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TRI-CITY MENTAL HEALTH AUTHORITY

GOVERNING BOARD AGENDA

WEDNESDAY, APRIL 19, 2023 5:00 P.M.

MHSA ADMINISTRATION BUILDING 2001 NORTH GAREY AVENUE, POMONA, CA 91767

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

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.

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 Governing Board less than 72 hours prior to this meeting, are available for public inspection at 1717 N. Indian Hill Blvd., Suite B, in Claremont during normal business hours.

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

Administrative Office 1717 North Indian Hill Boulevard, Suite B Claremont, CA 91711 Phone (909) 623-6131 Fax (909) 623-4073

Clinical Office / Adult 2008 North Garey Avenue Pomona, CA 91767 Phone (909) 623-6131 Fax (909) 865-9281

Clinical Office / Children 900 Royalty Drive Pomona, CA 91767 Phone (909) 784-3200 Fax (909) 865-0730

MHSA Office 2001 North Garey Avenue Pomona, CA 91767 Phone (909) 325-4600 Fax (909) 326-4690

Wellness Center 1403 North Garey Avenue Pomona, CA 91767 Phone (909) 242-7600 Fax (909) 242-7691

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

CONSENT CALENDAR**1. APPROVAL OF MINUTES FROM THE MARCH 15, 2023 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of March 15, 2023.”

2. CONSIDERATION OF RESOLUTION NO. 703 ADOPTING A REVISED JOB DESCRIPTION FOR THE WORKFORCE EDUCATION AND TRAINING (WET) SUPERVISOR POSITION EFFECTIVE APRIL 19, 2023

Recommendation: “A motion to adopt Resolution No. 703 revising the Job Description for the WET Supervisor Position, Effective April 19, 2023.”

3. CONSIDERATION OF RESOLUTION NO. 704 ADOPTING A REVISED JOB DESCRIPTION AND SALARY RANGE FOR THE NURSE PRACTITIONER I/II POSITIONS, AND ADOPTING THE AUTHORITY’S CLASSIFICATION & SALARY SCHEDULE REFLECTING THESE CHANGES EFFECTIVE APRIL 19, 2023

Recommendation: “A motion to adopt Resolution No. 704 authorizing a revised Job Description and Salary Range for Nurse Practitioner I and II positions, and the Authority’s revised Classification and Salary Schedule effective April 19, 2023.”

NEW BUSINESS**4. CONSIDERATION OF RESOLUTION NO. 705 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A PROFESSIONAL SERVICES AGREEMENT WITH THE CITY OF POMONA FOR HOMELESSNESS PLAN IMPLEMENTATION GRANT AO-22-613 GRANT IN THE AMOUNT OF \$106,000**

Recommendation: “A motion to adopt Resolution No. 705 authorizing the Executive Director to execute a Professional Services Agreement with the City of Pomona for the Homeless Plan Implementation Grant AO-22-613 in the Amount of \$106,000.”

5. CONSIDERATION OF RESOLUTION NO. 706 ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24, 2024-25, & 2025-26

Recommendation: “A motion to adopt Resolution No. 706 approving the Authority’s MHSA Three-Year Program and Expenditure Plan For Fiscal Years 2023-24, 2024-25, & 2025-26, as recommended by Tri-City’s Mental Health Commission.”

MONTHLY STAFF REPORTS

6. **RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT**
7. **DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
8. **LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**
9. **SEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**
10. **DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
11. **NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

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

GOVERNING BOARD COMMENTS

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

PUBLIC COMMENT

The Public may at this time speak regarding any Tri-City Mental Health Authority related issue, provided that no action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

CLOSED SESSION

The Governing Board will recess to a Closed Session pursuant to:

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov't Code § 54956.9)
Case Name or Reference: Patricia Kears v. Tri City Mental Health Authority, Warkitha Torregano, et al.

Case Number: 21PSCV00953

Venue: Los Angeles Superior Court

RECONVENE TO OPEN SESSION

The Governing Board will reconvene to an Open Session.

CLOSED SESSION REPORT

Any reportable action taken is announced.

ADJOURNMENT

The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on **Wednesday, May 18, 2023 at 5:00 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE GOVERNING BOARD MARCH 15, 2023 – 5:00 P.M.

The Governing Board held on Wednesday, March 15, 2023 at 5:16 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Chair Leano called the meeting to order at 5:16 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
Paula Lantz, City of Pomona, Board Member (joined at 5:02 pm)
Wendy Lau, City of La Verne, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Ronald T. Vera, City of Claremont, Board Member

ABSENT: None.

STAFF: Rimmi Hundal, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer
Seeyam Teimoori, Medical Director
Dana Barford, Director of MHSA & Ethnic Services
Mica Olmos, JPA Administrator/Clerk

CONSENT CALENDAR

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

There being no comment, Board Member Vera moved, and Board Member Lau seconded, to approve the Consent Calendar. The motion was carried by the following vote, with Board Member Lantz abstaining from approval of Agenda Item Nos. 1 and 2: AYES: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

1. APPROVAL OF MINUTES FROM THE FEBRUARY 1, 2023 GOVERNING BOARD SPECIAL MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of February 1, 2023."

AGENDA ITEM NO. 1

2. APPROVAL OF MINUTES FROM THE FEBRUARY 15, 2023 GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of February 15, 2023.”

3. APPROVAL OF MINUTES FROM THE MARCH 1, 2023 GOVERNING BOARD SPECIAL MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Special Meeting of March 1, 2023.”

NEW BUSINESS

4. CONSIDERATION OF RESOLUTION NO. 700 AWARDING SDC ENGINEERING, INC. THE AGREEMENT FOR THE THERAPEUTIC COMMUNITY GARDEN AND PARKING LOT IMPROVEMENT PROJECT AT 2008 N. GAREY AVE. IN POMONA, IN THE AMOUNT OF \$599,800; AND AUTHORIZING AN AMENDMENT TO THE FISCAL YEAR 2022-23 BUDGET IN THE AMOUNT OF \$64,800 FOR THE PARKING LOT IMPROVEMENT PROJECT AND \$20,000 FOR THE THERAPEUTIC COMMUNITY GARDEN PROJECT

Chief Financial Officer Acosta reported that for the last few months she has provided updates regarding the Therapeutic Community Garden (TCG) Project, and expressed excitement to present it to the Governing Board for its consideration and approval; that Facilities Manager Alex Ramirez was also in attendance to answer any detail questions about the project plans; and pointed out that she had also provided them with a visual of what the garden will look like.

Board Member Ontiveros-Cole inquired where the garden was located. Chief Financial Officer Acosta replied that it is adjacent to the clinic at 2008 Garey Avenue, to the north.

Board Member Vera inquired about the source of monies to fund this project. Chief Financial Officer replied that the project is being funded through the Capital Facilities and Technology Needs Plan under MHSA, and a portion of realignment for the parking lot portion of the project.

Chair Leano inquired if the garden was accessible from the clinic. Chief Financial Officer Acosta replied in the affirmative, and that it is also visible from the street. Executive Director Hundal added that there is a gate that allows persons to walk from the clinic to the garden.

Chair Leano commented that the garden design was beautiful; commended staff for their hard work; and then opened the meeting for public comment, and there was no public comment.

There being no further comment, Board Member Lantz moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 700 awarding SDC Engineering the Therapeutic Community Garden and Parking Lot Project at Clinical Building located at 2008 N. Garey in Pomona, effective March 15, 2023; authorizing the Executive Director to execute the agreement in the amount of \$599,800; authorizing the budget amendments; and authorizing contingency amounts up to an additional 10%. The motion was carried by the following vote: AYES: Board

Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

5. CONSIDERATION OF RESOLUTION NO. 701 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE FIRST AMENDMENT TO THE AGREEMENT WITH GALLAGHER BENEFIT SERVICES, INC. (FORMERLY KOFF & ASSOCIATES, INC.) FOR COMPLETION OF THE TOTAL CLASSIFICATION AND COMPENSATION STUDY

Human Resources Manager Torregano reported that in January staff presented to the Governing Board the First Amendment to the Koff and Associates contract, revising the budget for its consulting services for TCMHA's classification and compensation study; that this First Amendment is being presented again because Koff and Associates has since been acquired by a new agency, Gallagher Benefit Services, and its new legal team had requested some revisions to that Amendment; and enumerated the changes which had been reviewed by TCMHA's general counsel Darold Pieper.

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

There being no further comment, Board Member Vera moved, and Vice-Chair Nolte seconded, to adopt Resolution No. 701 authorizing the Executive Director to execute the First Amendment to Professional Services Agreement with Gallagher Benefit Services, Inc. (Formerly Koff & Associates, Inc.) in the amount of \$52,388 to complete the Classification and Compensation Study. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

6. CONSIDERATION OF RESOLUTION NO. 702 AWARDED RICHARDS, WATSON & GERSHON THE AGREEMENT FOR GENERAL COUNSEL SERVICES AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Executive Director Hundal thanked Mr. Pieper, TCMHA's General Counsel, for his long service to TCMHA, pointing out that Mr. Pieper had submitted his Notice of Resignation on January 12th, after serving TCMHA for almost 20 years; that staff issued a Request for Quotes for general counsel services on February 3rd and three Quotes were received, noting that all three proponents were interviewed by the Governing Board of March 1st; that staff recommends that the Governing Board award the contract for general counsel services to RWG which was founded in 1954 and serves as general counsel to dozens of government entities; that RWG proposes Mr. Steven Flower to be the designated general counsel.

Chair Leano inquired if the contract included under its terms an at-will provision if either party wanted to discontinue the contract, it could be done at any time. Mr. Flower replied in the affirmative and that the purpose of the term was to set forth the rates over the three-year term. Chair Leano further inquired, for purposes of evaluation, if it was built into the contract or if the Governing Board needed to establish it as a matter of policy. Mr. Flower stated that this provision is not included in the contract, and it could be built into the contract as they welcome any feedback; however, it is not RWG's policy. Chair Leano stated that he does not see the need to put it in the contract; however, he believes it would be helpful for them to visit this once a year.

Board Member Lantz indicated that the contract for general counsel services will start today, and inquired if Darold Pieper will be available during the transition.

General Counsel Pieper replied in the affirmative, noting that last month he mentioned to the Board that he was pleased to be available through the end of the month, under his existing arrangement for any transitional issues.

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

Steven Flower, of RWG, expressed gratitude to the Governing Board, staff, and to Darold Pieper, stating that Mr. Pieper was formerly a partner at RWG; that it is his privilege to attempt to step into his shoes, especially seeing how much he is respected here at Tri-City and how much we all have relied on his expertise and professionalism. He indicated he looks forward to attempting to meet that standard; that he is going to be available to all of us; that he hopes to get a chance to get to know everyone a little bit better soon. He also stated that his partner, Senior Counsel Kevin Ennis is in attendance at the meeting, and that he will also be available to assist as well as a number of our attorneys who have expertise that are needed by the Authority.

Kevin Ennis, Special Counsel at RWG, stated that they are very grateful and happy that the Governing Board had selected their firm to provide general counsel services; that TCMHA will be in great hands with Mr. Steven Flower. He then recognized Mr. Darold Pieper, noting that he was one of his mentors and approximately 35 years ago, they started working together, and that he has learned a lot from Mr. Pieper's tutelage, advice, guidance, and just wisdom. He then congratulated Mr. Pieper for his very well-earned retirement after 20 years of great service to this agency and wished him all the best in his retirement.

There being no further comment, Vice-Chair Nolte moved, and Board Member Lau seconded, to adopt Resolution No. 702 awarding Richards, Watson and Gershon an Independent Contractor Agreement for General Counsel Services effective March 15, 2023; and authorizing the Executive Director to execute the agreement. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

MONTHLY STAFF REPORTS

7. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

Executive Director Hundal reported that when MHSA first started, there was funding set aside kept at the state level for workforce, education, and training development, which was divided by regions resulting in TCMHA belonging to the Southern Region, with nine other counties with the exception of the Los Angeles County; and discussed the partnership (SCRIP), noting that they host a conference each year and it has been hosted in the City of Pomona for several years; that last year during COVID, the conference was held in Santa Barbara because it is the fiscal sponsor; that this year's conference year's topic "Strategies for Addressing Trauma" took place last week in Pomona; and that she had received good feedback from our staff who attended the conference. She then talked about trauma and stated that research shows that childhood trauma is showing physical impact on people's health resulting in lowering people's life expectancy; and that it was very timely conference since we are also coming out of COVID. She then provided a staffing report; then announced that effective April 3, 2023, the California Department of Public Health will be sun-setting the requirements for all healthcare workers to be vaccinated for COVID 19;

therefore, she will no longer be providing updates regarding staff vaccination compliance; and that it is also expected that the masks will no longer be mandatory and will become optional.

Board Member Vera inquired if the workforce grant goes to Santa Barbara and it distributes monies to each of the agencies. Executive Director Hundal replied in the negative, stating that fiscal responsibility means that they just get an admin fee to hire a staff member to manage the funding; that it is not divided by counties and it is to develop workforce for all counties, which involves sharing subject matter experts and trainings; that this year counties are planning to update the plan to include stipends for some hard to fill positions; and that counties' contribution depends on county size, noting that TCMHA is mid-size county. Board Member Vera further inquired if there is anything as part of this grant that is looking at increasing the pipeline of students going into mental health or hiring tools. Executive Director Hundal replied in the affirmative, noting that staff is working with local schools and colleges to encourage careers in mental health and discussed the various strategies.

Chair Leano commented that from staff's reports, last year we were having staffing issues like everybody else but we are closing that gap, and inquired how Tri-City is currently doing in terms of vacancies. Executive Director Hundal reported that we are at a very good place since we have the lowest turnover rate. HR Manager Torregano added that we have had the lowest turnover rate over the last year and a half, roughly about 5.6% reduction, noting that it has a lot to do with the resolution that the Board approved last year to increase the pay for clinical therapists. Executive Director Hundal added that the loan forgiveness program through Tri-City's WET program has also help because encourages staff to apply so they can get \$7,500 forgiven for one year of service; which will continue as long there is funding available.

Discussion ensued regarding vacancies and pending hires; about the different recruitment strategies staff has been using such as going to career fairs, having an electronic billboard along the 10 freeway, reinstating internship program that stopped during COVID, and working with high schools to introduce them to careers in mental health; and about recruitment efforts with the universities, noting that website link of job postings should also sent to the universities, rather than just informing them that the jobs are posted in Tri-City's website.

Chair Leano commented that everyone had a responsibility to keep talking about the agency whenever they are in a setting that can possibly access new talent pool, pointing out that we are moving in the right direction, and encouraged staff to keep the Board informed about what they can do in addition to spreading word of mouth, because the Board should be implementing the most aggressive policies to fill all these vacancies.

8. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta reported that on page 2 of her report, she added a section about CalAIM; that about two weeks ago, Tri-City received the rates from LA County which will be effective July 1, 2023; that currently the finance department is working through all that data to determine how it is going to impact Tri-City in the short and long terms; and that staff expects to provide detailed information in the next couple of months. She then referred to page 3 of her report and indicated that because of the extreme weather we been experiencing and state of emergencies that have been declared, income tax filings have been extended until October, resulting in having our MHS dollars that would have been received this fiscal year, shifted to the next fiscal year, noting that she will keep the Board abreast of what impact it may have on Tri-City.

Board Member Lantz inquired if the income, as a result of the delayed tax filing, will be received by Tri-City after the deadline or as people file. Chief Financial Officer Acosta replied as people file, and discussed that it might be the same situation that we had during COVID in 2020 when the tax filings were extended to after the fiscal year and Tri-City has been experiencing these giant tidal waves where we come down 30% and then we go up 30%, but reassured that staff is managing that the best way possible.

Board Member Vera referred to the budget wherein it was projected that Tri-City was going to receive \$14.7 million in 2023, and inquired if there was going to be any postponement of any program in the amount of \$2.5 million with the expected shortfall. Chief Financial Officer Acosta replied in the negative because of the tidal wave of dollars that we experienced last year, pointing out that our spending has been shifted to year two, rather than the bulk of it in year two and year three, since we have three years to spend these funds.

Discussion ensued regarding the risk of reversion if MHSA funds are not spent at year three; however, that staff works really hard to avoid reversion; and that if it is anticipated that this could happen, staff would notify the Board as soon as they become aware.

Board Member Vera stated that he is aware that staff has been talking about various programs that are being vetted by the Commission, and inquired when will the Board is expected to see those new programs, since he is starting to receive public inquiries about whether or not it is too late to submit proposals to use the excess funding. Executive Director Hundal stated that information about the Plan is included in the Director of MHSA & Ethnic Services' report; that the Plan has been posted and it will be presented to the Commission next month as well as the Governing Board for its approval; that regarding the Innovation Plan, staff is working on getting into the OAC schedule, and thereafter will present it to the Board; and that it is never too late to receive proposals since staff is always looking for new Innovation ideas. Director of MHSA and Ethnic Services Barford added that there is a survey online which can be completed at any time throughout the year to and share your ideas.

9. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Executive Director Hundal reported that Chief Clinical Officer Renteria is attending 'Lobby Day' in her place in Sacramento, and she is meeting with Mr. Freddy Rodriguez and other representatives our area to talk about the workforce shortage, among other things, to see what they can do at the state level; and that she was happy to answer any questions from the Chief Clinical Officer report.

10. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori reported that he had provided data about services conducted in February by the multiple teams that we have, that he would be happy to answer any questions.

Chair Leano inquired about the pharmacy. Dr. Teimoori replied that it is going well and people, including doctors, are happy with their services, noting that the pharmacist is great and that overall it has been very good. Chair Leano asked for the Board to receive later on in the year, a high level summary report regarding how many people we are serving, wanting to know if this in fact is a positive outcome for access for our clients and for our residents, and if it can be improved.

Executive Director Hundal commented that she has been contacted by three other counties wanting to know how is the pharmacy working for Tri-City, and that it is a really nice thing to be ahead of the game in the state since Tri-City was one of the first to implement a pharmacy at its premises, which is working so well that other counties want to do what we are doing.

Discussion ensued regarding the many referrals that Tri-City has had in a very short term basis; about the pharmacy's flexibility with Tri-City clients in terms of providing them with medication even where there is a lapse in the insurance coverage and that they have been very helpful and have been finding ways to cover the cost of medication.

Board Member Vera reported that a professor at Western University received a government grant to train pharmacists on how to look for mental health issues with their clients, and stated that he would like to invite that professor to see what she is doing too.

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

Director of MHSA and Ethnic Services Barford reported that recently a stakeholder meeting was held and \$2.5 million were identified to transfer from Community Services and Supports (CSS) to Capital Facilities and Technology Needs (CFTN) and to Workforce Education and Training (WET); that it is being proposed that: 1) \$500,00, of the \$2.5 million from CSS, be transferred to WET to support Tri-City's internal Loan Repayment program and future trainings, which are a strong incentive for recruitment efforts; 2) \$2 million be transferred to CFTN to purchase a building; and 3) the \$35,500 allocated to NAMI on an annual basis, be instead allocated for three years since NAMI was struggling to expend this funding on an annual basis due to losing staff who did their trainings and the closure of schools during COVID, which is where they primarily would be working with parents or schools, noting that when NAMI is fully operational again and the school districts are allowing them back in campus, the funding amount allocated to them can be adjusted. She added that spreading the \$35,000 over three years will be less pressure for NAMI, and it will also allow approximately \$75,000 being earmarked for other PEI programs while NAMI is working in a parallel process to ramp up things. She then announced that this is Green Ribbon Week and discussed the various activities taking place, and encouraged the Board to let her know if they would like staff to drop of green ribbons at a specific school, organization or office.

12. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Executive Director Hundal stated that she would answer any questions in the absence of Chief Compliance Officer Majors-Stewart who is out in vacation.

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

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

GOVERNING BOARD COMMENTS

There was no comment.

PUBLIC COMMENT

There was no public comment.

CLOSED SESSION

At 5:59 p.m., the Governing Board recessed to a Closed Session to hold a conference with legal counsel, pursuant to Gov't Code § 54956.9; Existing Litigation: Patricia Kears v. Tri City Mental Health Authority, Warkitha Torregano, et al.; Case Number: 21PSCV00953; Venue: Los Angeles Superior Court.

RECONVENE TO OPEN SESSION

At 6:34 p.m., the Governing Board reconvened to an Open Session.

CLOSED SESSION REPORT

There was no reportable action.

ADJOURNMENT

At 6:34 p.m., on consensus of the Governing Board its meeting of March 15, 2023 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, April 19, 2023 at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela P. Olmos, JPA Administrator/Clerk



Tri-City Mental Health Authority
AGENDA REPORT

DATE: April 19, 2023

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Kitha Torregano, Human Resources Manager

SUBJECT: Consideration of Resolution No. 703 Adopting Revised Job Description for the Workforce Education and Training (WET) Supervisor Classification Effective April 19, 2023

Summary:

If an effort to remain competitive in the current employment market and have the ability to attract and qualified and talented candidate pool, Tri-City Mental Health Authority is requesting approval of the revised job description for the Workforce Education and Training (WET) Supervisor classification.

Background:

Attached to this Agenda Report is the edited and final versions of the WET Supervisor job description having been revised to include updated position requirements and essential functions in comparison to similar agencies with like positions. Currently, there are no recommended salary changes for the WET Supervisor position. The position shall remain on its current pay grade, S5, \$75,352.32 - \$120,563.71/annually.

Fiscal Impact:

There is no fiscal impact for the WET Supervisor position as this position is already provided for in the current Fiscal Year 2022-2023 budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 703 approving the revised Job Description of the Workforce Education and Training (WET) Supervisor.

Attachments

Attachment 2-A: Resolution No. 703 - DRAFT

Attachment 2-B: WET Supervisor Job Description, Effective April 19, 2023 – DRAFT

Attachment 2-C: WET Supervisor Job Description - ANNOTATED

RESOLUTION NO. 703

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING A REVISED JOB DESCRIPTION FOR THE WORKFORCE, EDUCATION AND TRAINING SUPERVISOR POSITION, EFFECTIVE APRIL 19, 2023

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) adopted on June 20, 2018 Resolution No. 449, establishing the Workforce, Education and Training (WET) Supervisor Position to supervise, plan, organize, coordinate, and direct activities or projects of the Workforce, Education and Training (WET) program.

B. The Authority desires to revise the job description for the WET Supervisor Position to update the classification requirements and essential functions in comparison to similar agencies with like positions.

C. The Authority’s Governing Board has previously approved job descriptions, classifications, pay grades, salary ranges, and benefits for the Authority’s employees through the adoption of Resolutions.

2. Action

The Governing Board approves revising the job description of Workforce, Education and Training (WET) Supervisor position, with its annual Salary Range and Pay Grade remaining the same as follows:

Workforce, Education and Training Supervisor \$75,352.32 - \$120,563.71 S5

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 19, 2023, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By: _____

By: _____



WORKFORCE EDUCATION AND TRAINING SUPERVISOR

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

FLSA STATUS: Exempt

DEFINITION:

Under general direction, plans, supervises, coordinates, reviews, and participates in the work of the Workforce Education and Training (WET) program; coordinates volunteer program; collaborates with and provides consultation to management staff, other departments, outside agencies, and community committees related to the provision of services; ensures compliance with Authority and mandated policies and procedures; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general direction from assigned management personnel. Exercises direct supervision over technical support staff.

DISTINGUISHING CHARACTERISTICS:

This is a full non-clinical supervisory-level class in that exercises independent judgment on diverse and specialized workforce and education training services with accountability and ongoing decision-making responsibilities associated with the work. Incumbents are responsible for planning, organizing, supervising, reviewing, and evaluating the work of non-clinical staff in the provision of workforce education and training services to Authority staff and the community and are responsible for providing professional level support to management in a variety of areas. Performance of the work requires the use of independence, initiative, and discretion within established guidelines and scope of practice.

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

- Plans, supervises, coordinates, reviews, and participates in the work of staff assigned to WET program; plans, coordinates, and directs the daily operations and activities of assigned unit(s); develops, monitors, and adjusts unit staffing schedules to ensure optimal service delivery.
- Supervises, trains, evaluates, and participates in the selection of subordinate program staff; and initiates and participates in personnel actions in accordance with the Authority's Human Resources practices and procedures.
- Manages the Authority's social media accounts; collaborates with the Authority's various programs to develop and implement strategic social media campaigns that align with the Authority's mission.

ATTACHMENT 2-B

- Supervises and evaluates the volunteer program which includes recruitment and placement of volunteers as well as tracking and logging data in the volunteer database.
- Researches and develops training curriculum; develops and coordinates and/or conducts training programs for staff and volunteers; coordinates and administers the online learning system for Authority staff and volunteers; maintains the user directory, troubleshoots user access to the system; creates training plans relevant to specific departments or Authority-wide.
- Collaborates with state and local official agencies to coordinate WET program activities and programs; identifies and acquires funding sources and manages the requirements of funding streams.
- Prepares and submits budget requests for assigned unit(s); estimates future needs of unit in terms of personnel, equipment, supplies, and space; consults with manager on priorities and availability of funding and other resources.
- Prepares required quarterly reports, annual updates, and other analyses and evaluations for the WET program which includes employee trainings and the volunteer program.
- Partners with school districts and colleges to introduce students to careers in Behavioral Health and introduce volunteer opportunities.
- Evaluates program effectiveness and recommends development and/or modification of program goals, policies, procedures, and work standards to enhance training effectiveness to correspond with consumer and community needs, funding, and available resources; drafts and submits a wide variety of policies, procedures and plans for the execution of program operations; implements upon approval.
- Prepares a variety of program reports, correspondence, and related documents.
- Ensure confidentiality and integrity of Protected Health Information (PHI) of clients served by Center to comply with all Health Insurance Portability and Accountability (HIPAA) regulation.
- Ensures staff observe and comply with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS:

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

Education and Experience

Education:

- Equivalent to an associate degree from an accredited college with major coursework in public administration, behavioral health, psychology, sociology, or a related field.

Experience:

- Three (3) years of increasingly responsible experience in workforce, education, and training or related work.

Licenses and Certifications:

- Possession of a valid California Driver's License, a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

Knowledge of:

- Principles and practices of employee supervision, including work planning, assignment review and evaluation, discipline, and the training of staff in work procedures.
- Principles and practices of leadership.
- Operations, services, and activities of a comprehensive behavioral health program which encompasses adult, juvenile, and children's services.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).
- Workforce Education and Training program requirements and funding standards.
- Principles and practices of social media and marketing.
- Cultural, social, and environmental factors and influences affecting behavioral health.
- Community and governmental services and resources.
- Methods and techniques of conducting training in assigned program area.
- Principles and practices of record keeping.
- Basic needs and challenges for individuals and families accessing behavioral health services, including cultural barriers.
- Authority and mandated safety rules, regulations, and protocols.
- Techniques for providing a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Select and supervise staff, provide training and development opportunities, ensure work is performed effectively, and evaluate performance in an objective and positive manner.
- Assist in developing and implementing goals, objectives, practices, policies, procedures, and work standards.
- Plan, organize, and coordinate the work of multidisciplinary staff.
- Facilitate group meetings and training sessions.
- Understand scope of authority in making independent decisions.
- Effectively utilize community resources to provide workforce and education training.
- Effectively represent the department and the Authority in meetings with governmental agencies; community groups; various business, professional, and regulatory organizations; and in meetings with individuals.
- Prepare clear and concise correspondence and other written materials.

- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

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

ENVIRONMENTAL CONDITIONS

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

WORKING CONDITIONS

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

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



WORKFORCE EDUCATION AND TRAINING SUPERVISOR

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

FLSA STATUS: Exempt

DEFINITION:

Under general direction, plans, supervises, coordinates, reviews, and participates in the work of the Workforce Education and Training (WET) program; coordinates volunteer program; collaborates with and provides consultation to management staff, other departments, outside agencies, and community committees related to the provision of services; ensures compliance with Authority and mandated policies and procedures; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general direction from assigned management personnel. Exercises direct supervision over technical support staff.

DISTINGUISHING CHARACTERISTICS:

This is a full non-clinical supervisory-level class in that exercises independent judgment on diverse and specialized workforce and education training services with accountability and ongoing decision-making responsibilities associated with the work. Incumbents are responsible for planning, organizing, supervising, reviewing, and evaluating the work of non-clinical staff in the provision of workforce education and training services to Authority staff and the community and are responsible for providing professional level support to management in a variety of areas. Performance of the work requires the use of independence, initiative, and discretion within established guidelines and scope of practice.

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

- Plans, supervises, coordinates, reviews, and participates in the work of staff assigned to WET program; plans, coordinates, and directs the daily operations and activities of assigned unit(s); develops, monitors, and adjusts unit staffing schedules to ensure optimal service delivery.
- Supervises, trains, evaluates, and participates in the selection of subordinate program staff; and initiates and participates in personnel actions in accordance with the Authority's Human Resources practices and procedures.
- Manages the Authority's social media accounts; collaborates with the Authority's various programs to develop and implement strategic social media campaigns that align with the Authority's mission.

ATTACHMENT 2-C

Workforce Education and Training Supervisor
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- Supervises and evaluates the volunteer program which includes recruitment and placement of volunteers as well as tracking and logging data in the volunteer database.
- Researches and develops training curriculum; develops and coordinates and/or conducts training programs for staff and volunteers; coordinates and administers the online learning system for Authority staff and volunteers; maintains the user directory, troubleshoots user access to the system; creates training plans relevant to specific departments or Authority-wide.
- Collaborates with state and local official agencies to coordinate WET program activities and programs; identifies and acquires funding sources and manages the requirements of funding streams.
- Prepares and submits budget requests for assigned unit(s); estimates future needs of unit in terms of personnel, equipment, supplies, and space; consults with manager on priorities and availability of funding and other resources.
- Prepares required quarterly reports, annual updates, and other analyses and evaluations for the WET program which includes employee trainings and the volunteer program.
- Partners with school districts and colleges to introduce students to careers in Behavioral Health and introduce volunteer opportunities.
- Evaluates program effectiveness and recommends development and/or modification of program goals, policies, procedures, and work standards to enhance training effectiveness to correspond with consumer and community needs, funding, and available resources; drafts and submits a wide variety of policies, procedures and plans for the execution of program operations; implements upon approval.
- Prepares a variety of program reports, correspondence, and related documents.
- Ensure confidentiality and integrity of Protected Health Information (PHI) of clients served by Center to comply with all Health Insurance Portability and Accountability (HIPAA) regulation.
- Ensures staff observe and comply with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS:

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

Education and Experience

Education:

- Equivalent to an associate degree from an accredited college with major coursework in public administration, behavioral health, psychology, sociology, or a related field.

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Experience:

- Three (3) years of increasingly responsible experience in workforce, education, and training or related work.

Licenses and Certifications

- Possession of a valid California Driver's License, a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

Knowledge of:

- Principles and practices of employee supervision, including work planning, assignment review and evaluation, discipline, and the training of staff in work procedures.
- Principles and practices of leadership.
- Operations, services, and activities of a comprehensive behavioral health program which encompasses adult, juvenile, and children's services.
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- Select and supervise staff, provide training and development opportunities, ensure work is performed effectively, and evaluate performance in an objective and positive manner.
- Assist in developing and implementing goals, objectives, practices, policies, procedures, and work standards.
- Plan, organize, and coordinate the work of multidisciplinary staff.
- Facilitate group meetings and training sessions.
- Understand scope of authority in making independent decisions.
- Effectively utilize community resources to provide workforce and education training.

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- Prepare clear and concise correspondence and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
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Receive satisfactory results from a background investigation, which includes fingerprinting; a pre-employment physical examination, which includes a drug/alcohol test; and an administrative review.

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The Workforce Education and Training Supervisor is a single-position class. Incumbents receive		

administrative supervision from the Director of MHSA and Ethnic Services Act and have full responsibility over assigned professional personnel and the MHSA volunteer program, including the Communications Coordinator.

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Coordinate, supervise

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Develop and coordinate training programs for Tri-City MHSA staff, volunteers and community stakeholders and arrange meetings, including online trainings as well as in person trainings.

Assist in required quarterly reports, annual updates, and other analyses and evaluations for the Workforce Education and Training program which includes employee trainings and the volunteer program.

Prepare

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Develop and coordinate training programs for Tri-City MHSa staff, volunteers and community stakeholders and arrange meetings, including online trainings as well as in person trainings.

Assist in required quarterly reports, annual updates, and other analyses and evaluations for the Workforce Education and Training program which includes employee trainings and the volunteer program.

Prepare

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Supervise and evaluate

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Function as liaison representative to other departments, community groups, agencies and stakeholders.

Oversee Tri-City's social media pages such as Facebook, Twitter and LinkedIn.

Collaborate with Tri-City's various programs to develop and implement strategic social media campaigns that align with the agency's mission.

Recommend program updates to correspond with consumer and community needs, funding, and available resources.

Partner will

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Serve as Liaison for the Southern Regional Counties Partnership (SCRCP).

Maintain records and documentation of the Workforce Education and Training program activities and events.

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Maintain up-to-date knowledge of local, county, State, and federal laws, regulations, Agency policies and procedures that govern program operations; disseminate knowledge to staff and ensure compliance on a continuous basis.

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health services administration, mental health, local government or related field involving work related to		
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Sources and availability of information. Availability and means of utilizing Agency		
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required for gathering, evaluating and transmitting information.		
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Principles of research, analysis, and report preparation.		
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Roles and functions of mental health agencies, mental health service delivery, programs, and resources.

Skill to:

- Operate a personal computer and utilize a variety of software programs.
- Use a participatory style in reaching solutions to problems.
- Facilitate groups to develop and implement recommendations.
- Manage, track, and report on multiple and complex projects.
- Analyze financial and service data for program evaluation and development.

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Produce analyses and documents using a variety of software programs.

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direct a program unit, and supervise multi-disciplinary staff.

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Analyze and interpret factual data and a variety of administrative issues; make sound policy and procedural recommendations; implement effective solutions; and prepare complex reports.

Understand and carry out verbal and written instructions.

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Prepare clear and concise reports.
Function with minimal supervision.

Special Requirements:

Possess and maintain a current valid California Driver License, a satisfactory driving record, and a properly registered and insured vehicle.

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PHYSICAL STANDARDS:

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; body mobility to move from one work area to another, and operate a vehicle; grasping, repetitive hand movement and fine coordination in preparing reports, data entry, and using a computer keyboard; vision sufficient for observing work performed, reading correspondence and reports, statistical data, computer screen and other standard text; and communicating with others on the phone, in person, and in meetings.

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

DATE: April 19, 2023

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Kitha Torregano, Human Resources Manager

SUBJECT: Consideration of Resolution No. 704 Revising the Job Description and Salary Range for the Nurse Practitioner I and II Positions, and Adopting the Authority's Revised Classification & Salary Schedule Reflecting these changes Effective April 19, 2023

Summary:

Staff is requesting Governing Board approval to revise our Nurse Practitioner I and II salary grades to current market value in comparison with our surrounding public agency counterparts. We are also requesting approval to revise the job description to reflect current essential functions and reporting requirements.

Background:

As the unprecedented need of mental health care services continues to grow, mental health service providers have had to look at alternative ways to continue to provide services to an ever-increasing population. Tri-City is planning to move forward with hiring Nurse Practitioners to assist with our psychiatry needs on our Medical Team in conjunction with our Psychiatrists. Tri-City's current Classification and Compensation Plan already includes the Nurse Practitioner I and II classification, however, the job description and salary ranges had not been reviewed or revised in approximately nine years as we have not had any current incumbents.

Our Human Resources Department performed a salary analysis and determined that our current Nurse Practitioner I and II salary ranges are approximately 40% under current market value. Therefore, before moving forward with recruiting available vacancies, we would like to ensure we are offering a competitive salary and that our job description reflects current essential functions and reporting requirements. Hence, staff's request today for Governing Board approval and adoption of the revised salary ranges and job description for the Nurse Practitioner I and II classifications as set forth below and attached.

Annual Salaries						
		Prior			Proposed	
	Pay Grade	Minimum	Maximum	Salary Range	Minimum	Maximum
Nurse Practitioner I	S3	\$66,414.40	\$95,260.88	56	\$121,187.87	\$154,669.84
Nurse Practitioner II	S5	\$75,352.32	\$120,563.71	60	\$133,768.75	\$170,726.61

AGENDA ITEM NO. 3

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 704 Revising the Job Description and Salary Range for the Nurse Practitioner I & II Positions, and Adopting the Authority's Revised Classification & Salary Schedule Reflecting these changes Effective April 19, 2023
April 19, 2023
Page 2

Fiscal Impact:

With only two months left in the current fiscal year, Management expects no material impact to the current fiscal year budget. Management will incorporate newly adopted range into the fiscal year 2023-2024 budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 704 revising the job description and salary range for the Nurse Practitioner I & II Positions, and adopting the Authority's revised Classification & Salary Schedule reflecting these changes effective April 19, 2023.

Attachments

Attachment 3-A: Resolution No. 704 - DRAFT

Attachment 3-B: Nurse Practitioner I and II Job Description – Revised 04-19-2023

Attachment 3-C: Nurse Practitioner I and II Job Description – ANNOTATED

RESOLUTION NO. 704

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY REVISING THE JOB DESCRIPTION AND SALARY RANGE FOR THE NURSE PRACTITIONER I/II POSITIONS, AND ADOPTING A REVISED CLASSIFICATION AND SALARY SCHEDULE REFLECTING THESE CHANGES EFFECTIVE APRIL 19, 2023

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) adopted on February 19, 2014 Resolution No. 380, creating the Nurse Practitioner I and II Positions to perform, under direction and medical supervision of a physician, primary medical and psychiatric care; physical examinations; and diagnostic, psychiatric and medical care management.

A. The Authority desires to revise the Job Description and Salary Range for the Nurse Practitioner I/II Positions to update current essential functions and reporting requirements; and adopt a revised Classification and Salary Schedule for Tri-City Mental Health Authority reflecting these changes effective April 19, 2023.

B. Staff has conducted a class and compensation review of the Nurse Practitioner I and II Positions to determine the appropriate salary range for these job descriptions.

C. The Authority’s Governing Board has previously approved job descriptions, classifications, salary ranges, and benefits for the Authority’s employees through the adoption of Resolutions.

