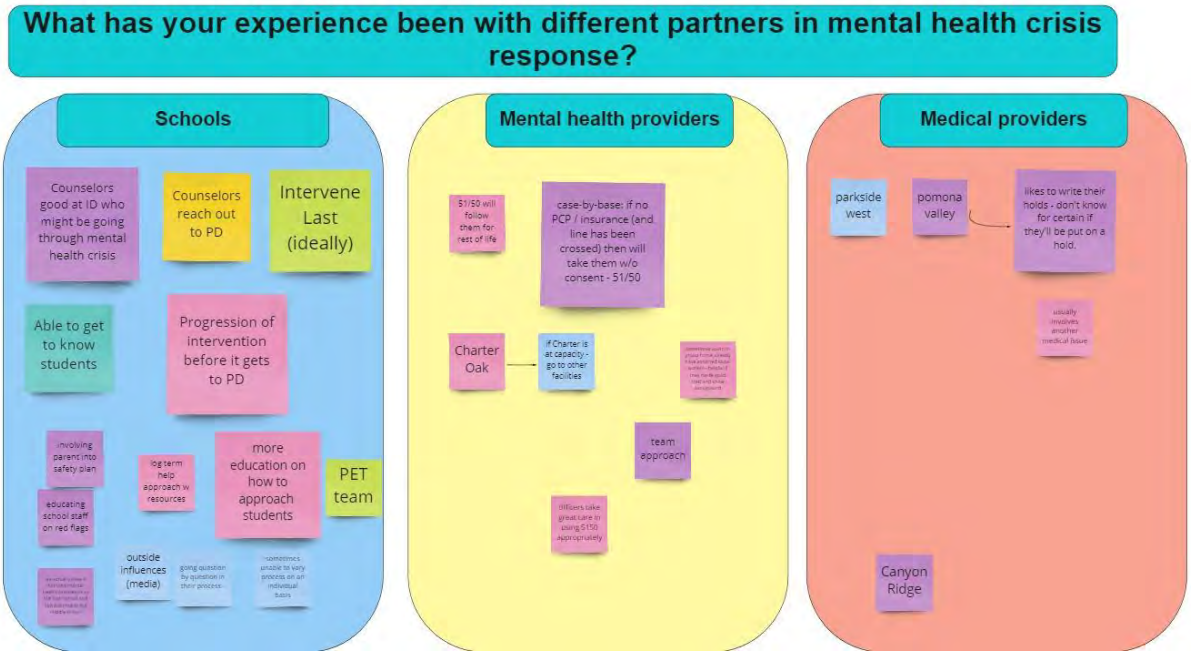
Meeting Personnel

Project Lead (Neel Garlapati**)**
Co-Facilitators (Karlo Marcelo)

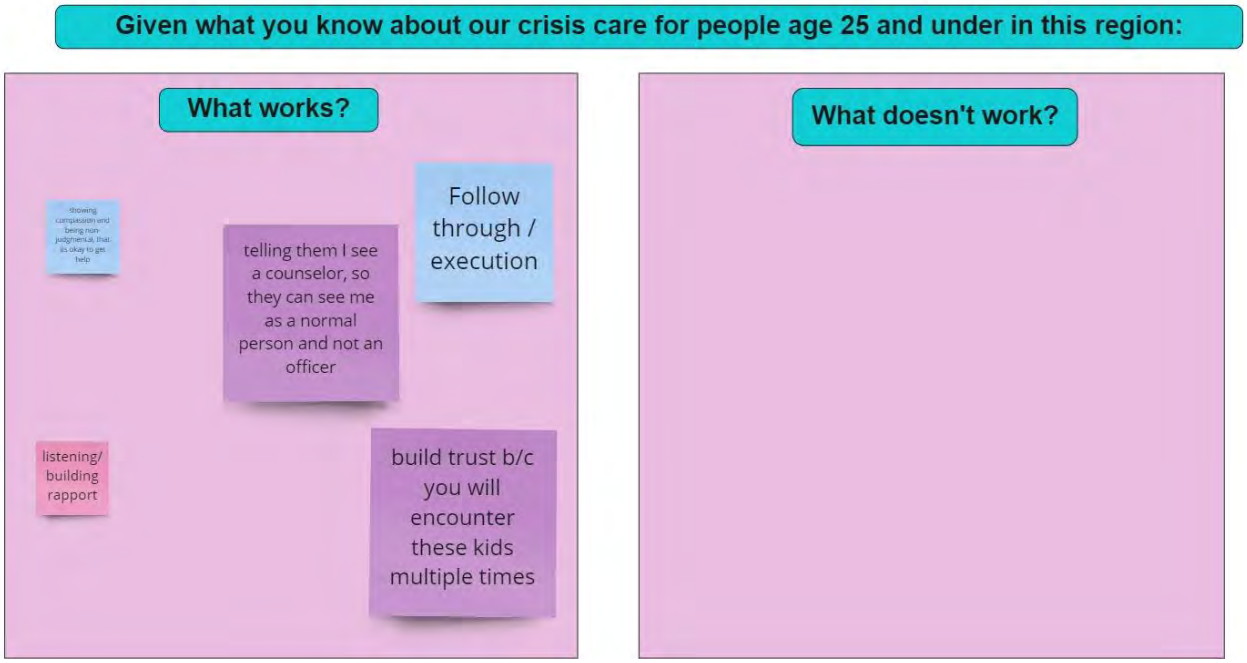
Miro Boards


How do you define a mental health crisis?
a moment in which a person's grasp on reality is altered or lost temporarily
acting out, in words and actions, seeking help
verbal or physical altercations
unable to communicate


How have you responded to mental health crises for youth?
constant training
determine immediate safety
prioritize no one getting hurt
communication/ information from school counselors
did a class w Tri-City; Autism
at school site easier to control for safety, gather info
progression in place at schools
able to understand what works and what didn't


What has your experience been with different partners in mental health crisis response?
Schools
Counselors good at ID who might be going through mental health crisis
Counselors reach out to PD
Intervene Last (ideally)
Able to get to know students
Progression of intervention before it gets to PD
involving parent into safety plan
log term help approach w resources
more education on how to approach students
PET team
educating school staff on red flags
outside influences (media)
going question by question in their process
sometimes unable to vary process on an individual basis
Mental health providers
$1/$0 will follow them for rest of life
case-by-base: if no PCP / insurance (and line has been crossed) then will take them w/o consent - 51/50
Charter Oak
if Charter is at capacity - go to other facilities
team approach
officers take great care to using 5150 appropriately
Medical providers
parkside west
pomona valley
likes to write their holds - don't know for certain if they'll be put on a hold.
usually involves another medical issue
Canyon Ridge


Given what you know about our mental health services for people age 25 and under:
What works?
consistent (and persistent) approach
taking extra time/effort for preparation
really helpful to know the background / context
typically same children we interact with
showing compassion and being non-judgmental, that its okay to get help
Listening to what is causing this crisis
What doesn't work?
they can sense apathy


Given what you know about our crisis care for people age 25 and under in this region:
What works?
showing compassion and being non-judgmental, that its okay to get help
telling them I see a counselor, so they can see me as a normal person and not an officer
Follow through / execution
listening/ building rapport
build trust b/c you will encounter these kids multiple times
What doesn't work?


If you had a magic wand, what would you want to see in our mental health system for youth?
SERVICES
Mobile react team (get them help / not getting them in trouble)
available 24/7 (most problems don't happen 9-5)
having a designated facility for youth closer to us
CRISIS CARE

Stakeholder Meeting: TCMHA staff

June 14, 2022

—

Meeting Information

- Total attendance: 22

Summary of Key Points

- Focus on reducing stigma in approach to mental health care
- Importance of creating spaces where mental health professionals can approach youth with honesty and authenticity
- Collaboration across institutions and departments is critical
- PD sometimes have a different definition of what constitutes a crisis vs a behavioral or other issue
- Lack of clarity around which specific issues PD will respond to and which they won't regarding potential safety concerns
- Working with school districts, youth experience vary greatly from district to another.
- With school environments, much is dependent on trust and open-ness to mental health providers
- With health care facilities (i.e. Pomona Valley Hospital and Medical Center) - it can be challenging to find out information about youth who have been admitted or even availability of beds.
- Lack of beds in psychiatric hospitals and other facilities is a major choke point for the entire community and impacts all involved.
- Need for better collaborative treatment plans for youth upon discharge, along with continued follow-up.

Additional feedback emailed from a staff member:

Some suggestions:

- Available resources for youth experiencing crisis:
    - Youth Shelters
    - C.A.S.E or CSECY resource, if applicable.
    - Drop-In Centers/TAY Centers
    - Department of Public Social Services
        - CalWorks/Cash Aid
        - Food Stamps
    - Legal Services (issues with emancipation or immigration, VAWA, etc)
    - Education
    - Barriers to Care

        - Transportation Access
        - Phone-CA Lifeline
        - Internet-help with signing up for Free Internet
    - Faith Based/Spiritual Connection
        - Community churches
    - Behavioral Health
        - NAMI
        - Support Groups
        - Behavioral Health Urgent Care Centers if needed
        - Create a packet like WRAP (Wellness Recovery Action Plan)
        - Access to Behavioral Health services
        - National Suicide Prevention Hotline
    - Medical Services
        - CALAIM (Enhanced Care Management, Community Health Worker, Linkage to Community Resource Center)
        - Community Supports (In Lieu of Services-ILOS)
        - Planned Parenthood
        - Primary Care

Is there a specific area causing a crisis or exacerbating the crisis? How can we alleviate the crisis by connecting youth to getting their needs met? Approaching the crisis as a Whole Person Care lens. I hope this list is helpful.

Meeting Agenda

TIME	DESCRIPTION
0:00 - 0:14	Welcome and Icebreaker #1 (Candy)
0:14 - 0:28	How would you describe your approach to mental health challenges for youth?
0:33 - 0:48	What has been your experience with different partners in mental health crisis response?
0:48 - 1:00	What works and What doesn't work?
N/A - ran out of time	If you had a magic wand, what changes would you make at TCMHA to best respond to the needs of youth?

Meeting Personnel

Project Lead (Neel Garlapati**)**

Co-Facilitators (Kamina Smith)