D. The Nurse Practitioner I/II proposed annual Salary Range is as follows:

		Annual Salaries				
		Prior		Proposed		
	Pay Grade	Minimum	Maximum	Salary Range	Minimum	Maximum
Nurse Practitioner I	S3	\$66,414.40	\$95,260.88	56	\$121,187.87	\$154,669.84
Nurse Practitioner II	S5	\$75,352.32	\$120,563.71	60	\$133,768.75	\$170,726.61

[continued on page 2]

2. Action

The Governing Board approves and authorizes a revised Job Description and Salary Range for the Nurse Practitioner I/II positions as reflected in the revised Authority's Classification and Salary Schedule effective April 19, 2023, incorporated herein as 'Exhibit A'.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 19, 2023 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By: _____

By: _____

Client
Proposed Salary Plan
Month Year

EXHIBIT A

Salary Range	Annually						Monthly						Per Pay Period						Hourly					
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
1	31,163.60	32,721.73	34,357.86	36,075.73	37,879.50	39,773.34	2,596.97	2,726.81	2,863.15	3,006.31	3,156.63	3,314.45	1,198.60	1,258.53	1,321.46	1,387.53	1,456.90	1,529.74	14,982.50	15,731.60	16,518.20	17,344.10	18,211.30	19,121.80
2	32,194.56	33,539.79	35,216.69	36,977.62	38,826.53	40,767.79	2,661.88	2,794.98	2,934.72	3,081.47	3,235.54	3,397.32	1,228.56	1,289.99	1,354.49	1,422.22	1,493.33	1,567.99	15,357.00	16,124.90	16,931.10	17,777.10	18,666.60	19,599.90
3	32,741.28	34,378.24	36,097.15	37,901.97	39,797.06	41,786.99	2,728.44	2,864.85	3,008.10	3,158.50	3,316.42	3,482.25	1,259.28	1,322.24	1,388.35	1,457.77	1,530.66	1,607.19	15,741.00	16,528.00	17,354.40	18,222.10	19,133.20	20,089.90
4	33,559.76	35,237.70	36,999.66	38,849.62	40,792.13	42,831.57	2,796.65	2,936.47	3,083.31	3,237.47	3,399.34	3,569.30	1,290.76	1,355.30	1,423.06	1,494.22	1,568.93	1,647.37	16,134.50	16,942.10	17,788.30	18,677.10	19,611.60	20,592.10
5	34,398.62	36,118.58	37,924.64	39,820.77	41,811.74	43,902.35	2,866.55	3,009.88	3,160.39	3,318.40	3,484.31	3,658.53	1,323.02	1,389.18	1,458.64	1,531.57	1,608.14	1,688.55	16,537.80	17,364.70	18,233.00	19,144.60	20,101.80	21,106.90
6	35,258.70	37,021.71	38,872.70	40,816.26	42,857.15	44,997.97	2,938.23	3,085.14	3,239.39	3,401.35	3,571.43	3,750.00	1,356.10	1,423.91	1,495.10	1,569.86	1,648.35	1,730.77	16,951.30	17,798.90	18,688.80	19,623.20	20,604.40	21,634.60
7	36,140.21	37,947.10	39,844.48	41,836.70	43,928.56	46,125.04	3,011.68	3,162.26	3,320.37	3,486.39	3,660.71	3,843.75	1,390.01	1,459.50	1,532.48	1,609.10	1,689.56	1,774.04	17,375.10	18,243.80	19,156.00	20,113.80	21,119.50	22,175.50
8	37,043.55	38,895.79	40,840.59	42,882.74	45,026.80	47,278.19	3,086.96	3,241.32	3,403.38	3,573.56	3,752.23	3,939.85	1,424.75	1,495.99	1,570.79	1,649.34	1,731.80	1,818.39	17,809.40	18,699.90	19,634.90	20,616.70	21,647.50	22,729.90
9	37,969.78	39,868.19	41,861.66	43,954.77	46,152.50	48,460.05	3,164.15	3,322.35	3,488.47	3,662.90	3,846.04	4,038.34	1,460.38	1,533.39	1,610.06	1,690.57	1,775.10	1,863.85	18,254.70	19,167.40	20,125.80	21,128.70	22,188.70	23,298.10
10	38,918.88	40,864.93	42,908.11	45,053.63	47,306.27	49,671.65	3,243.24	3,405.41	3,575.68	3,754.47	3,942.19	4,139.30	1,496.88	1,571.73	1,650.31	1,732.83	1,819.47	1,910.45	18,711.00	19,666.00	20,628.90	21,600.40	22,643.40	23,880.60
11	39,891.90	41,886.62	43,980.98	46,179.95	48,488.96	50,913.41	3,324.33	3,490.55	3,665.08	3,848.33	4,040.75	4,242.78	1,534.30	1,611.02	1,691.58	1,776.15	1,864.96	1,958.21	19,178.80	20,137.80	21,104.20	22,081.90	23,132.00	24,477.60
12	40,889.26	42,933.70	45,080.46	47,334.35	49,701.18	52,186.16	3,407.44	3,577.81	3,756.71	3,944.53	4,141.77	4,348.85	1,572.66	1,651.30	1,733.86	1,820.55	1,911.58	2,007.16	19,658.30	20,642.10	21,673.30	22,756.90	23,894.80	25,089.50
13	41,911.58	44,006.98	46,207.41	48,517.87	50,943.78	53,490.94	3,492.63	3,667.25	3,850.62	4,043.16	4,245.31	4,457.58	1,611.98	1,692.58	1,777.21	1,866.07	1,959.38	2,057.34	20,149.80	21,157.20	22,215.10	23,325.90	24,492.20	25,716.80
14	42,959.28	45,107.30	47,362.64	49,730.72	52,217.36	54,828.18	3,579.94	3,758.94	3,946.89	4,144.23	4,351.45	4,569.01	1,652.28	1,734.90	1,821.64	1,912.72	2,008.36	2,108.78	20,653.50	21,686.20	22,770.50	23,909.00	25,104.50	26,359.70
15	44,033.18	46,234.86	48,546.58	50,973.94	53,522.77	56,198.90	3,669.43	3,852.91	4,045.55	4,247.83	4,460.23	4,683.24	1,693.58	1,778.26	1,867.18	1,960.54	2,058.57	2,161.50	21,169.80	22,283.00	23,397.00	24,560.70	25,732.10	27,018.70
16	45,134.13	47,390.72	49,760.26	52,248.35	54,860.83	57,603.73	3,761.18	3,949.23	4,146.69	4,354.03	4,571.74	4,800.31	1,735.93	1,822.72	1,913.86	2,009.55	2,110.03	2,215.53	21,699.10	22,840.00	23,975.00	25,164.20	26,391.10	27,694.10
17	46,262.53	48,575.49	51,004.30	53,554.59	56,232.38	59,043.92	3,855.21	4,047.96	4,250.36	4,462.88	4,686.03	4,920.33	1,779.33	1,868.29	1,961.70	2,059.79	2,162.78	2,270.92	22,241.60	23,356.10	24,521.30	25,747.40	27,048.80	28,386.50
18	47,419.04	49,790.00	52,279.55	54,893.49	57,638.05	60,520.10	3,951.58	4,149.17	4,356.63	4,574.46	4,803.17	5,043.34	1,823.81	1,915.00	2,010.75	2,111.29	2,216.85	2,327.70	22,797.60	23,937.50	25,134.40	26,391.10	27,710.60	29,096.20
19	48,604.40	51,034.67	53,586.42	56,255.49	59,079.07	62,033.09	4,050.37	4,252.89	4,465.53	4,689.40	4,923.26	5,169.42	1,869.40	1,961.02	2,061.02	2,164.06	2,272.27	2,385.89	23,357.60	24,559.20	25,820.40	27,146.30	28,536.00	29,962.60
20	49,819.54	52,310.54	54,926.14	57,672.37	60,556.08	63,583.73	4,151.63	4,359.21	4,577.18	4,806.03	5,046.34	5,298.64	1,916.14	2,011.94	2,112.54	2,218.17	2,329.08	2,445.53	23,951.70	25,193.00	26,460.80	27,772.10	29,135.00	30,569.10
21	51,065.04	53,618.24	56,299.15	59,114.22	62,069.90	65,174.47	4,255.42	4,468.19	4,691.60	4,926.19	5,172.49	5,431.12	1,964.04	2,062.24	2,165.35	2,273.62	2,387.30	2,506.67	24,550.50	25,778.00	27,069.20	28,420.30	29,841.30	31,334.40
22	52,341.74	54,958.80	57,706.69	60,592.06	63,621.58	66,802.74	4,361.81	4,579.40	4,808.89	5,049.34	5,301.80	5,566.89	2,013.14	2,113.60	2,219.49	2,330.46	2,446.98	2,569.34	25,164.30	26,425.20	27,743.60	29,130.80	30,587.30	32,116.70
23	53,650.27	56,328.85	59,149.38	62,106.93	65,212.16	68,472.77	4,470.86	4,694.40	4,929.11	5,175.58	5,434.35	5,706.06	2,063.47	2,166.85	2,274.98	2,388.73	2,508.16	2,633.57	25,793.40	27,083.10	28,437.20	29,859.10	31,350.20	32,919.90
24	54,991.46	57,741.01	60,628.05	63,659.44	66,842.46	70,184.61	4,582.62	4,811.75	5,052.34	5,304.95	5,570.21	5,848.72	2,115.06	2,220.81	2,331.85	2,448.44	2,570.86	2,699.41	26,438.20	27,760.10	29,148.10	30,605.50	32,135.80	33,742.60
25	56,366.34	59,184.53	62,143.74	65,251.06	68,513.54	71,939.30	4,697.19	4,932.04	5,178.65	5,437.96	5,694.94	5,964.27	2,167.94	2,276.33	2,390.14	2,509.66	2,635.14	2,766.90	27,099.20	28,454.10	29,876.80	31,370.70	32,939.20	34,586.20
26	57,775.54	60,664.24	63,697.50	66,882.40	70,226.42	73,737.66	4,814.63	5,055.35	5,308.13	5,573.53	5,852.20	6,144.81	2,222.14	2,333.24	2,449.90	2,572.40	2,701.02	2,836.06	27,776.70	29,165.50	30,623.80	32,155.00	33,762.70	35,450.80
27	59,219.89	62,180.77	65,289.95	68,554.30	71,982.14	75,712.84	4,934.99	5,181.73	5,440.83	5,712.86	5,992.43	6,298.43	2,277.69	2,391.57	2,511.15	2,636.70	2,768.54	2,906.97	28,471.10	29,894.60	31,389.40	32,958.80	34,608.30	36,371.00
28	60,700.43	63,735.36	66,923.13	70,268.22	73,781.55	77,470.64	5,058.37	5,311.28	5,576.84	5,855.69	6,148.46	6,455.89	2,334.63	2,451.36	2,573.93	2,702.62	2,837.75	2,979.64	29,182.90	30,642.00	32,174.10	33,782.50	35,471.90	37,245.50
29	62,217.79	65,328.64	68,595.07	72,024.99	75,626.10	79,407.54	5,184.82	5,444.05	5,716.26	6,002.08	6,302.17	6,617.29	2,392.99	2,514.62	2,638.27	2,770.19	2,908.70	3,054.44	29,921.90	31,408.00	32,978.40	34,627.40	36,358.70	38,176.70
30	63,773.22	66,961.86	70,310.03	73,825.65	77,516.82	81,392.69	5,314.43	5,580.15	5,859.17	6,152.14	6,459.73	6,782.72	2,452.82	2,575.46	2,704.23	2,839.45	2,981.42	3,130.49	30,662.00	32,193.20	33,802.90	35,493.10	37,267.70	39,131.10
31	65,367.54	68,636.05	72,067.84	75,671.23	79,454.75	83,427.55	5,447.29	5,719.67	6,005.65	6,305.94	6,621.23	6,952.30	2,514.14	2,639.85	2,771.84	2,910.43	3,055.95	3,208.75	31,426.70	32,998.10	34,688.00	36,480.30	38,394.40	40,109.40
32	67,001.79	70,351.84	73,869.54	77,562.99	81,441.15	85,513.17	5,583.48	5,862.65	6,155.79	6,465.58	6,786.76	7,126.10	2,576.99	2,705.84	2,841.14	2,983.19	3,132.35	3,288.97	32,212.40	33,823.00	35,514.20	37,289.90	39,154.40	41,121.10
33	68,676.82	72,110.69	75,716.16	79,501.97	83,477.06	87,650.99	5,723.07	6,009.22	6,309.68	6,625.16	6,956.42	7,304.25	2,641.42	2,773.49	2,912.16	3,057.77	3,210.66	3,371.19	33,017.70	34,668.60	36,402.00	38,222.10	40,133.20	42,139.40
34	70,393.86	73,913.42	77,609.17	81,489.62	85,564.13	89,842.27	5,866.15	6,159.45	6,467.43	6,790.80	7,130.34	7,486.26	2,707.46	2,842.82	2,984.97	3,134.22	3,290.93	3,455.47	33,843.20	35,535.30	37,312.10	39,177.70	41,136.60	43,193.90
35	72,153.54	75,761.30	79,549.39	83,526.77	87,703.20	92,088.26	6,012.79	6,313.44	6,629.12	6,960.56	7,308.60	7,674.02	2,775.14	2,913.90	3,059.59	3,212.57	3,373.20	3,541.86	34,689.20	36,423.70	38,244.90	40,157.10	42,165.00	44,273.20
36	73,957.52	77,655.34	81,538.08	85,615.09	89,895.73	94,390.31	6,163.13	6,474.38	6,794.84	7,134.59	7,491.31	7,865.88	2,844.52	2,986.24	3,1									

Client
Proposed Salary Plan
Month Year

Salary Range	Annually						Monthly						Per Pay Period						Hourly					
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
76	198,580.51	208,509.60	218,934.98	229,881.81	241,375.89	253,444.67	16,548.38	17,375.80	18,244.58	19,156.82	20,114.66	21,120.39	7,637.71	8,019.60	8,420.58	8,841.61	9,283.69	9,747.87	95,471.40	100,245.00	105,257.20	110,520.10	116,046.10	121,848.40
77	203,545.06	213,722.29	224,408.29	235,628.85	247,410.18	259,780.77	16,962.09	17,810.19	18,700.69	19,635.74	20,617.51	21,648.40	7,828.66	8,220.09	8,631.09	9,062.65	9,515.78	9,991.57	97,858.20	102,751.10	107,888.60	113,283.10	118,947.20	124,894.60
78	208,633.57	219,065.39	230,018.67	241,519.62	253,595.47	266,275.36	17,386.13	18,255.45	19,168.22	20,126.63	21,132.96	22,189.61	8,024.37	8,425.59	8,846.87	9,289.22	9,753.67	10,241.36	100,304.60	105,319.90	110,585.90	116,115.20	121,920.90	128,017.00
79	213,849.38	224,542.03	235,769.04	247,557.44	259,935.31	272,932.19	17,820.78	18,711.84	19,647.42	20,629.79	21,661.28	22,744.35	8,224.98	8,636.23	9,068.04	9,521.44	9,997.51	10,497.39	102,812.20	107,952.90	113,350.50	119,018.00	124,969.90	131,217.40
80	219,195.81	230,155.54	241,663.34	253,746.48	266,433.86	279,755.42	18,266.32	19,179.63	20,138.61	21,145.54	22,202.82	23,312.95	8,430.61	8,852.14	9,294.74	9,759.48	10,247.46	10,759.82	105,382.60	110,651.70	116,184.30	121,993.50	128,093.20	134,497.80
81	224,675.57	235,909.44	247,704.91	260,090.06	273,094.64	286,749.42	18,722.96	19,659.12	20,642.08	21,674.17	22,757.89	23,895.79	8,641.37	9,073.44	9,527.11	10,003.46	10,503.64	11,028.82	108,017.10	113,418.00	119,088.90	125,043.30	131,295.50	137,860.30
82	230,292.40	241,807.07	253,897.49	266,592.35	279,922.03	293,918.14	19,191.03	20,150.59	21,158.12	22,216.03	23,326.84	24,493.18	8,857.40	9,300.27	9,765.29	10,253.55	10,766.23	11,304.54	110,717.50	116,253.40	122,066.10	128,169.40	134,577.90	141,306.80
83	236,049.84	247,852.38	260,244.82	273,257.09	286,919.98	301,265.95	19,670.82	20,654.37	21,687.07	22,771.42	23,910.00	25,105.50	9,078.84	9,532.78	10,009.42	10,509.89	11,035.38	11,587.15	113,485.50	119,159.80	125,117.70	131,373.60	137,942.30	144,839.40
84	241,951.01	254,048.70	266,751.06	280,088.64	294,093.07	308,797.63	20,162.58	21,170.73	22,229.25	23,340.72	24,507.76	25,733.14	9,305.81	9,771.10	10,259.66	10,772.64	11,311.27	11,876.83	116,322.60	122,138.80	128,245.70	134,658.00	141,390.90	148,460.40
85	247,999.86	260,399.78	273,419.74	287,090.75	301,445.25	316,517.55	20,666.65	21,699.98	22,784.98	23,924.23	25,120.44	26,376.46	9,538.46	10,015.38	10,516.14	11,041.95	11,594.05	12,173.75	119,230.70	125,192.20	131,451.80	138,024.40	144,925.60	152,171.90
86	254,199.92	266,909.76	280,255.25	294,268.00	308,981.50	324,430.50	21,183.33	22,242.48	23,354.60	24,522.33	25,748.46	27,035.87	9,776.92	10,265.76	10,779.05	11,318.00	11,883.90	12,478.10	122,211.50	128,322.00	134,738.10	141,475.00	148,548.80	155,976.20
87	260,554.74	273,582.61	287,261.73	301,624.75	316,706.00	332,541.25	21,712.89	22,798.55	23,938.48	25,135.40	26,392.17	27,711.77	10,021.34	10,522.41	11,048.53	11,600.95	12,181.00	12,790.05	125,266.70	131,530.10	138,106.60	145,011.90	152,262.50	159,875.60
88	267,068.67	280,422.06	294,443.14	309,165.38	324,623.73	340,854.80	22,255.72	23,368.51	24,536.93	25,763.78	27,051.98	28,404.57	10,271.87	10,785.46	11,324.74	11,890.98	12,485.53	13,109.80	128,398.40	134,818.30	141,559.20	148,637.20	156,069.10	163,872.50
89	273,745.47	287,432.70	301,804.26	316,894.45	332,739.26	349,376.14	22,812.12	23,952.73	25,150.35	26,407.87	27,728.27	29,114.68	10,528.67	11,055.10	11,607.86	12,188.25	12,797.66	13,437.54	131,608.40	138,188.80	145,098.20	152,353.10	159,970.80	167,969.90
90	280,589.09	294,618.48	309,349.46	324,816.96	341,057.81	358,110.69	23,382.42	24,551.54	25,779.12	27,068.08	28,421.48	29,842.56	10,791.89	11,331.48	11,898.06	12,492.96	13,117.61	13,773.49	134,898.60	141,643.50	148,725.70	156,162.00	163,970.10	172,168.60
91	287,603.68	301,983.97	317,083.10	332,937.28	349,584.14	367,063.42	23,966.97	25,165.33	26,423.59	27,744.77	29,132.01	30,588.62	11,061.68	11,614.77	12,195.50	12,805.28	13,445.54	14,117.82	138,271.00	145,184.60	152,443.80	160,066.00	168,069.30	176,472.80
92	294,793.82	309,533.54	325,010.19	341,260.82	358,323.89	376,239.97	24,566.15	25,794.46	27,084.18	28,438.40	29,860.32	31,353.33	11,338.22	11,905.14	12,500.39	13,125.42	13,781.69	14,470.77	141,727.80	148,814.20	156,254.90	164,067.70	172,271.10	180,884.60
93	302,163.68	317,271.97	333,135.50	349,792.35	367,281.82	385,645.94	25,180.31	26,439.33	27,761.29	29,149.36	30,606.82	32,137.16	11,621.68	12,202.77	12,812.90	13,453.55	14,126.22	14,832.54	145,271.00	152,534.60	160,161.30	168,169.40	176,577.80	185,406.70
94	309,717.82	325,203.63	341,463.82	358,537.09	376,463.98	395,287.15	25,809.82	27,100.30	28,455.32	29,878.09	31,372.00	32,940.60	11,912.22	12,507.83	13,133.22	13,789.89	14,479.38	15,203.35	148,902.80	156,347.90	164,165.30	172,373.60	180,992.30	190,041.90
95	317,460.83	333,333.73	350,000.56	367,500.43	385,875.57	405,169.23	26,455.07	27,777.81	29,166.71	30,625.04	32,156.30	33,764.10	12,210.03	12,820.53	13,461.56	14,134.63	14,841.37	15,583.43	152,625.40	160,256.60	168,269.50	176,682.90	185,517.10	194,792.90
96	325,397.28	341,667.04	358,750.50	376,688.00	395,522.40	415,298.62	27,116.44	28,472.25	29,895.87	31,390.67	32,960.20	34,608.22	12,515.28	13,141.04	13,798.10	14,488.00	15,212.40	15,973.02	156,441.00	164,263.00	172,476.20	181,100.00	190,155.00	199,662.80
97	333,532.16	350,208.77	367,719.25	386,105.20	405,410.51	425,680.94	27,794.35	29,184.06	30,643.27	32,175.43	33,784.21	35,473.41	12,828.16	13,469.57	14,143.05	14,850.20	15,592.71	16,372.34	160,352.00	168,369.60	176,788.10	185,627.50	194,908.90	204,654.30
98	341,870.46	358,964.11	376,912.22	395,757.86	415,545.73	436,323.06	28,489.21	29,913.68	31,409.35	32,979.82	34,628.81	36,360.25	13,148.86	13,806.31	14,496.62	15,221.46	15,982.53	16,781.66	164,360.80	172,578.90	181,207.80	190,268.20	199,781.60	209,770.70
99	350,417.18	367,938.06	386,335.04	405,651.79	425,934.29	447,231.20	29,201.43	30,661.51	32,194.59	33,804.32	35,494.52	37,269.27	13,477.58	14,151.46	14,859.04	15,601.99	16,382.09	17,201.20	168,469.80	176,893.30	185,738.00	195,024.90	204,776.10	215,015.00
100	359,177.73	377,136.66	395,993.31	415,793.04	436,582.64	458,411.82	29,931.48	31,428.05	32,999.44	34,649.42	36,381.89	38,200.99	13,814.53	14,505.26	15,230.51	15,992.04	16,791.64	17,631.22	172,681.60	181,315.70	190,381.40	199,900.50	209,895.50	220,390.30

**TRI-CITY MENTAL HEALTH AUTHORITY
CLASSIFICATION AND SALARIES SCHEDULE
EFFECTIVE APRIL 19, 2022
ADOPTED APRIL 19, 2022**

Classification	Range
Accounting Technician	22
Clinical Supervisor I	45
Clinical Supervisor II	49
Clinical Therapist I	37
Clinical Therapist II	41
Nurse Practitioner I	56
Nurse Practitioner II	60



NURSE PRACTITIONER I/II

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

FLSA STATUS: Exempt

DEFINITION:

Under direction and with medical supervision of a physician and within written guidelines, to provide primary medical and psychiatric care, to perform physical examinations, to perform diagnostic, psychiatric and medical care management. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS:

Nurse Practitioner I: The Nurse Practitioner I is an entry level position within the multiple-position class of the Nurse Practitioner series. Incumbents work under established protocols and close supervision by a physician to develop the experience required to perform at the fully qualified working level.

Nurse Practitioner II: The Nurse Practitioner II is a fully qualified/certified class. Incumbents of this multiple-position class are fully proficient; expected to work with greater independence; and provide responsible psychiatric services to patients in their assigned programs. The duties of the Nurse Practitioner I and II are essentially the same.

The Nurse Practitioner I and II reports to the Medical Director, Supervising or Lead Psychiatrist.

Promotion from Nurse Practitioner I to the Nurse Practitioner II is based on a satisfactory work progress report and demonstration of proficiency in a specified area of training and certification.

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

- Secures a comprehensive health history of the patient.
- Interviews patients to obtain complete medical, psychiatric and physical development histories, illnesses, injuries and treatments; determines, orders and performs diagnostic tests required by Agency policy or patient need; obtains medical records from other health care providers.
- Records findings, assessment, treatment plan, follow up examinations, and subsequent evaluations.

ATTACHMENT 3-B

**Nurse Practitioner I and II
Revised 04/19/2023
Page 1 of 4**

- Manages a patient caseload in consultation with the supervising physician or according to written protocols.
- Prescribes medication as needed and within scope.
- Evaluates patient needs for other medical, health, or social services and makes referrals to appropriate community resources.
- Counsels patients and families on health promotion and disease prevention within a specified area(s) of training and certification.
- Performs routine laboratory tests and administers treatments within a specified area of training and certification.
- Maintains and disseminates medical records and reports in compliance with federal, State and Agency regulations, including Health Insurance Portability and Accountability Act (HIPAA) and The Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("HITECH Act"). Submits required statistical and other requested information on a timely basis.
- Provides consultation and relevant information to other agencies and healthcare providers that are coordinating their work with that of the mental health service.
- Provides medical consultative services to the clinical services staff; participate in conferences and provide clinical direction in unit(s) to which assigned.
- May serve on Utilization Review Committee, Medication Review Committee, and chair Peer Review Committee as assigned.
- May conduct specialized research, special studies, and services.

QUALIFICATIONS:

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

Education, Training, and Experience:

Bachelor's Degree in Nursing. A certificate as a Public Health Nurse is desirable.
Experience working with people with serious mental illnesses.

Licensure/Registration/Certification:

Nurse Practitioner I:

Licensure as Registered Nurse and certification as Nurse Practitioner by the California Board of Registered Nursing; must have documentation of education and training in a specialty area appropriate to the clinical assignment. ANCC board certification, a DEA number.

Nurse Practitioner II:

- Licensure as Registered Nurse and certification as Nurse Practitioner by the California Board of Registered Nursing; must have documentation of education and training in a specialty area appropriate to the clinical assignment. ANCC board certification, and a DEA number. One (1) year of experience as an Adult, Family and/or Pediatric Nurse.
- Possession of a valid California Driver's License, a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

Knowledge of:

- Techniques and procedures used in the diagnosis and treatment of individual health problems.
- Principles of health maintenance and management.
- Drugs commonly used in family practice or clinical specialty including appropriate doses, indications, contraindications, side effects and adverse reactions.
- Normal and abnormal values of laboratory tests and their clinical significance.
- Normal growth and development, pathophysiology, pharmacology, nutrition, counseling and health education principles.
- Health care delivery systems, community resources and referral systems.
- Ethics and laws under which medicine is practiced and governed and roles and responsibilities of allied health professions.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).

Skill to:

- Render professional medical services in the field of psychiatry.

Ability to:

- Obtain complete patient medical histories.
- Keep abreast of all local, State, federal, and other regulatory laws, rules, and regulations, and Agency policies and procedures, relating to scope of practice.
- Perform routine therapeutic procedures.
- Order laboratory tests and interpret results.
- Assess problem areas and refer as appropriate.
- Recognize social problems which effect health and assists in securing adjustments.
- Establish and maintain effective working relationships with staff, patients and others.
- Understand, interpret and apply appropriate procedures and protocols including administering medication, and determine situations requiring consultation or referral of case to a physician.
- Instruct patients on disease prevention and health promotion.
- Maintain records and prepare clear and concise reports.
- Communicate effectively with staff, clients and other agencies.

Special Requirements:

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

PHYSICAL DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; grasping, repetitive hand movement and fine coordination in preparing reports and data using a computer keyboard; near and far vision in observing work performed, reading correspondence, reports, and statistical data, and using a computer; and communicating with others, on the phone, in person, and in meetings.

WORKING CONDITIONS

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

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



NURSE PRACTITIONER I/II

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

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The Nurse Practitioner I and II reports to the Medical Director, Supervising or Lead Psychiatrist.

Promotion from Nurse Practitioner I to the Nurse Practitioner II is based on a satisfactory work progress report and demonstration of proficiency in a specified area of training and certification.

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

- Secures a comprehensive health history of the patient.
- Interviews patients to obtain complete medical, psychiatric and physical development histories, illnesses, injuries and treatments; determines, orders and performs diagnostic tests required by Agency policy or patient need; obtains medical records from other health care providers.
- Records findings, assessment, treatment plan, follow up examinations, and subsequent evaluations.

ATTACHMENT 3-C

Nurse Practitioner I and II
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- Manages a patient caseload in consultation with the supervising physician or according to written protocols.
- Prescribes medication as needed and within scope.
- Evaluates patient needs for other medical, health, or social services and makes referrals to appropriate community resources.
- Counsels patients and families on health promotion and disease prevention within a specified area(s) of training and certification.
- Performs routine laboratory tests and administers treatments within a specified area of training and certification.
- Maintains and disseminates medical records and reports in compliance with federal, State and Agency regulations, including Health Insurance Portability and Accountability Act (HIPAA) and The Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("HITECH Act"). Submits required statistical and other requested information on a timely basis.
- Provides consultation and relevant information to other agencies and healthcare providers that are coordinating their work with that of the mental health service.
- Provides medical consultative services to the clinical services staff; participate in conferences and provide clinical direction in unit(s) to which assigned.
- May serve on Utilization Review Committee, Medication Review Committee, and chair Peer Review Committee as assigned.
- May conduct specialized research, special studies, and services.

QUALIFICATIONS:

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

Education, Training, and Experience:

Bachelor's Degree in Nursing. A certificate as a Public Health Nurse is desirable.
Experience working with people with serious mental illnesses.

Licensure/Registration/Certification:

Nurse Practitioner I:

Nurse Practitioner I and II
04/19/2023
Page 2 of 4

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Licensure as Registered Nurse and certification as Nurse Practitioner by the California Board of Registered Nursing; must have documentation of education and training in a specialty area appropriate to the clinical assignment. ANCC board certification, a DEA number.

Nurse Practitioner II:

Licensure as Registered Nurse and certification as Nurse Practitioner by the California Board of Registered Nursing; must have documentation of education and training in a specialty area appropriate to the clinical assignment. ANCC board certification, and a DEA number. One (1) year of experience as an Adult, Family and/or Pediatric Nurse.

Possession of a valid California Driver's License, a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

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Knowledge of:

- Techniques and procedures used in the diagnosis and treatment of individual health problems.
- Principles of health maintenance and management.
- Drugs commonly used in family practice or clinical specialty including appropriate doses, indications, contraindications, side effects and adverse reactions.
- Normal and abnormal values of laboratory tests and their clinical significance.
- Normal growth and development, pathophysiology, pharmacology, nutrition, counseling and health educations principles.
- Health care delivery systems, community resources and referral systems.
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Skill to:

- Render professional medical services in the field of psychiatry.

Ability to:

- Obtain complete patient medical histories.
- Keep abreast of all local, State, federal, and other regulatory laws, rules, and regulations, and Agency policies and procedures, relating to scope of practice.
- Perform routine therapeutic procedures.
- Order laboratory tests and interpret results.
- Assess problem areas and refer as appropriate.
- Recognize social problems which effect health and assists is securing adjustments.
- Establish and maintain effective working relationships with staff, patients and others.
- Understand, interpret and apply appropriate procedures and protocols including administering medication, and determine situations requiring consultation or referral of case to a physician.
- Instruct patients on disease prevention and health promotion.

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- Maintain records and prepare clear and concise reports.
- Communicate effectively with staff, clients and other agencies.

Special Requirements:

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

PHYSICAL DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; grasping, repetitive hand movement and fine coordination in preparing reports and data using a computer keyboard; near and far vision in observing work performed, reading correspondence, reports, and statistical data, and using a computer; and communicating with others, on the phone, in person, and in meetings.

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WORKING CONDITIONS

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

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

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

DATE: April 19, 2023

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Consideration of Resolution No. 705 Authorizing the Executive Director to Execute a Professional Service Agreement with the City of Pomona for the Homelessness Plan Implementation Grant AO-22-613 in the Amount of \$106,000

Summary:

Tri-City Mental Health Authority (TCMHA) will work with individuals referred by Cities' staff and the police departments Homeless Outreach Services Team (HOST) / Officers Assisting the Homeless (OATH) programs, to enter individuals into the Coordinated Entry System (CES), conduct the VI-SPDAT assessment, and connect them with housing and services. TCMHA shall receive a maximum of \$106,000 to establish and implement the Homeless Prevention Program and Interim Housing Program as described below.

1. Homeless Prevention Program – Subcontract with TCMHA to administer a homeless prevention program to provide rental/utility assistance, relocation assistance, and case management services to individuals and families at-risk of homelessness within the Tri-Cities. As a result, individuals and families will remain housed and connected to supportive services.
2. Interim Housing Program – Provide short-term motel vouchers or crisis shelter beds located at City of Pomona's Hope for Home to support individuals and families experiencing homelessness referred to subcontractor TCMHA Community Navigators by the Tri-Cities.

The term of this agreement is from April 19, 2023 to January 31, 2024.

Background:

The cities of Pomona, Claremont, and La Verne (the "Tri-Cities" or "Cities") have a long history of collaboration to strengthen the sub-regional continuum of care for People Experiencing Homelessness (PEH) that align with the activities outlined in the Cities' homelessness plans. Most notably, these activities expand short-term emergency services to prevent people from falling further into homelessness beyond the services provided through the Collaborative Community Response to Claremont Homelessness,

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 705 Authorizing the Executive Director to Execute a Professional Service Agreement with the City of Pomona for the Homelessness Plan Implementation Grant AO-22-613 in the Amount of \$106,000
April 19, 2023
Page 2

Pomona Continuum of Care Coalition, and Pomona's Hope for Home Service Center (Hope for Home), which provides year-round shelter and services to PEH. The Cities also jointly govern Tri-City Mental Health Authority (TCMHA), the sub-region's designated mental health authority. TCMHA has played a central role in helping the Cities develop services to address the mental health needs of people experiencing or at-risk of homelessness. Its board recently voted to pilot a team of dedicated Community Navigators, who will work with individuals referred by Cities' staff and the police departments Homeless Outreach Services Team (HOST) / Officers Assisting the Homeless (OATH) programs, to enter individuals into the Coordinated Entry System (CES), conduct the VI-SPDAT assessment, and connect them with housing and services.

Fiscal Impact:

TCMHA shall receive a maximum of \$106,000 for implementation of the City's Program. Funding shall be disbursed on a reimbursement basis.

Recommendation:

Staff recommends that the Governing Board of Tri-City Mental Health Authority authorize the Executive Director to execute a Professional Service Agreement with the City of Pomona for the Homelessness Plan Implementation Grant AO-22-613 in the amount of \$106,000.

Attachments:

Attachment 4-A: Resolution No. 705 - DRAFT

Attachment 4-B: Professional Services Agreement with the City of Pomona

RESOLUTION NO. 705

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A PROFESSIONAL SERVICES AGREEMENT WITH THE CITY OF POMONA FOR THE HOMELESSNESS PLAN IMPLEMENTATION GRANT AO-22-613 IN THE AMOUNT OF \$106,000

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) desires to be a contracted agency for the City of Pomona to establish and implement the Homeless Prevention Program and Interim Housing Program to enhance the effectiveness of county service systems for people experiencing or at-risk of homelessness; and be a subrecipient of the Homelessness Plan Implementation Grant AO-22-613 in the amount of \$106,000.

B. TCMHA has played a central role in helping the Cities of Pomona, Claremont and La Verne developing services to address the mental health needs of people experiencing or at-risk of homelessness.

2. Action

The Governing Board approves the Professional Services Agreement with the City of Pomona for the Homelessness Plan Implementation Grant AO-22-613 in the amount of \$106,000, from April 19, 2023 to January 31, 2024; and authorizes the Executive Director to execute the Agreement.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 19, 2023, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

By:_____

CITY OF POMONA

PROFESSIONAL SERVICES AGREEMENT

1. PARTIES AND DATE.

This Agreement is made and entered into this April 19, 2023, by and between the City of Pomona, a California charter city and municipal corporation, organized under the laws of the State of California, with its principal place of business at 505 South Garey Avenue, Pomona, California 91766 (“City”) and TRI-CITY MENTAL HEALTH AUTHORITY, a California joint powers authority, with its principal place of business at 1717 N. Indian Hill Boulevard, Suite B, Claremont, CA 91711 (“Subrecipient”). City and Subrecipient are sometimes individually referred to herein as “Party” and collectively as “Parties.”

2. RECITALS.

2.1 Subrecipient.

Subrecipient desires to perform and assume responsibility for the provision of certain professional services required by the City on the terms and conditions set forth in this Agreement. Subrecipient represents that it is experienced in providing professional services to public clients, is licensed in the State of California, and is familiar with the plans of City.

2.2 Project.

City desires to engage Subrecipient to render such professional services for the Tri-City’s Cohort (Pomona, Claremont and La Verne), Homelessness Plan Implementation Grant AO-22-613 (“Project”) as set forth in this Agreement.

3. TERMS.

3.1 Scope of Services and Term.

3.1.1 General Scope of Services. Subrecipient promises and agrees to furnish to the City all labor, materials, tools, equipment, services, and incidental and customary work necessary to fully and adequately supply the professional services necessary for the Project (“Services”). The Services are more particularly described in Exhibit “A” attached hereto and incorporated herein by reference. All Services shall be subject to, and performed in accordance with, this Agreement, the exhibits attached hereto and incorporated herein by reference, and all applicable local, state and federal laws, rules and regulations.

3.1.2 Term. The term of this Agreement shall be from April 19, 2023 to January 31, 2024, unless earlier terminated as provided herein, or renewed subject to an amendment to this Agreement. Subrecipient shall complete the Services within the term of this Agreement, and shall meet any other established schedules and deadlines.

3.2 Responsibilities of Subrecipient.

3.2.1 Independent Contractor; Control and Payment of Subordinates. The Services shall be performed by Subrecipient or under its supervision. Subrecipient will determine the means, methods and details of performing the Services subject to the requirements of this

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Agreement. City retains Subrecipient on an independent contractor basis and not as an employee. Subrecipient retains the right to perform similar or different services for others during the term of this Agreement. Any additional personnel performing the Services under this Agreement on behalf of Subrecipient shall also not be employees of City and shall at all times be under Subrecipient's exclusive direction and control. Neither City, nor any of its officials, officers, directors, employees or agents shall have control over the conduct of Subrecipient or any of Subrecipient's officers, employees, or agents, except as set forth in this Agreement. Subrecipient shall pay all wages, salaries, and other amounts due such personnel in connection with their performance of Services under this Agreement and as required by law. Subrecipient shall be responsible for all reports and obligations respecting such additional personnel, including, but not limited to: social security taxes, income tax withholding, unemployment insurance, disability insurance, and workers' compensation insurance.

3.2.2 Schedule of Services. Subrecipient shall perform the Services expeditiously, within the term of this Agreement, and in accordance with the Schedule of Services set forth in Exhibit "A" attached hereto and incorporated herein by reference. Subrecipient represents that it has the professional and technical personnel required to perform the Services in conformance with such conditions. In order to facilitate Subrecipient's conformance with the Schedule, City shall respond to Subrecipient's submittals in a timely manner. Upon request of City, Subrecipient shall provide a more detailed schedule of anticipated performance to meet the Schedule of Services.

3.2.3 Conformance to Applicable Requirements. All work prepared by Subrecipient shall be subject to the approval of City.

3.2.4 Substitution of Key Personnel. Subrecipient has represented to City that certain key personnel will perform and coordinate the Services under this Agreement. Should one or more of such personnel become unavailable, Subrecipient may substitute other personnel of at least equal competence upon written approval of City. In the event that City and Subrecipient cannot agree as to the substitution of key personnel, City shall be entitled to terminate this Agreement for cause. As discussed below, any personnel who fail or refuse to perform the Services in a manner acceptable to the City, or who are determined by the City to be uncooperative, incompetent, a threat to the adequate or timely completion of the Project or a threat to the safety of persons or property, shall be promptly removed from the Project by the Subrecipient at the request of the City. The key personnel for performance of this Agreement are as follows: Rimmi Hundal, Executive Director.

3.2.5 City's Representative. The City hereby designates Benita DeFrank, Neighborhood Services Director, or his/her designee, to act as its representative in all matters pertaining to the administration and performance of this Agreement ("City's Representative"). City's Representative shall have the power to act on behalf of the City for review and approval of all products submitted by Subrecipient but not the authority to enlarge the Scope of Work or change the total compensation due to Subrecipient under this Agreement. The City Manager shall be authorized to act on City's behalf and to execute all necessary documents which enlarge the Scope of Work or change the Subrecipient's total compensation subject to the provisions contained in Section 3.3 of this Agreement. Subrecipient shall not accept direction or orders from any person other than the City Manager, City's Representative or his/her designee.

3.2.6 Subrecipient's Representative. Subrecipient hereby designates Rimmi Hundal, Executive Director, or his/her designee, to act as its representative for the performance

of this Agreement (“Subrecipient’s Representative”). Subrecipient’s Representative shall have full authority to represent and act on behalf of the Subrecipient for all purposes under this Agreement. The Subrecipient’s Representative shall supervise and direct the Services, using his/her best skill and attention, and shall be responsible for all means, methods, techniques, sequences, and procedures and for the satisfactory coordination of all portions of the Services under this Agreement.

3.2.7 Coordination of Services. Subrecipient agrees to work closely with City staff in the performance of Services and shall be available to City’s staff, Subrecipients and other staff at all reasonable times.

3.2.8 Standard of Care; Performance of Employees. Subrecipient shall perform all Services under this Agreement in a skillful and competent manner, consistent with the standards generally recognized as being employed by professionals in the same discipline in the State of California. Subrecipient represents and maintains that it is skilled in the professional calling necessary to perform the Services. Subrecipient warrants that all employees and Subrecipients shall have sufficient skill and experience to perform the Services assigned to them. Finally, Subrecipient represents that it, its employees and Subrecipients have all licenses, permits, qualifications and approvals of whatever nature that are legally required to perform the Services, and that such licenses and approvals shall be maintained throughout the term of this Agreement. As provided for in the indemnification provisions of this Agreement, Subrecipient shall perform, at its own cost and expense and without reimbursement from the City, any services necessary to correct errors or omissions which are caused by the Subrecipient’s failure to comply with the standard of care provided for herein. Any employee of the Subrecipient or its sub-Subrecipients who is determined by the City to be uncooperative, incompetent, a threat to the adequate or timely completion of the Project, a threat to the safety of persons or property, or any employee who fails or refuses to perform the Services in a manner acceptable to the City, shall be promptly removed from the Project by the Subrecipient and shall not be re-employed to perform any of the Services or to work on the Project.

3.2.9 Period of Performance Subrecipient shall perform and complete all Services under this Agreement within the term set forth in Section 3.1.2 above (“Performance Time”). Subrecipient shall also perform the Services in strict accordance with any completion schedule or Project milestones described in Exhibits “A” or “B” attached hereto.

3.2.10 Laws and Regulations; Employee/Labor Certification. Subrecipient shall keep itself fully informed of and in compliance with all local, state and federal laws, rules and regulations in any manner affecting the performance of the Project or the Services, including all Cal/OSHA requirements, and shall give all notices required by law. Subrecipient shall be liable for all violations of such laws and regulations in connection with Services. If Subrecipient performs any work knowing it to be contrary to such laws, rules and regulations, Subrecipient shall be solely responsible for all costs arising therefrom. Subrecipient shall defend, indemnify and hold City, its officials, directors, officers, employees, agents, and volunteers free and harmless, pursuant to the indemnification provisions of this Agreement, from any claim or liability arising out of any failure or alleged failure to comply with such laws, rules or regulations.

3.2.10.1 Employment Eligibility; Subrecipient. By executing this Agreement, Subrecipient verifies that it fully complies with all requirements and restrictions of state and federal law respecting the employment of undocumented aliens, including, but not limited to, the Immigration Reform and Control Act of 1986, as may be amended from time to

time. Such requirements and restrictions include, but are not limited to, examination and retention of documentation confirming the identity and immigration status of each employee of the Subrecipient. Subrecipient also verifies that it has not committed a violation of any such law within the five (5) years immediately preceding the date of execution of this Agreement, and shall not violate any such law at any time during the term of the Agreement. Subrecipient shall avoid any violation of any such law during the term of this Agreement by participating in an electronic verification of work authorization program operated by the United States Department of Homeland Security, by participating in an equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, or by some other legally acceptable method. Subrecipient shall maintain records of each such verification, and shall make them available to the City or its representatives for inspection and copy at any time during normal business hours. The City shall not be responsible for any costs or expenses related to Subrecipient's compliance with the requirements provided for in Section 3.2.10 or any of its sub-sections.

3.2.10.2 Employment Eligibility; Subcontractors, Subrecipients, Sub-subcontractors and Subrecipients. To the same extent and under the same conditions as Subrecipient, Subrecipient shall require all of its subcontractors, Subrecipients, sub-subcontractors and Subrecipients performing any work relating to the Project or this Agreement to make the same verifications and comply with all requirements and restrictions provided for in Section 3.2.10.1.

3.2.10.3 Employment Eligibility; Failure to Comply. Each person executing this Agreement on behalf of Subrecipient verifies that they are a duly authorized officer of Subrecipient, and understands that any of the following shall be grounds for the City to terminate the Agreement for cause: (1) failure of Subrecipient or its subcontractors, Subrecipients, sub-subcontractors or Subrecipients to meet any of the requirements provided for in Sections 3.2.10.1 or 3.2.10.2; (2) any misrepresentation or material omission concerning compliance with such requirements (including in those verifications provided to the Subrecipient under Section 3.2.10.2); or (3) failure to immediately remove from the Project any person found not to be in compliance with such requirements.

3.2.10.4 Equal Opportunity Employment. Subrecipient represents that it is an equal opportunity employer and it shall not discriminate against any Subrecipient, employee or applicant for employment because of race, religion, color, national origin, handicap, ancestry, sex or age. Such non-discrimination shall include, but not be limited to, all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination. Subrecipient shall also comply with all relevant provisions of City's Minority Business Enterprise program, Affirmative Action Plan or other related programs or guidelines currently in effect or hereinafter enacted.

3.2.10.5 Air Quality. To the extent applicable, Subrecipient must fully comply with all applicable laws, rules and regulations in furnishing or using equipment and/or providing services, including, but not limited to, emissions limits and permitting requirements imposed by the South Coast Air Quality Management District (SCAQMD) and/or California Air Resources Board (CARB). Although the SCAQMD and CARB limits and requirements are more broad, Subrecipient shall specifically be aware of their application to "portable equipment", which definition is considered by SCAQMD and CARB to include any item of equipment with a fuel-powered engine. Subrecipient shall indemnify City against any fines or penalties imposed by SCAQMD, CARB, or any other governmental or regulatory agency for violations of applicable

laws, rules and/or regulations by Subrecipient, its Subrecipients, or others for whom Subrecipient is responsible under its indemnity obligations provided for in this Agreement.

3.2.10.6 Safety. Subrecipient shall execute and maintain its work so as to avoid injury or damage to any person or property. In carrying out its Services, the Subrecipient shall at all times be in compliance with all applicable local, state and federal laws, rules and regulations, and shall exercise all necessary precautions for the safety of employees appropriate to the nature of the work and the conditions under which the work is to be performed. Safety precautions, where applicable, shall include, but shall not be limited to: (A) adequate life protection and lifesaving equipment and procedures; (B) instructions in accident prevention for all employees and Subrecipients, such as safe walkways, scaffolds, fall protection ladders, bridges, gang planks, confined space procedures, trenching and shoring, equipment and other safety devices, equipment and wearing apparel as are necessary or lawfully required to prevent accidents or injuries; and (C) adequate facilities for the proper inspection and maintenance of all safety measures.

3.2.11 Insurance.

3.2.11.1 Time for Compliance. Subrecipient shall not commence work under this Agreement until it has provided evidence satisfactory to the City that it has secured all insurance required under this section. In addition, Subrecipient shall not allow any Subrecipient to commence work on any subcontract until it has provided evidence satisfactory to the City that the Subrecipient has secured all insurance required under this section. Failure to provide and maintain all required insurance shall be grounds for the City to terminate this Agreement for cause.

3.2.11.2 Types of Insurance Required. As a condition precedent to the effectiveness of this Agreement for work to be performed hereunder, and without limiting the indemnity provisions of the Agreement, the Subrecipient, in partial performance of its obligations under such Agreement, shall procure and maintain in full force and effect during the term of the Agreement the following policies of insurance. If the existing policies do not meet the insurance requirements set forth herein, Subrecipient agrees to amend, supplement or endorse the policies to do so.

(A) Commercial General Liability: Commercial General Liability Insurance which affords coverage at least as broad as Insurance Services Office "occurrence" form CG 00 01, or the exact equivalent, with limits of not less than \$1,000,000 per occurrence and no less than \$2,000,000 in the general aggregate. Defense costs shall be paid in addition to the limits. The policy shall contain no endorsements or provisions (1) limiting coverage for contractual liability; (2) excluding coverage for claims or suits by one insured against another (cross-liability); (3) products/completed operations liability; or (4) containing any other exclusion(s) contrary to the terms or purposes of this Agreement.

(B) Automobile Liability Insurance: Automobile Liability Insurance with coverage at least as broad as Insurance Services Office Form CA 00 01 covering "Any Auto" (Symbol 1), or the exact equivalent, covering bodily injury and property damage for all activities with limits of not less than \$1,000,000 combined limit for each occurrence.

(C) Workers' Compensation: Workers' Compensation Insurance, as required by the State of California and Employer's Liability Insurance with a limit of not less than \$1,000,000 per accident for bodily injury and disease.

3.2.11.3 Insurance Endorsements. Required insurance policies shall contain the following provisions, or Subrecipient shall provide endorsements on forms approved by the City to add the following provisions to the insurance policies:

(A) Commercial General Liability: (1) Additional Insured: The City, its officials, officers, employees, agents, and volunteers shall be additional insureds with regard to liability and defense of suits or claims arising out of the performance of the Agreement. Additional Insured Endorsements shall not (1) be restricted to “ongoing operations”; (2) exclude “contractual liability”; (3) restrict coverage to “sole” liability of Subrecipient; or (4) contain any other exclusions contrary to the terms or purposes of this Agreement. For all policies of Commercial General Liability insurance, Subrecipient shall provide endorsements in the form of ISO CG 20 10 10 01 and 20 37 10 01 (or endorsements providing the exact same coverage) to effectuate this requirement. (2) Cancellation: Required insurance policies shall not be canceled or the coverage reduced until a thirty (30) day written notice of cancellation has been served upon the City except ten (10) days shall be allowed for non-payment of premium.

(B) Automobile Liability. (1) Cancellation: Required insurance policies shall not be canceled or the coverage reduced until a thirty (30) day written notice of cancellation has been served upon the City except ten (10) days shall be allowed for non-payment of premium.

(C) Workers’ Compensation: (1) Cancellation: Required insurance policies shall not be canceled or the coverage reduced until a thirty (30) day written notice of cancellation has been served upon the City except ten (10) days shall be allowed for non-payment of premium. (2) Waiver of Subrogation: A waiver of subrogation stating that the insurer waives all rights of subrogation against the City, its officials, officers, employees, agents, and volunteers.

3.2.11.4 Primary and Non-Contributing Insurance. All policies of Commercial General Liability and Automobile Liability insurance shall be primary and any other insurance, deductible, or self-insurance maintained by the City, its officials, officers, employees, agents, or volunteers shall not contribute with this primary insurance. Policies shall contain or be endorsed to contain such provisions.

3.2.11.5 Waiver of Subrogation. All required insurance coverages, except for the professional liability coverage, shall contain or be endorsed to waiver of subrogation in favor of the City, its officials, officers, employees, agents, and volunteers or shall specifically allow Subrecipient or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. Subrecipient hereby waives its own right of recovery against City, and shall require similar written express waivers and insurance clauses from each of its Subrecipients, except for liability resulting from the sole established negligence, willful misconduct or active negligence of the City, its officials, officers, agents, employees or authorized volunteers.

3.2.11.6 Deductibles and Self-Insured Retentions. Any deductible or self-insured retention must be approved in writing by the City and shall protect the City, its officials, officers, employees, agents, and volunteers in the same manner and to the same extent as they would have been protected had the policy or policies not contained a deductible or self-insured retention.

3.2.11.7 Evidence of Insurance. The Subrecipient, concurrently with the execution of the Agreement, and as a condition precedent to the effectiveness thereof, shall deliver either certified copies of the required policies, or original certificates on forms approved by the City, together with all endorsements affecting each policy. Required insurance policies shall not be in compliance if they include any limiting provision or endorsement that has not been submitted to the City for approval. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf. At least fifteen (15 days) prior to the expiration of any such policy, evidence of insurance showing that such insurance coverage has been renewed or extended shall be filed with the City. If such coverage is cancelled or reduced and not replaced immediately so as to avoid a lapse in the required coverage, Subrecipient shall, within ten (10) days after receipt of written notice of such cancellation or reduction of coverage, file with the City evidence of insurance showing that the required insurance has been reinstated or has been provided through another insurance company or companies.

3.2.11.8 Acceptability of Insurers. Each such policy shall be from a company or companies with a current A.M. Best's rating of no less than A:VII and authorized to transact business of insurance in the State of California, or otherwise allowed to place insurance through surplus line brokers under applicable provisions of the California Insurance Code or any federal law.

3.2.11.9 Enforcement of Agreement Provisions (non estoppel). Subrecipient acknowledges and agrees that actual or alleged failure on the part of the City to inform Subrecipient of non-compliance with any requirement imposes no additional obligation on the City nor does it waive any rights hereunder.

3.2.11.10 Requirements Not Limiting. Requirement of specific coverage or minimum limits contained in this Section are not intended as a limitation on coverage, limits, or other requirement, or a waiver of any coverage normally provided by any insurance.

3.2.11.11 Additional Insurance Provisions

(A) The foregoing requirements as to the types and limits of insurance coverage to be maintained by Subrecipient, and any approval of said insurance by the City, is not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by the Subrecipient pursuant to this Agreement, including but not limited to, the provisions concerning indemnification.

(B) If at any time during the life of the Agreement, any policy of insurance required under this Agreement does not comply with these specifications or is canceled and not replaced, City has the right but not the duty to obtain the insurance it deems necessary and any premium paid by City will be promptly reimbursed by Subrecipient or City will withhold amounts sufficient to pay premium from Subrecipient payments. In the alternative, City may cancel this Agreement.

(C) The City may require the Subrecipient to provide complete copies of all insurance policies in effect for the duration of the Project.

(D) Neither the City nor any of its officials, officers, employees, agents or volunteers shall be personally responsible for any liability arising under or by virtue of this Agreement.

(E) The limits set forth herein shall apply separately to each insured against whom claims are made or suits are brought, except with respect to the limits of liability. Further the limits set forth herein shall not be construed to relieve the Subrecipient from liability in excess of such coverage, nor shall it limit the Subrecipient's indemnification obligations to the City and shall not preclude the City from taking such other actions available to the City under other provisions of the Agreement or law.

(F) Subrecipient shall report to the City, in addition to Subrecipient's insurer, any and all insurance claims submitted by Subrecipient in connection with the Services under this Agreement.

3.2.11.12 Insurance for Subrecipients. Subrecipient shall include all Subrecipients engaged in any work for Subrecipient relating to this Agreement as additional insureds under the Subrecipient's policies, or the Subrecipient shall be responsible for causing Subrecipients to purchase the appropriate insurance in compliance with the terms of these Insurance Requirements, including adding the City, its officials, officers, employees, agents, and volunteers as additional insureds to the Subrecipient's policies. All policies of Commercial General Liability insurance provided by Subrecipient's performing work relating to this Agreement shall be endorsed to name the City, its officials, officers, employees, agents and volunteers as additional insureds using endorsement form ISO CG 20 38 04 13 or an endorsement providing equivalent coverage. Subrecipient shall not allow any Subrecipient to commence work on any subcontract relating to this Agreement until it has received satisfactory evidence of Subrecipient's compliance with all insurance requirements under this Agreement, to the extent applicable. The Subrecipient shall provide satisfactory evidence of compliance with this section upon request of the City.

3.2.12 Water Quality Management and Compliance.

3.2.12.1 Storm Water Management. Storm, surface, nuisance, or other waters may be encountered at various times during the Services. Subrecipient hereby acknowledges that it has investigated the risk arising from such waters, and assumes any and all risks and liabilities arising therefrom.

3.2.12.2 Compliance with Water Quality Laws, Ordinances and Regulations. Subrecipient shall keep itself and all subcontractors, staff, and employees fully informed of and in compliance with all local, state and federal laws, rules and regulations that may impact, or be implicated by the performance of the Services including, without limitation, all applicable provisions of the City's ordinances regulating water quality and storm water; the Federal Water Pollution Control Act (33 U.S.C. § 1251, *et seq.*); the California Porter-Cologne Water Quality Control Act (Water Code § 13000 *et seq.*); and any and all regulations, policies, or permits issued pursuant to any such authority. Subrecipient must additionally comply with the lawful requirements of the City, and any other municipality, drainage district, or other local agency with jurisdiction over the location where the Services are to be conducted, regulating water quality and storm water discharges.

3.2.12.3 Standard of Care. Subrecipient warrants that all employees and subcontractors shall have sufficient skill and experience to perform the work assigned to them without impacting water quality in violation of the laws, regulations and policies described in Section 3.2.12.2 of this Agreement. Subrecipient further warrants that it, its employees and subcontractors have or will receive adequate training, as determined by the City, regarding these requirements as they may relate to the Services.

3.2.12.4 Liability for Non-compliance.

(A) Indemnity: Failure to comply with laws, regulations, and ordinances listed in Section 3.2.12.2 of this Agreement is a violation of federal and state law. Notwithstanding any other indemnity contained in this Agreement, Subrecipient agrees to indemnify and hold harmless the City, its officials, officers, agents, employees and authorized volunteers from and against any and all claims, demands, losses or liabilities of any kind or nature which the City, its officials, officers, agents, employees and authorized volunteers may sustain or incur for noncompliance with the laws, regulations, and ordinances listed above, arising out of or in connection with the Services, except for liability resulting from the sole established negligence, willful misconduct or active negligence of the City, its officials, officers, agents, employees or authorized volunteers.

(B) Defense: City reserves the right to defend any enforcement action or civil action brought against the City for Subrecipient's failure to comply with any applicable water quality law, regulation, or policy. Subrecipient hereby agrees to be bound by, and to reimburse the City for the costs associated with, any settlement reached between the City and the relevant enforcement entity. Subrecipient reserves the right to defend any enforcement action or civil action brought against the Subrecipient for City's failure to comply with any applicable water quality law, regulation, or policy. The City hereby agrees to be bound by, and to reimburse the Subrecipient for the costs associated with, any settlement reached between the Subrecipient and the relevant enforcement entity.

(C) Damages: City may seek damages from Subrecipient for delay in completing the Services caused by Subrecipient's failure to comply with the laws, regulations and policies described in Section 3.2.12.2 of this Agreement, or any other relevant water quality law, regulation, or policy.

3.3 Fees and Payments.

3.3.1 Compensation. Subrecipient shall receive compensation, including authorized reimbursements, for all Services rendered under this Agreement at the rates set forth in Exhibit "B" attached hereto and incorporated herein by reference. The total compensation shall not exceed One hundred six thousand dollars (\$106,000) without written approval of the City Council or City Manager as applicable. Extra Work may be authorized, as described below, and if authorized, will be compensated at the rates and manner set forth in this Agreement.

3.3.2 Payment of Compensation. Subrecipient shall submit to City a monthly invoice which indicates work completed and hours of Services rendered by Subrecipient. The invoice shall describe the amount of Services provided since the initial commencement date, or since the start of the subsequent billing periods, as appropriate, through the date of the invoice. City shall, within 30 days of receiving such invoice, review the invoice and pay all non-disputed and approved charges thereon. If the City disputes any of Subrecipient's fees, the City shall give

written notice to Subrecipient within thirty (30) days of receipt of an invoice of any disputed fees set forth therein.

3.3.3 Reimbursement for Expenses. Subrecipient shall not be reimbursed for any expenses unless authorized in writing by City, or included in Exhibit ""B" of this Agreement.

3.3.4 Extra Work. At any time during the term of this Agreement, City may request that Subrecipient perform Extra Work. As used herein, "Extra Work" means any work which is determined by City to be necessary for the proper completion of the Project, but which the Parties did not reasonably anticipate would be necessary at the execution of this Agreement. Subrecipient shall not perform, nor be compensated for, Extra Work without written authorization from the City. Payment for Extra Work may exceed the not-to-exceed amount set forth in Section 3.3.1 upon written approval of the City Council or City Manager.

3.3.5 Rate Increases. In the event that this Agreement is renewed pursuant to Section 3.1.2, the rate set forth in Exhibit ""B" may be adjusted each year at the time of renewal as set forth in Exhibit "B."

3.4 Labor Code Requirements.

3.4.1 Prevailing Wages. Subrecipient is aware of the requirements of California Labor Code Section 1720, et seq., and 1770, et seq., as well as California Code of Regulations, Title 8, Section 16000, et seq., ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the performance of other requirements on "public works" and "maintenance" projects. If the Services are being performed as part of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Subrecipient agrees to fully comply with such Prevailing Wage Laws. City shall provide Subrecipient with a copy of the prevailing rates of per diem wages in effect at the commencement of this Agreement. Subrecipient shall make copies of the prevailing rates of per diem wages for each craft; classification or type of worker needed to execute the Services available to interested parties upon request, and shall post copies at the Subrecipient's principal place of business and at the project site. It is the intent of the parties to effectuate the requirements of sections 1771, 1774, 1775, 1776, 1777.5, 1813, and 1815 of the Labor Code within this Agreement, and Subrecipient shall therefore comply with such Labor Code sections to the fullest extent required by law. Subrecipient shall defend, indemnify and hold the City, its officials, officers, employees, agents, and volunteers free and harmless from any claim or liability arising out of any failure or alleged failure to comply with the Prevailing Wage Laws.

3.4.2 Registration/DIR Compliance. If the Services are being performed on a public works project of over \$25,000 when the project is for construction, alteration, demolition, installation, or repair work, or a public works project of over \$15,000 when the project is for maintenance work, in addition to the foregoing, then pursuant to Labor Code sections 1725.5 and 1771.1, the Subrecipient and all Subrecipients must be registered with the Department of Industrial Relations ("DIR"). Subrecipient shall maintain registration for the duration of the project and require the same of any Subrecipients. This project may also be subject to compliance monitoring and enforcement by the DIR. It shall be Subrecipient's sole responsibility to comply with all applicable registration and labor compliance requirements, including the submission of payroll records directly to the DIR. Any stop orders issued by the Department of Industrial Relations against Subrecipient or any Subrecipient that affect Subrecipient's performance of services, including any delay, shall be Subrecipient's sole responsibility. Any delay arising out of

or resulting from such stop orders shall be considered Subrecipient caused delay and shall not be compensable by the City. Subrecipient shall defend, indemnify and hold the City, its officials, officers, employees and agents free and harmless from any claim or liability arising out of stop orders issued by the Department of Industrial Relations against Subrecipient or any Subrecipient.

3.4.3 Labor Certification. By its signature hereunder, Subrecipient certifies that it is aware of the provisions of Section 3700 of the California Labor Code which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of that Code, and agrees to comply with such provisions before commencing the performance of the Services.

3.5 Accounting Records.

3.5.1 Maintenance and Inspection. Subrecipient shall maintain complete and accurate records with respect to all costs and expenses incurred under this Agreement. All such records shall be clearly identifiable. Subrecipient shall allow a representative of City during normal business hours to examine, audit, and make transcripts or copies of such records and any other documents created pursuant to this Agreement. Subrecipient shall allow inspection of all work, data, documents, proceedings, and activities related to the Agreement for a period of three (3) years from the date of final payment under this Agreement.

3.6 General Provisions.

3.6.1 Termination of Agreement.

3.6.1.1 Grounds for Termination. City may, by written notice to Subrecipient, terminate the whole or any part of this Agreement at any time and without cause by giving written notice to Subrecipient of such termination, and specifying the effective date thereof, at least seven (7) days before the effective date of such termination. Upon termination, Subrecipient shall be compensated only for those services which have been adequately rendered to City, and Subrecipient shall be entitled to no further compensation. Subrecipient may not terminate this Agreement except for cause.

3.6.1.2 Effect of Termination. If this Agreement is terminated as provided herein, City may require Subrecipient to provide all finished or unfinished Documents & Data and other information of any kind prepared by Subrecipient in connection with the performance of Services under this Agreement. Subrecipient shall be required to provide such document and other information within fifteen (15) days of the request.

3.6.1.3 Additional Services. In the event this Agreement is terminated in whole or in part as provided herein, City may procure, upon such terms and in such manner as it may determine appropriate, services similar to those terminated.

3.6.2 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:

Subrecipient: Tri City Mental Health Authority
1717 N. Indian Hill Blvd, Suite B
Claremont, CA 91711
ATTN: Rimmi Hundal, Executive Director

City: City of Pomona
505 South Garey Avenue
Pomona, CA 91766
ATTN: Benita DeFrank, Neighborhood Services Director

Such notice shall be deemed made when personally delivered or when mailed, forty-eight (48) hours after deposit in the U.S. Mail, first class postage prepaid and addressed to the party at its applicable address. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

3.6.3 Ownership of Materials and Confidentiality.

3.6.3.1 Documents & Data; Licensing of Intellectual Property. This Agreement creates a non-exclusive and perpetual license for City to copy, use, modify, reuse, or sublicense any and all copyrights, designs, and other intellectual property embodied in plans, specifications, studies, drawings, estimates, and other documents or works of authorship fixed in any tangible medium of expression, including but not limited to, physical drawings or data magnetically or otherwise recorded on computer diskettes, which are prepared or caused to be prepared by Subrecipient under this Agreement ("Documents & Data"). All Documents & Data shall be and remain the property of City, and shall not be used in whole or in substantial part by Subrecipient on other projects without the City's express written permission. Within thirty (30) days following the completion, suspension, abandonment or termination of this Agreement, Subrecipient shall provide to City reproducible copies of all Documents & Data, in a form and amount required by City. City reserves the right to select the method of document reproduction and to establish where the reproduction will be accomplished. The reproduction expense shall be borne by City at the actual cost of duplication. In the event of a dispute regarding the amount of compensation to which the Subrecipient is entitled under the termination provisions of this Agreement, Subrecipient shall provide all Documents & Data to City upon payment of the undisputed amount. Subrecipient shall have no right to retain or fail to provide to City any such documents pending resolution of the dispute. In addition, Subrecipient shall retain copies of all Documents & Data on file for a minimum of fifteen (15) years following completion of the Project, and shall make copies available to City upon the payment of actual reasonable duplication costs. Before destroying the Documents & Data following this retention period, Subrecipient shall make a reasonable effort to notify City and provide City with the opportunity to obtain the documents.

3.6.3.2 Subrecipients. Subrecipient shall require all Subrecipients to agree in writing that City is granted a non-exclusive and perpetual license for any Documents & Data the Subrecipient prepares under this Agreement. Subrecipient represents and warrants that Subrecipient has the legal right to license any and all Documents & Data. Subrecipient makes no such representation and warranty in regard to Documents & Data which were prepared by design professionals other than Subrecipient or its Subrecipients, or those provided to Subrecipient by the City.

3.6.3.3 Right to Use. City shall not be limited in any way in its use or reuse of the Documents & Data or any part of them at any time for purposes of this Project or another project, provided that any such use not within the purposes intended by this Agreement or on a project other than this Project without employing the services of Subrecipient shall be at City's sole risk. If City uses or reuses the Documents & Data on any project other than this Project, it shall remove the Subrecipient's seal from the Documents & Data and indemnify and hold harmless Subrecipient and its officers, directors, agents and employees from claims arising out

of the negligent use or re-use of the Documents & Data on such other project. Subrecipient shall be responsible and liable for its Documents & Data, pursuant to the terms of this Agreement, only with respect to the condition of the Documents & Data at the time they are provided to the City upon completion, suspension, abandonment or termination. Subrecipient shall not be responsible or liable for any revisions to the Documents & Data made by any party other than Subrecipient, a party for whom the Subrecipient is legally responsible or liable, or anyone approved by the Subrecipient.

3.6.3.4 Indemnification. Subrecipient shall defend, indemnify and hold the City, its directors, officials, officers, employees, volunteers and agents free and harmless, pursuant to the indemnification provisions of this Agreement, for any alleged infringement of any patent, copyright, trade secret, trade name, trademark, or any other proprietary right of any person or entity in consequence of the use on the Project by City of the Documents & Data, including any method, process, product, or concept specified or depicted.

3.6.3.5 Confidentiality. All ideas, memoranda, specifications, plans, procedures, drawings, descriptions, computer program data, input record data, written information, and other Documents & Data either created by or provided to Subrecipient in connection with the performance of this Agreement shall be held confidential by Subrecipient. Such materials shall not, without the prior written consent of City, be used by Subrecipient for any purposes other than the performance of the Services. Nor shall such materials be disclosed to any person or entity not connected with the performance of the Services or the Project. Nothing furnished to Subrecipient which is otherwise known to Subrecipient or is generally known, or has become known, to the related industry shall be deemed confidential. Subrecipient shall not use City's name or insignia, photographs of the Project, or any publicity pertaining to the Services or the Project in any magazine, trade paper, newspaper, television or radio production or other similar medium without the prior written consent of City.

3.6.3.6 Confidential Information. The City shall refrain from releasing Subrecipient's proprietary information ("Proprietary Information") unless the City's legal counsel determines that the release of the Proprietary Information is required by the California Public Records Act or other applicable state or federal law, or order of a court of competent jurisdiction, in which case the City shall notify Subrecipient of its intention to release Proprietary Information. Subrecipient shall have five (5) working days after receipt of the Release Notice to give City written notice of Subrecipient's objection to the City's release of Proprietary Information. Subrecipient shall indemnify, defend and hold harmless the City, and its officers, directors, employees, and agents from and against all liability, loss, cost or expense (including attorney's fees) arising out of a legal action brought to compel the release of Proprietary Information. City shall not release the Proprietary Information after receipt of the Objection Notice unless either: (1) Subrecipient fails to fully indemnify, defend (with City's choice of legal counsel), and hold City harmless from any legal action brought to compel such release; and/or (2) a final and non-appealable order by a court of competent jurisdiction requires that City release such information.

3.6.4 Cooperation; Further Acts. The Parties shall fully cooperate with one another, and shall take any additional acts or sign any additional documents as may be necessary, appropriate or convenient to attain the purposes of this Agreement.

3.6.5 [Reserved]

3.6.6 Indemnification.

3.6.6.1 To the fullest extent permitted by law, Subrecipient shall defend (with counsel of City's choosing), indemnify and hold the City, its officials, officers, employees, volunteers, and agents free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury of any kind, in law or equity, to property or persons, including wrongful death, in any manner arising out of, pertaining to, or incident to any acts, errors or omissions, or willful misconduct of Subrecipient, its officials, officers, employees, or agents in connection with the performance of the Subrecipient's Services, the Project or this Agreement, including without limitation the payment of all damages, expert witness fees and attorney's fees and other related costs and expenses. Subrecipient's obligation to indemnify shall not be restricted to insurance proceeds, if any, received by Subrecipient, the City, its officials, officers, employees, agents, or volunteers.

3.6.6.2 To the fullest extent permitted by law, City shall defend (with counsel of Subrecipient's choosing), indemnify and hold the Subrecipient, its officials, officers, employees, volunteers, and agents free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury of any kind, in law or equity, to property or persons, including wrongful death, in any manner arising out of, pertaining to, or incident to any acts, errors or omissions, or willful misconduct of City, its officials, officers, employees, or agents in connection with the Project or this Agreement, including without limitation the payment of all damages, expert witness fees and attorney's fees and other related costs and expenses. City's obligation to indemnify shall not be restricted to insurance proceeds, if any, received by City, Subrecipient, its officials, officers, employees, agents, or volunteers.

3.6.7 Entire Agreement. This Agreement contains the entire Agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. This Agreement may only be modified by a writing signed by both parties.

3.6.8 Governing Law; Government Code Claim Compliance. This Agreement shall be governed by the laws of the State of California. Venue shall be in Los Angeles County. In addition to any and all contract requirements pertaining to notices of and requests for compensation or payment for extra work, disputed work, claims and/or changed conditions, Subrecipient must comply with the claim procedures set forth in Government Code sections 900 et seq. prior to filing any lawsuit against the City. Such Government Code claims and any subsequent lawsuit based upon the Government Code claims shall be limited to those matters that remain unresolved after all procedures pertaining to extra work, disputed work, claims, and/or changed conditions have been followed by Subrecipient. If no such Government Code claim is submitted, or if any prerequisite contractual requirements are not otherwise satisfied as specified herein, Subrecipient shall be barred from bringing and maintaining a valid lawsuit against the City.

3.6.9 Time of Essence. Time is of the essence for each and every provision of this Agreement.

3.6.10 City's Right to Employ Other Subrecipients. City reserves the right to employ other Subrecipients in connection with this Project.

3.6.11 Successors and Assigns. This Agreement shall be binding on the successors and assigns of the parties.

3.6.12 Assignment or Transfer. Subrecipient shall not assign, hypothecate, or transfer, either directly or by operation of law, this Agreement or any interest herein without the prior written consent of the City. Any attempt to do so shall be null and void, and any assignees, hypothecates or transferees shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer.

3.6.13 Construction; References; Captions. Since the Parties or their agents have participated fully in the preparation of this Agreement, the language of this Agreement shall be construed simply, according to its fair meaning, and not strictly for or against any Party. Any term referencing time, days or period for performance shall be deemed calendar days and not work days. All references to Subrecipient include all personnel, employees, agents, and Subrecipients of Subrecipient, except as otherwise specified in this Agreement. All references to City include its elected officials, officers, employees, agents, and volunteers except as otherwise specified in this Agreement. The captions of the various articles and paragraphs are for convenience and ease of reference only, and do not define, limit, augment, or describe the scope, content, or intent of this Agreement.

3.6.14 Amendment; Modification. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

3.6.15 Waiver. No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual rights by custom, estoppel, or otherwise.

3.6.16 No Third-Party Beneficiaries. There are no intended third party beneficiaries of any right or obligation assumed by the Parties.

3.6.17 Invalidity; Severability. If any portion of this Agreement is declared invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect.

3.6.18 Prohibited Interests. Subrecipient warrants that it has not employed nor retained any company or person, other than a bona fide employee working solely for Subrecipient, to solicit or secure this Agreement. Further, Subrecipient warrants that it has not paid nor has it agreed to pay any company or person, other than a bona fide employee working solely for Subrecipient, any fee, commission, percentage, brokerage fee, gift or other consideration contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, City shall have the right to rescind this Agreement without liability. For the term of this Agreement, no member, officer or employee of City, during the term of his or her service with City, shall have any direct interest in this Agreement, or obtain any present or anticipated material benefit arising therefrom.

3.6.19 Authority to Enter Agreement. Subrecipient has all requisite power and authority to conduct its business and to execute, deliver, and perform the Agreement. Each Party warrants that the individuals who have signed this Agreement have the legal power, right, and authority to make this Agreement and bind each respective Party.

3.6.20 Counterparts. This Agreement may be signed in counterparts, each of which shall constitute an original.

3.7 Subcontracting.

3.7.1 Prior Approval Required. Subrecipient shall not subcontract any portion of the work required by this Agreement, except as expressly stated herein, without prior written approval of City. Subcontracts, if any, shall contain a provision making them subject to all provisions stipulated in this Agreement.

[SIGNATURES ON NEXT PAGE]

**SIGNATURE PAGE TO
PROFESSIONAL SERVICES AGREEMENT BY AND
BETWEEN THE CITY OF POMONA AND TRI-CITY
MENTAL HEALTH AUTHORITY**

CITY OF POMONA

TRI-CITY MENTAL HEALTH AUTHORITY

By: _____
James Makshanoff
City Manager

By: _____
Rimmi Hundal
Executive Director

Attest:

Attest:

Rosalia A. Butler
City Clerk`

Micaela P. Olmos
JPA Administrator/Clerk

Approved as to Form:

Approved as to Form:

Best Best & Krieger LLP
Kylee Otto, City Attorney

Richards, Watson & Gershon
Steven L. Flower, General Counsel

STATEMENT OF WORK

City of Pomona, Partnering with Cities of Claremont and La Verne City Homelessness Plan Implementation Grant

Section I. Overview

The cities of Pomona, Claremont, and La Verne (the “Tri-Cities” or “Cities”) have a long history of collaboration to strengthen the sub-regional continuum of care for People Experiencing Homelessness (PEH) that align with the activities outlined in the Cities’ homelessness plans. Most notably, these activities expand short-term emergency services to prevent people from falling further into homelessness beyond the services provided through the Collaborative Community Response to Claremont Homelessness, Pomona Continuum of Care Coalition, and Pomona’s Hope for Home Service Center (Hope for Home), which provides year-round shelter and services to PEH. The Cities also jointly govern Tri-City Mental Health Authority (TCMHA), the sub-region’s designated mental health authority. TCMHA has played a central role in helping the Cities develop services to address the mental health needs of people experiencing or at-risk of homelessness. Its board recently voted to pilot a team of dedicated Community Navigators, who will work with individuals referred by Cities’ staff and the police departments Homeless Outreach Services Team (HOST) / Officers Assisting the Homeless (OATH) programs, to enter individuals into the Coordinated Entry System (CES), conduct the VI-SPDAT assessment, and connect them with housing and services.

Section II. Objectives and Program Description

Priority Area 2 - Enhance the effectiveness of County service systems for people experiencing and/or at-risk of homelessness.

The Cities have made significant progress in implementing six integrated activities to strengthen the continuum of care for the PEH within their sub-region of the San Gabriel Valley. These activities complemented County and Cities’ service systems by enabling TCMHA to hire three dedicated full-time Homeless Resource Community Navigators to provide 24-hour response to homelessness. Other activities previously implemented by the Tri-Cities include providing showers for PEH, providing storage space for the belongings of PEH, and launching a local homeless prevention program for families in need. These efforts align with the Homeless Initiative Strategies New Framework Pillars – Connect and Coordinate.

The funding will be utilized to establish and implement the Homeless Prevention Program and Interim Housing Program.

1. Homeless Prevention Program – Subcontract with TCMHA to administer a homeless prevention program to provide rental/utility assistance, relocation assistance, and case management services to individuals and families at-risk of homelessness within the Tri-Cities. As a result, individuals and families will remain housed and connected to supportive services.

2. Interim Housing Program – Provide short-term motel vouchers or crisis shelter beds located at City of Pomona’s Hope for Home to support individuals and families experiencing homelessness referred to subcontractor TCMHA Community Navigators by the Tri-Cities.

Section III. Tasks

Task I: Establish and Implement the Homeless Prevention Program

Program 1: Homeless Prevention Program

City of Pomona will retain a service provider to provide prevention services to people at risk of becoming homeless by helping them to retain housing. Below are the types of Homeless Prevention Program services and the total number of unduplicated households to be served in a 6-month period.

Activities and Metrics	Performance Targets	Target Timeline
Assess individuals and family members for eligibility for prevention services.	25 households	Within 6 months of contract execution
Enroll individuals and family members in the prevention program	20 households	
Assist individuals and family members with retaining their housing or transitioning them directly into other permanent housing upon exit from the program	20 households	
Provide rental assistance to eligible individuals and families	15 households	
Provide relocation assistance to eligible individuals and families	5 households	
Provide utility arrears assistance to eligible individuals and families	10 households	

Task II: Establish and Implement the Interim Housing Program

Program 2: Interim Housing (Motel Vouchers/Hope for Home Beds)

Tri-Cities will refer unhoused individuals and families to a service provider to provide interim housing such as motel vouchers and crisis shelter beds located at City of Pomona’s Hope for Home. Below are the types of Interim Housing Program services and the total number of unduplicated households to be served in a 6-month period.

Activities and Metrics	Performance Targets	Target Timeline
Number of individuals and family members newly enrolled	25 individual adults and 20 family members	Within 6 months of contract execution
Number of individuals and family members active in the program within the report date range	15 individual adults and 10 family members	
Number of housing plans completed	45 households	
Number of individuals and family members who exited to any	15 individual adults and 10 family members	

destination within the report date range

Number of individuals and family members who exited to permanent housing destination within the report date range

10 individual adults and 5 family members

Percentage of individuals and family members who exited the program to permanent housing

67%

Section V. Deliverables

Report Schedule:

1. Submit Quarterly Reports and supporting documents.
2. Submit Final Report prior to termination date of the contract.

Quarterly Reports and Invoices shall be submitted to County Chief Executive Office - Homeless Initiative at the following email address: HomelessInitiativeCities@lacounty.gov with a copy to owilliams@ceo.lacounty.gov.

PRICING SCHEDULE

The Total Maximum Contract sum of \$106,000 to be paid by County of Los Angeles.

**Homeless Resource Community Navigator Program
NON - PERSONNEL COSTS**

	\$45,500
1. Homeless Prevention Program (Sub-contract)	
	\$52,390
2. Interim Housing Program	

Sub Total Non Personnel Costs \$97,890

ADMINISTRATIVE COST (no more than 10% of the total contract sum \$ 8,110
and all costs approved by the County are reimbursable upon proof of
expenditure).

Examples of admin costs:

Office Supplies; Printing/Mailing; Mileage/Parking; Materials, Etc.

TOTAL CONTRACT SUM \$106,000

*Changes within line items and/or categories require written authorization from the County Project Manager. Written authorization may be defined to include letter, email, and fax. A contract amendment is not required for changes within line items and/or categories. For payment of approved Extra Work above the Total Contract Sum, see Section 3.3 of the Agreement.



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

DATE: April 19, 2023

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Consideration of Resolution No. 706 Adopting the Authority's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan For Fiscal Years 2023-24, 2024-25, & 2025-26

Summary

The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures. The Director of MHSA and Ethnic Services presented an overview of the (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023-24 – 2025-26 for the Tri-City Mental Health Commission during the Public Hearing held on April 11, 2023.

Background

This MHSA Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023-24 – 2025-26 was posted on March 10, 2023, and the required minimum 30-day review process ended on April 11, 2023. Staff circulated a draft of the Three-Year Plan by making electronic copies available on TCMHA 's website as well as circulating hard copies throughout the community. The plan was also promoted on social media including Facebook, Twitter, and Instagram. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. All comments received regarding this plan were shared during the Public Hearing held on April 11, 2023.

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Three-Year Plan, community members were invited to participate in stakeholder meetings and workgroups as well as invited to share their thoughts during the public comment period of the Public Hearing.

Fiscal Impact:

The Agency has funds available under MHSA to support the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24, 2024-25, & 2025-26.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 706 Adopting the Authority's MHSA Three-Year Program and Expenditure Plan For Fiscal Years 2023-24, 2024-25, & 2025-26
April 19, 2023
Page 2

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 706 approving the Authority's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023-24, 2024-25, & 2025-26 as recommended by the TCMHA Mental Health Commission.

Attachment:

Attachment 5-A: Resolution No. 706 - DRAFT

Attachment 5-B: MHSA Three Year Program and Expenditure Plan for Fiscal Years 2023-24, 2024-25, & 2025-26

RESOLUTION NO. 706

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2023-24, 2024-25, & 2025-26

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) wishes to adopt its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Plan) for Fiscal Years 2023-24, 2024-25, and 2025-26, as recommended by TCMHA Mental Health Commission.

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

C. The Plan was developed through a Community Planning Process during which stakeholders and community members participate in reviewing and recommending programming and services. A Public Hearing of the Plan was held during the Mental Health Commission Meeting of April 11, 2023.

2. Action

A. The Governing Board approves the Authority’s MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-24, 2024-25, & 2025-26, as presented; and authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 19, 2023 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:
STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By: _____

By: _____

Mental Health Services Act (MHSA)
**Three-Year Program
and Expenditure Plan**
FY 2023-24 – 2025-26



ATTACHMENT 5-B



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MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director

Name: RIMMI HUNDAL
Telephone Number: (909) 623-6131
E-mail: rhundal@tricitymhs.org

Program Lead

Name: DANA BARFORD
Telephone Number: (909) 623-6131
E-mail: dbarford@tricitymhs.org

County Mental Health Mailing Address

1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711

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

This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26, attached hereto, was adopted by the Tri-City Governing Board on [REDACTED].

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

All documents in the attached MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26 and Expenditure Plan are true and correct.

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

Signature

Date

MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

Three-Year Program and Expenditure Plan Annual Update Annual Revenue and Expenditure Report

Local Mental Health Director

Name: RIMMI HUNDAL

Telephone Number: (909) 623-6131

E-mail: rhundal@tricitymhs.org

County Auditor-Controller/ City Financial Officer

Name: DIANA ACOSTA

Telephone Number: (909) 451-6434

E-mail: dacosta@tricitymhs.org

Local Mental Health Mailing Address

1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711

I hereby certify that the MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26 is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

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

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/ City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/4/2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller / City Financial Officer

Signature

Date

Executive Summary

Community Planning Process

The community planning process began in the fall of 2022 and continued throughout the fiscal year utilizing a virtual platform. Community members were invited to attend multiple stakeholder meetings, MHSAs workgroups and the MHSAs Public Hearing. In addition, the community was presented with the annual Community Planning Process Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.