Chat Transcript *(Identifying Information removed)*

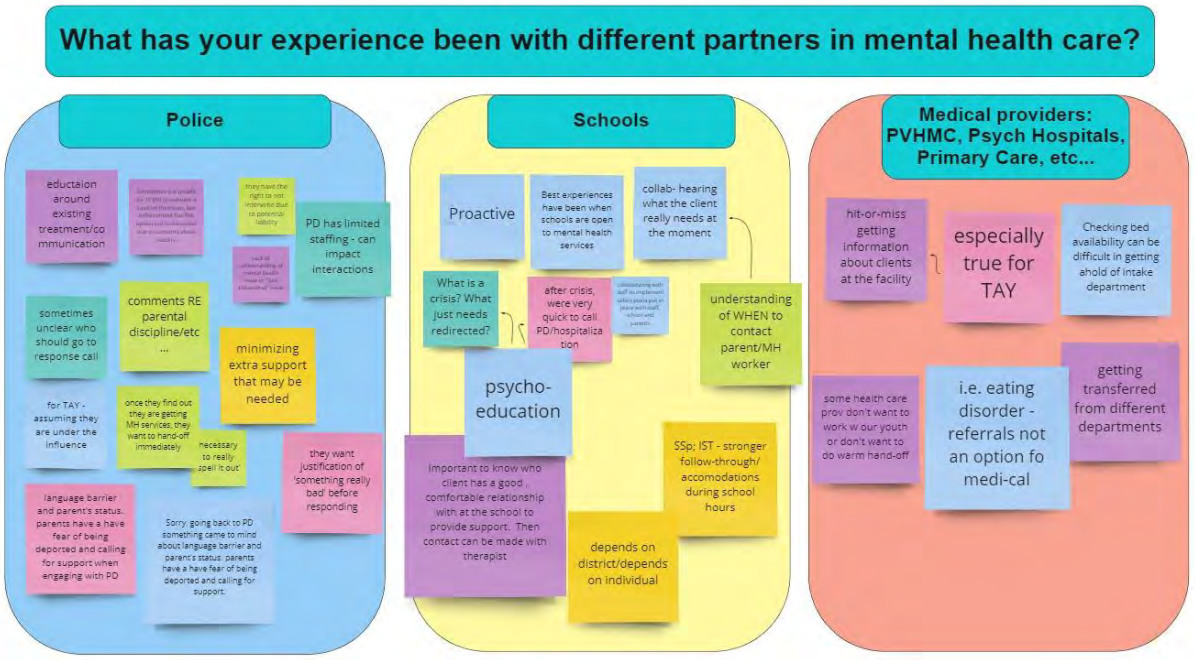
11:04:12 From Facilitator 2 to Everyone:
Hi All! We will be using a tool called Miro to collaborate together today: https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849 Please click the link to jump in.
11:04:48 From Facilitator 2 to Everyone:
There is no need to sign up to use the tool. Disregard the note at the bottom of the screen asking you to sign up.
11:04:51 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849
11:12:43 From TCMHA Staff, she/her/hers to Everyone:
the green tea kit kats are good too!
11:13:26 From TCMHA Staff to Everyone:
I love frozen m&m's
11:16:38 From Facilitator 2 to Everyone:
https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=971279991849
11:17:09 From Facilitator 2 to Everyone:
Feel free to jump into the Miro Board to add your ideas
11:23:22 From TCMHA Staff, (she/her/ella) to Everyone:
your experiences are important as we shape the grants and collaboration with police and schools
11:26:25 From TCMHA Staff, (she/her/ella) to Everyone:
sometimes its a mixed response - not understanding mental health
11:38:42 From TCMHA Staff to Everyone:
Collaboration with school staff to assist client in reaching goals
11:39:22 From TCMHA Staff to Everyone:
collaborating with staff to implement safety plans put in place with staff, school and parents
11:40:20 From TCMHA Staff to Everyone:
Sorry, going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.
11:40:47 From Facilitator 2 to Everyone:
Thanks,! I'll add it to the board
11:40:49 From TCMHA Staff, (she/her/ella) to Everyone:
great point Genesis
11:41:20 From TCMHA Staff to Everyone:
Important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist
11:42:46 From TCMHA Staff to Everyone:
Great questions
11:44:46 From TCMHA Staff to Everyone:
Checking bed availability can be difficult in getting ahold of intake department
11:47:25 From TCMHA Staff, (she/her/ella) to Everyone:
primary care doctors are hesistant to prescribe psychotropic meds or flat out refuse to prescribe
11:48:50 From TCMHA Staff to Everyone:

what works well is collaboration with schools, parents, treatment team
11:49:14 From TCMHA Staff to Everyone:
treatment team meetings work well and help client's success
11:49:47 From TCMHA Staff to Everyone:
Works-Working with crisis team mates that you can depend on/, reduces stress of being in a crisis.
11:52:58 From TCMHA Staff to Everyone:
Doesn't work-How the staff treats the client is really important. Can either help them to seek admission or fear admission.
11:53:01 From TCMHA Staff to Everyone:
Not working would be ONLY contacting the treatment team as opposed to contacting parents and other supports for clients
11:53:53 From TCMHA Staff to Everyone:
staff at the psychiatric hospital
11:54:12 From TCMHA Staff to Everyone:
Obtaining documentation from other providers
11:54:45 From Genesis A. MHS FSP/TAY to Everyone:
yes great point Ilse!
11:56:17 From TCMHA Staff, she/her/hers to Everyone:
Back in the day, we used to have discharge planning meetings when a youth had repeat hospitalizations. Those were helpful, but even when we've tried to advocate for those aren't happening. Everyone is moving so fast but missing some client care.
11:57:12 From TCMHA Staff to Everyone:
something that is working : access to lock boxes and gunlocks for all of our clients to reduce access
11:57:50 From TCMHA Staff to Everyone:
I don't know if it is realistic but not having the crisis phone for a week. Shortening the time we have the crisis phone.
11:57:54 From TCMHA Staff, she/her/hers to Everyone:
Yes that is working. And allowing clients to voluntarily check in any protective weapons.
11:58:21 From TCMHA Staff, she/her/hers to Everyone:
Also we do have a goal not to hospitalize. I think that helps a lot and builds trust with the clients/parents.
11:59:25 From TCMHA Staff, she/her/hers to Everyone:
Our clients and community know we're here to work through tough moments and if hospitalization is recommended, it's because it's really needed...for the most part they trust us this.
12:00:36 From Facilitator 1 to Everyone:
This board will stay open - please feel free to add additional thoughts:

https://miro.com/app/board/uXjVOuwOh30=/?share_link_id=963219258294
12:00:41 From TCMHA Staff to Everyone:
Yes :)
12:00:45 From TCMHA Staff to Everyone:
this was very productive, thanks for setting this up!

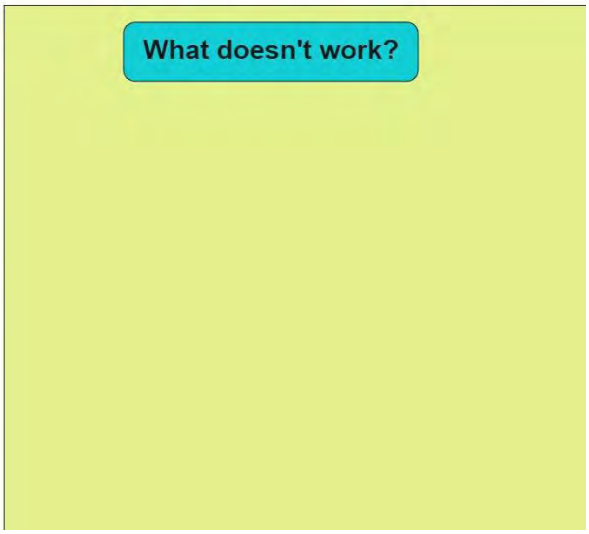
Miro Boards


How would you describe your approach to mental health challenges for youth?
taking stigma out of receiving services
if they have diagnosis making sure they don't feel "less than"
Collaborative - ID all the ppl involved in their life
Collaborative approach is important with working with Youth
Open & honest and identify with the youth
Providing support to youth that creates healthy individuals, family, community
instilling hope and purpose
Helping youth that creates healthy families and community


What has your experience been with different partners in mental health care?
Police
eductaion around existing treatment/communication
PD has limited staffing - can impact interactions
sometimes unclear who should go to response call
comments RE parental discipline/etc ...
minimizing extra support that may be needed
for TAY - assuming they are under the influence
once they find out they are getting MH services, they want to hand-off immediately
necessary to really spell it out
they want justification of 'something really bad' before responding
language barrier and parent's status. parents have a have fear of being deported and calling for support when engaging with PD
Sorry going back to PD something came to mind about language barrier and parent's status. parents have a have fear of being deported and calling for support.
Schools
Proactive
Best experiences have been when schools are open to mental health services
collab- hearing what the client really needs at the moment
What is a crisis? What just needs redirected?
after crisis, were very quick to call PD/hospitalization
understanding of WHEN to contact parent/MH worker
psycho-education
SSp; IST - stronger follow-through/ accomodations during school hours
important to know who client has a good , comfortable relationship with at the school to provide support. Then contact can be made with therapist
depends on district/depends on individual
Medical providers: PVHMC, Psych Hospitals, Primary Care, etc...
hit-or-miss getting information about clients at the facility
especially true for TAY
Checking bed availability can be difficult in getting ahold of intake department
some health care prov don't want to work w our youth or don't want to do warm hand-off
i.e. eating disorder - referrals not an option fo medi-cal
getting transferred from different departments

Given what you know about our crisis care for people age 25 and under in this region:

Given what you know about our mental health services for people age 25 and under:



TCMHA Project Outreach

CCMU and MHSSA Planning Process

May - June 2022

AGENCY/INSTITUTION CONTACTED	ATTENDED
EDUCATION	
Pomona Unified School District	x
School of Arts and Enterprise	x
Bonita Unified School District	x
Ronyon Elementary School	x
Claremont Unified School District	x
University of La Verne	x
Cal Poly Pomona	x
The Claremont Colleges	x
Western University of Health Sciences	x
Mt. San Antonio College	x
LAW ENFORCEMENT	
Pomona Police Department	x
La Verne Police Department	x
Claremont Police Department	x
HEALTH/WELFARE	
National Alliance on Mental Illness	x
Pomona Valley Hospital and Medical Center	
PCS Family Services	
Sycamores (child welfare agency)	x
Behavioral Health Services, Inc	
LA COUNTY DEPTS	
Los Angeles County Office of Education	x
Los Angeles County Office of Probation	
LA County Dept of Child and Family Services	x
LA County Department of Mental Health	x
FAITH-BASED ORGS	
Brown Memorial Temple Church	
Sacred Heart Catholic Church	
Purpose Church	
COMMUNITY ORGS	
Fairplex	
Pomona Community Crisis Center	
The Club Pomona	
God's Pantry	x
PFLAG Claremont	x
Pomona Pride Center	x
Bright Prospect	
Gente Organizada	
Just Us 4 Youth	x
San Gabriel/Pomona Regional Center	x
Pomona Hope	x

TRI·CITY
Mental Health

Help shape mental health services in our region!

For Youth and Young adults age 25 and under in Pomona, Claremont and La Verne and everyone who supports their well-being!

We encourage you to participate in an important conversation and help shape the future of mental health services in our community. You can help design a more effective approach to youth-focused crisis intervention and mental health services that reflect the distinct cultural features and realities of our communities. The following is the schedule of stakeholder sessions, along with registration links. *Please choose one session.*

High School and Middle School Students *(parent or legal guardian must also join for youth under age 18)*

Counselors will be available if mental health support is needed

- Tues. May 3: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Tues. May 10: 5:00 PM to 6:00 PM [Click here for Registration Link]

Adults who support youth from early childhood onwards (teachers, parents, counselors, first responders, etc.)

- Thurs. May 5: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Thurs. May 12: 12:00 PM to 1:00 PM [Click here for Registration Link]

Youth ages 18 to 25; University students, staff and faculty

- Weds. May 4: 6:00 PM to 7:00 PM [Click here for Registration Link]
- Weds. May 11: 12:00 PM to 1:00 PM [Click here for Registration Link]

Open Session: All community members welcome

- Weds. May 18: 6:00 PM to 7:00 PM [Click here for Registration Link]

What does mental health mean to you?

What works? What doesn't work?

What do you want to see in our mental health system?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Live interpretation services will be available in both Spanish and Vietnamese

TRI·CITY
Mental Health

¡Ayude a definir los servicios de salud mental en nuestra región!

Para jóvenes y jóvenes adultos de 25 años y menores en las ciudades de Pomona, Claremont y La Verne, así como para cualquier persona que apoye su bienestar.