MHSA Event	Dates
Community Planning Process Survey	Fall 2022
Community Forums	12/6/2022 12/8/2022 3/1/2022 3/2/2023
Innovation Workgroups	7/13/2022 8/17/2022 9/7/2022 11/28/2022 2/23/2023
30-Day Posting of MHSA Three-Year Program and Expenditure Plan FY 2023-24 -2025-26	3/10/2023 – 4/11/2023
MHSA Public Hearing	4/11/2023
Tri-City Governing Board Approval and Adoption	4/19/2023

MHSA Plan Highlights & Actions Since Previous Annual Update

Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2021-22
Full-Service Partnerships	485
Full-Service Partnerships Projection for FY 2022-23	500
Community Navigators	1,007
Wellness Center	910
Supplemental Crisis Services	143
Field Capable Clinical Services for Older Adults	29
Permanent Supportive Housing	239

Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2021-22
Community Wellbeing	10,554
Community Mental Health Trainings	1,340
Stigma Reduction and Suicide Prevention	354
Older Adult and Transition Age Youth Wellbeing	58
Wellness Center PEI /TAY and Older Adults	1,538
Family Wellbeing	418
NAMI: Community Capacity Building/Ending the Silence	23
Housing Stability Program	23
Therapeutic Community Gardening	86
Early Psychosis Program	43

Introduction to Tri-City Mental Health Authority

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

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

Demographics

The total population for the Tri-City area is approximately 214,721 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Population by City

TOTAL POPULATION BY CITY				
	La Verne	Claremont	Pomona	Tri-City Area
Total population	30,680	35,703	148,338	214,721

Source: U.S. Census data from 2021 ACS 1-Year Estimates

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

Table 2: Total Population by Age Group

TOTAL POPULATION BY AGE GROUP					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age group:					
0-14	5,257	4,747	30,539	40,543	18.50%
15-24	4,166	7,185	26,189	37,540	17.14%
25-59	13,574	14,593	68,562	96,729	44.15%
60+	9,349	9,085	25,834	44,268	20.21%
Totals	32,346	36,610	151,124	219,080	100.00%

Source: U.S. Census data from 2020 ACS 5-Year Estimates

Table 3: Total Population by Race/Ethnicity

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

Source: U.S. Census data from 2020 ACS 5-Year Estimates

Mental Health Service Act (MHSA)

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

Five Components of the Mental Health Services Act

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

MHSA Community Planning Process

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

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

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

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

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

Opportunities for collaboration include the following stakeholder engagement activities:

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

The following table reflects specific community planning activities and collaboration impacting the development of this MHSa Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26:

MHSa Event	Dates	Purpose
MHSa Community Forum	12/6/2022 12/8/2022	Orientation to MHSa and introduction to current programs, evaluations, and budgets. Amendment to MHSa Annual Update FY 2022-23 addition of the Access to Care (ATC) services to the Community Services and Supports Plan and the addition of the School-Based Services (SBS) program to the Prevention and Early Intervention Plan with funding provided under the Mental Health Services Act.
30-Day Posting for Amendment to MHSa Annual Update FY 2021-22	12/9/2022 through 1/10/2023	Opportunity for stakeholders to provide comments regarding this document.
Mental Health Commission Approval	1/10/2023	Required by MHSa
Tri-City Governing Board Approval	1/18/2023	Required by MHSa
Innovation Workgroups	7/13/2022 8/17/2022 9/7/2022 11/28/2022 2/23/2023	Stakeholders joined together to review the needs of the community and share ideas in an effort to identify and create a new MHSa Innovation project.
Community Forum	3/1/2023 3/2/2023	Community members came together for the mid-year stakeholder meeting.
30-Day Posting for MHSa Three-Year Program and Expenditure Plan FY 2023-24-2025-26	3/10/2023 through 4/11/2023	The MHSa Three-Year Program and Expenditure Plan FY 2023-24-2025-26 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
MHSa Public Hearing/ Mental Health Commission Meeting	4/11/2023	The Tri-City Mental Health Commission hosted the MHSa Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSa Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. The Mental Health Commission endorsed both plans for submission to Tri-City's Governing Board for approval and adoption.
Tri-City Governing Board Approval	4/19/2023	Tri-City's Governing Board met to approve and adopt the MHSa Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

MHSA Community Planning Survey

Beginning in September 2021, stakeholders and community partners were invited to complete Tri-City's MHSA Community Planning Process Survey which provides an opportunity to share their thoughts and concerns regarding the availability of support services. This annual community planning survey is used to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Survey results were then shared with community stakeholders during the stakeholder workgroup and incorporated into this MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the individuals, families and communities in the Tri-City service area.

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

Proposals Approved During the Community Planning Process

On October 6 and 8, 2022, stakeholders came together to review and provide feedback on:

Amendment to MHSA Annual Update FY 2022-23

Tri-City Mental Health Authority was seeking the approval for the addition of two new programs to the MHSA CSS Plan and PEI Plan.

Access to Care (ATC) is a clinical adjunct service that acts as a gateway to the intake process for Tri-City's outpatient clinics. Individuals interested in Tri-City services can access care either by calling, walk-in or via referral. A mental health professional assesses the individual seeking services and recommends the most appropriate level of care and services. This service is currently funded through 1991 Realignment Revenue and Medi-Cal reimbursement from the Federal and State governments.

The second program, School-Based Services (SBS), provides services to students directly on local school campuses during school hours. Tri-City provides services to students attending schools whose districts are within its jurisdiction including Bonita Unified School District, Claremont Unified School District and Pomona Unified School District. The School-Based Services Program is currently funded 100% from Realignment Funds.

Tri-City requested to add both programs to MHSA programming thereby funding them 100% from funds received through the Mental Health Services Act.

Following the presentation, attendees asked several clarifying questions before voting on this proposal. A high majority of stakeholder voted in favor of this proposal and the results are below:

Program Name	MHSA Plan Addition	Stakeholder Approval %
Access to Care Program	Community Services and Supports (CSS) Plan	83%
School Based Services Program	Prevention and Early Intervention (PEI) Plan	86%

This plan amendment was posted for a 30-day public comment period beginning December 9, 2022, through January 10, 2023 on Tri-City's website as well as all social media sites including Facebook, Instagram, and Twitter. In addition, this amendment was distributed to numerous locations including city halls, libraries, and community centers. All written and verbal comments received during this comment period will be reviewed by Tri-City staff and included in the final document.

This plan was presented to the Tri-City Mental Health Commission on January 10, 2023, with a request for endorsement to the Tri-City Governing Board. The Governing Board approved and adopted this amendment on January 18, 2023.

The addition of the ATC team will result in total CSS expenditures to increase by approximately \$755,000 annually. The addition of the SBS team will result in total PEI expenditures to increase by approximately \$817,000 annually. This amendment is retroactive to July 1, 2022.

Transfer of Funds from Community Services and Supports Plan to Workforce Education and Training and Capital Facilities and Technological Needs

Request for transfer of funds in the amount of \$2,500,000 from Community Services and Supports (CSS) to be allocated as follows:

Capital Facilities and Technological Needs (CFTN)	\$2,000,000
Workforce Education and Training (WET)	\$500,000
Total Transfer of Funds	\$2,500,000

Summary

The Community Service and Supports (CSS) plan, which receives the largest portion of MHSA funding at 76%, provides intensive treatment and transition services for people who experience serious and persistent mental illness or severe emotional disturbances or who are at risk of SMI/SED. In addition, the California Code of Regulations § 3420.10 allows for the transfer of excess funds from the CSS account to Prudent Reserve, Capital Facilities and Technological Needs (CFTN) account and Workforce Education and Training (WET) account.

This ability to reallocate funds is critical to the sustainability of the CFTN Plan and WET Plan components since each received only a one-time allocation at the time of approval.

CFTN focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

Therefore, the \$ 2,000,000 in CSS funding from this proposal will be allocated to CFTN to 1) strengthen the infrastructure of Tri-City, 2) purchase new building(s) to create needed office space for staff and 3) reduce the risk of reversion of CSS funds.

WET also received a one-time allocation at the time of approval focuses on strengthening and supporting existing staff and caregivers through trainings while also concentrating on attracting new staff and volunteers to ensure future mental health personnel.

Therefore, the \$500,000 in CSS funding from this proposal will be used to continue Tri-City's Loan Repayment Program for staff as well as fund ongoing trainings for staff.

In preparation for this request, the Director of MHSA and Ethnic Services convened a virtual Community Forum on March 1 and March 2, 2023. Two identical meetings were held, one in the morning and one in the evening, with the same content to accommodate community members who may be working or attending school. The purpose of these meetings was to invite stakeholders to review and provide input regarding the allocation of a surplus of MHSA funds currently held under the CSS plan. The presentation for this meeting included a brief introduction of the Mental Health Services Act (MHSA) as well as a review of each of the proposed MHSA plans under consideration to receive these funds. The plans include Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET).

This request is hereby incorporated in this MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

Amendment to Prevention and Early Intervention Plan: NAMI Ending the Silence and NAMI 101

Since 2011, Tri-City has partnered with NAMI Pomona Valley, now known as NAMI Greater Los Angeles County (GLAC) under Tri-City's MHSA PEI Plan to provide presentations and support through two programs named, Ending the Silence and NAMI 101, which were approved, under the PEI Plan as part of the MHSA Annual Expenditure for the purpose of increasing awareness among teachers, staff, parents and students regarding the prevention and early intervention of mental disorders, and to decrease stigma and increase compassion for those who may be showing symptoms of early onset mental illness in the Tri-City school districts-Pomona Unified School District, Bonita Unified School District, and Claremont Unified School District, including the private schools.

A total of \$35,500 per year was made available to fund the various training meetings and stipends. The stipends are specifically for teachers or employees of the schools noted above. Considering that funding could be a barrier for attendance by school representatives, these stipends are intended to facilitate and encourage these school representatives to attend the trainings and provide reimbursement to either the school district or the employee for their participation. However, over the years NAMI has continued to struggle to expend these funds which has resulted in the funds being carried over from year to year. In addition, the onset of the COVID-19 pandemic and closures of schools greatly impacted the ability for NAMI to offer presentations in person.

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time:

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID-19
FY 2021-22	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City Mental Health Authority have agreed to amend this program’s funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In preparation for this request, the Director of MHSA and Ethnic Services convened a virtual Community Forum on March 1 and March 2, 2023. Two identical meetings were held, one in the morning and one in the evening, with the same content to accommodate community members who may be working or attending school. The purpose of these meetings was to invite stakeholders to review and provide input regarding the proposed change to the NAMI Community Capacity Program/Ending the Silence and NAMI 1010/ and reallocation of these funds. This request is hereby incorporated in this MHSA Three-Year Program and Expenditure Plan FY 2023-24 – 2025-26.

30-Day Public Comment Period and Public Hearing

The MHSA Three-Year Program and Expenditure Plan FY 2023-24 - 2025-26 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2021-22. An electronic draft of this Annual Update was posted on Tri-City’s website on March 10, 2023 for a 30-day public comment period ending April 11, 2023. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings.

On April 11, 2023, the Tri-City Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding program updates summarized in the most recent MHSA Three-Year Program and Expenditure Plan FY 2023-24 - 2025-26. Participant feedback to staff was reviewed and incorporated into this plan. The Mental Health Commission unanimously endorsed the plan for submission to Tri-City’s Governing Board for approval and adoption.



MHSA Programs

The following pages contain descriptions of each MHSA funded program.

The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services.

The services provided for Fiscal Year 2021-22 are highlighted in each program summary by age group, number of clients served, and average cost per person.



Community Services and Supports (CSS)

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

Full-Service Partnerships
Community Navigators
Wellness Center

Supplemental Crisis Services | Intensive Outreach & Engagement Team
Field Capable Clinical Services for Older Adults
Permanent Supportive Housing

Full-Service Partnerships

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2021-22	77	141	217	50	485
Projected Number to be Served FY 2022-23	81	148	218	53	500
Cost Per Person	\$13,979	\$14,234	\$14,753	\$11,894	N/A

Program Update

The Adult Full-Service Partnership (FSP) program provides field-based services for the community as well as telehealth services. These services were majorly impacted by staffing shortages during fiscal year 2021-22 as well as the continuing limitations posed by COVID-19. However, the FSP team were able to improve staffing and expand their workforce to include four new mental health specialist, two therapists, a clinical supervisor, and a clinical programs manager. In addition, the clinical teams implemented more group work as part of their service delivery such as the Resiliency Group for adults.

The FSP staff continue to provide crisis interventions, housing referrals, psychiatric mental status schedule, assistance with linkage and supportive services for transportation and financial and medical

health. These teams offer collaboration with client and treatment team on shared decision-making goals to achieve mental health stability. FSP staff are committed to a client's success in their wellness and recovery.

In addition, staff were able to increase family involvement in treatment for Child and TAY FSP clients such as school advocating and becoming more available for sessions. Staff continued to provide a hybrid approach by combining telehealth and in person appointments.

Challenges and Solutions

For the Child and Transition Age Youth (TAY) FSP programs, staff noticed an increase in more complex cases including crisis with suicidal ideation and co-occurring disorders. For clients in crisis needing hospitalization there was limited psychiatric hospital beds and clients were often sent to La County USC or UCLA Harbor for emergency beds. This was difficult for families with limited transportation resources. In addition, there was little to no available ambulances to transport clients to hospital. This FSP team also experiences a significant turnover in staff and difficulty with recruitment.

In response to the workforce shortage, Tri-City prioritized recruitment for Adult FSP staff by incorporating financial incentives including sign-on bonuses and a new salary schedule designed to encourage a robust hiring process. In addition, staff were offered flexible schedules including 9-80 and 4-10 schedules.

Future efforts for FSP staff include conducting community outreach in partnership with other Tri-City departments to support clients enrolled in FSP as well as collateral supports. FSP teams will accompany clients to major appointments to ensure linkages including primary care appointments as well as provide transition of care for medical concerns.

Cultural Competence

The FSP staff consists of a diverse team that includes staff who are bilingual in English and Spanish as well as a balance of male and female providers. Furthermore, the language line is available for staff when an additional language is required. Tri-City staff include a diverse group of individuals across age range and life experiences, including military staff.

In addition, literature and materials regarding the clinic are provided in threshold languages (Spanish, Vietnamese, and English). Finally, all staff ensures that clients are addressed by their preferred pronouns and names to affirm client's gender identity. The client's documentation reflects client preference in pronoun as well.

Community Partners

- **Housing department:** collaborate to support clients in obtaining and maintaining stable housing.
- **Intensive Outreach and Engagement:** collaborate to support transition into clinical services.

- **Co-occurring Substance Treatment:** partner to address clients substance use.
- **Clinical Wellness Advocates:** partner to engage clients in treatment.
- **Medication Support Services:** collaborate to promote client recovery.
- **Community Navigators:** partner to link client to community resources.
- **Hope 4 Homes:** collaborate to support clients in obtaining and maintaining stable housing.
- **Volunteers of America:** collaborate to support clients in obtaining and maintaining stable housing.
- **Union Station:** collaborate to support clients in obtaining and maintaining stable housing.
- **The Los Angeles Homeless Services Authority (LAHSA):** collaborate to support clients in obtaining and maintaining stable housing.
- **East Valley:** partner to address physical health concerns.
- **Park Tree:** partner to address physical health concerns.
- **American Recovery Center:** partner to address clients substance use.
- **Prototypes:** partner to address clients substance use.
- **Local school districts** (Pomona Unified School District, Claremont Unified School District and Bonita Unified School District)
- **Youth Coordinated Entry System**
- **Department of Child and Family Services**

Success Story

Adult FSP

An older adult client enrolled in the FSP program was at risk of being evicted from their apartment due to behavioral issues. The client worked for a brief period with their treatment team to connect to alternative housing resources and substance abuse treatment. However, the client later withdrew from the team and decreased their engagement in treatment. Later the client was the victim of a crime and hospitalized. The client was released but was in a lot of physical pain. Over the course of the next year, the client was able to maintain their apartment and began to recover physically. The client then began to increase their engagement with the FSP team and able to meet weekly as well as participate in recovery groups. The treatment team was able to respond to the client and better able to manage their symptoms and improve their current circumstances. The FSP treatment team supported this client who never gave up despite the challenges that they faced, and they used this as an opportunity to change their life learning to make healthy and more responsible choices.

Child and TAY FSP

Client is a TAY male who enrolled in FSP services due to a history of ongoing legal issues that led to symptoms of depression including aggression, isolation, and suicidal ideation. The client gradually disconnected from any close relationships impacting family dynamics by causing physical fights with siblings, limited access to healthy ways of coping, poor interactions with others in the community and poor school attendance including multiple suspensions, and substance use.

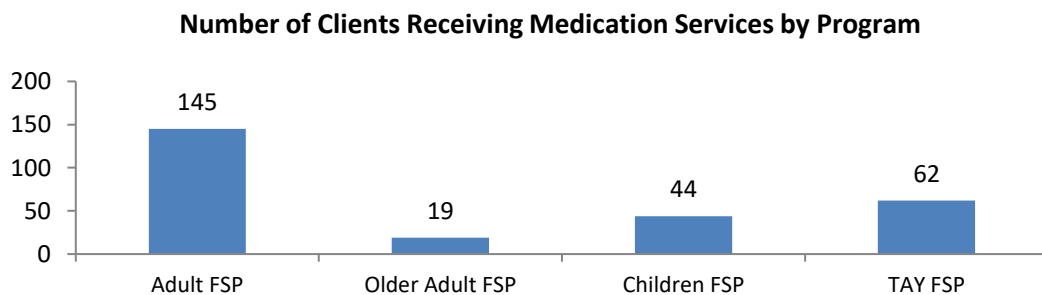
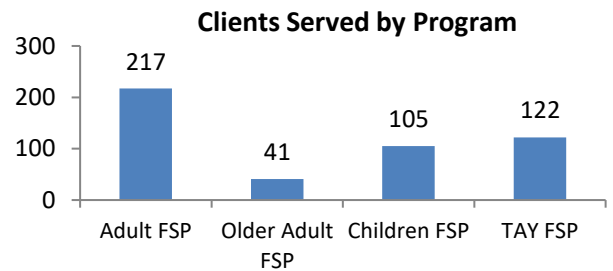
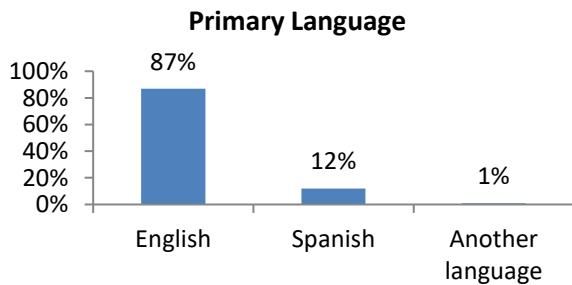
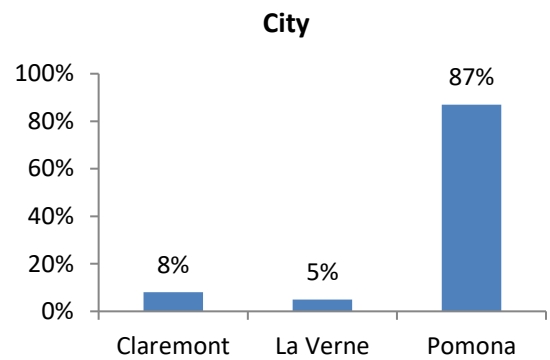
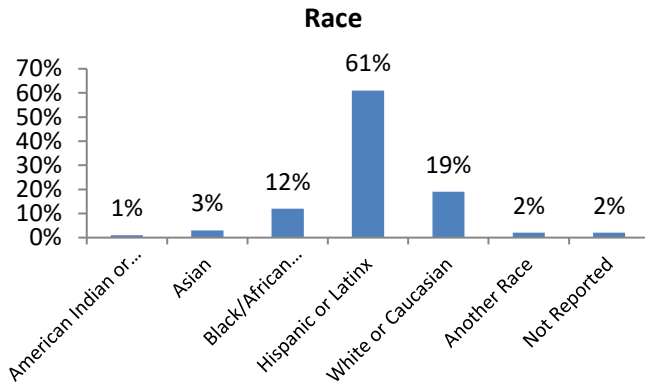
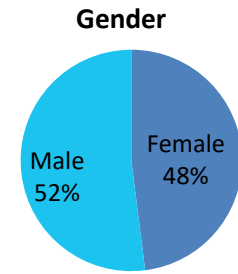
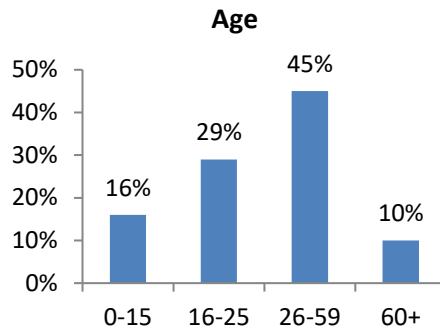
The client is currently entering his last phase of treatment and will be graduating from FSP services within the next couple of months. This client has made significant gains and is currently living at home, participating in family events and family relationships have improved. The client is attending school on a regular basis and his grades have improved significantly. In addition, he is enthusiastic about his first semester in college and currently seeking employment. Finally, this client has experienced a significant change in attitude towards his community and is calm and polite when engaging with others.

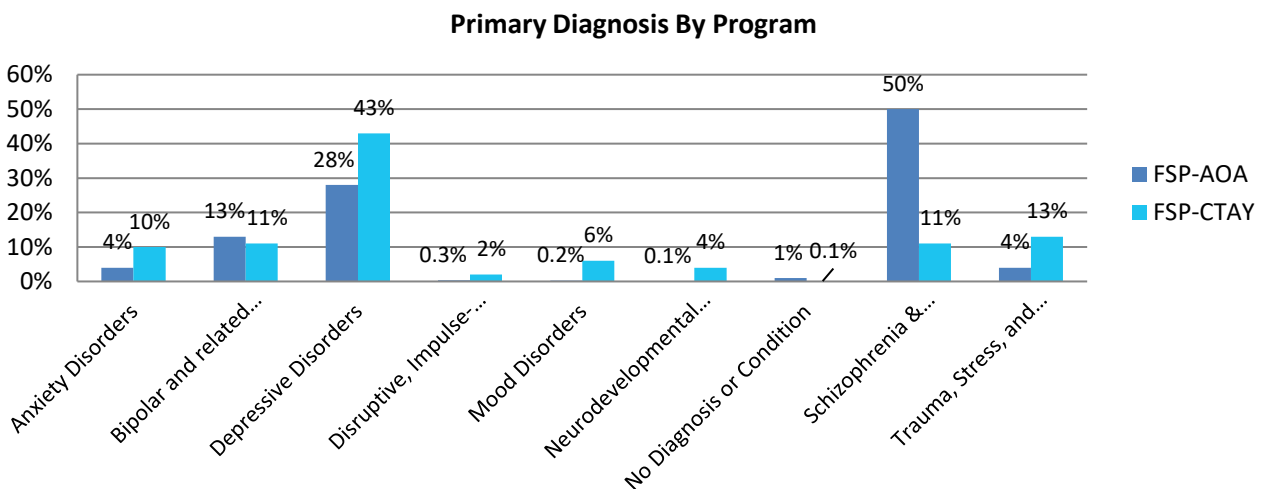
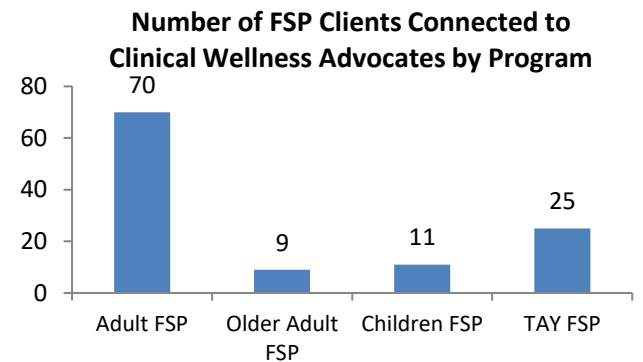
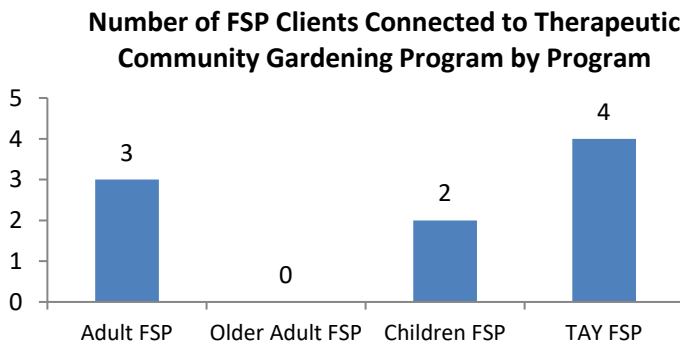
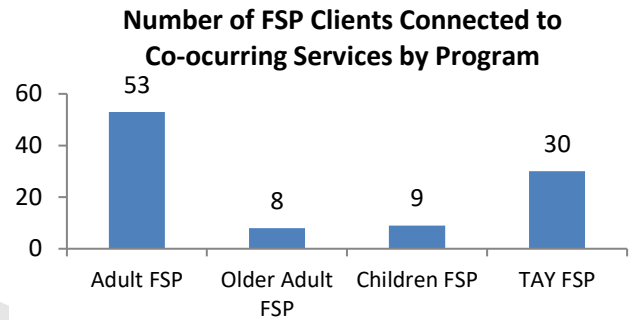
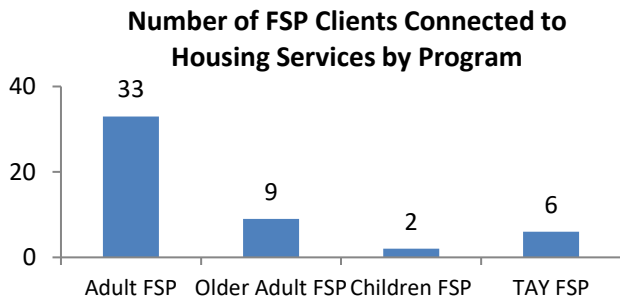
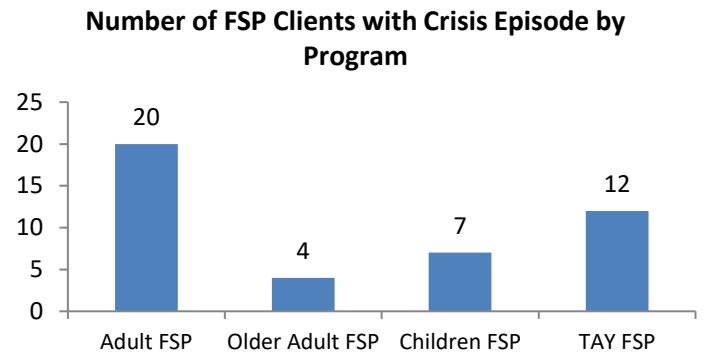
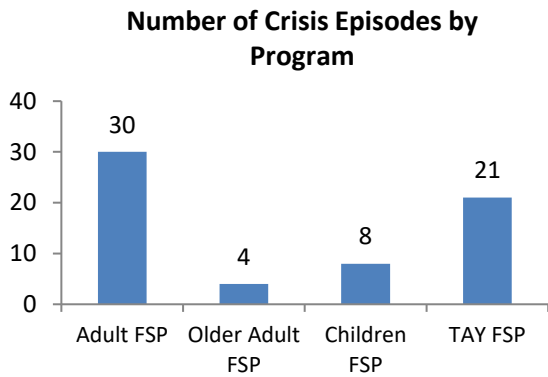
DRAFT

Program Summary

How Much Did We Do?

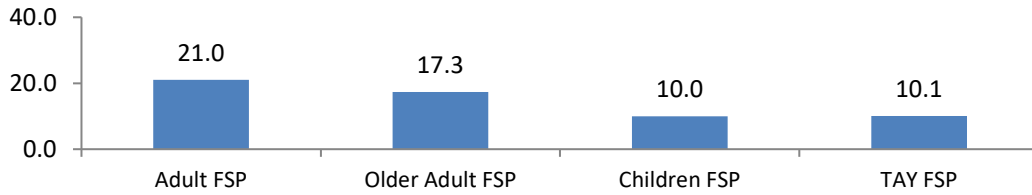
**485
Individuals
Served**





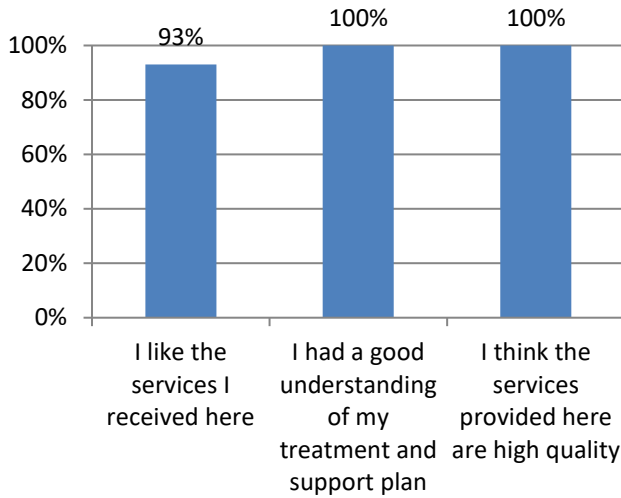
How Well Did We Do It?

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



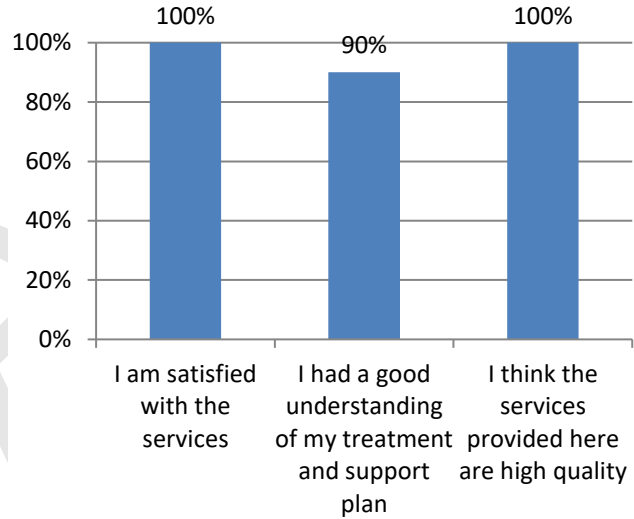
FSP Adult and Older Adult

Percent of clients (Strongly Agree/Agree) to the following statements



FSP CTAY

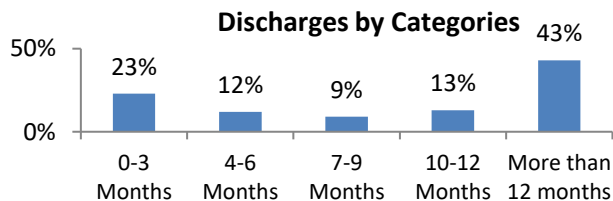
Percent of clients and parents (Strongly Agree/Agree) to the following statements



Is Anyone Better Off?

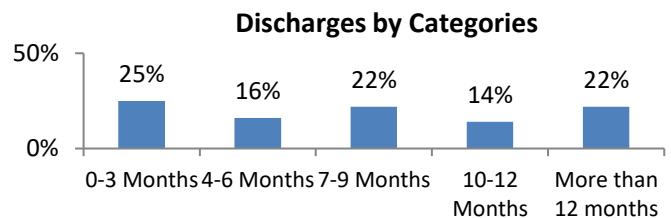
FSP Adult and Older Adult

150 Discharges during FY 21-22



FSP CTAY

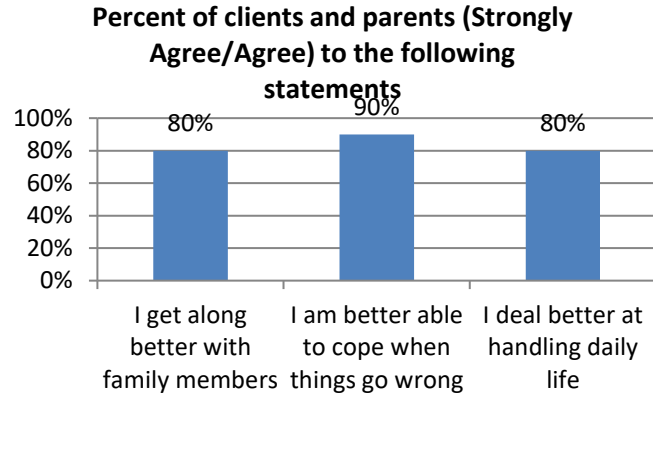
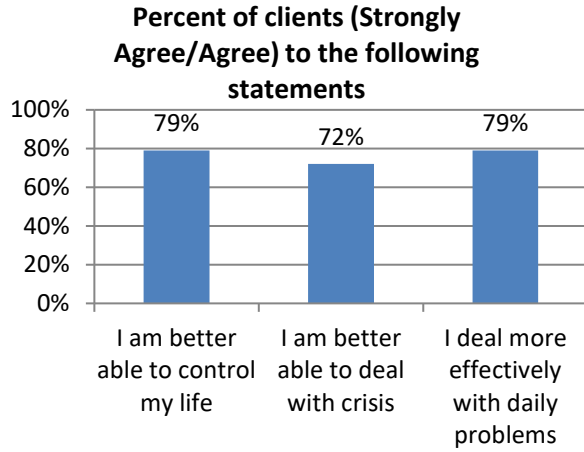
134 Discharges during FY 21-22



As a direct result of the services I received:

FSP Adult and Older Adult

FSP CTAY



OMA Outcomes for FSP CTAY (n=78)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	9% (n=7)	9% (n=7)	Yes
Hospitalizations	54% (n=42)	47% (n=37)	Yes
Homelessness	3% (n=2)	3% (n=2)	No
Expulsions/Suspensions from School	9% (n=7)	0% (n=0)	Yes

OMA Outcomes for FSP Adult/Older Adult (n=46)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	33% (n=15)	7% (n=3)	Yes
Hospitalizations	61% (n=28)	26% (n=12)	Yes
Homelessness	59% (n=27)	59% (n=27)	No

Community Navigators

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Total Served
Number Served FY 2021-22	46	61	289	48	563	1,007
Cost Per Person	\$310**	\$310**	\$310**	\$310**	\$310**	\$310**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

The Community Navigator program continues to focus on providing resources including housing individuals in need. Outreach for the first part of fiscal year 2021-22 continued to be a challenge because some agencies and organizations remained having limited business hours due to the rise in COVID numbers especially during the winter months. There continued to be a high number of individuals and families that experienced homelessness and resources for emergency shelter, especially for families, are very limited in the service area. The Navigators currently have five beds reserved at the Hope for Home Service Center in partnership with a cohort consisting of the cities of Pomona, Claremont, and La Verne.

Challenges and Solutions

Limited staffing impacted the Community Navigator team. Going from seven to four Navigators made it difficult to be consistent with outreach, especially since staff were still providing some case management to the families in the motels and the participants in the cohort beds at the Hope for Home Service Center. This resulted in the numbers of participants served to decrease.

Another challenge is finding psychiatrists that accept Medi-Cal health plans. This impacts individuals who are looking for strictly medication support. In response to this the Community Navigators have been able to help clients connect with their insurance provider or make a referral to The Behavioral Health Urgent Center in the City of Industry, if clients need emergency medication while they wait for an appointment with a psychiatrist.

The Community Navigator program is currently working closely with the City of Pomona to see if additional funding can be provided that will be used for motel vouchers, and homeless prevention funds. This will help with the lack of housing for families and individuals experiencing homelessness or who are at risk of becoming homeless. By placing families and individuals in motels, it will allow the program more time to identify other options for longer term crisis housing, transitional housing, or permanent housing.

Cultural Competence

The Community Navigators are bilingual and able to speak English, Spanish and Vietnamese. This is helpful since there is a high population of Spanish speaking individuals in Pomona. When out in the community, Navigators are able to engage with families and individuals who only speak Spanish and the Navigator who speaks Vietnamese is also able to reach out to the Vietnamese community. Some of the Community Navigator staff also has lived experience or were raised in the city of Pomona, so they are able to better connect with some of the clients that they serve. Program materials and flyers are available in both English and Spanish.

Community Navigators are trained to identify and research any resources that can help further support the mental well-being of individuals who have additional barriers. Some of those resources include sliding scale mental health services, support groups, faith-based support, or counseling. Navigators meet their clients where they are depending on their needs.

Finally, regarding reaching out to older adults, the Navigator program works closely with 3 different senior centers in the community. Community Navigators are stationed at these centers during the senior lunch programs to assist with any resources or specific age-related support services.

Community Partners

- **Hope for Home Service Center** - The Community Navigators have 6 beds reserved for clients. Navigators also collaborate closely with the Center to assist other individuals with resources and support.

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

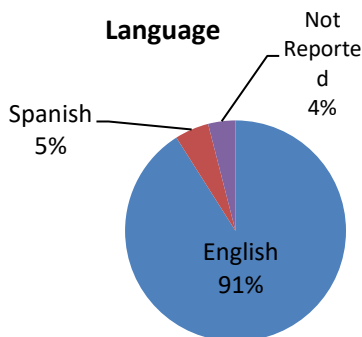
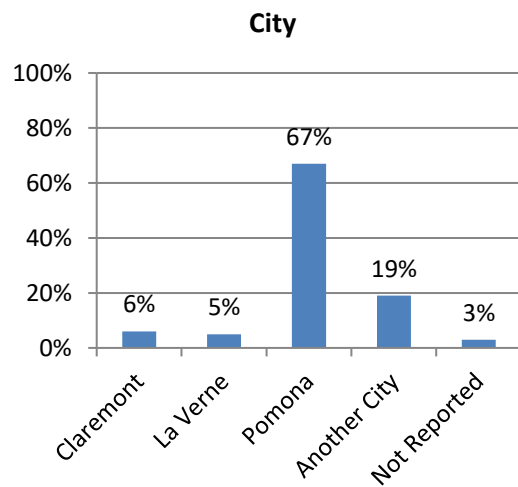
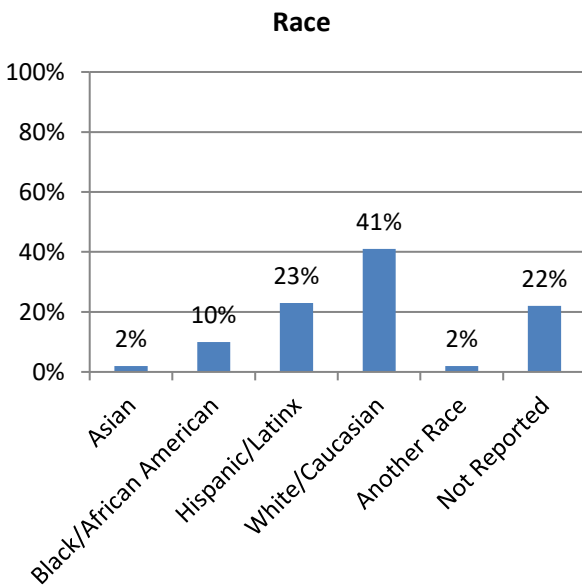
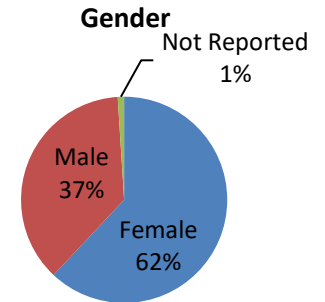
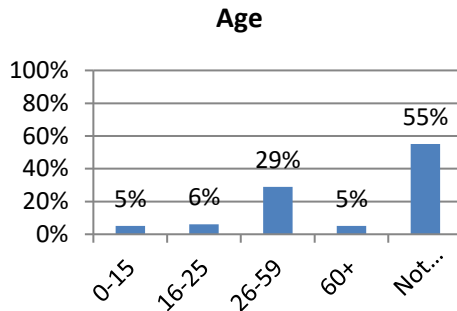
Success Story

Often it “takes a village” or a strong collaboration between multiple support services in order to successfully meet the needs of a family in crisis. One such example is a family of eight who were experiencing homelessness in the city of Pomona. This family was referred to a Community Navigator who was able to utilize several sources to assist the family with housing. The family was placed in a local motel through the Measure H Cohort Motel Voucher Program. While in the program, the family qualified for an Emergency Housing Voucher through the City of Pomona. However, due to the size of the family, it became difficult to find housing which required 4 bedrooms. Yet through the collaborative efforts of the Community Navigator, the City of Pomona, and Volunteers of America, the family was successfully housed in a 4-bedroom home. This family had experienced homelessness for many years and were so grateful to finally have a home. In addition, the family was provided with clothing and food resources, and a voucher for a birth certificate and ID since it was needed when processing the paperwork for the housing voucher.

Program Summary

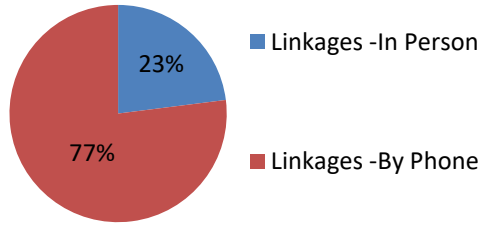
How Much Did We Do?