Lo animamos a que participe en una conversación importante y ayude a definir el futuro de los servicios de salud mental en nuestra comunidad. Puede ayudar a diseñar un enfoque más adecuado para las intervenciones en caso de crisis y servicios de salud mental dirigidos para jóvenes que refleje las características y realidades culturales distintivas de nuestras comunidades. Abajo está el programa de las sesiones para personas interesadas y los enlaces para registrarse. *Elija una sesión.*

Estudiantes de escuela secundaria y primaria (el padre o tutor legal deberá participar con jóvenes menores de 18 años). Habrá consejeros disponibles durante las sesiones en caso de que se necesite apoyo para salud mental

- Martes 3 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Martes 10 de mayo: 5:00 p.m. a 6:00 p.m. [Enlace parar registarse]

Adultos que apoyan a los jóvenes (maestros, padres, consejeros, responsables de primeros auxilios, etc.) desde la escuela para la primera infancia hasta niveles posteriores.

- Jueves 5 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Jueves 12 de mayo: 12:00 p.m. a 1:00 p.m. [Enlace para registrarse]

Jóvenes de 18 a 25 años, estudiantes universitarios, personal y profesores.

- Miércoles 4 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]
- Miércoles 11 de mayo: 12:00 p.m. a 1:00 p.m. [Enlace para registrarse]

Sesión abierta: Bienvenida a todos los miembros de la comunidad

- Miércoles 18 de mayo: 6:00 p.m. a 7:00 p.m. [Enlace para registrarse]

·¿Qué significa la salud mental para usted?

·¿qué cosa funciona?
¿Qué cosa no funciona?

¿qué le gustaría ver en nuestro sistema de salud mental?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Se ofrecerán servicios de interpretación en vivo en español y vietnamita.

TRI·CITY
Mental Health

Giúp định hình các dịch vụ sức khỏe tâm thần trong khu vực của chúng ta!

Thông điệp này dành cho thiếu niên và thanh niên từ độ tuổi 25 trở xuống ở các thành phố Pomona, Claremont và La Verne, cùng với tất cả những người hỗ trợ cho sức khỏe tinh thần của họ.

Chúng tôi khuyến khích quý vị tham gia vào cuộc trò chuyện quan trọng và giúp định hình tương lai cho các dịch vụ sức khỏe tâm thần trong cộng đồng chúng ta. Quý vị có thể hỗ trợ chúng tôi thiết kế phương án tiếp cận hiệu quả hơn đối với dịch vụ can thiệp khủng hoảng và sức khỏe tâm thần tập trung vào thanh thiếu niên, phản ánh thực tế và nét đặc trưng văn hóa riêng biệt của cộng đồng chúng ta. Phần sau đây cung cấp lịch trình các buổi họp của bên liên quan, cùng với liên kết để quý vị đăng ký. *Chọn một phiên họp.*

Học sinh Trung Học Cơ Sở và Trung Học Phổ Thông (thiếu niên dưới 18 tuổi phải cùng tham gia buổi họp với cha mẹ hoặc người giám hộ hợp pháp.) Chuyên viên cố vấn sẽ có mặt trong các buổi họp nếu cần hỗ trợ sức khỏe tâm thần

- Thứ Ba, ngày 3 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Ba, ngày 10 tháng 5: 5:00 chiều đến 6:00 chiều [liên kết]

Người lớn hỗ trợ thiếu niên (giáo viên, cha mẹ, chuyên viên cố vấn, nhân viên tuyến đầu, v.v.) – từ cấp mầm non trở đi

- Thứ Năm, ngày 5 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Năm, ngày 12 tháng 5: Trưa đến 1:00 chiều [liên kết]

Thanh niên từ 18 đến 25 tuổi; sinh viên đại học, giảng viên và nhân viên nhà trường

- Thứ Tư, ngày 4 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]
- Thứ Tư, ngày 11 tháng 5: Trưa đến 1:00 chiều [liên kết]

Buổi họp công khai: Hoan nghênh mọi thành viên trong cộng đồng

- Thứ Tư, ngày 18 tháng 5: 6:00 chiều đến 7:00 tối [liên kết]

·Sức khỏe tâm thần có ý nghĩa gì đối với quý vị?

hoạt động nào có hiệu quả?
Hoạt động nào không hiệu quả?

Tri-City Mental Health
https://trictymhs.org
(909) 623-6131

Dịch vụ thông dịch trực tiếp bằng tiếng Tây Ban Nha và tiếng Việt sẽ được hỗ trợ.

APX PG 90

Tri-City Mental Health
Stakeholder Engagement Survey
May 2022
Survey Questions

Draft Survey Questions (Survey to be formatted in SurveyMonkey).

SCHOOL/CITY INFO

1. What city do you live in?
    a. Pomona
    b. La Verne
    c. Claremont
    d. Other _____

2. Are you a student?
    a. Yes
    b. No
    c. Decline to state

If yes.

2a. If yes, What school are you enrolled in [blank for answer] _____

If no or decline to state,

2b. How do you support the involvement of youth in our community age 25 and under (check all that apply)?

- Parent/guardian/foster parent
- Educator
- First responder
- Medical provider
- Behavioral/mental health provider
- Law enforcement/justice system
- LGBTQ+ support/ally
- Faith/spiritual leader
- Community member
- Other _____

2c. If your job involves working with youth, please list your place of work: _____

DEMOGRAPHIC INFORMATION [TO BE COPIED FROM MHSA REFERRAL FORM]

3. Race [use checkboxes from HMSA Universal Referral form]
4. Ethnicity [use checkboxes from HMSA Universal Referral form]
5. Age [use checkboxes from HMSA Universal Referral form]

6. Gender Identity [use checkboxes from HMSA Universal Referral form]
7. Sexual Orientation [use checkboxes from HMSA Universal Referral form]
8. Disability [use checkboxes from HMSA Universal Referral form]
9. Veteran Status [use checkboxes from HMSA Universal Referral form]
10. I prefer not to answer demographic questions [checkbox if yes]

MENTAL HEALTH SYSTEM QUESTIONS:

1. What is one word or phrase that comes to mind in describing mental health services and crisis services for youth?
    a. Short answer _____

2. How would you rate the experience of yourself or youth/young adults (ages 25 and under) you know with the mental health system and with crisis care systems?
    a. [Ranking from 0 “extremely negative” to 10 “extremely helpful”]
    b. Please share more detail about your ranking. _____

3. Given what you know about mental health services and crisis intervention for people ages 25 and under, what works well in our community? (check all that apply)
    - Individual therapy
    - Group therapy
    - Family therapy
    - School services
    - Support groups
    - Walk in Crisis Support
    - After hour Crisis line
    - Mental Health Trainings
    - Peer support
    - Drop in wellness center
    - Other _____

4. Given what you know about mental health services and crisis intervention for people ages 25 and under, what *doesn’t* work in our community? (check all that apply)
    - Individual therapy
    - Group therapy
    - Family therapy
    - School services
    - Support groups
    - Walk in Crisis Support
    - After hour Crisis line

- Mental Health Trainings
- Peer support
- Drop in wellness center
- Other _____

5. If you had a magic wand, what would you want to see in the mental health system (including crisis care) serving youth and young adults age 25 and under? (check all that apply)
    - More services in the school setting
    - Increased therapy option in the school setting
    - Community mental health trainings
    - Other _____

Consulting Team Bios

- **Neel Garlapati,** Project Lead
- **Karlo Marcelo,** Co-Facilitator
- **Rupal Patel,** Analyst
- **Maria Servin,** Co-Facilitator
- **Kamina Smith,** Co-Facilitator

Neel Garlapati, Project Lead

Neel Garlapati is an independent consultant working at the intersection of fundraising and philanthropy, program design, project management and strategic planning. He has spent most of his career in the nonprofit sector in organizations ranging from social services to museums to higher education.

Neel has worked as an independent consultant for more than two years. In that time, he helped lead project management efforts with the Committee for Greater LA, a unique cross-sectoral collaboration of civic leaders focused on shaping the public narrative and influencing policy towards a Los Angeles that comes out of the COVID-19 pandemic with a greater focus on equity. He also facilitated a collaboration of nonprofits in partnership with the California Community Foundation to foster a network of regional COVID-19 recovery hubs across LA County. Neel recently worked with the Pomona Community Foundation to convene a broad swath of stakeholders in the region to help develop a framework for longer-term community collaborations and initiatives.

As Senior Director of Development at Fairplex, Neel helped the organization develop and amplify its culture of philanthropy and commitment to public benefit. He was one of the lead architects and facilitators of the planning phase of *Pomona Vision 2030,* an 18-month long planning grant from the Ballmer Group that is pulling together nonprofits, the Pomona Unified School District, businesses, local government and community groups to develop a set of metrics and indicators that will point to educational and economic success for Pomona residents in childhood, early adulthood and adulthood in the City.

Prior to joining Fairplex, Neel was Executive Director of Strategic Initiatives and Institutional Philanthropy at Claremont McKenna College where he worked on cross-college and community collaborative projects from program design to fundraising to implementation, evaluation and monitoring.

Neel loves being able to explore California's natural areas with his family camping, backpacking and biking, while also being able to enjoy the creativity and diversity of LA's unparalleled food scene.

Karlo Marcelo, Co-Facilitator

Karlo Marcelo, an economist and social impact entrepreneur, is Principal and Founder of the Manager, Good Scout Capital LLC.

Karlo is a founding member of Star Insights, a social impact strategy firm based in Hollywood, California. He brings to the firm decades of direct leadership and organizational development experience in political campaigns, government, philanthropy, consulting, and for-profit ventures and start-ups. He is an intersectional resource hub who is a creative problem solver and idea generator for extraordinary leaders who seek to challenge the status quo.

At The Aspen Institute, he worked in the Economic Opportunities Program, analyzing and advising CEOs and Presidents of Community Development Finance Institutions nationwide on their business and social impact outcomes and those of their microfinance clients. His last stop in Washington, DC was as the Partnerships Director for the Truman National Security Project, advising local, state, and federal elected officials on national security policy and communications. He managed a public private partnerships portfolio of $15M with the Mayor's Fund for Los Angeles, leading the organization's accelerator efforts on public safety and economic development. At the same time he was a Contributor to The Economist Intelligence Unit, producing business intelligence on market demand, labor markets, and regulatory policy for global corporations and leaders.

Karlo graduated with a double major in economics and government from the University of Maryland. As a Public Policy and International Affairs Fellow, he received a Master of Public Policy from the Ford School of Public Policy at the University of Michigan. He started his career at CIRCLE as the country's youth vote expert where he co-produced targeted research for brands with social impact angles such as Rock the Vote and WWE, increasing Millennial generation voter turnout to its highest levels in consecutive election cycles. He's a published author on civic participation in journals and higher education civics textbooks.

Rupal Patel, Analyst

Rupal Patel is Principal and Founder of the Manager, Good Scout Capital LLC'. Prior to founding Good Scout Capital, Rupal was a Principal at RRG Capital Management, a capital and asset management firm investing in agriculture, water and renewable energy. During her 12 years at RRG, Rupal managed $150 million in renewable energy and agricultural capital investments. Rupal's environmental and social impact portfolio includes developing the 579 MW Solar Star Project, ranked in the top 10 largest projects in the world; developing and managing an inaugural Corporate Social Responsibility program for Sun World International, one of RRG's largest agricultural operating companies; and originating the first employee benefit company in the U.S., California Harvesters, of which Rupal is Co-founder and Board President. Just four years after launch, California Harvesters provides quality jobs to over 1,200 farmworkers in California's Central Valley.