**1,007
Individuals
Served**



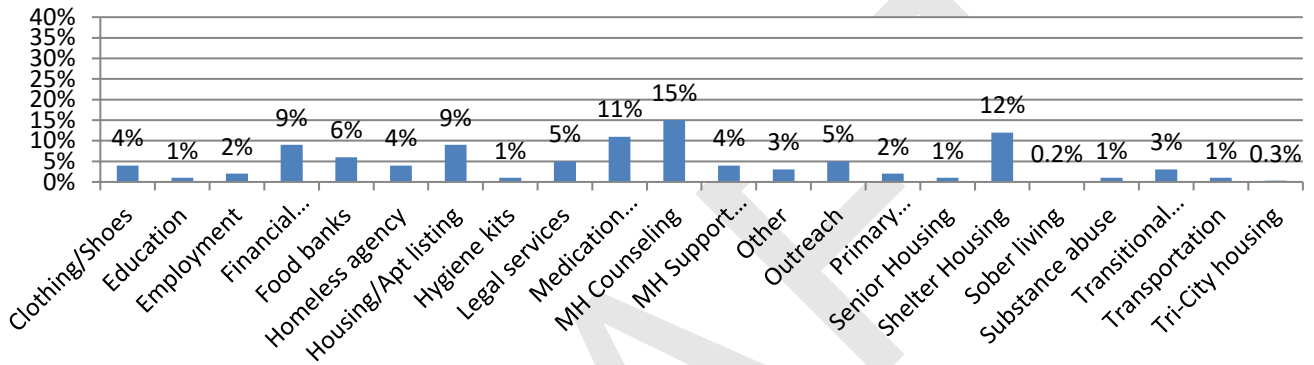
**291
Homeless Individuals**

Linkages by Type

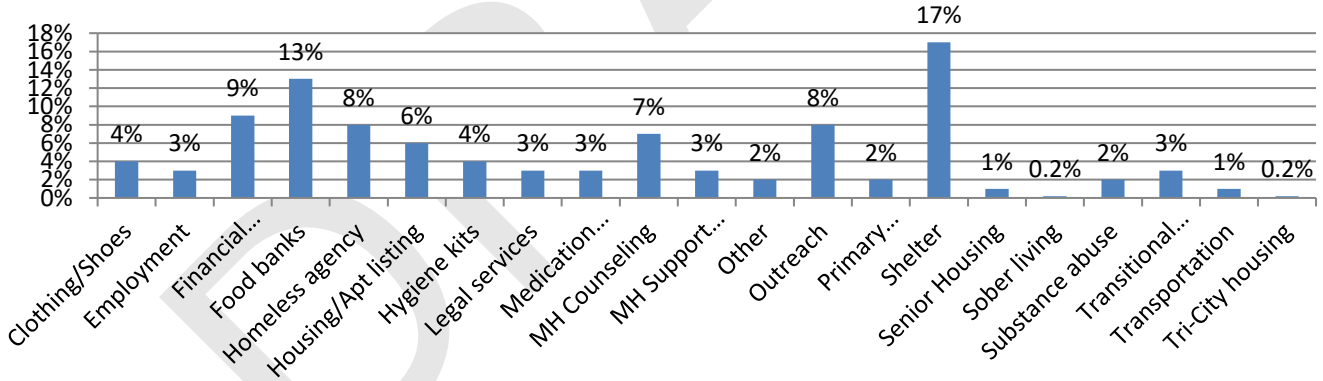


2,028
Linkages made by Community Navigators

All Linkages by Type



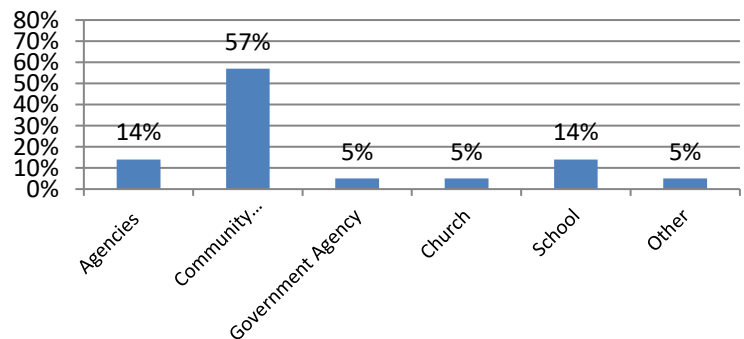
In-Person Linkages by Type



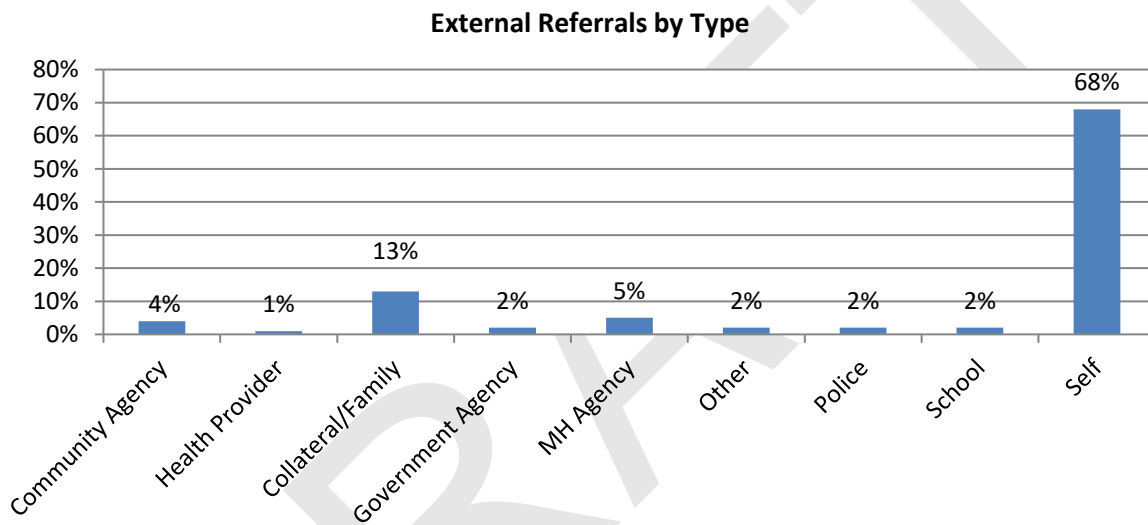
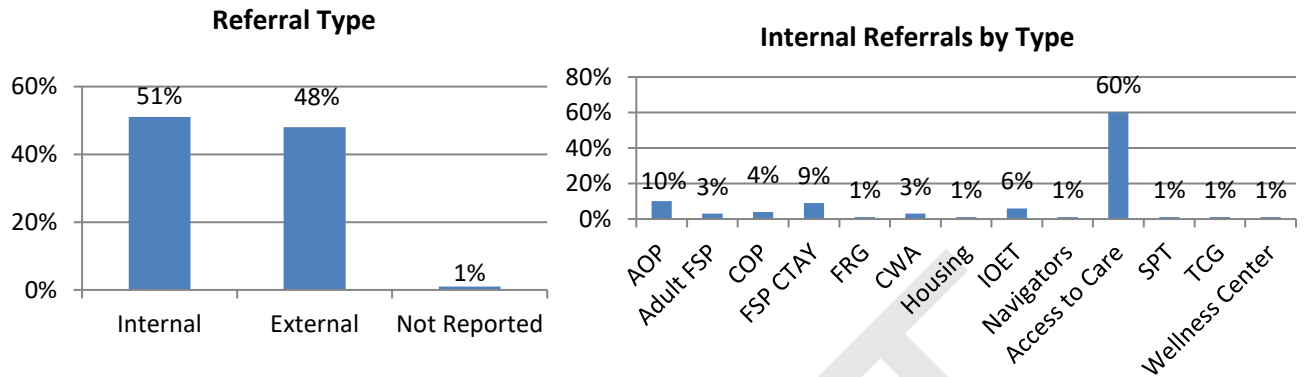
21
Locations Outreached by Navigators

221
Total Community Members engaged by Navigators through Outreach

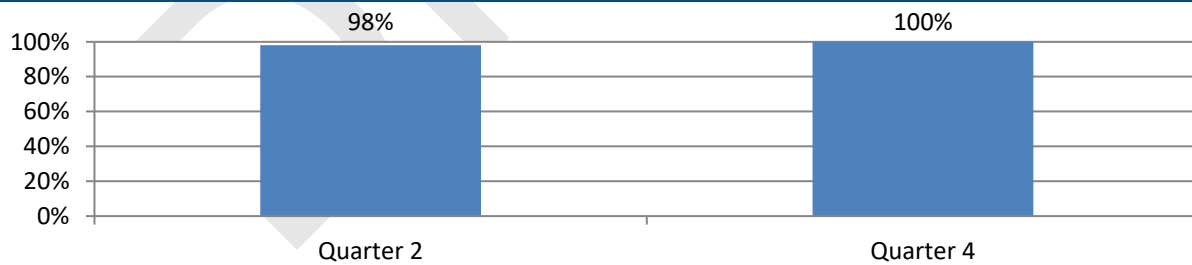
Locations by Type



How Well Did We Do It?

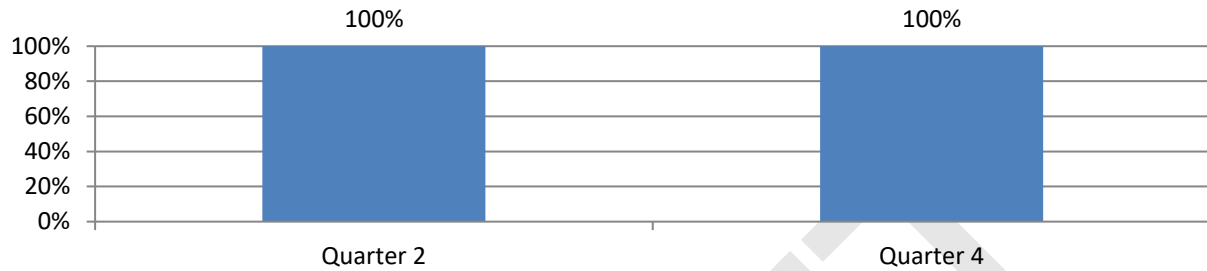


Percentage of Participants Reporting Satisfaction with Services Provided



Is Anyone Better Off?

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



How did you benefit from talking with a navigator?

The top three benefits were:

1. Mental Health Counseling/Treatment Assistance 34% of respondents
2. Housing Assistance 30% of respondents
3. Food/Clothing Assistance 16% of respondents

Wellness Center

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	18	175	566	86	65	910
Cost Per Person	\$587**	\$587**	\$587**	\$587**	\$587**	\$587**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

During FY 2021-22, the Wellness Center continued to serve the community through 40 support groups hosted over a virtual platform. The Center also provided the community with presentations on COVID and vaccines. Towards the end of the year, the Center began the process of reopening to allow for in-person attendance. This included allowing community partners to host their meetings onsite. Finally, eight hiring events were held to support the employment needs of the community in partnership with various local employers.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Many participants have complained about the numerous constant attempts from the Center for the myriad of groups. Consequently, participants frequently ask when the Center will re-open for in-person services. Over the course of the year, there were attempts to start in-person groups, but agency policy and or LA County mandates prevented any of those events to continue ongoing.

The Center followed all guidelines and protocols to minimize unnecessary exposure and/or risk to our participants. Over the last half of the year, the Center hosted in-person events adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in-person since then.

Cultural Competence

As the need arises, the Center responds in real time and implements specific groups to target LGBTQ, Spanish monolingual and TAY communities. Services are free and open to the community. Linguistic services are offered to meet the various languages of stakeholders and offer support for all age groups. Free services are provided that seek to eliminate stigma through psychoeducation and evidence-based practices. Spaces are created where individuals experience safety and feel heard.

Materials are printed and provided in the dominant local languages. Staff attempt to engage with hard-to-reach populations through a peer approach. Those that have lived experience to each one reach one. Both staff and participants look forward to the day when all restrictions and limitations are removed allowing for a stronger connection when serving the needs of the community.

Community Partners

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

Success Story

For the past three years, "Judy" (not her real name) participated in employment/vocational services at the Wellness Center. She was referred from Tri City's Adult outpatient. Judy discussed her interest in obtaining a fulltime job. She shared in confidence how she was homeless in the Pomona area but sought a job where she could eventually rent her own apartment. Judy did not want to let her housing instability deter her from reaching her employment goals. Judy received resume assistance, current job leads and was invited to various hiring events. Judy reported that she had a seasonal job with the Post Office several years prior, and she felt that if given the opportunity she could be successful. Judy began the long process of applying for a Mail Handler Position in the City of Los Angeles.

The Center assisted with the process due to Judy's limited computer skills and access to a computer. Judy completed her application with USPS and was invited to take two online examinations. A date was scheduled for her to take her exams at the center. A laptop was provided to Judy to access the links to take the exams. Once the exams were completed Judy was provided with a score. She was very proud of the fact that she had scored well above what was needed to qualify for the Mail Handler position. Judy waited eagerly for the next steps in the hiring process. Within a few weeks Judy received an email with a contingent offered of employment with the USPS. Judy was very excited about this opportunity with the United States Postal Service. She reported that she could not have completed the application without the support and encouragement of the Employment team at the Wellness Center. Judy reported that she is very excited about receiving her start date so she can begin her new life as a Mail Handler for the United States Postal Service.

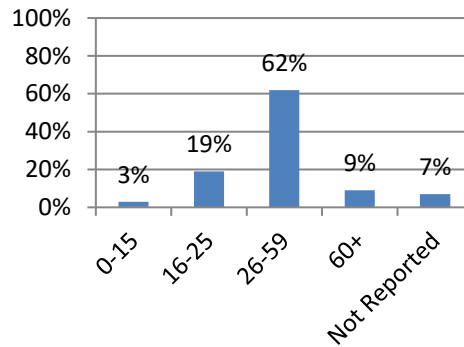
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Program Summary

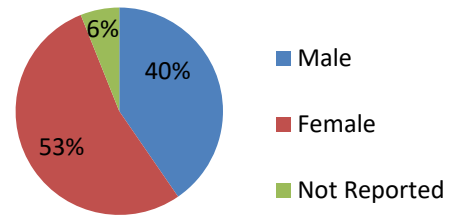
How Much Did We Do?

910
Individuals
attending
Wellness Center

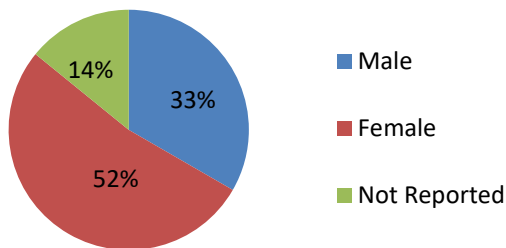
Age Group



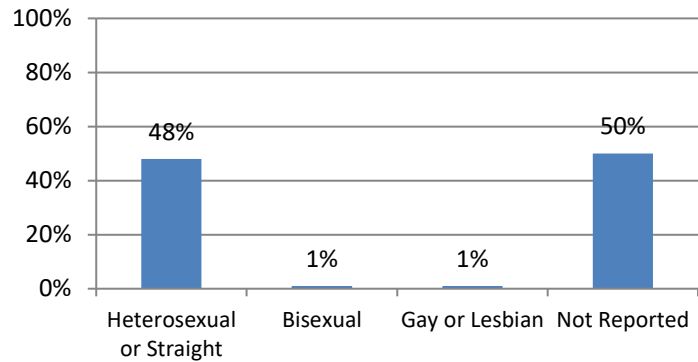
Current Gender Identity



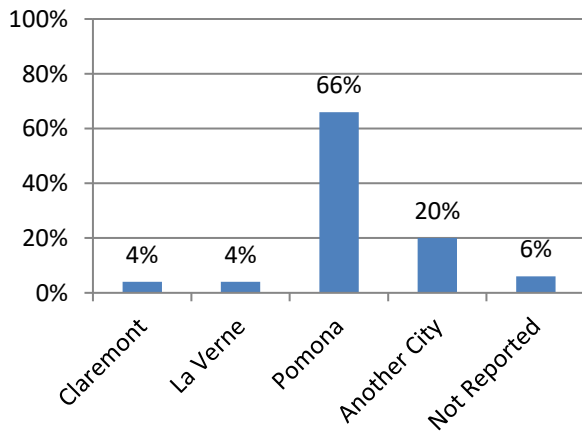
Assigned Gender at Birth



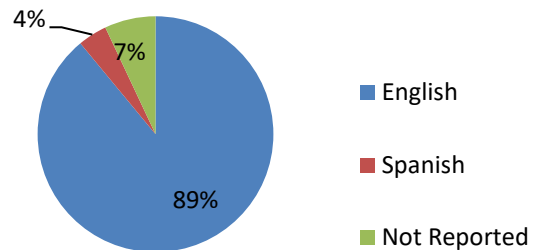
Sexual Orientation

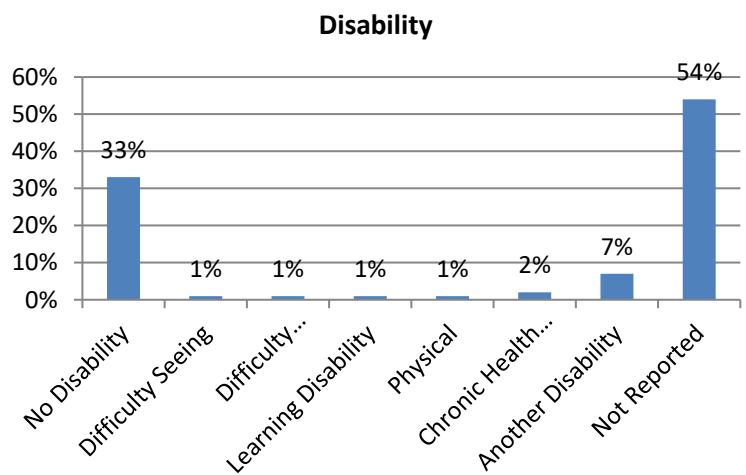
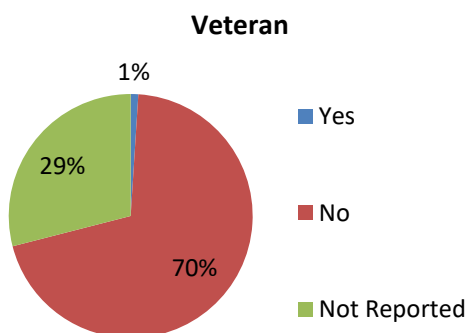
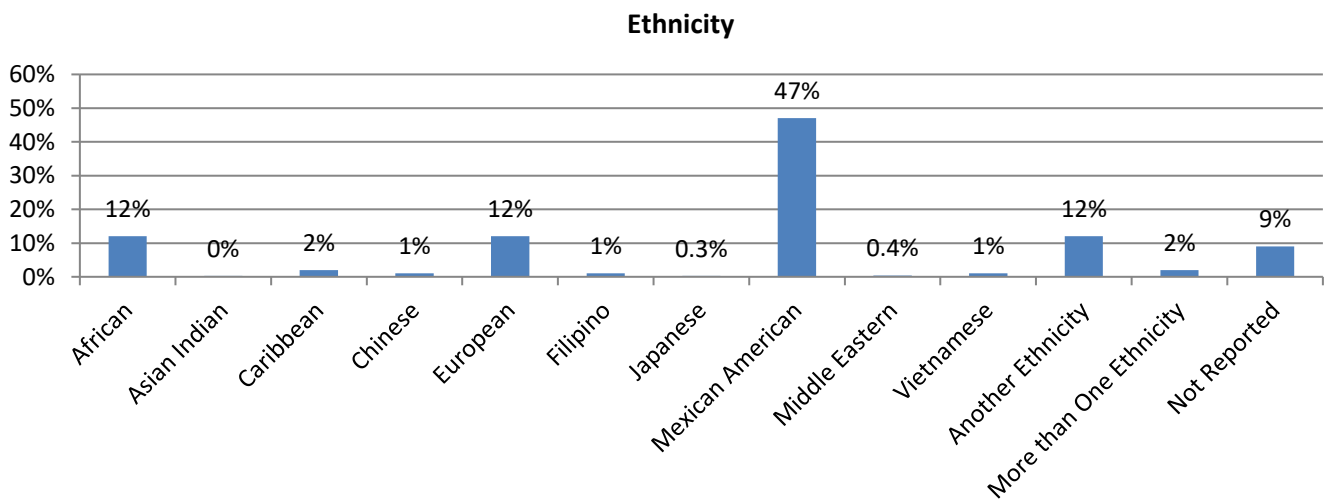
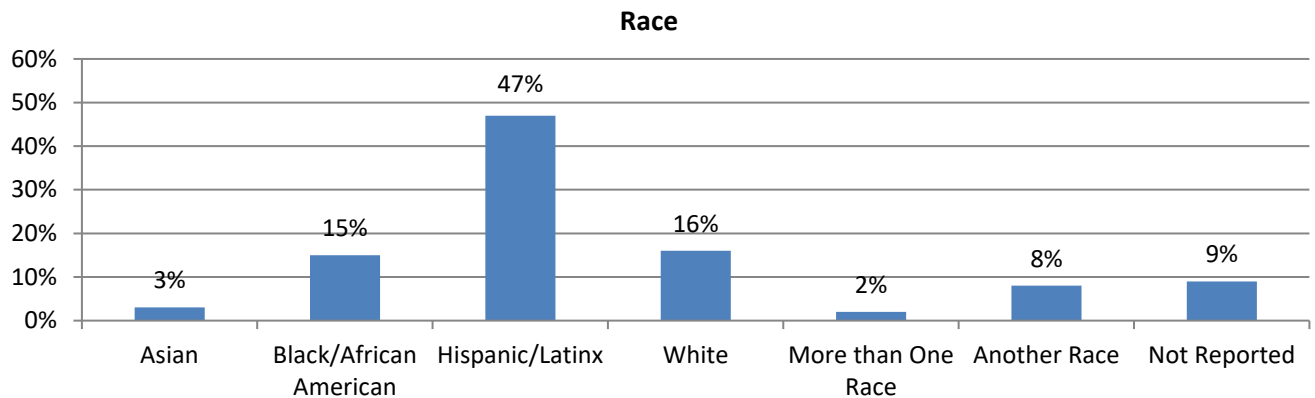


City



Language

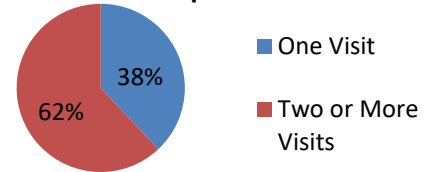




How Well Did We Do It?

16,515
Number of Wellness Center CSS
Events
(Duplicated Individuals)

Number of Times People Visited



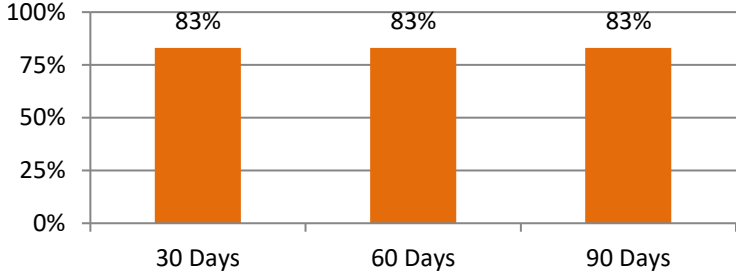
Group Name	Number of Groups Held	Average Number of Attendees at a Group
Group - Anger Management	63	10
Group - Anxiety Relief	62	5
Group - Dual Recovery Anonymous	53	5
Group - Freedom Through Reality	58	6
Group - Lose the Blues	52	3
Group - Men's Depression	54	3
Group - Socialization	50	5
Group - Strong Women	60	4
Group - Women's Self-Esteem	49	5
Group Español - Comadres y Compadres	56	2
Group Español - Sobrellevando La Ansiedad	57	3
Group Español - Socialization	55	3
Vocational - Employment Workshop	44	2
Vocational - GED Prep	5	1

Contacts by Type	Number of Times Contact was made
Attendance Letter	184
CCEF Grant	187
Brief Check-in	14
Other	303
PC Lab	331
Tour	21
Phone Call/Email - Wellness Calls	11,063
Wellness Center-CSS Events	19
Vocational - Job Search	921
Vocational - Resume/Interview	119
Vocational - Work Maintenance	17
Vocational - Hiring Event	148

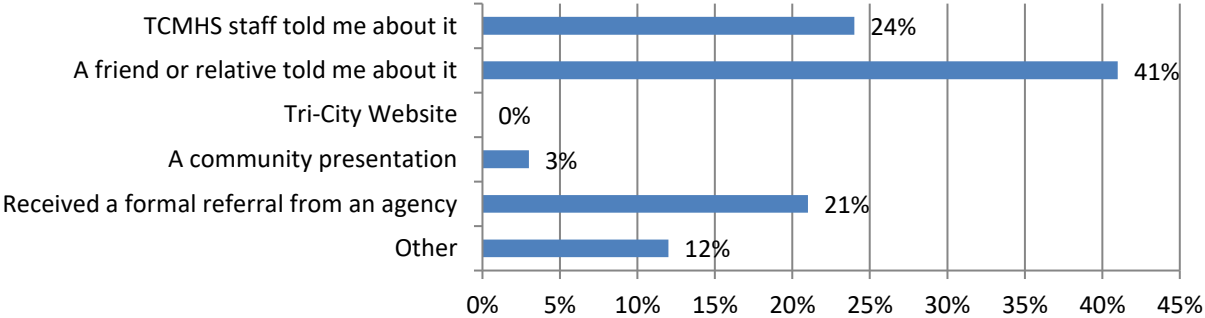
35
Individuals Secured
Employment

91%
Satisfied with the help
they get at Wellness
Center Programs

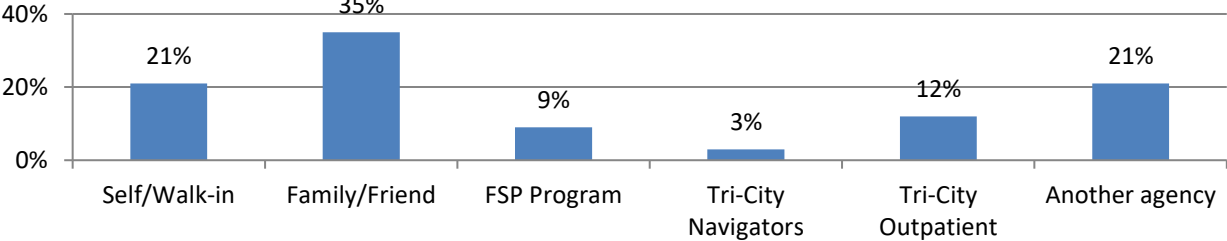
**Percent of Individuals who Maintain
Employment at
30 Days • 60 Days • 90 Days**



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

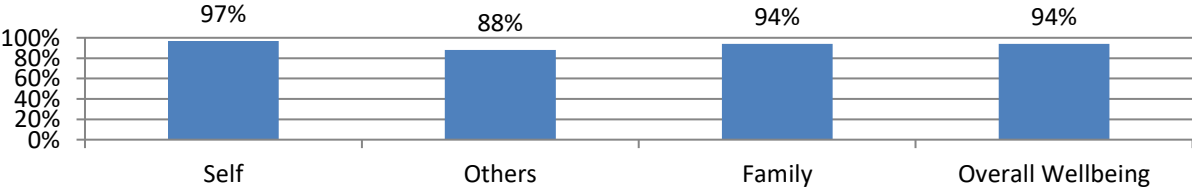


Who referred you to the Wellness Center



Is Anyone Better Off?

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



Supplemental Crisis Services & Intensive Outreach and Engagement Team

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Supp Crisis Number Served FY 2021-22	0	8	48	12	75	143
Cost Per Person	\$791**	\$791**	\$636**	\$636**	N/A	N/A
IOET Number Served FY 2021-22	49	84	480	106	170	889
Cost Per Person	\$791**	\$791**	\$636**	\$636**	N/A	N/A

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

The IOE team was specifically designed to reach underserved populations. The IOE team utilizes field-based team who outreach to known hot spots within our communities. This includes, but is not limited to, homeless encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home Service Center and home visits. Staff offer a whole person system of care, in which they address all aspects of the individual's needs. Each person encountered has a unique set of needs and staff strive to break down all barriers by meeting people where they are. Staff work towards removing barriers by taking an individualized approach by utilizing our multidisciplinary team.

In FY 2021-22, the IOE team continued to be one of the primary points of contact for community members in the Tri-City area. In the wake of the COVID pandemic, the IOE team partnered with the LA County Department of Health Services and completed 10 vaccination clinics and administered over 200+ COVID vaccinations to the community at large as well as staff members.

Challenges and Solutions

As the impact of the pandemic began to diminish, staff were challenged with meeting a new segment of the population that may not have been available for outreach, mental health services, or medications because of the restrictions in the county due to the pandemic.

When assisting individuals with identified barriers/challenges, staff work within systems of care to navigate said barriers/challenges so that individuals can receive individualized whole person system of care based on stated needs.

Cultural Competence

The IOET has multiple staff members that are bi-lingual. All IOET brochures are in both English and Spanish, and when needed, the IOET/PACT utilizes the agency's Language Line to connect individuals to multiple systems of care, and to ensure that there are no disruptions/delays to accessing systems of care. English as a second language is not a barrier to someone from receiving help.

The IOE team undertakes a non-judgmental approach to working with all communities and incorporates literature regarding resources and referrals geared towards providing information on how to access both formal and informal services thru a number of different avenues (traditional office, phone, or other electronic media) to allow for the individual to choose an entry point that is most comfortable and conducive to their individual needs. The IOE team has an individual team member that is part of the agency's Cultural Competence Committee, and she regularly disseminates and incorporates approaches, trauma and stigma-based awareness, and new support groups that are specifically designed to meet the needs of the LGBTQ community.

Partnering with Claremont Police Department to help efficiently respond to social-emotional/mental health needs of Claremont residents and/or visitors by using trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance, including in response to addressing persons who do not have a permanent residence.

Community Partners

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

Success Story

One of the many successful collaborations for the IOE team is the distribution of the 241 COVID vaccinations which were given to the community at large and Tri-City staff in conjunction with LA County Department of Health Services. These vaccinations were provided free of cost and without pre-registration required.

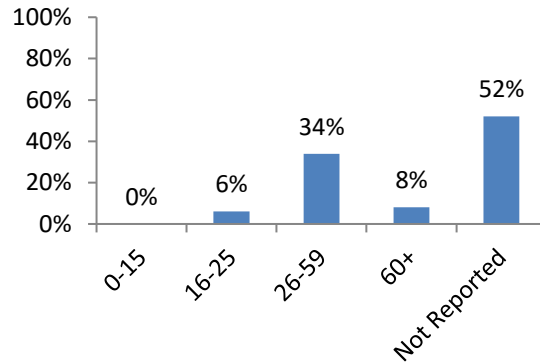
Program Summary

How Much Did We Do?

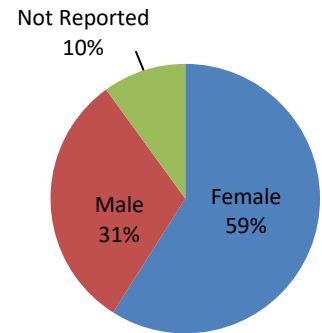
Supplemental Crisis Calls

143
Supplemental
Crisis Calls

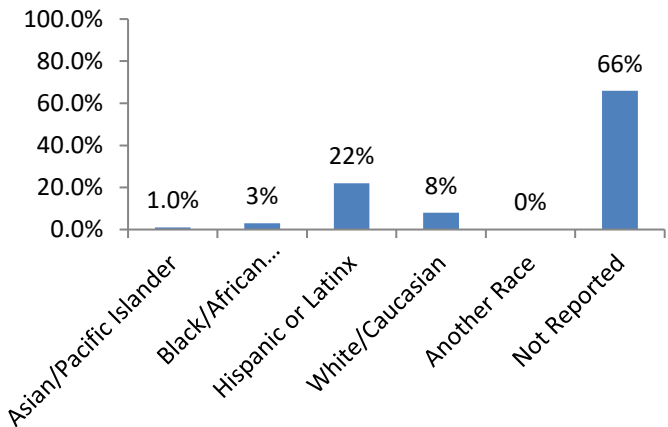
Age



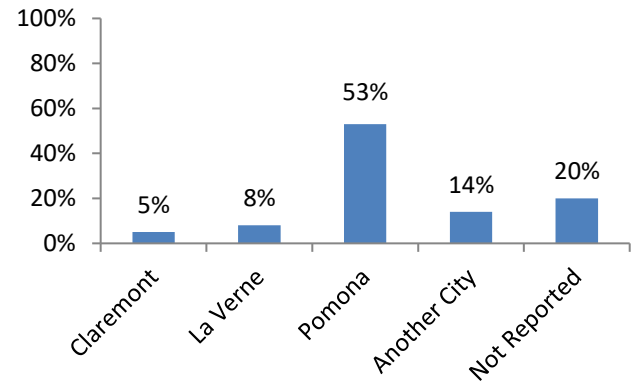
Gender



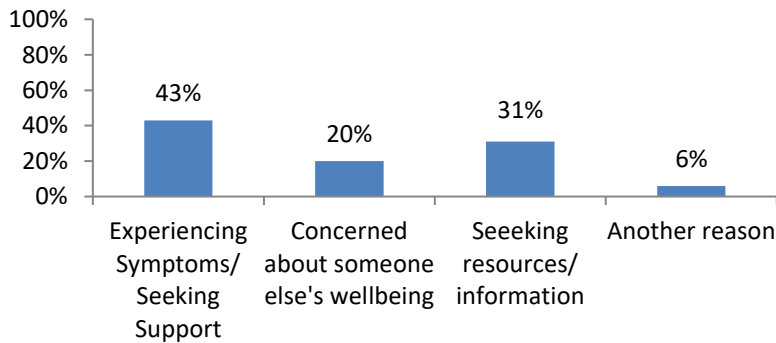
Race



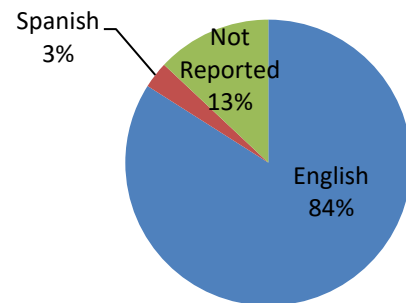
City

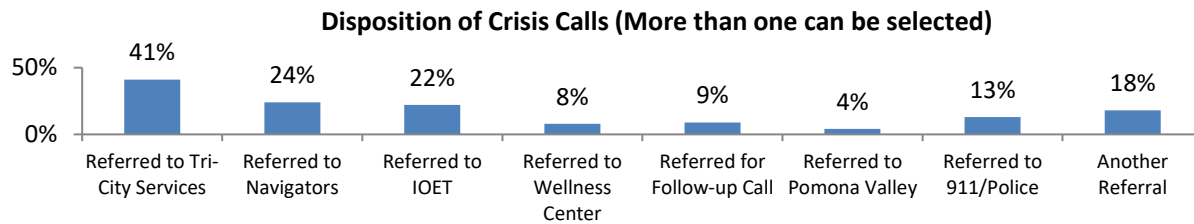


Reason for Contacting - Supplemental Crisis Line



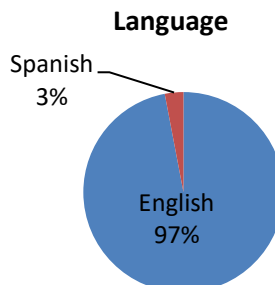
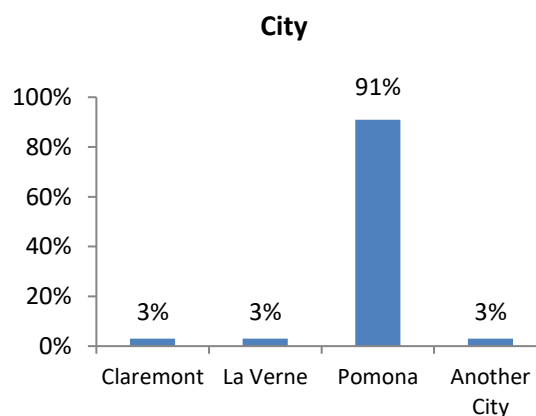
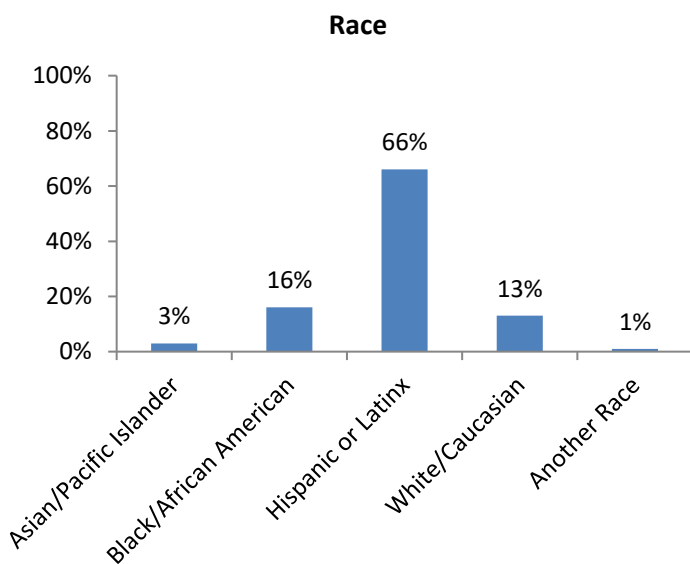
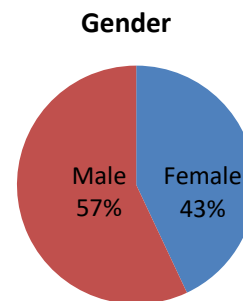
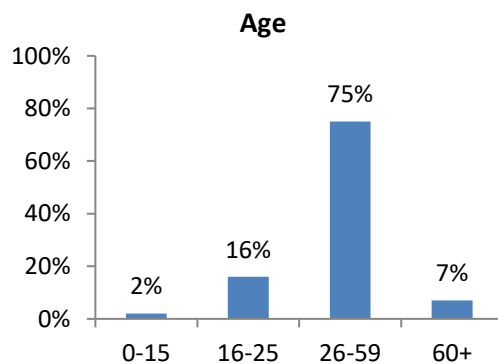
Language





Supplemental Crisis Walk-Ins

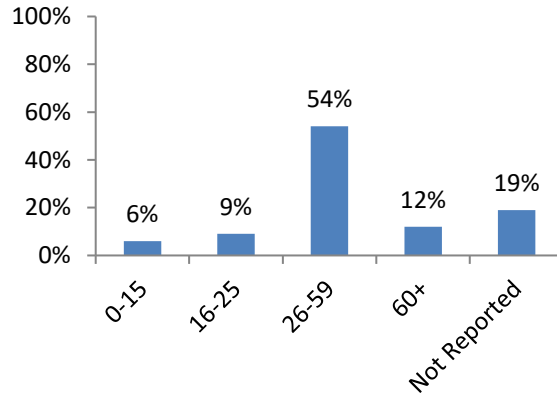
67
Crisis Walk-ins



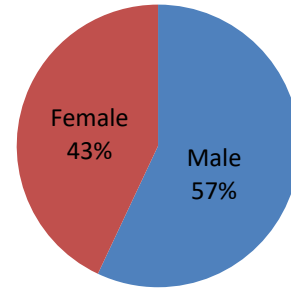
Intensive Outreach and Engagement

**889
Individuals
Outreached**

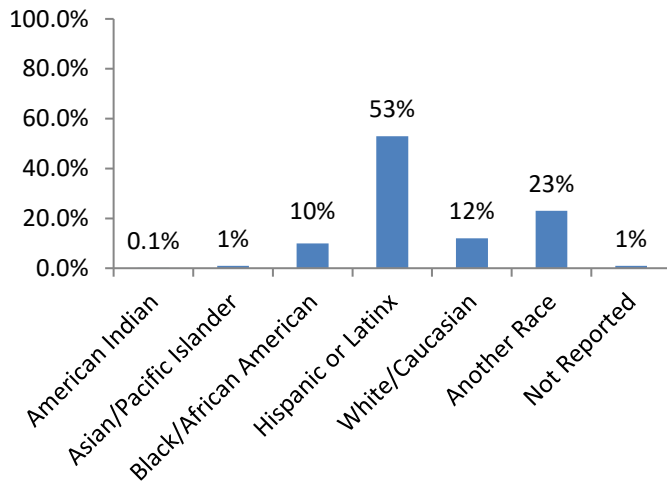
Age



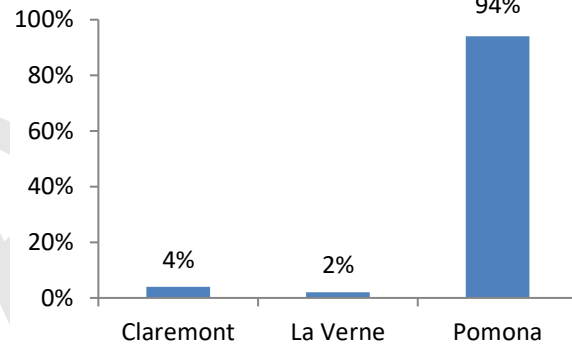
Gender



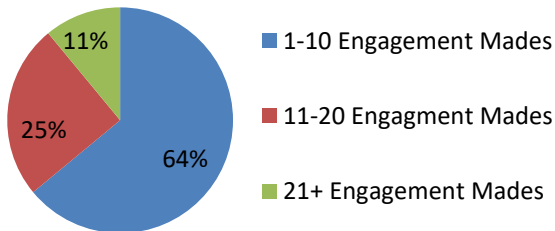
Race



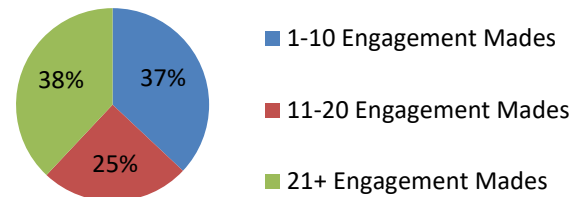
City



Percent of Engagement Attempts Made by IOET for Closed Individuals

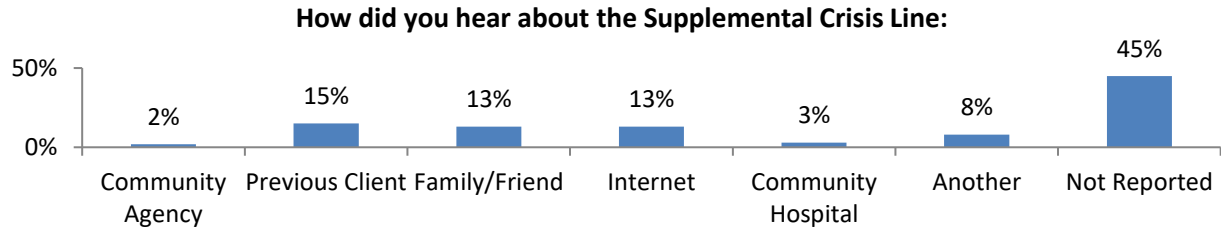


Percent of Engagement Attempts Made by IOET for Individuals currently being Engaged:



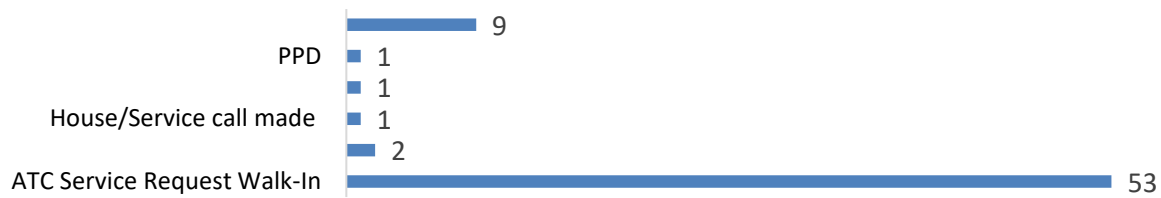
How Well Did We Do It?