Rupal takes great pride in developing her impact portfolio in collaboration with established environmental and social impact organizations, inviting increased accountability and transparency to the impact investment process. As a Public Policy and International Affairs fellow, Rupal received her B.A. in Sociology and M.P.P. from the University of Michigan, Ann Arbor. Rupal serves on the Board of Leading Harvest and serves as a Founding Member of the Integrated Capitals Investment Committee for San Joaquin Valley at The Heron Foundation.

Prior to joining RRG, Rupal gained extensive experience engaging with LGBTQ, environmental justice, labor, poverty, and immigration issues while working for organizations such as the Council of Michigan Foundations, NAACP Washington Bureau, Urban Justice Center, Liberty Hill Foundation, and the California Immigrant Policy Center.

Maria Servin, Co-Facilitator

Maria Servin works in case management through nonprofit organizations, assisting individuals with accessing services and resources to improve their daily life and needs.

Maria has worked in the nonprofit sector for the past 7 years, in different social areas such as Los Angeles School District, mental health, and developmental disabilities. She has worked with children, teenagers, and young adults with developmental disabilities. Maria has facilitated meetings with families and individuals to target goals and plans to advance different aspects of the individual life.

Maria currently serves as a Case Manager with Crittenton Services for Children and Families in Norwalk, CA. She coordinates team meetings in order to identify and plan accordingly on how to better support client mental health goals. She has also served as a Case Manager at the Watts Labor Community Action Committee. Maria has a B.A. in Ethnic and Women's Studies from Cal Poly Pomona.

Kamina Smith, Co-Facilitator

Kamina Smith is a talent transformation strategist specializing in organizational development, talent management, learning & development, and diversity, equity & inclusion.

She is driven to help clients harness the power of purpose, empathy, and insights to realize sustainable social impact and growth.

With over 15 years of experience gained through working with corporations such as Hewlett Packard & Sony Electronics, public sector organizations such as The New York City Department of Education & The Los Angeles County Department of Health Services, nonprofits such as Year Up, Inc. & FUSE Corps, and cross-sector Management Consulting with Slalom Consulting, Kamina has developed a truly diverse and unique perspective on tackling challenges and developing innovative solutions.

Kamina is certified in Integrated Talent Management and Instructional Design and leverages these skill sets to not only develop customized strategies for organizations but also partners directly with leaders to infuse diversity, equity & inclusion in every phase of the employee lifecycle. Previous project work includes designing recruitment & hiring processes; reimagining & restructuring performance management systems; developing comprehensive executive & management development programs; building and calibrating compensation & rewards approaches, and defining & redesigning job roles, departments and organizations.

Kamina is a California native and obtained her BS in Business Administration and MBA with a concentration in Management from Florida A&M University.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **September 21, 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**

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

IOET Program

- Number of all new outreach= 77
- Number client given intake appointments= 46
- Number of clients opened= 15
- Total number of ALL clients outreached= 257
- Total number of homeless served= 177
- Percentage of clients outreached that are homeless= 69%
- Percentage of clients enrolled this month in formal services that are homeless= 14%
- Total number clients outreached since inception= 818
- Total number clients enrolled since inception= 1478

Service area:
- Pomona= 249
- Laverne= 4
- Claremont= 4
- Total= 257

Enrollments:
- FSP (Full-Service Partnership)-Older Adult= 1
- FSP-adult= 0
- FSP-TAY (Transition Age Youth) = 1
- AOP (Adult Outpatient Program) = 8
- COP (Children Outpatient Program) = 5
- FCCS (Field Capable Clinical Services) = 0
- FSP Children= 0

Health Issues:
- Number of initial health assessments completed= 12
- Number of clients linked to PCP appointments with IOET LPT= 54

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

- Number of new individuals added for the month= 13
- Number of holds written for the month= 1 holds
- Number enrolled in formal services for the month= 1
- Number of Wellness checks for the month = 9
- Number referred to IOET this month= 2

Pop Up Clinic

Total of attendees- 40 (To address medical problems by primary care physicians)

COVID VACCINATION CLINIC

A total of 241 vaccinations were administered on our grounds since the beginning. This number includes staff members, enrolled clients, prospective clients, and the community at large.

Also, we have a pharmacy now! Genoa Pharmacy-co located on 2008 building, officially started on August 16th and we are very excited about this addition to our agency. Having a pharmacy in our clinic provides easier access for clients who choose to use Genoa and hopefully will increase the adherence to treatment which is an essential part of our clients' wellbeing.

Tri-City Mental Health Authority
Monthly Staff Report

DATE: **September 21, 2022**

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

FROM: **Rimmi Hundal, Executive Director**

BY: **Dana Barford, Director MHSA and Ethnic Services**

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

ETHNIC SERVICES

Tri-City's Wellness Advisory Councils have experienced challenges with attendance and participation. In response, the Diversity, Equity, and Inclusion (DEI) coordinator met with each advisory council's co-chairs to discuss strategies to better engage our community. Recommendations include collaborating with current council members to identify our purpose, develop a mission and vision statement, and create goals for the new year.

Outreach and engagement continue to be a focus with the DEI coordinator visiting local schools and organizations such as the University of La Verne, Cal Poly Pomona Cultural Center, and Latino/a roundtable, to introduce Tri-City to staff and become more familiar with their organization. Reconnecting with the community through local organizations is key to creating strong community partnerships and supporting agencies that work with underserved and underrepresented groups.

COMMUNITY NAVIGATORS

The Community Navigators recently welcomed a new member to their team who is assigned to support the city of La Verne. In addition to the extensive training provided by Tri-City staff, this new Navigator is actively researching community resources as well as reconnecting with agencies and organizations that have recently returned to in-person status.

Also, there is a focus on outreaching to individuals experiencing homelessness in La Verne through a partnership with Los Angeles Centers for Alcohol and Drug Abuse (L.A. CADA) which includes a High Acuity Team that can offer support and assistance to homeless individuals. The High Acuity Team consists of a Homeless Outreach Navigator, an emergency medical technician, and clinician and can assist with transportation to services such as the DMV, medical appointment, and the Department of Public Social Services for GR/MediCal assistance.