Supplemental Crisis Calls



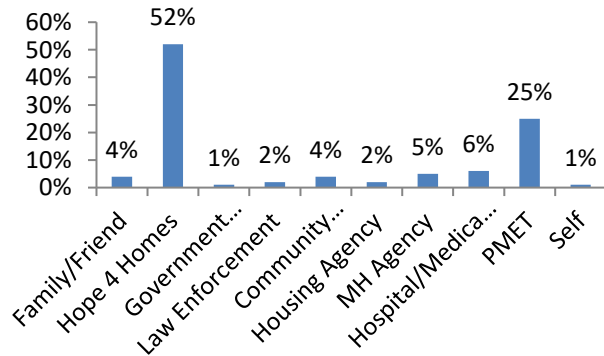
Supplemental Crisis Walk-Ins

Crisis Walk-ins Brought In By Type (n=67)

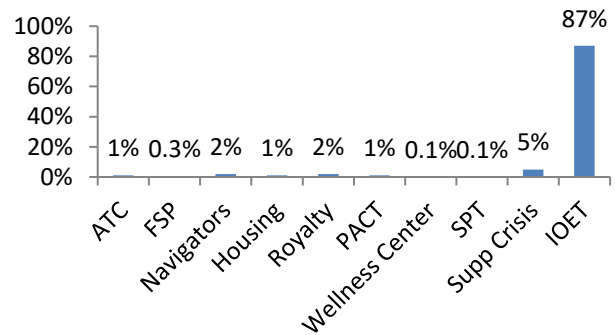


Intensive Outreach and Engagement

Percent of External Referrals Received by Type:



Percent of Internal TC Referrals by Department

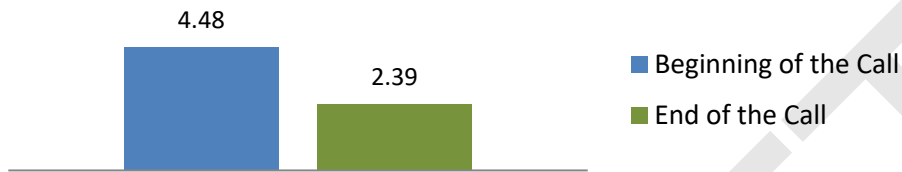


Is Anyone Better Off?

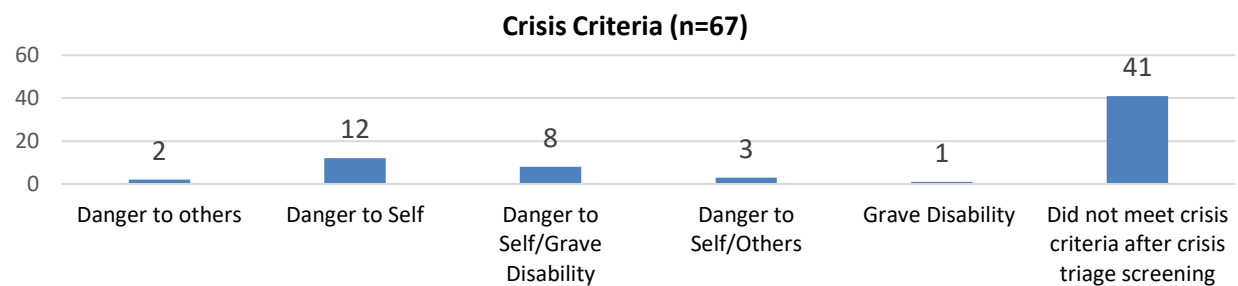
Supplemental Crisis Calls

Level of Distress for Crisis Callers

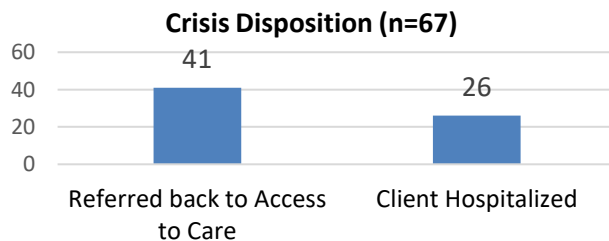
Callers rated their level of distress at the beginning of the phone call and at the end on a 1 to 10 scale where 1 = mild and 10 = severe (higher rating means greater level of distress).



Supplemental Crisis Walk-Ins



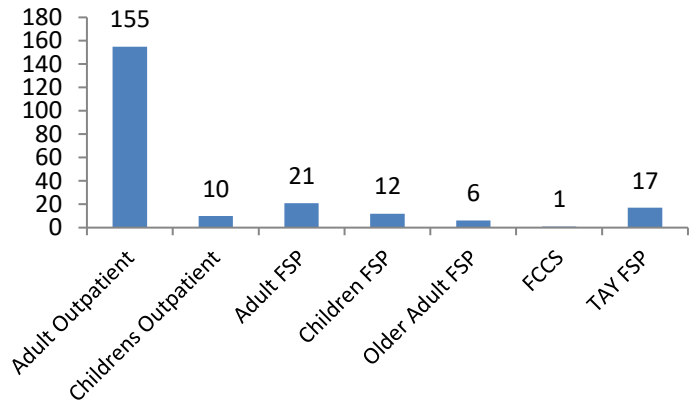
72%
Crisis Walk-ins were
scheduled for intake



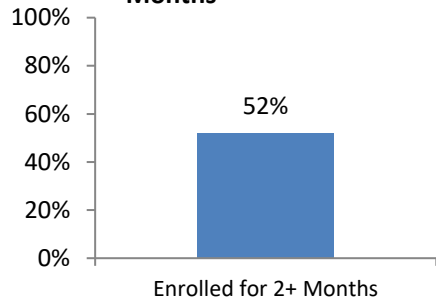
Intensive Outreach and Engagement

222
IOET Individuals who were
Enrolled for Services at
Tri-City

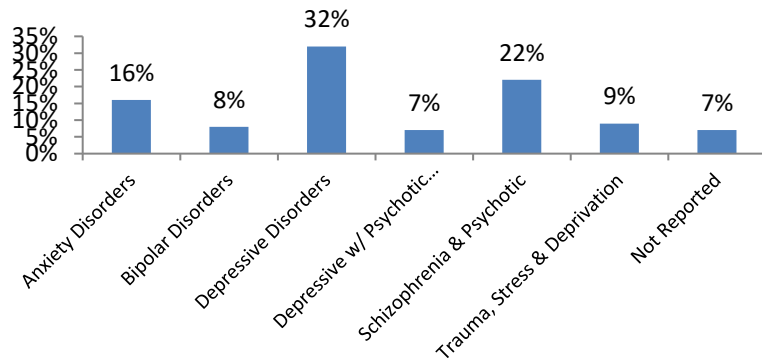
Percent of IOET Individuals Enrolled for Services By Program



Percent of IOET Individuals Enrolled in Services for 2+ Months



Percent of IOET Individuals Enrolled for Services By Diagnosis



Field Capable Clinical Services for Older Adults

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Older Adults 60+
Number Served FY 2021-22	29
Cost Per Person	\$3,437

Program Update

In fiscal year 2021-22, twenty-nine older adults were served through the Field Capable Clinical Services for Older Adults (FCCS).

FCCS provides field-based services for the community as well as telehealth services. Clinical teams implemented several groups as part of their service delivery, including Helping Hands to Heal the Mind Group in FCCS. In addition, the FCCS hosted their first in person client holiday events since the start of the pandemic. These events were held outside the adult clinic parking lot and included a DJ, karaoke, to-go lunches and numerous craft activities.

The FCCS team accompany clients to local resources to ensure linkages including primary care appointments and the VA as well as provide transition of care for medical concerns. Staff also provide crisis interventions, housing referrals, psychiatric referrals, assistance with linkage and supportive

services for transportation, financial and medical health. FCCS staff offer collaboration with client and treatment team on shared decision-making goals to achieve mental health stability.

For future endeavors, the FCCS staff will conduct community outreach in partnership with other Tri-City departments such as the Intensive Outreach and Engagement Team, Community Navigators and Community Wellness Advocates as well as local agencies to support clients enrolled in services and collateral supports for family members.

Challenges and Solutions

As with most programs, FCCS was majorly impacted by staffing shortages during this fiscal year as well as the limitations imposed by COVID. In response to this, Tri-City prioritized recruitment and incorporated financial incentives including sign-on bonuses and new salary schedules to support hiring. Staff were also offered flexible schedules including 9-80 and 4-10 schedules.

Cultural Competence

Tri City staff include a diverse group of individuals across age range and life experiences, including military staff. FCCS staff participated in cultural committees as well as participating in transformative anti-racist training with Dr. Alan Lipscomb. FCCS include staff who are bilingual in English and Spanish as well as a balance of male and female providers. Furthermore, the language line is available for staff who may need it. The FCCS staff are bilingual in both English and Spanish. Furthermore, the language line is available for additional languages.

Community Partners

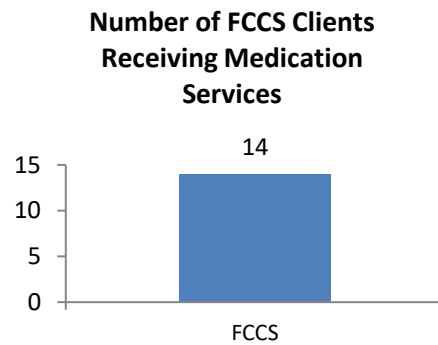
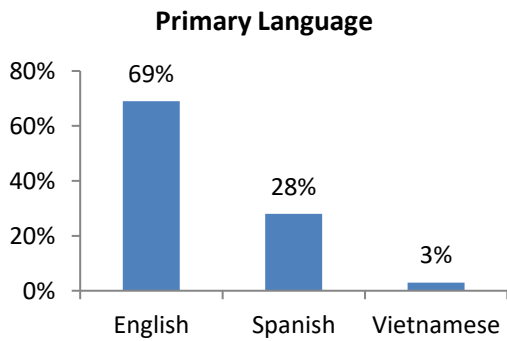
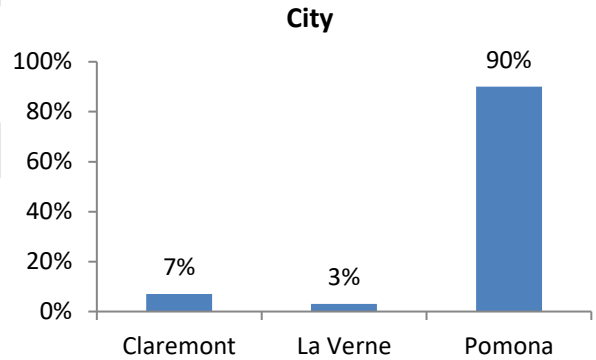
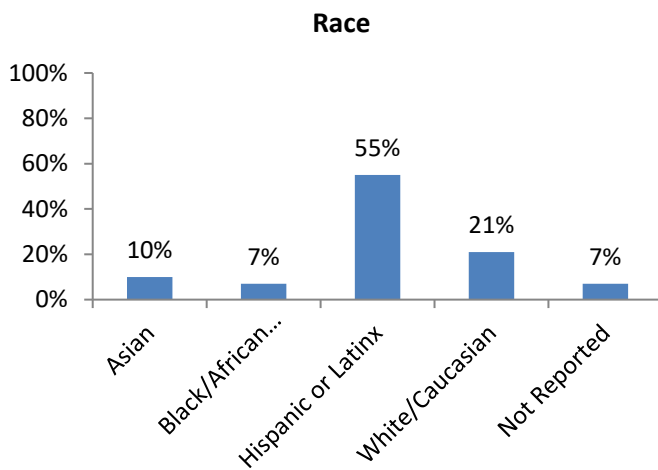
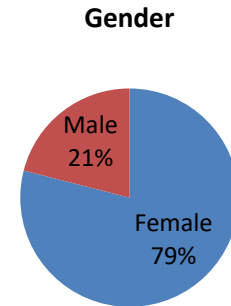
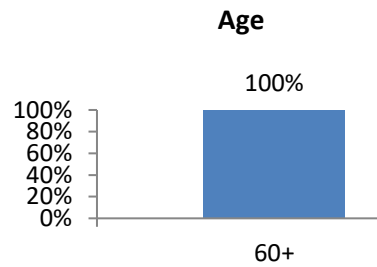
The FCCS team regularly collaborates with the following external resources and community partners:

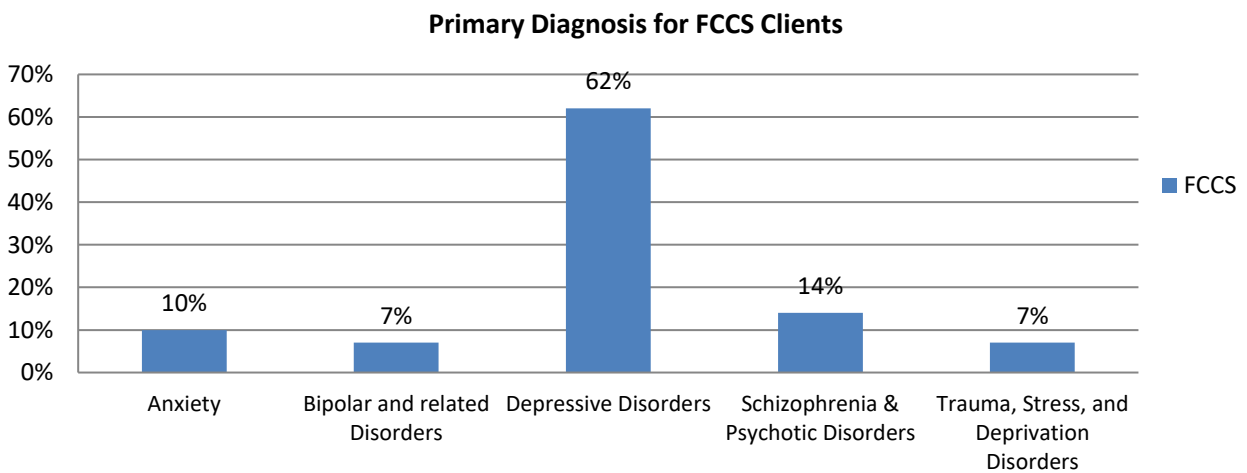
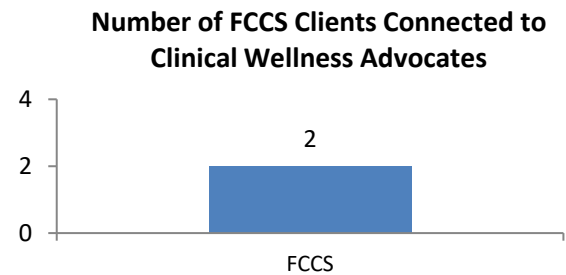
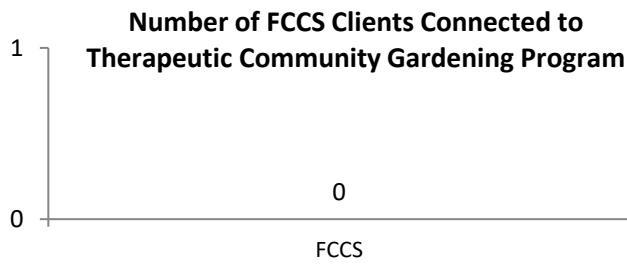
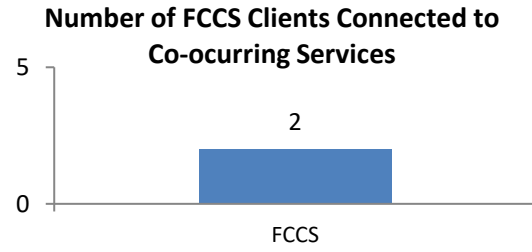
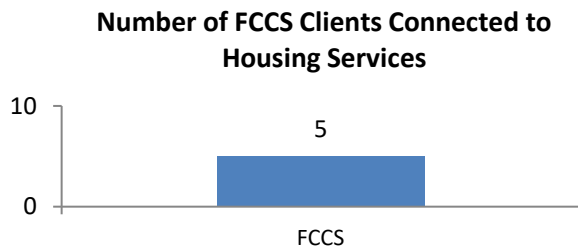
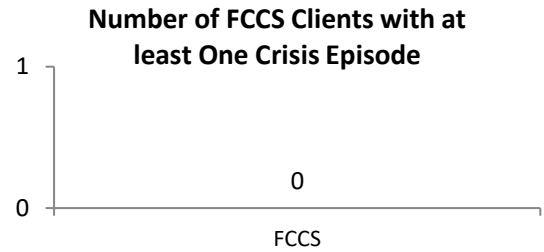
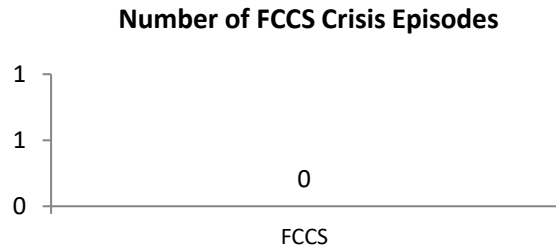
- **Joslyn Senior Center** – Community senior services in the city of Claremont
- **La Verne Community Center** – Community services for children, youth, adults and older adults
- **Palomares Park Community Center** – Community services and recreational programs for residents of the city of Pomona
-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

Program Summary

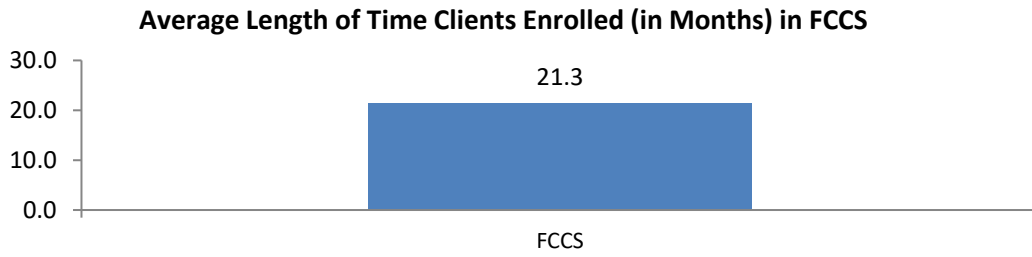
How Much Did We Do?

29
Individuals
Served



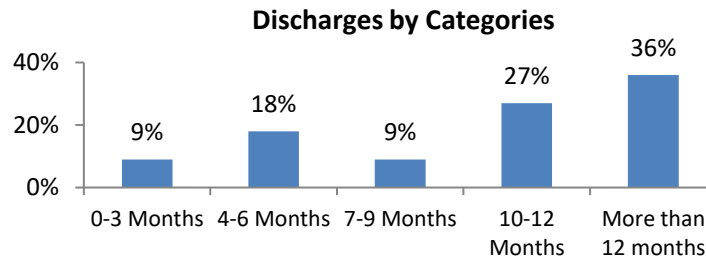


How Well Did We Do It?



Is Anyone Better Off?

11
Discharge
during FY 21-22



Permanent Supportive Housing

- New Program – First date of service _____
- Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2021-22	10	22	152	55	239

Program Update

Residential Services Coordinators, site-based liaison, collaborated with Co-Occurring Service Team for virtual Community Conversations series. The transition from homelessness to being housed can be difficult and often exacerbated by co-occurring substance use. Both teams recognized that by combining the knowledge from each specialty, staff could identify an approach to general conversations that would benefit this target population in tackling topics that address common issues that have led to housing instability. Gift card raffles were identified to increase participation.

The Pomona Housing Authority opened their Section 8 waitlist. Housing staff set up outdoor computer stations at Tri-City’s Adult Clinic (for clients) and Wellness Center (for community members), so anyone who struggled with completing the waitlist application could have in-person support. Seventy-five individuals were assisted with signing up for the Pomona Section 8 waitlist. These individuals who came for assistance typically do not have access to the internet or feel overwhelmed by technology.

The Housing Division introduced a new group hosted at the Wellness Center, Housing Search Group (HSG). Keeping social distancing in mind, HSG invites three individuals to the computer lab at the Wellness Center. HD staff provide the search engine options and guides the clients in how to move

through the sites, gather contact information, and begin contacting landlords for any units they are interested in. The purpose of this group is to add an additional layer to the support the team provides when it comes to helping people find housing.

Challenges and Solutions

Tenant protections during the pandemic presented landlords with restrictions on conducting unit inspections and giving out lease violations for things such as unpaid rent, unauthorized guests, and unauthorized pets. Due to this, order at properties was no longer something the properties could be in control of at their sites.

There were tenants that struggles to stay current on their rent. Some tenants saw the dues adding up and hoped to get assistance from rent relief programs. Others feared they would not be able to get help and found other ways to pay their rent by selling valuable possessions (cars, jewelry), and some took out pay day loans.

Many were able to apply for and receive assistance from the CA Rent Relief program. Those who took out loans received news that rent relief programs could not help them with months they paid rent in order to help them with the loans they took out.

Some unauthorizes guests brought a sense of lack of security at their properties. We saw this with the properties that we have MHSA units in, as well as other properties throughout the cities.

Post-pandemic showed a strong decline in participation. Staff held virtual groups and even brought back in-person groups. Despite, regular promotion, text and email reminders, tenants lack interest in participating if there is no food or some type of giveaway. Even then, the groups that Housing and COST put together, where it was advertised that raffles for gift cards would be held, still did had not been attended by tenants by the end of the fiscal year.

Solutions to these issues include providing PPE to tenants upon request, which allowed for brief, safe check-in. Tenants were linked to emergency broadband and other resources, along with linkage to utility help. Tri-City reached out directly to the Pomona Police Department to identify safety concerns and they were able to assign additional patrols to help bring tenants peace of mind. The Housing department promoted rent relief programs to help get households connect as soon as possible when they encountered financial issues.

Cultural Competence

When a limited-time resource that is relevant to Tri-City clients is available, but may be difficult to access, Housing staff provide computers and in-person assistance. This service can greatly assist older adults and populations where English is a second language who may struggle the most with technology or interpreting information.

Four of the seven housing staff are bilingual in Spanish. Tenants have the option of speaking with bilingual staff, communicating via iPhone Translate app, through Google Translate, or the Language Line. In addition, resources are provided in Spanish and English.

Community Partners

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

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

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

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

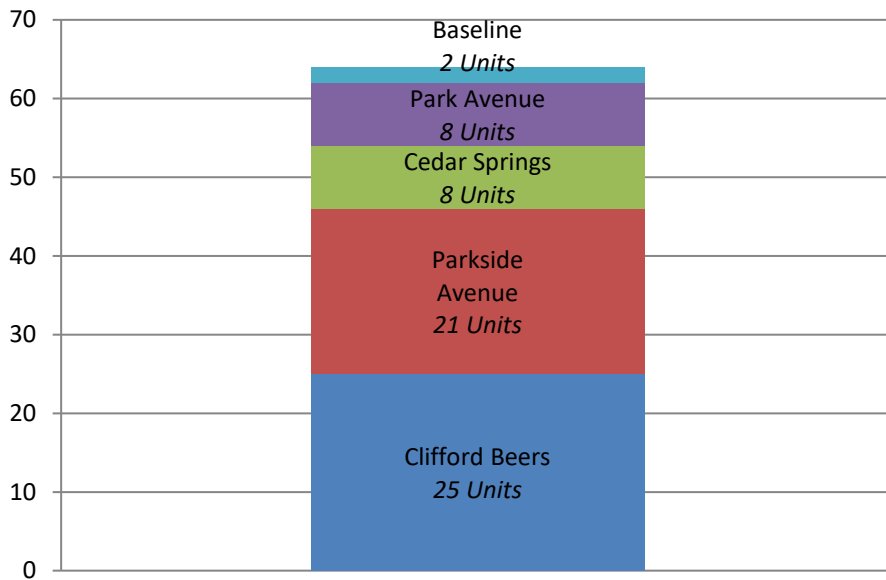
Success Story

A young adult resident of Pomona had been homeless since 2017 when familial ties were broken. They completed their final year of high school and used a gifted car as shelter until it was stolen, and they were forced to stay in parks around Pomona. They managed to start working part-time which gave them enough income to begin staying in motels for a few weeks out of the month. However, their work was impacted by the pandemic, and they had to seek out work elsewhere. The youth push to get enough work to save money for another car and was able to find stable employment. They entered into services with TCMHA and was accepted for permanent supportive housing at Cedar Springs Apartments. This individual constantly shares how grateful they are and they feel like they are dreaming when they see that they have a nice warm place to live and not have to worry about which warehouse or park they will end up in for the night.

Program Summary

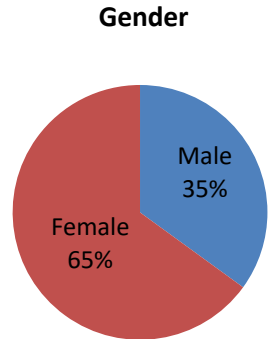
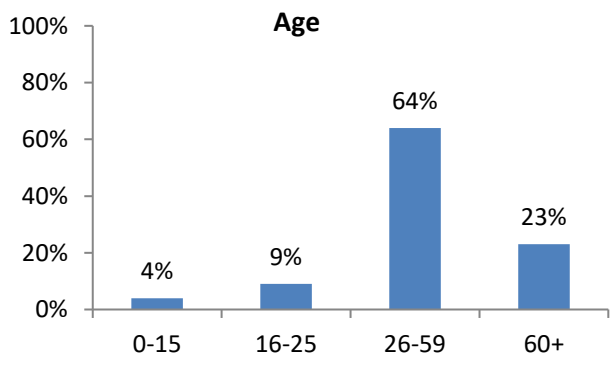
How Much Did We Do?

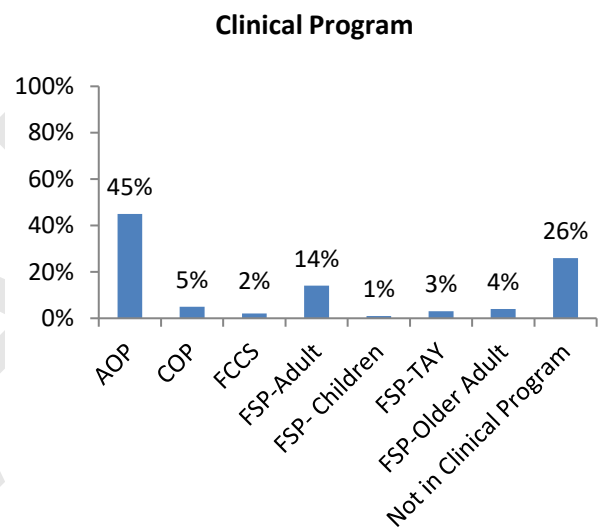
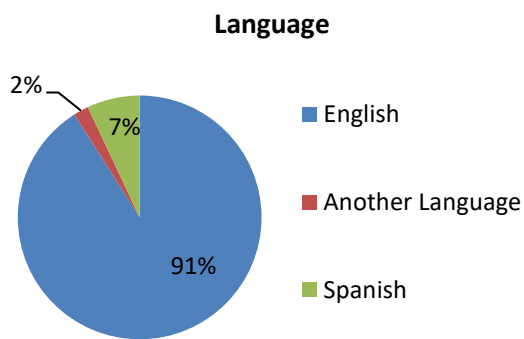
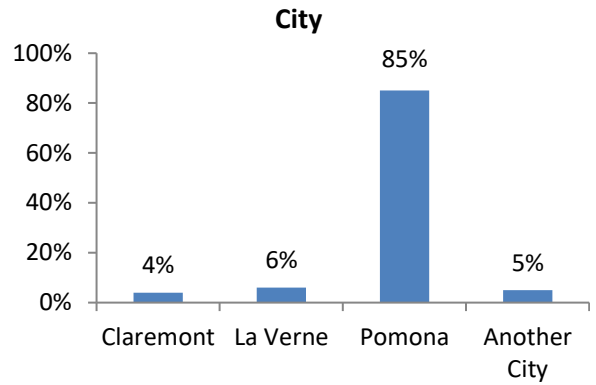
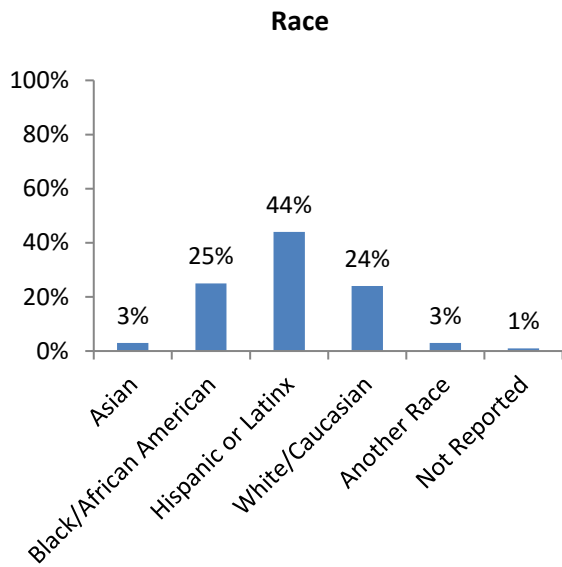
Permanent Supportive Housing Units



64 Units Complete

**239
Individuals served with
Housing needs**

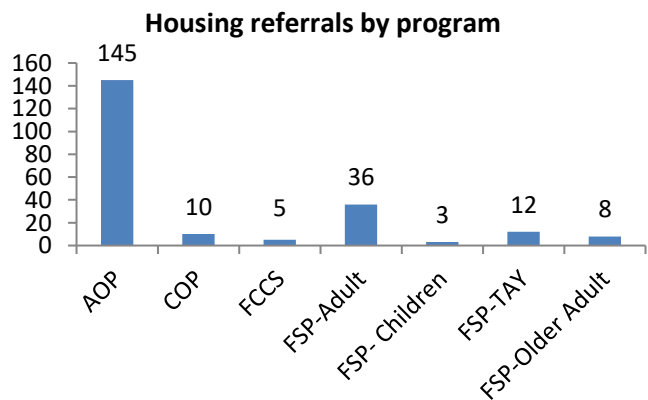




41
Housing Clients Discharged due to "No Further Care Needed"

24
Individuals with Continuum of Care Voucher

219
Housing Referrals Received

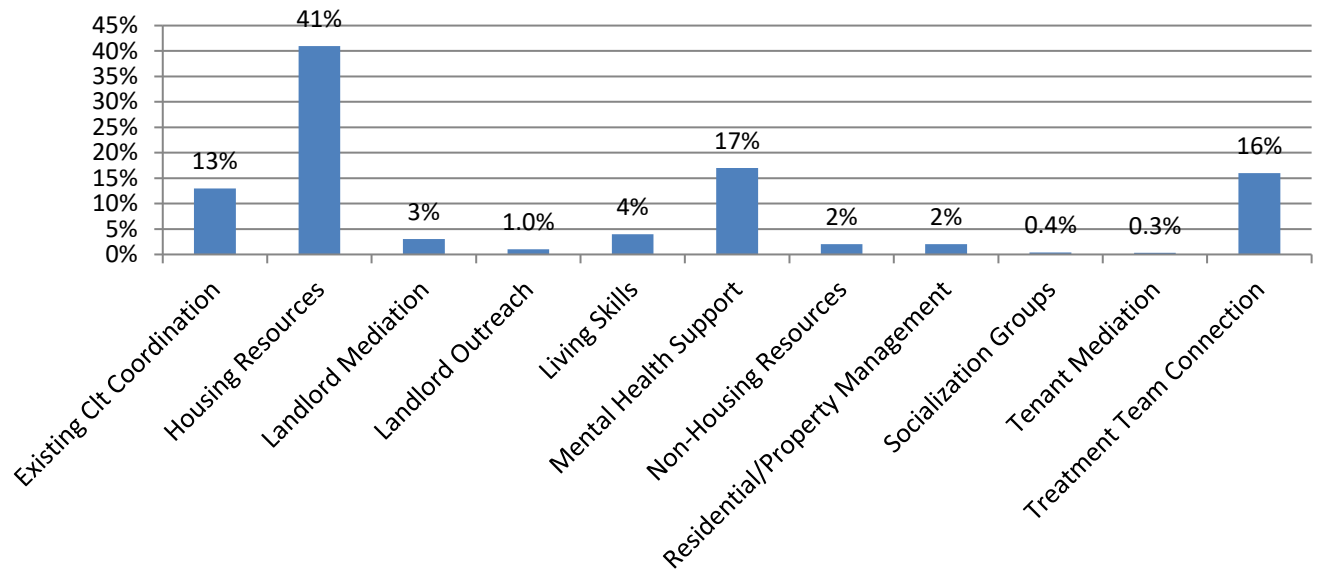


How Well Did We Do It?

937
Housing Actions

5.4 years
Average Length of Time Clients
Living in Housing Unit

Additional Types of Services Provided



Is Anyone Better Off?





Prevention and Early Intervention (PEI)

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

Community Wellbeing Program
Community Mental Health Trainings/Trainers
Stigma Reduction and Suicide Prevention
Older Adult Wellbeing/Peer Mentor
Transition Age Youth Wellbeing/ Peer Mentor
Family Wellbeing Program
NAMI – Ending the Silence and NAMI 101
Housing Stability
Therapeutic Community Gardening
Early Psychosis Program

MHSA Regulations for Prevention and Early Intervention

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

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

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

Prevention and Early Intervention Plan Required Categories/Programs

1. Prevention Program

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

2. Early Intervention Program

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

3. Access and Linkage to Treatment Program

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

4. Stigma and Discrimination Reduction

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

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

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

6. Suicide Prevention

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

Community Capacity Building Programs

Community Capacity Building is comprised of three programs: Community Wellbeing Program, Community Mental Health Trainings/Trainers and Stigma Reduction/Suicide Prevention Program

Community Capacity Building Community Wellbeing Program

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

The Community Wellbeing (CWB) program has dedicated its efforts to improving the wellbeing of children and transition-age youth ages 0 to 25. The CWB program serves communities and groups located in the cities of Claremont, La Verne and Pomona who are either comprised of youth or fund projects that directly benefit them.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	6,280	3,979	286	9	0	10,554

Program Update

The Community Wellbeing Grant program received a total of 30 applications of which 17 grantees were awarded grants for FY 2021-2022. All 17 new grantees provided an array of services/activities such as afterschool learning activities, student meal delivery program, gardening, support groups, creative arts, teen clothing, mental health workshops, wellness website, art in open spaces, and LGBTQ+ Youth Health & Education Mentorship program that improved the wellbeing of their communities and also the underserved populations. These grantees also network and collaborate with each other to continue to provide services to the underserved populations. In addition, the Community Wellbeing Program collaborates with previous grantees that provide services to the underserved and unserved communities.

All programming was still conducted through virtual platforms such as RingCentral and Zoom including Information Night, Bidder's Conference, application reviews, interviews, orientation, one on one sessions with grantees and cohort meetings. Program staff were able to meet with a few grantees at their locations which allowed grantees to provide tours and talk about how their projects are doing. In addition, program staff had an opportunity to meet with members of their community and hear about their participation in the project.

Challenges and Solutions

Program staff challenges

One of the Community Wellbeing Grant obligations is for grantees to complete a survey twice during the fiscal year. This survey helps program staff identify and capture any challenges and successes each grantee experiences during their grant year. Grantee feedback stated that it's difficult to complete the survey at once because Survey Monkey doesn't have an option to save their work and finish later. In response, program staff connected with a Tri-City Program Analyst and a PDF form of all the survey questions is now available to all grantees.

Grantee challenges

Grantees shared difficulty engaging their clients/participants during their virtual meetings. Clients/participants have their camera off and are on mute for most of their meetings. In order to address this challenge, the grantees collaborated with other grantees in the cohort to learn how they engage their clients/participants in virtual meetings. These suggestions included hosted drive-thru events to maintain COVID regulations, utilized giveaways during their virtual meetings as prizes (ex: scavenger hunt, icebreakers etc.), mailed participants/clients wellness packets that included supplies, worksheets, arts/crafts etc. in preparation for their virtual meetings.

Cultural Competence

Throughout the grant year, grantees receive information and resources via email of any upcoming Tri-City programs, services, webinars, mental health trainings that address these barriers. Grantees share this information with their communities to bring awareness of the services and programs offered at

Tri-City. During one-on-one meetings and cohort meetings, grantees also receive presentations from various Tri-City staff members who discuss their programs/services and how grantees can connect their clients/participants to Tri-City services.

All promotional materials such as flyers and social media postings are available in English and Spanish. Program staff are bilingual in English and Spanish to assist in answering any questions about the Community Wellbeing Program.

Program staff can speak and write in English and Spanish and can provide support in translating flyers, brochures, documents, social media posts etc. Program staff also assists in interpreting for webinars/trainings/presentations to accommodate those who are monolingual Spanish. Program staff are also members of the ¡Adelante! Hispanic and Latino Wellness Advisory Council. ¡Adelante! members share ideas on how to improve wellbeing for Latino and Hispanic families and communities.

Community Partners

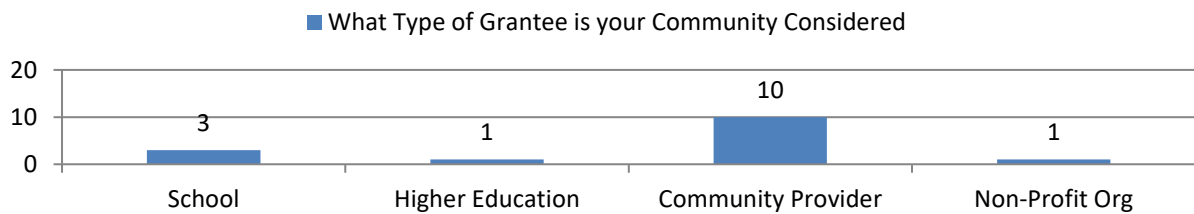
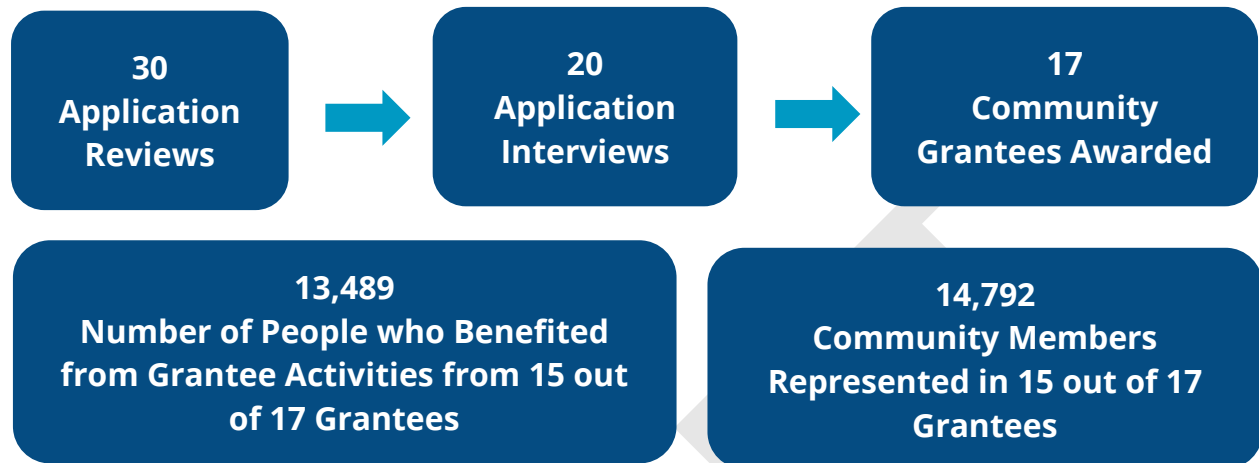
The Community Wellbeing program collaborates with the following agencies: Assistance League of Pomona Valley, Boys and Girls Club of Parkside, Bright Prospect, Casa Colina Hospital and Centers for Health, House of Ruth, City of Knowledge, Claremont USD, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, Latino, Latina Roundtable, Oasis KGI Commons, Pomona Pride Center, PFLAG Claremont, Pomona Students Union and Pomona Hope. All of these agencies were awarded a Community Wellbeing Grant in FY 2021-2022

Success Story

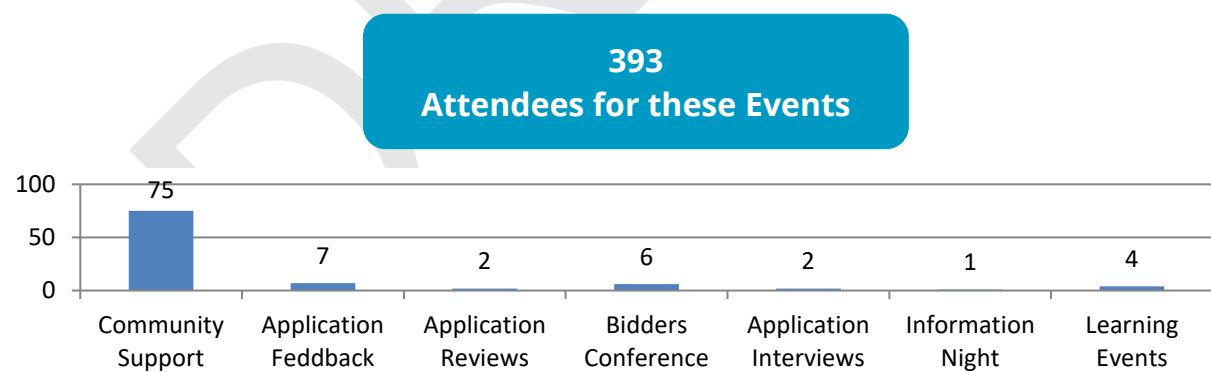
Grantee, Assistance League of Pomona Valley, focuses on children ages 13-18 years of age. Each student receives a weeks' worth of new school clothing. Their goal is to help empower students to succeed in school and increase self-esteem by providing these basic essentials. The Assistance League of Pomona Valley completed their project in the second quarter by clothing a total of 140 high school students utilizing their full grant amount. This was 30 more students than they had originally projected.

Program Summary

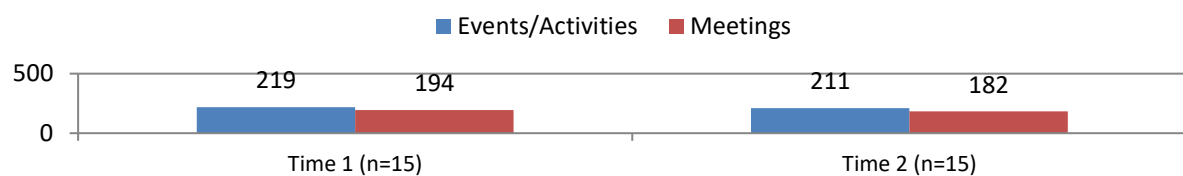
How Much Did We Do?



Number of Events Held by Community Capacity Organizer

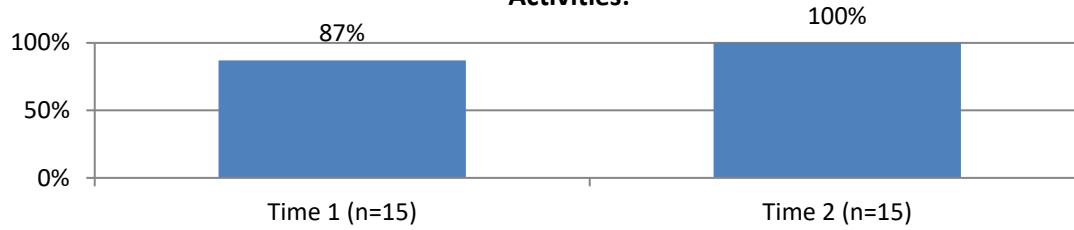


Number of Events/Activities and Meetings Hosted by Grantees

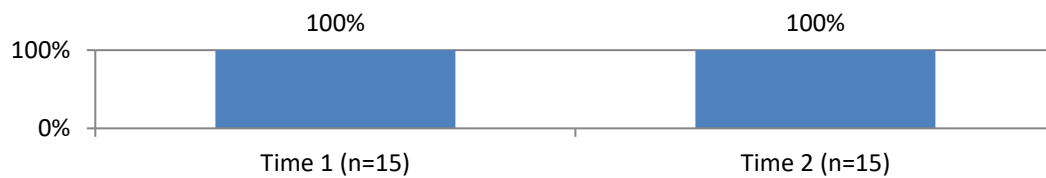


How Well Did We Do It?

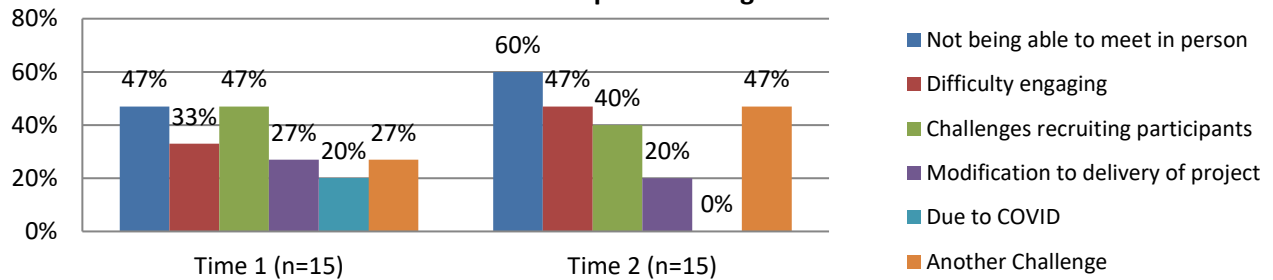
Percentage of Grantees who Report Successful in their Community's Activities:



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

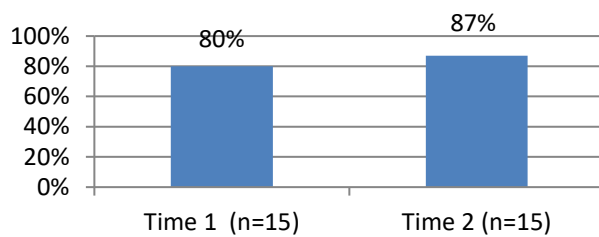


Percent of Grantees who report challenges their communities faced?

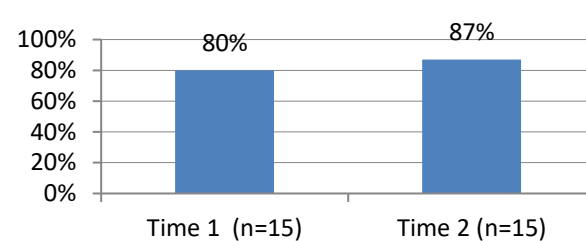


Is Anyone Better Off?

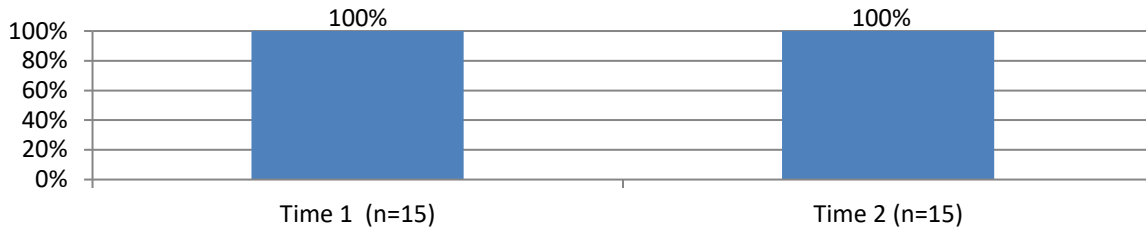
Percentage of Grantees who Report Improvement in Supporting Each Other



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

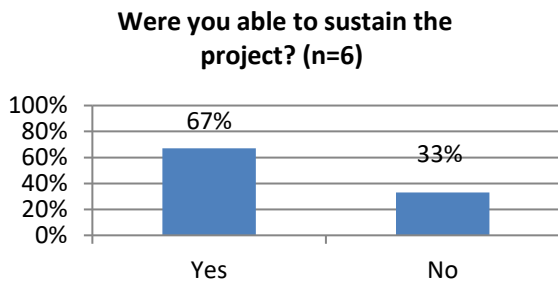


Percentage of Grantees who Report They know how to access additional support for services from Tri-City when needed

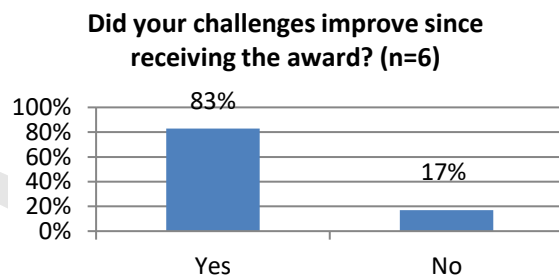


Grantee Follow-Up Survey (From FY 2020-21)

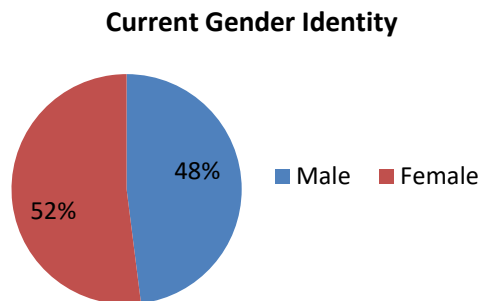
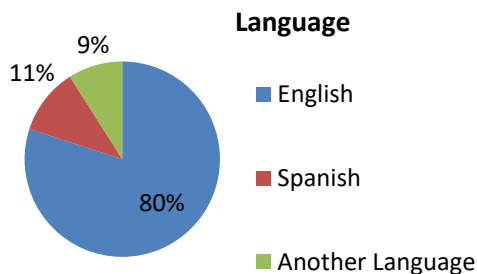
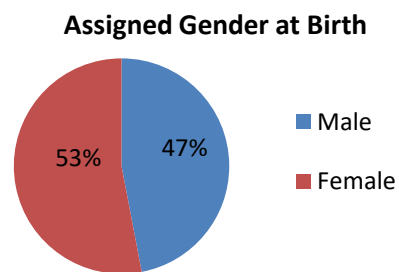
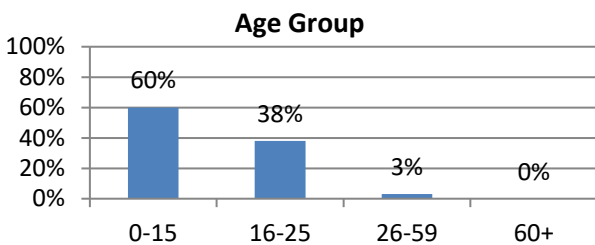
Percentage of Grantees who Report Improvement in Supporting Each Other

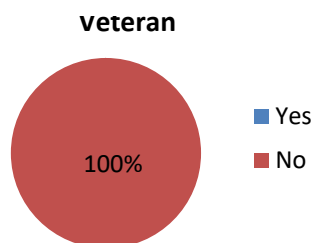
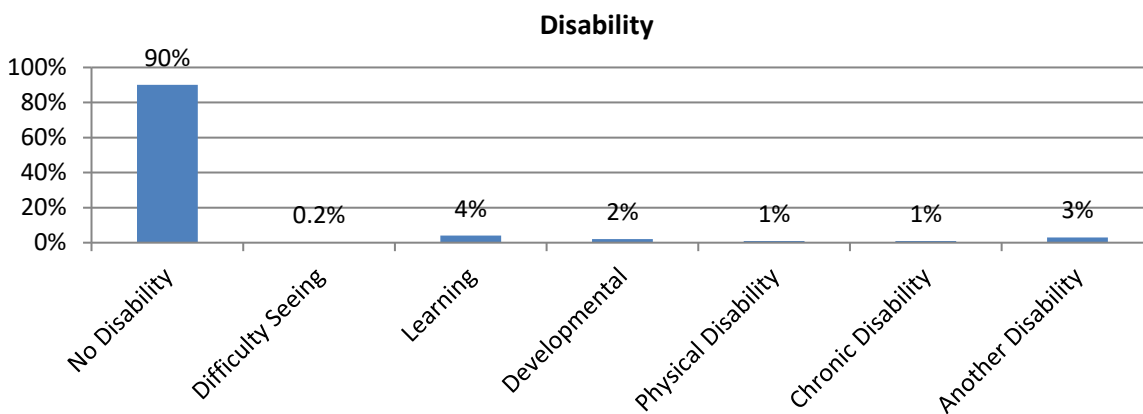
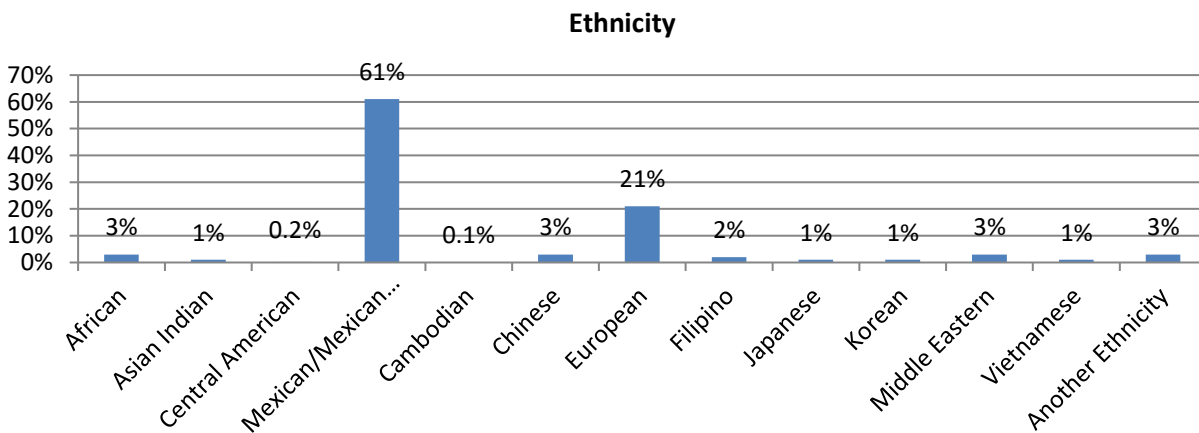
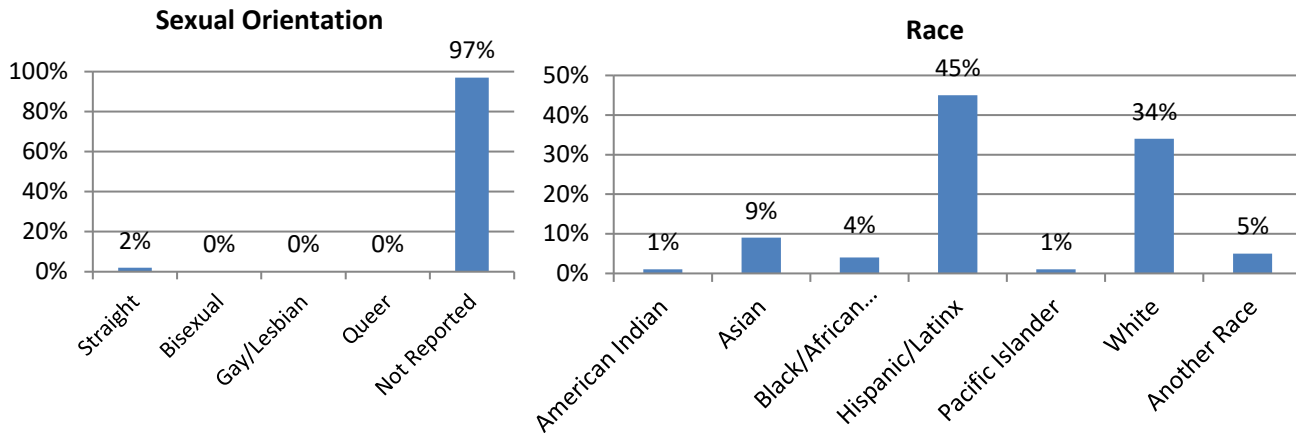


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together



Grantee Community PEI Demographics (15 grantees completed Time 1 survey)





Number of Potential Responders	14,792
Setting in Which Responders were Engaged	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
Type of Responders Engaged	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
Access and Linkage to Treatment Strategy	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

Timely Access to Services for Underserved Populations Strategy

There were 0 MHSA referrals to Community Wellbeing Program.

Community Capacity Building

Community Mental Health Trainings/Trainers

New Program – First date of service _____

Continued from prior year plan or update

Program Description

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

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	37	36	136	14	1,117	1,340

Program Update

During FY 2021-2022 the Community Mental Health Trainers (CMHT) provided 70 workshops, trainings, and presentation to over 1,300 attendees. All presentation were provided virtually. In addition to the standard training of Mental Health First Aid, Community Resiliency Model, Adverse Childhood Experiences, and Motivational Interviewing, community members and partners requested additional presentations focusing on compassion fatigue, burn out, stress management, self-care, and transition back to work or school. Future efforts include developing more mental health and wellness [self-care] webinars and creating social media content for anyone to view on Facebook and Instagram that provides tips, resources, and 30-second videos to promote mental health and wellness.

Challenges and Solutions

Challenges during this fiscal year include adhering to COVID protocols and safety measures which were still in place and meant no in person meetings, trainings, presentations, or community outreach. All communication was via phone, email, or virtual platforms, with no in-person/face-to-face contact/communication. This was a challenge because in-person contact and communication is a significant component for the success of this program.

Another challenge was having participants attend virtual trainings for more than two hours. Attendance to virtual presentations were inconsistent and many who did attend did not seem engaged during the presentation (i.e. cameras off, on mute, no participation in the chat/Q&A virtual features). In response to this, virtual presentations and trainings were reduced to no more than two hours unless requested by an agency/organization. Virtual presentations were offered on various days and times of day to accommodate schedules (i.e. work, school, personal time). A series of presentations were scheduled in advance so participants could plan accordingly. Staff also partnered with other agency/organizations to plan trainings for their staff that fit their schedule during work hours. In addition, offering give-a-ways/raffles to those who attended/participated in trainings proved effective as did creating content that met the specific needs of the community/organization.

Cultural Competence

Activities provided to target underserved populations were provided in Spanish and translated into other languages if needed/requested. Program staff also collaborated with agencies/organizations that provides services to the same underserved populations to offer additional trainings, presentations, and resources.

Specific barriers addressed through this program include mental health stigma; lack of knowledge and/or understanding of mental health that can impact anyone, in particular communities who have language barriers; and lack of access to services, supports and education around mental health. Trainings are mindful of how an individual's culture, language, customs and religion may influence their views/beliefs on mental illness, and stigma can limit or prevent one to speak openly about their mental health challenges or seek supportive care when needed.

When creating outreach materials, the community is always the primary focus. Content is available in both English and Spanish, and uses images that are culturally inclusive, representative of the communities we serve, and use language that is relatable and easy to understand.

Community Partners

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

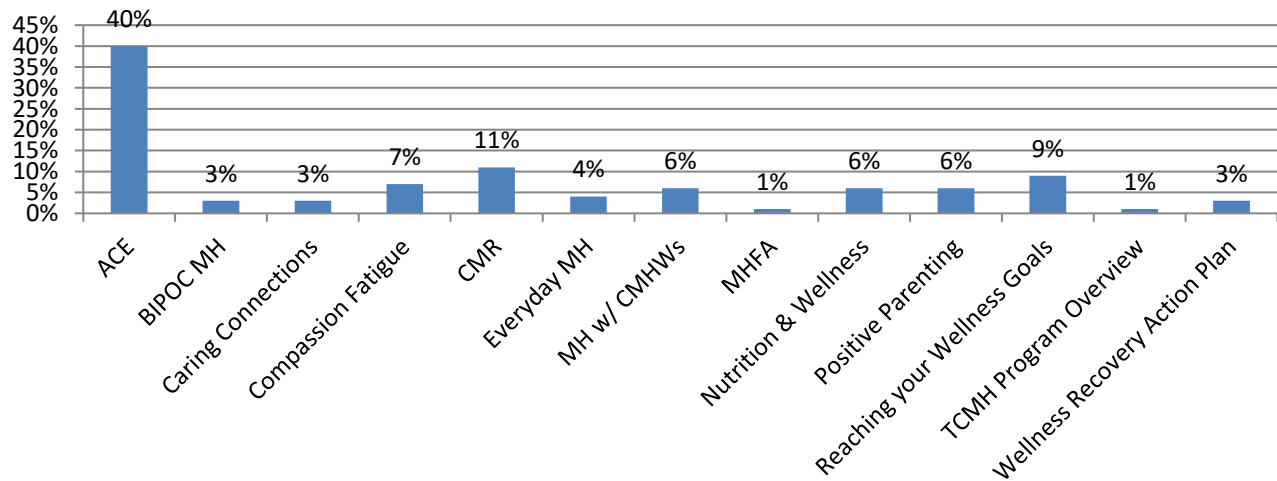
Other agencies/organizations requesting trainings included Bonita, La Verne, and Pomona School Districts, University of La Verne, Scripps College, City of Claremont, Bright Prospect, Park Tree Health Center, and San Gabriel Valley-Pomona Regional Center.

Program Summary

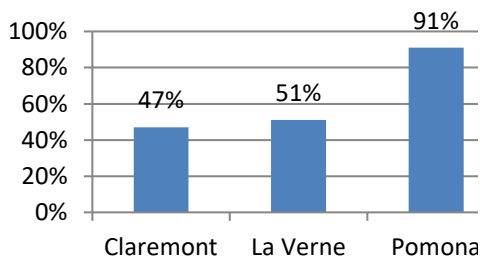
How Much Did We Do?



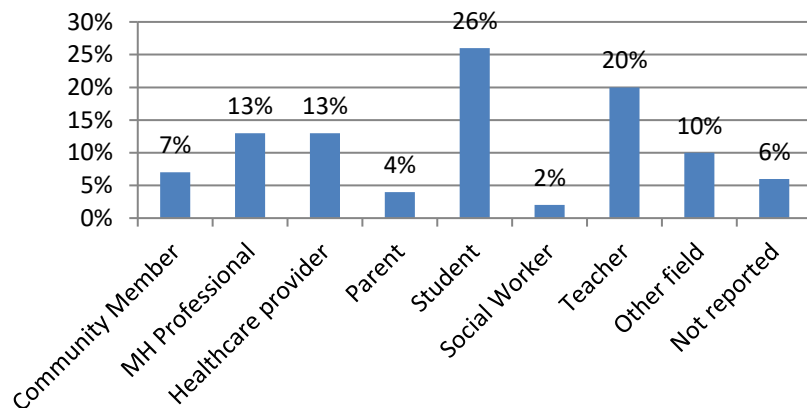
Community Mental Health Presentations



City of Attendees

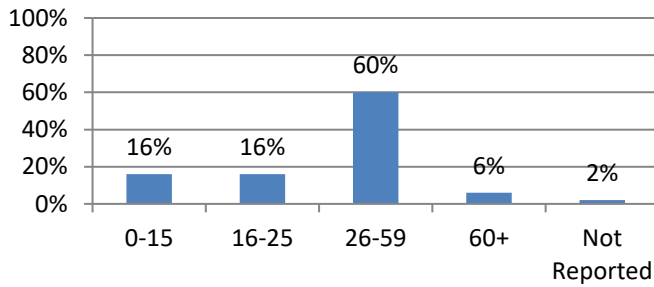


What field/profession are you in:

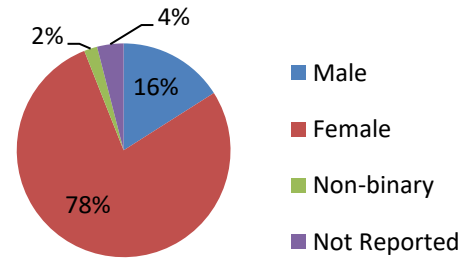


PEI Demographics from Surveys (Survey Responses = 228)

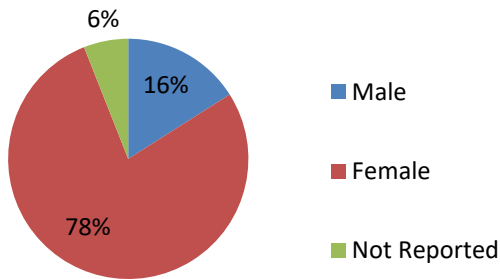
Age Group



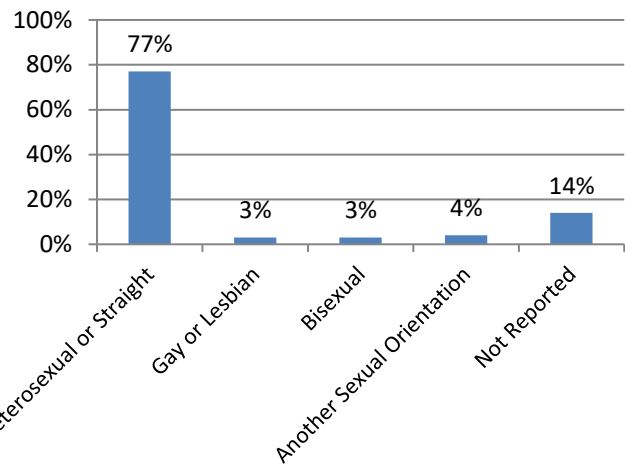
Current Gender Identity



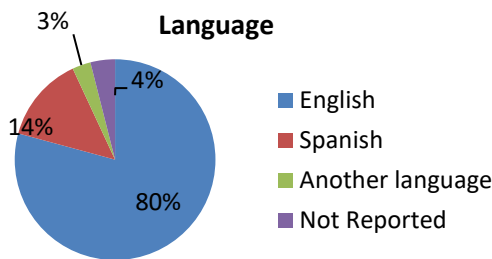
Assigned Gender at Birth



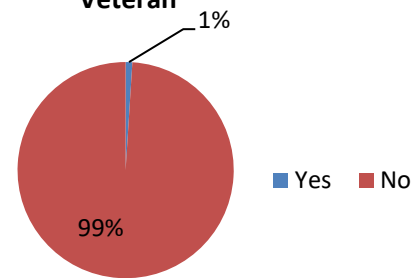
Sexual Orientation



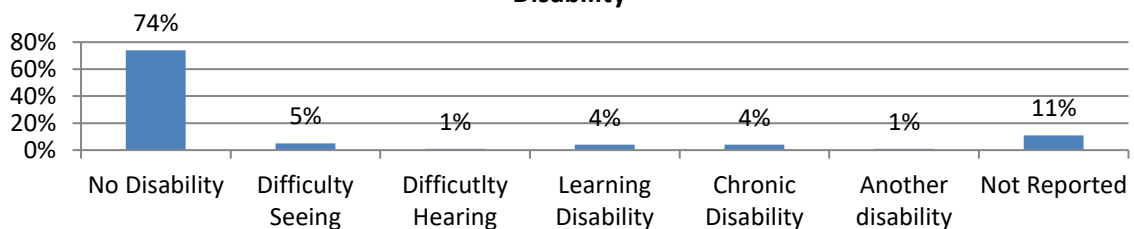
Language

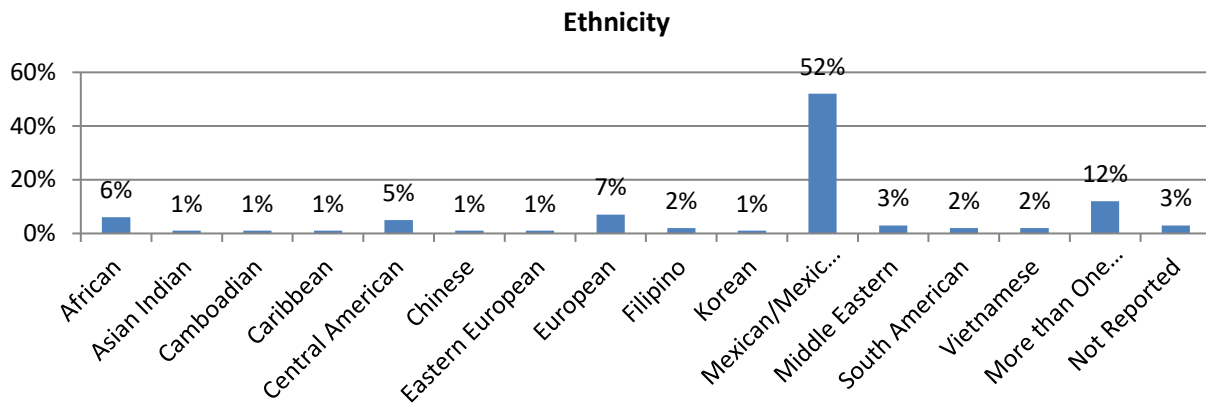
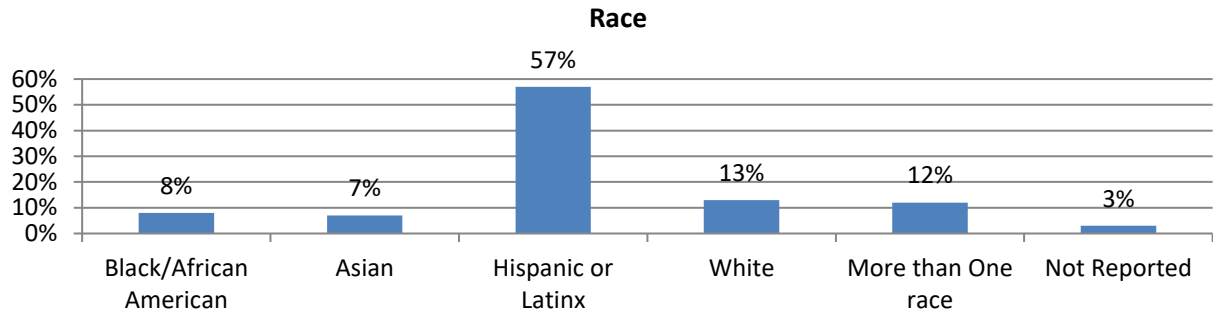


Veteran



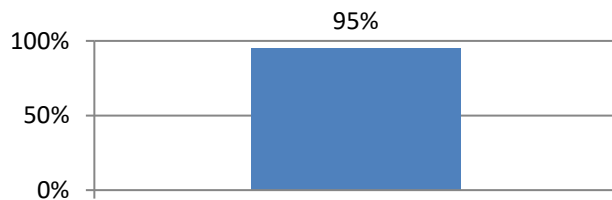
Disability



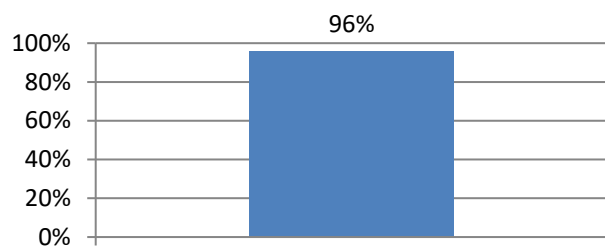


How Well Did We Do It?

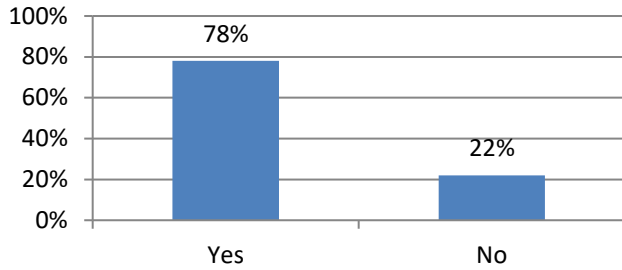
Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others:



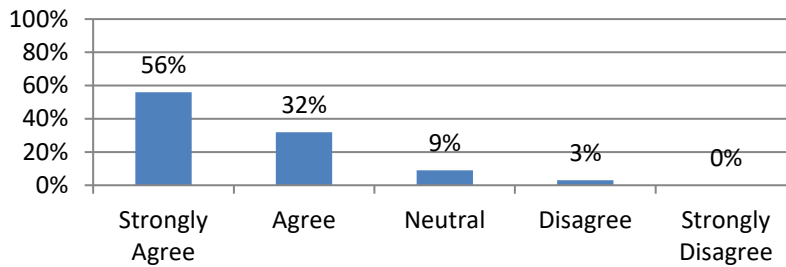
Percentage of participants who rated the presentation as good or excellent:



At any time in your life, have you experienced a traumatic event or mental health challenge?

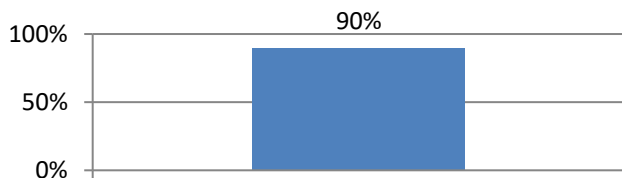


If so, has this presentation provided the support to manage your wellness or recovery?

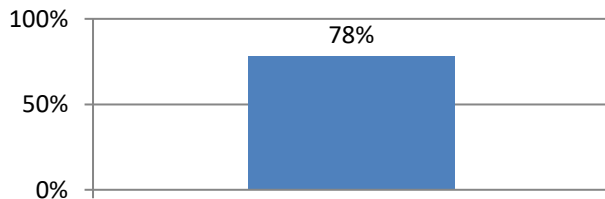


Is Anyone Better Off?

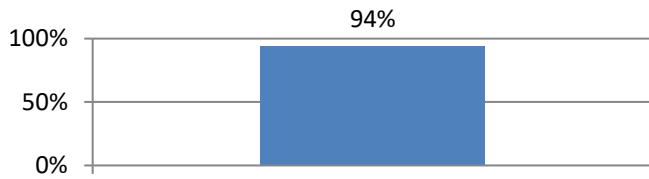
Percentage of participants who report feeling confident in using or applying the information they learned in the presentation:



Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use challenge or crisis:



Percentage of participants who would recommend presentation to someone else:



Number of Potential Responders	1,340
Setting in Which Responders were Engaged	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
Type of Responders Engaged	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students.
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

PEI Demographics Based on Referrals

There were 0 MHSAs referrals to the CMHT Program

Community Capacity Building

Stigma Reduction and Suicide Prevention

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Tri-City Mental Health Authority is committed to supporting the strengths of each individual participant in their journey of recovery. The TCMHA stigma reduction effort is encompassed under Room4Everyone and includes a website focused specifically on stigma reduction, along with several other components designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. The Room4Everyone campaign includes local community efforts such as Green Ribbon Week, as well as state and nationally recognized campaigns including Mental Health Awareness Month, Black Indigenous and People of Color (BIPOC) Mental Health Awareness Month and Suicide Prevention Awareness Month.

Through a series of activities designed to support changes in attitudes, knowledge and behavior around the stigma related to mental illness, participants are able to have a voice in supporting not only their own recovery, but also influence the attitudes and beliefs of those who are touched by their stories or artwork. These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience have the opportunity to share their personal stories of recovery through community presentations hosted throughout the year;
2. **Creative Minds:** Art created by consumers and community members are displayed in the MHSA Administration building which includes Art Gallery events and speaker's panels hosted semi-annually;
3. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, TCMH suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	1	27	31	1	294	354

Program Update

During fiscal year 2021-22, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

Suicide Prevention Awareness Month/Week – During the month of September, program staff launched a social media campaign to bring suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members. Each toolkit included a suicide prevention resource poster, pens, informational cards about Know the Signs, bracelets, and stickers.

Green Ribbon Week (GRW) is an annual recognition during the third week of March that aligns with the Tri-City stigma reduction campaign, Room4Everyone, and encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educates community members, clients, and participants about stigma, the impact it has on our mental health, and how to take action to fight against the stigma within our community.

May Mental Health Awareness Month – Program staff hosted an interactive lunch activity at high schools and colleges to help promote mental health awareness and Tri-City's mental health services. In addition, there were virtual workshops hosted in collaboration with community partners to talk about mental health. At the school sites, program staff hosted art workshops where many of the art submissions created by students were showcased at Creative Minds Art Gallery, a community art gallery where local artists of every skill level can display their art to help promote mental health and wellness.

Black, Indigenous People of Color (BIPOC) Mental Health Awareness Month – In the month of July, program staff launched a social media campaign to discuss BIPOC mental health by sharing the history of how BIPOC started, promoted community events, and informed the community with data and statistics on BIPOC mental health. Additionally, program staff collaborated with Tri-City Diversity, Equity and Inclusion (DEI) staff and with community organizations to host local events where community members spoke about BIPOC mental health and ways to better support their community.

Challenges and Solutions

Due to COVID-19 restrictions, all the stigma reduction and suicide prevention programming continued to be on a virtual platform. Some of the challenges were being able to engage with the community virtually and being able to familiarize virtual tools to help stigma reduction programs sustain during the pandemic.

Program staff utilized virtual tools such as Canva to help launch a few social media campaigns that helped promote stigma reduction and engaged with the community. Program staff also learned how to use Zoom meetings and webinars features that incorporated more interactive activities with the audience. Lastly, program staff fostered meaningful community partnerships that helped host collaborative events that became successful.

Cultural Competence

The majority of stigma reduction programming is designed to target underserved populations such as the stigma reduction presentations, Creative Minds Art Gallery, Courageous Minds Speaker's Bureau, and the social media campaigns. Program staff also collaborated with Tri-City' Diversity, Equity and Inclusion (DEI) staff through collaborative workshops, events, and social media campaigns. Program staff also received informative materials from CalMHSA translated in different languages and utilizes them by providing them to community members.

Program staff plan accordingly if there is a need for translation assistance in presentations and outreach materials. In the past, there has been collaboration with other Tri-City staff who are bilingual who can attend presentations that require an interpreter. CalMHSA also provides outreach materials in Spanish that has been beneficial for Tri-City community members who are non-English speaking.

Community Partners

Program staff collaborate regularly with outside agencies and entities, including CalMHSA and Directing Change; Just Us 4 Youth, the Pomona Youth Prevention Council, the Latino/a Roundtable, Uncommon Good, K-12, Colleges, and Graduate Colleges in the Tri-City area.

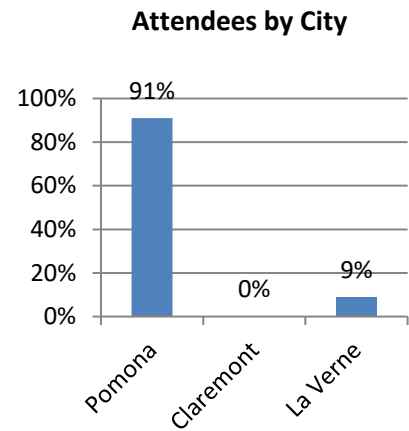
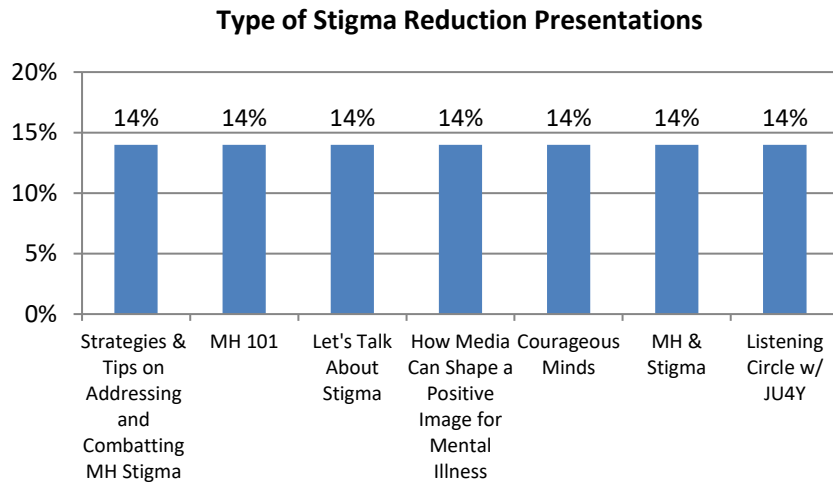
Success Story

In May of 2022, during Mental Health Awareness Month, program staff received recognition by the Pomona Unified School District for partnering with Garey High School and their Peer Counseling Program. In their newsletter, Garey High School expressed gratitude to staff for providing an interactive lunch activity and art workshop to help spread mental health awareness with the students.