Success Story:

In 2021, a family of eight was experiencing homelessness and were connected to the Community Navigators for housing support. Through the Measure H Cohort Motel Voucher program, the family was placed in a motel on a temporary basis. While in this program, the family qualified for an emergency housing voucher through the City of Pomona. However, due to the large size of the family, it was difficult to locate adequate housing. Nevertheless, through the continued collaboration of the Tri-City Navigators, the City of Pomona, and the Volunteers of America, the family was recently placed in a 4-bedroom home.

WORKFORCE EDUCATION AND TRAINING (WET)

Tri-City staff has been working in coordination with CalMHSA and LACDMH, on a certification program to allow individuals with lived experience to become Peer Support Specialists. At this time, four Tri-City peer staff have been accepted for the scholarship program which will allow them to take the exam to become a Certified Peer Support Specialist. Additional staff, volunteers, and others will soon be eligible to apply for a limited number of additional scholarships which include an 80-hour training and certification.

Additionally, WET Program staff participated in a volunteer fair at the University of La Verne, providing information to over 30 students that are looking for volunteer opportunities.

Staff completed 305 trainings over 192.3 hours via the online learning platform, Relias, during the months of July and August. Tri-City's Social Media platforms reached 516 people on Facebook, 692 people on Instagram, 214 people on Twitter, and 108 on LinkedIn. Content included program/project information, recruitment efforts, and more.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Trainings

Throughout the month of July, the ACEs Aware Supplemental Community Training was provided to staff at the College Foundation to enrich the work Transitional Age Youth (TAY) foster youth and support staff are doing to build foundational relational skills. In addition, program staff have been coordinating future community trainings including Mental Health First Aid and Everyday Mental Health with various community partners like Western University and Scripps College and staff from the city of Claremont over the next several months.

Stigma Reduction/Suicide Prevention

In preparation for September Suicide Prevention Awareness Week/Month, program staff assembled a virtual toolkit that includes educational and promotional materials that can be utilized, collaborated on local events with community partners, launched a social media campaign, and scheduled dates to visit campuses and non-profit organizations promoting suicide prevention through a tabling activity/workshop.

WELLNESS CENTER

The Wellness Center completed another successful Senior Retreat. This annual camp for older adults focuses on seniors ages 60 and over, with the goal of minimizing the isolation that many still experience since the pandemic. Participants expressed how much they enjoyed the in-person meetings and activities provided by the staff. Initially, several participants expressed concern that they would not be able to attend due to transportation issues. However, the Center quickly addressed this barrier by providing transportation for those individuals who requested it. One senior expressed her appreciation and made it a point to thank the Center staff for going “above and beyond” so that she could attend this retreat in person.

INNOVATION

Tri-City staff continue to work on two important Innovation projects. For the Help@Hand project, efforts are underway to recruit participants for the myStrength launch which is taking place during the month of September. Painted Brain, contractor for the peer support portion of this project, will be hosting Digital Health Literacy trainings and “Appy Hours” which will offer technical assistance for participants who are using the app.

The second project, Psychiatric Advance Directives (PADs), has begun the implementation process by gathering the seven participating counties as well as sub-contractors together to begin developing a strategy to advance this important initiative. Tri-City will be focusing on the TAY population and hopes to draw from the 8 colleges located in the three cities in addition to clients and community members.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **September 21, 2022**

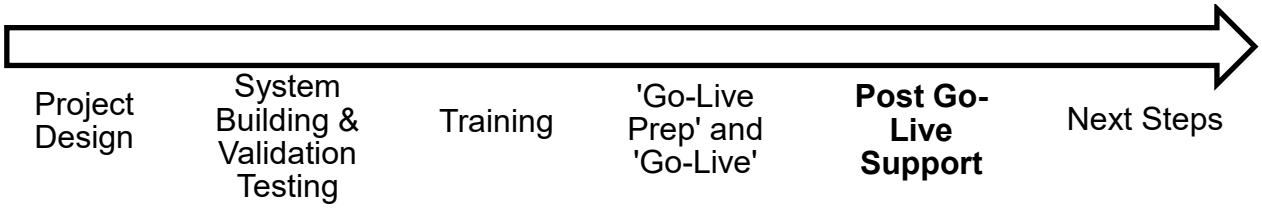
TO: **Governing Board of Tri-City Mental Health Center**
Rimmi Hundal, Executive Director

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

SUBJECT: **Monthly Best Practices Report**

CERNER EHR TRANSITION

Tri-City has successfully launched the new Cerner EHR (Electronic Health Record), as of August 16, 2022, and is now in the 'Post Go-Live Support' phase of the project.



The majority of Best Practice division staff are a part of the Cerner EHR implementation Core Team, which is Tri-City's team of multi-departmental subject matter experts who have guided and supported the implementation. Post 'go-live' transition activities continue to require a tremendous amount of Best Practice Team time and effort in order to sustain the project. As we prepare to move beyond Post Go-Live Support, and on to the next steps of phase two 'go-live', project optimization and long-term maintenance, the priority focus areas of the Best Practice Team have been on:

1. Prioritizing and Problem-Solving Critical Issues
2. Clarifying pathways to streamline workflow challenges and barriers
3. Providing follow-up training & enhancement training
4. Developing guidance to ensure claiming, documentation and data tracking requirements are upheld.

CERTIFICATION

In July 2022, the Los Angeles Department of Mental health conducted the Certification Audit for the Tri-City Mental Health 7731A site, located at 2008 N. Garey Avenue, Pomona, CA 91767. The Certification Review was successful and the 7731A provider site was recertified effective 7/27/2022. Provider Certification is critical for Tri-City to be able to provide and be reimbursed for Specialty Mental Health Services.