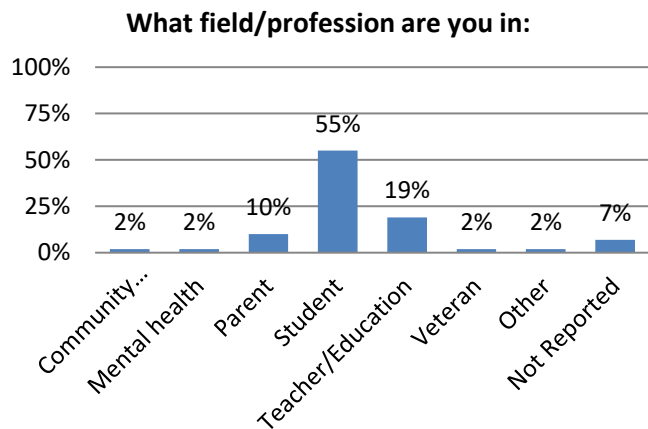
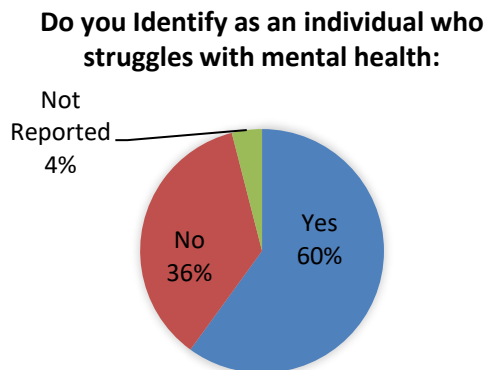
Program Summary

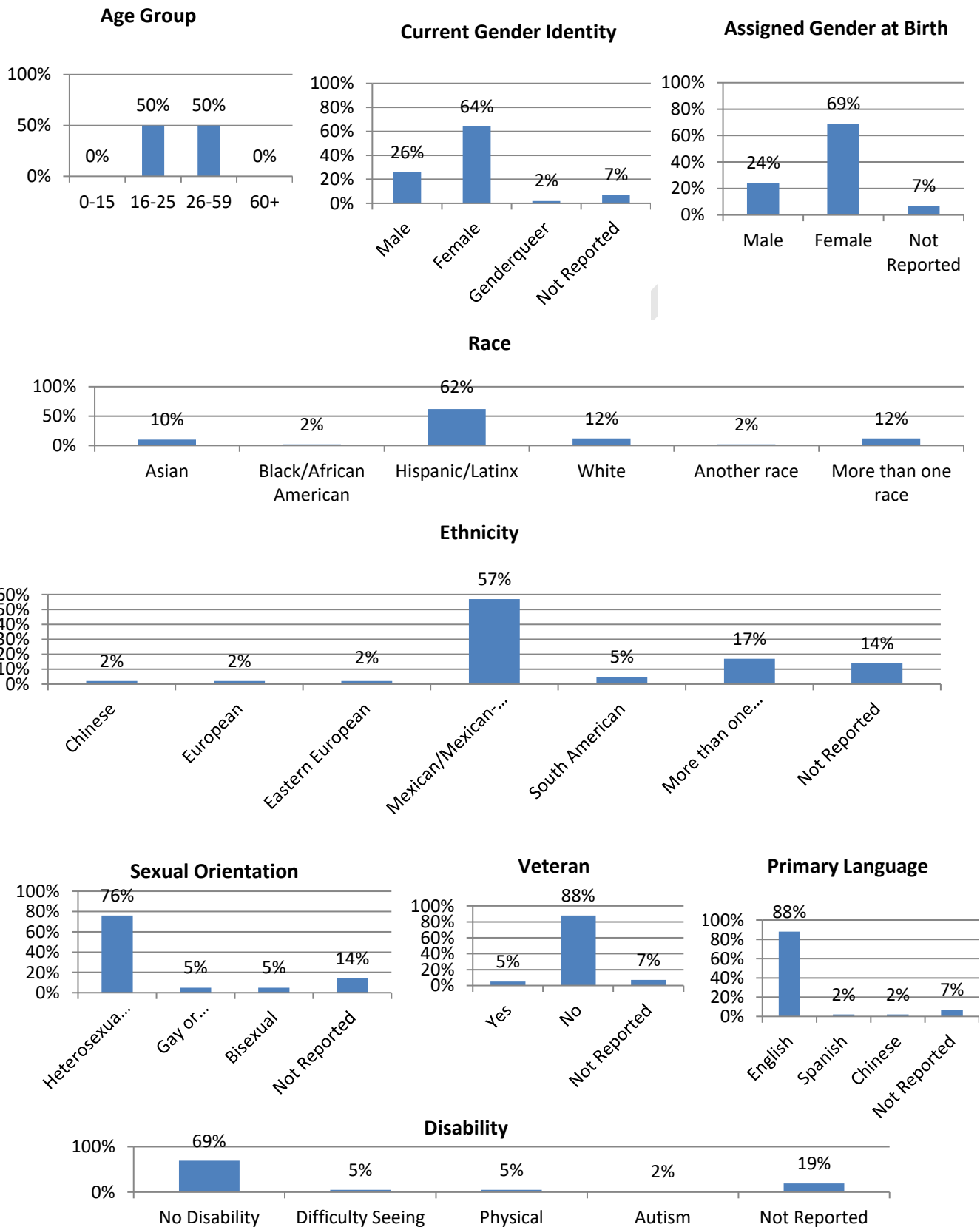
Stigma Reduction

How Much Did We Do?

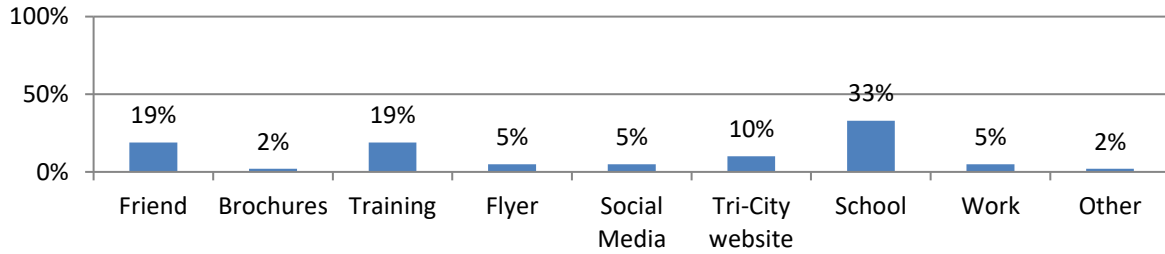


PEI Demographics from Stigma Reduction Surveys (Survey Responses = 42)





How did you hear about Stigma Reduction Presentations



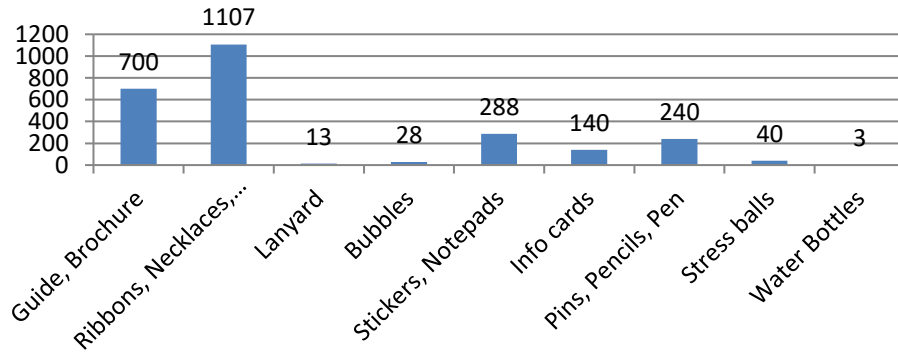
How Well Did We Do It?

58
Individuals Outreached for Stigma Reduction Presentations

Promotional Materials & Social Media Engagement for Stigma Reduction

2,559
Promotional Materials

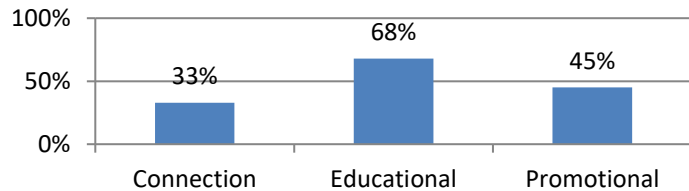
Type of Promotional Materials



4,231
Instagram accounts Reached for Social Media Engagement

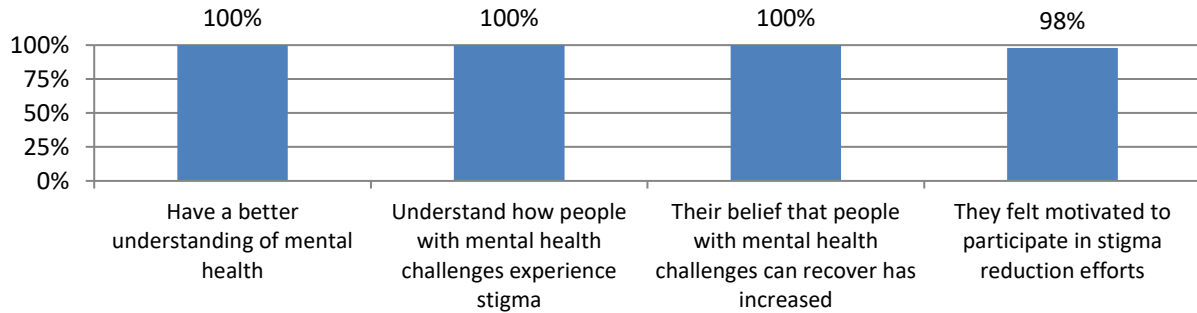
Type of Social Media Engagement

40 post/stories on social media

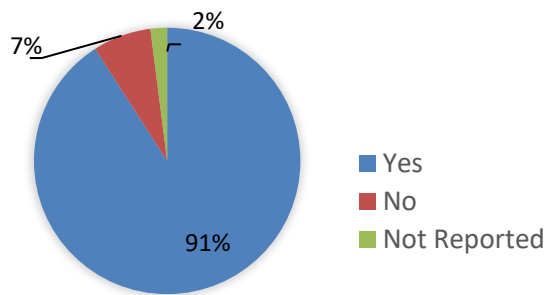


Is Anyone Better Off?

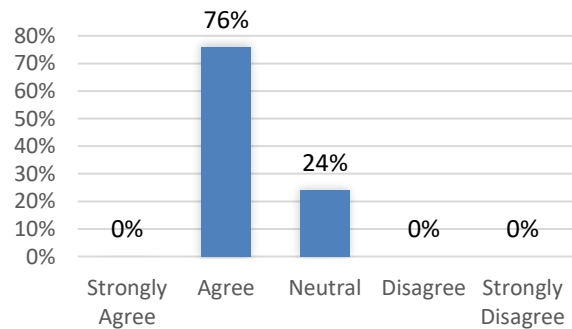
Q1 Percentage of Stigma Reduction Survey Respondents who reported, as a result of the presentations:



Q2 Percentage of Respondents who were asked if they ever experienced trauma or mental illness:
(n=42)



Q3 Percentage of Respondents who were asked if the presentation helped them manage their symptoms:
(n=38; Only those whose response was "Yes" to Q2)

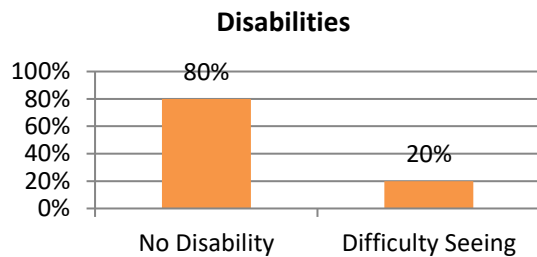
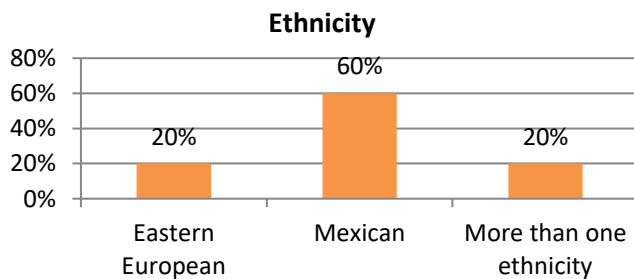
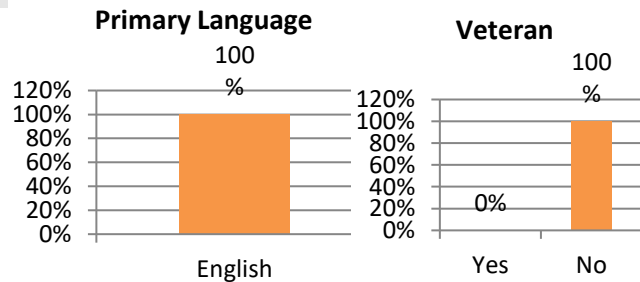
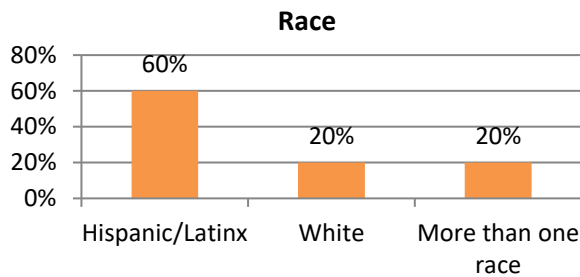
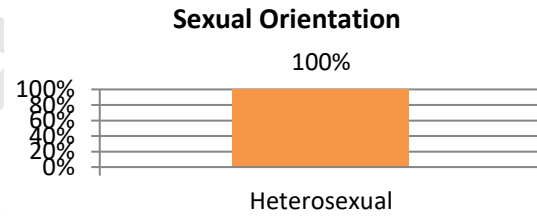
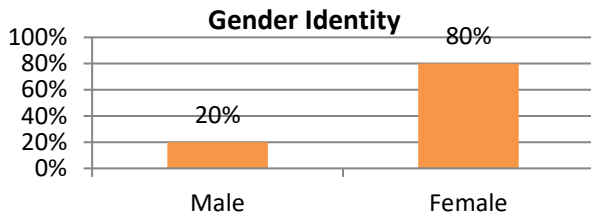
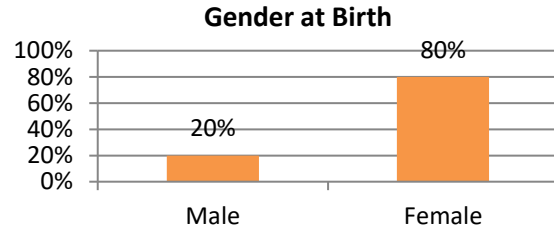
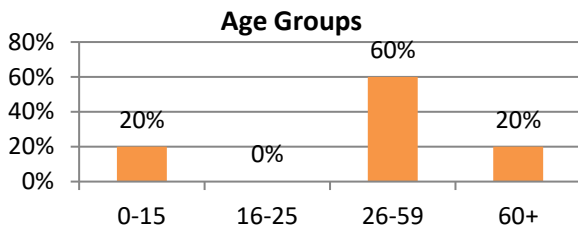
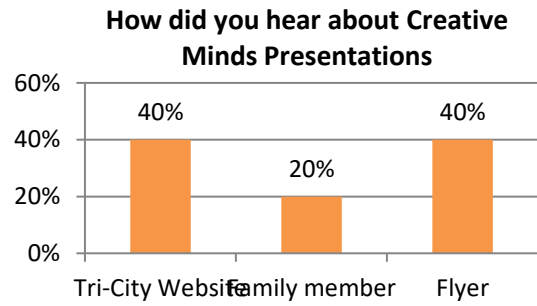
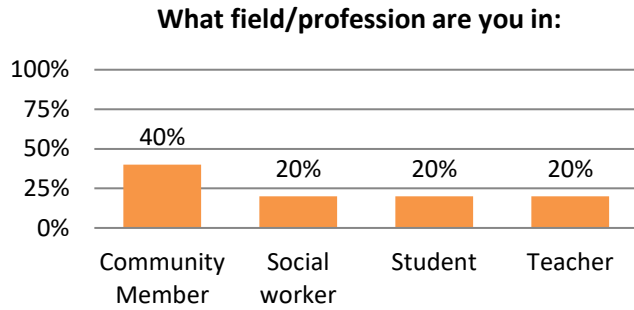


Creative Minds Art Gallery

How Much Did We Do?



PEI Demographics from Creative Minds Presentation (Survey Responses = 5)

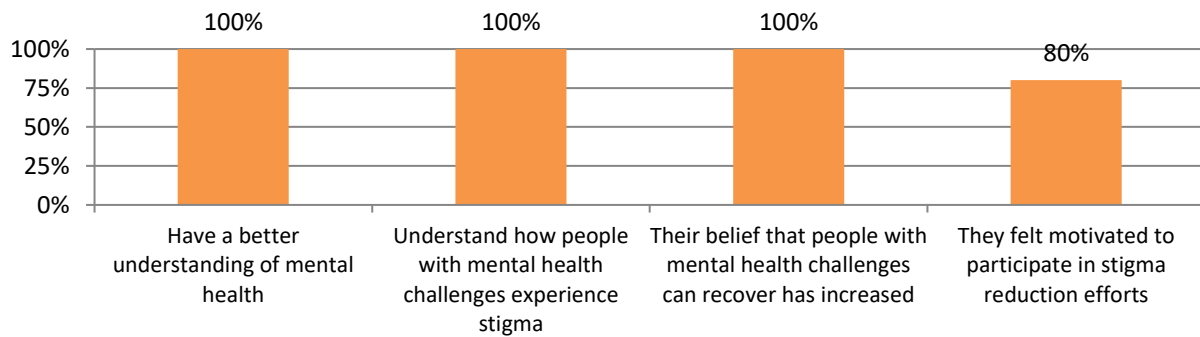


How Well Did We Do It?

228
Individuals Outreached for
Art Gallery/Creative Minds

Is Anyone Better Off?

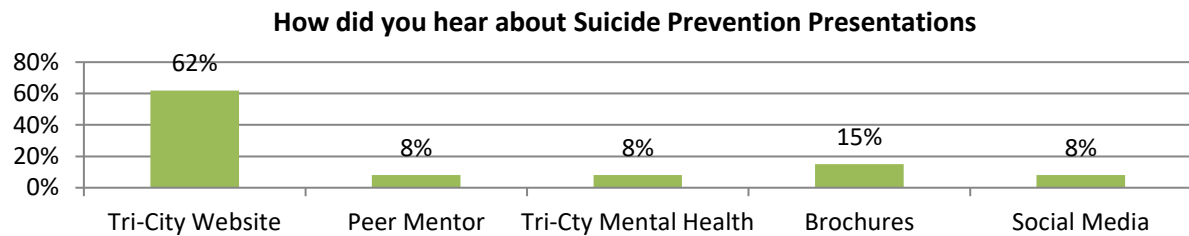
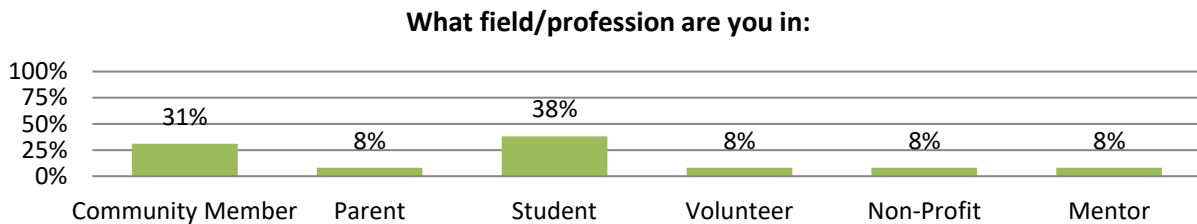
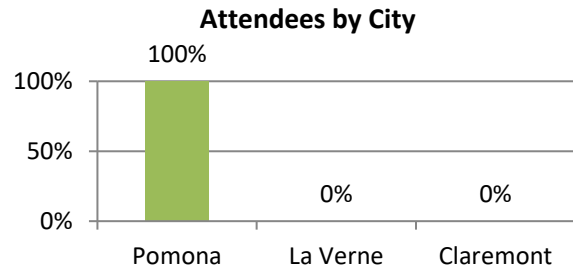
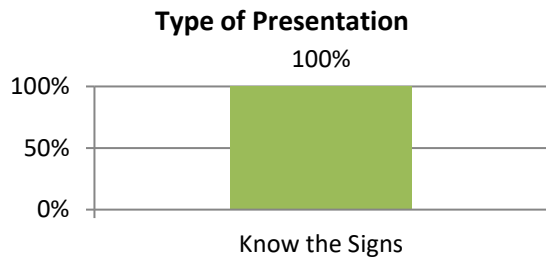
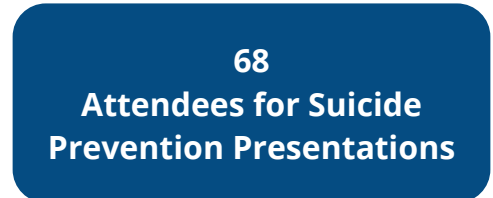
Percentage of Creative Minds/Art Gallery Survey Respondents who reported, as a result of the presentations:



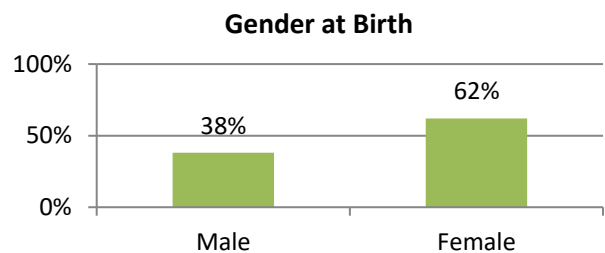
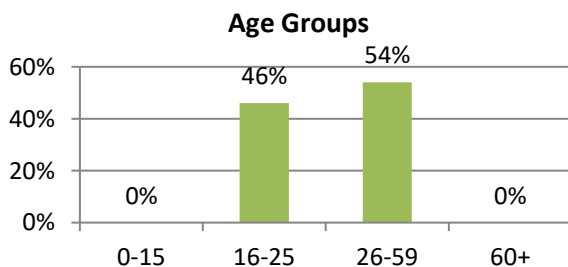
80%
Creative Minds Respondents report art
helps them manage/cope with their
symptoms

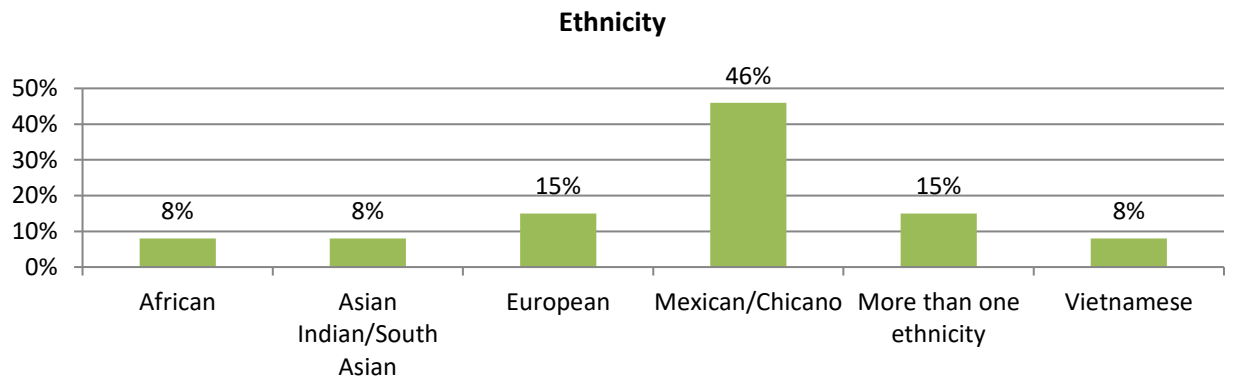
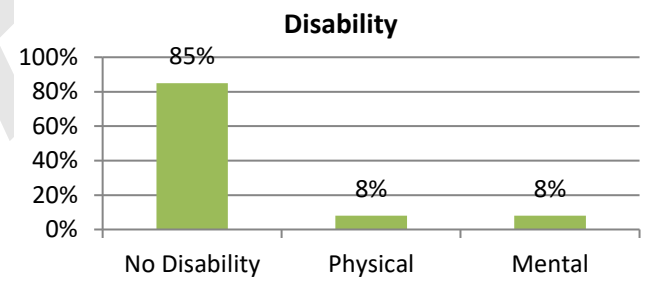
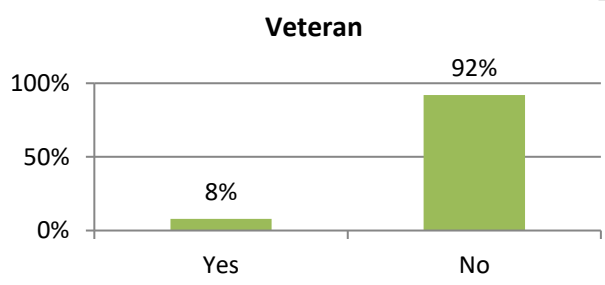
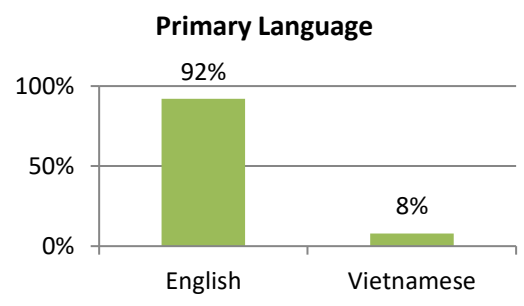
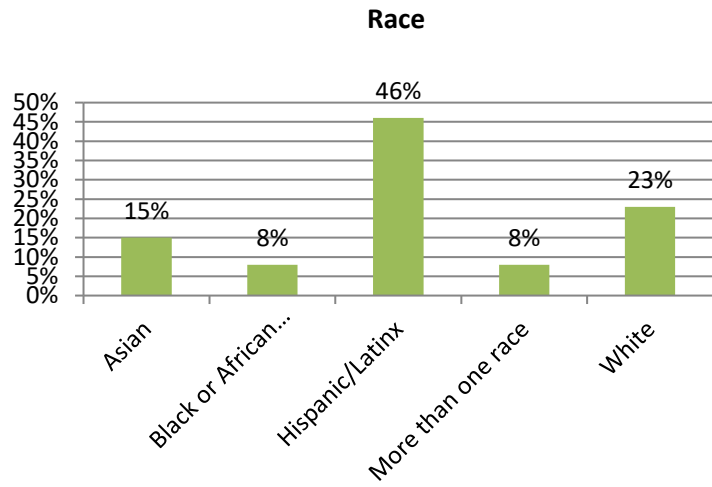
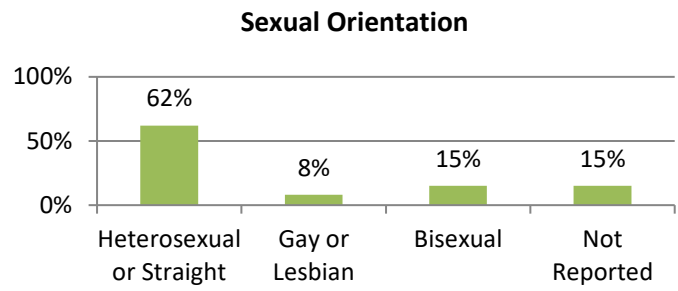
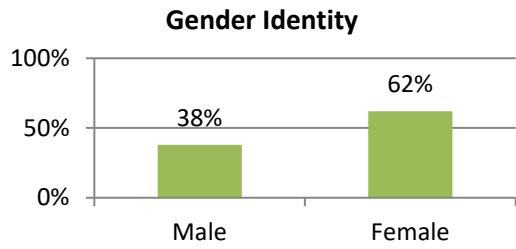
Suicide Prevention

How Much Did We Do?



PEI Demographics from Suicide Prevention Surveys (Survey Responses = 13)



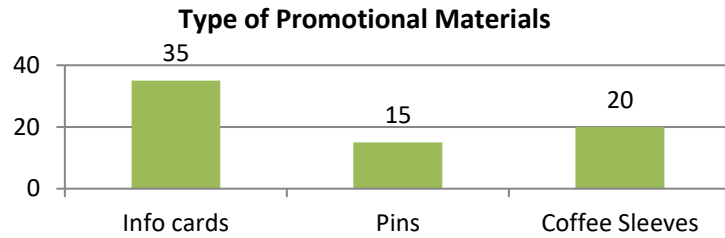


How Well Did We Do It?

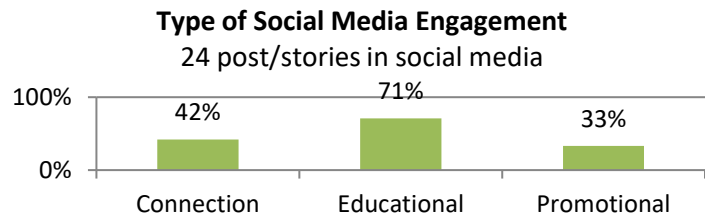
68
Individuals Outreached for
Suicide Prevention Presentations

Promotional Materials & Social Media Engagement for Suicide Prevention

70
Promotional Materials

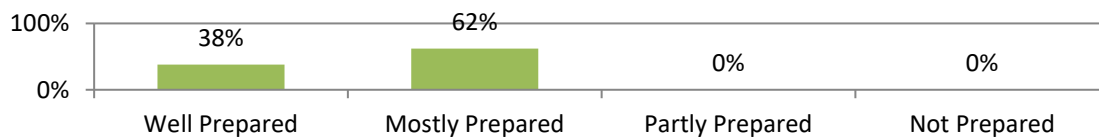


2,580
Instagram accounts
Reached for Social
Media Engagement

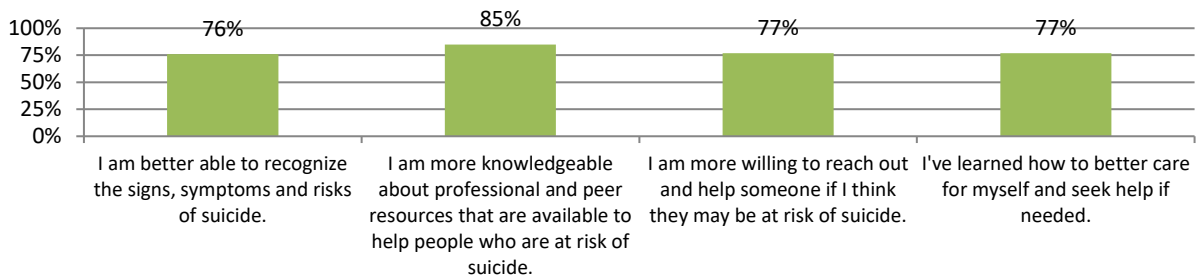


Is Anyone Better Off?

Percentage of how prepared Suicide Prevention attendees feel to talk directly and openly to a person about their thoughts of suicide:



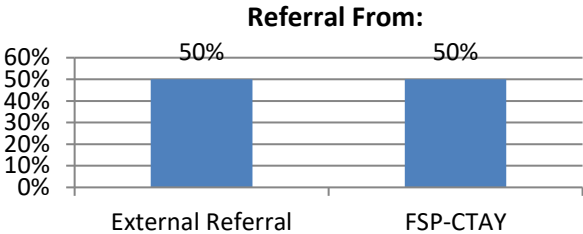
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



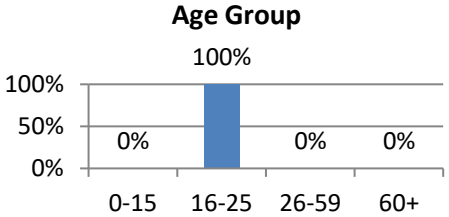
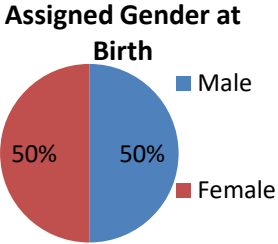
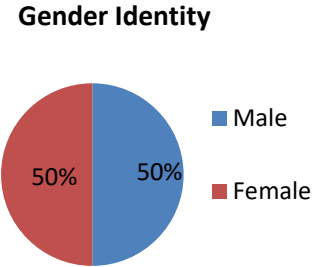
Number of Potential Responders	354
Setting in Which Responders were Engaged	Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged	TAYs, Adults, Seniors, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

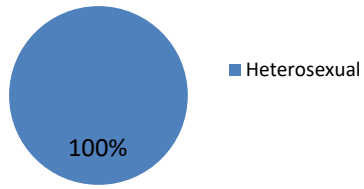
2
MHSA Referrals to Stigma Reduction/ Suicide Prevention Programs



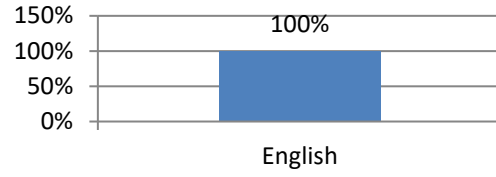
PEI Demographics Based on Referrals



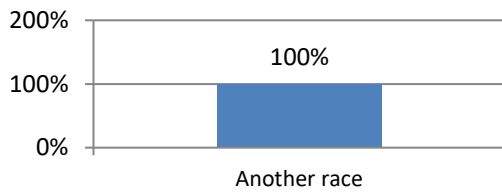
Sexual Orientation



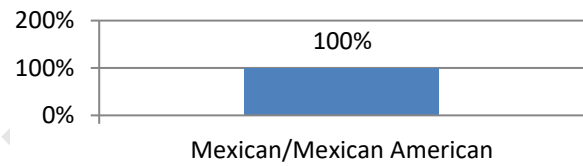
Language



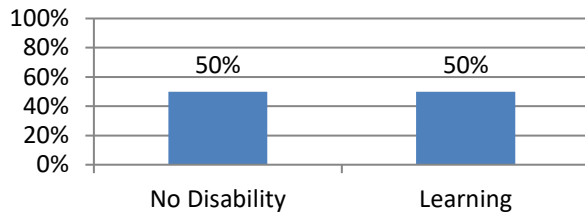
Race



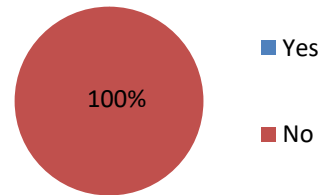
Ethnicity



Disability



Veteran



Peer Mentor and Wellness Center PEI Programs

Older Adult and Transition Age Youth Wellbeing

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

Peer Mentor Program

- New Program – First date of service _____
- Continued from prior year plan or update

Program Description

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are in emotional distress. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee.

Target Population

All community members with a focus on transition age youth (TAY ages 18-25) and older adults (ages 60 and over).

Mentors						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	12	12	5	0	29
Cost Per Person	N/A	\$1,339	\$3,067	\$3,067	N/A	N/A
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	18	26	14	0	58

Program Update

In FY 21-22 the Peer Mentor program had 29 active mentors who provided one-on-one support to 58 Mentees. Providing this support, peer mentors completed 440 service-learning hours. During the year, peer mentors were committed to learning how to serve the mentees by attending 16 mentor meetings and trainings. In assessing how the Peer Mentor program has made a positive impact, 100% of the mentors agreed that it made a positive impact in their lives since participating in the program. With all their training and support, mentors are looking to apply these skills to professional employment.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and remind our partners of the services the program provides to increase mentee referrals.

Over the next three years, the Peer Mentor program hopes to increase services to not only include one-on-one meetings but to also offer a range of services in the communities such as support groups, roundtables, and wellness activities.

The Peer Mentor program also hopes to both assist current mentors and recruit new mentors to the program. The program anticipates supporting existing mentors with connecting to virtual support by offering them a borrowed device and/or internet services. The program also plans to recruit additional mentors to the program, specifically from underserved populations such as TAY and older adults, Spanish-speaking individuals, and parent/caregivers.

Challenges and Solutions

With COVID safety and protocols in place, the peer mentors were only able to attend meetings and trainings virtually as well as only connect with their mentee via phone. Although mentors wanted to go back to in-person engagement, the program remained virtual due to safety concerns.

With Tri-City's COVID vaccination policy, all peer mentors had to follow agency guidelines and provide proof of vaccination to remain an active member of the program. For various reasons, not all peer mentors were able to comply with agency policy, and those mentors had to resign from the program.

To encourage new and returning peer mentors to participate in the program, the monthly stipend mentors earn to cover gas and cell phone expenses increased from \$30 to \$50 per month. Peer mentors appreciated the increase, as it helps with the cost of inflation that impact all individuals.

Cultural Competence

In direct work with mentors who provide services to mentees in the community, there are multiple trainings per year that teach mentors how to support people from underserved populations in the service area. A vast number of mentors themselves also identify as being part of underserved communities, having diversities within the Peer Mentor cohort helps to reduce stigma and helps participants feel more comfortable receiving services. The following statistics are indicative of diverse

cohort: Fifty seven percent of mentors are either an older adult or are TAY; Twenty three percent of mentors say they have a disability; Three percent of mentors identify as being part of LGBTQI+ community; Twenty percent of mentors speak a language other than English; Three percent of mentors are veterans. Twenty percent of mentors speak a language other than English.

In the future, the Peer Mentor program hopes to enhance practices by providing all outreach materials available in a variety of languages beyond Spanish.

Community Partners

- **Therapeutic Community Garden (TCG)** – Through collaboration with program staff, TCG programming is used as a resource mentors can provide to their mentees. TCG participants are also referred to Peer Mentoring as mentees for additional support.
- **Navigators** – Through collaboration with program staff, the Navigator program is used as a resource for mentors to provide to their mentees for linkage and referral. The Navigator program is also used to recruit new mentees to the program.
- **Wellness Center (WC)** – Through collaboration with the Wellness Center staff, WC is used as a resource mentors can provide to mentees. Wellness Center participants are also referred to Peer Mentoring as mentees for additional support, as well as to become mentors.
- **Stigma Reduction** – Through collaboration with the Community Capacity Organizer, Peer Mentor staff attend outreach events where mentors can potentially be recruited.
- **Workforce Education and Training (WET)** – Through collaboration with WET staff, opportunities are provided to mentors to increase their skills related to preparing for employment both in and outside of Tri-City.

Success Story

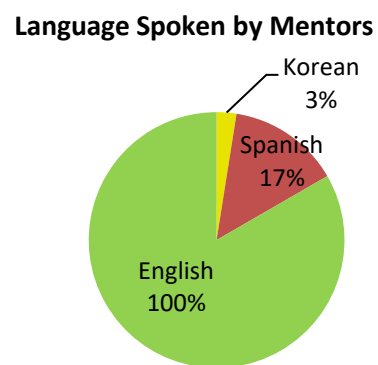
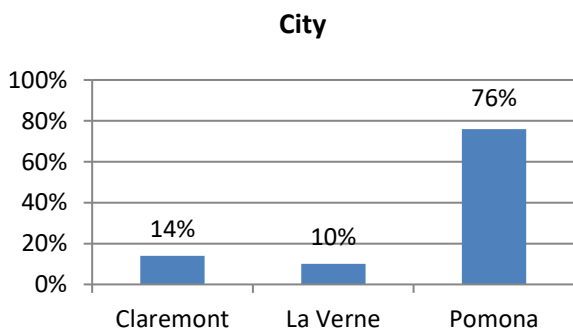
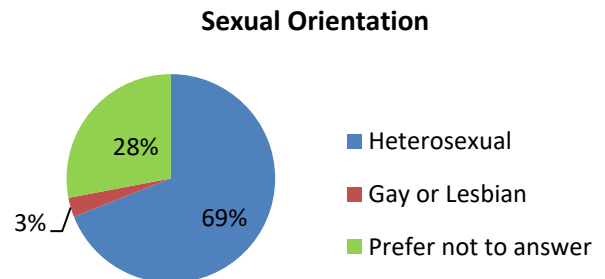
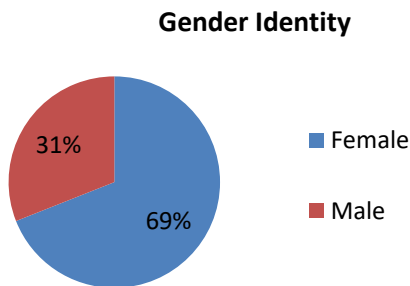
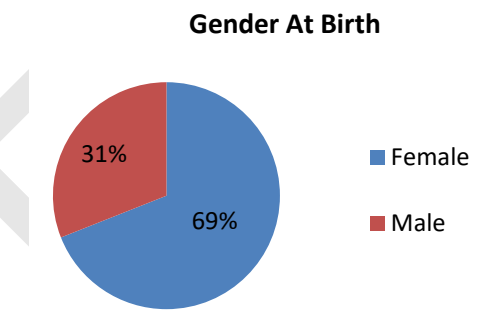
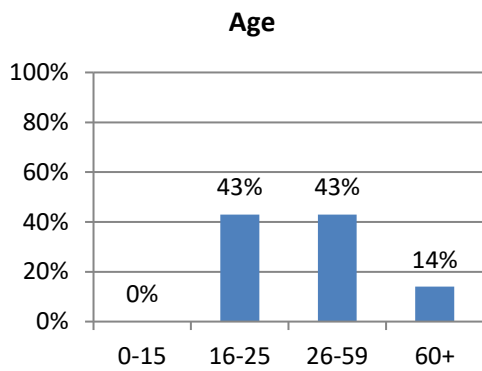
A peer mentor, who has been with the program since 2018, was able to use the skills learned in the program to gain employment with the San Gabriel Pomona Regional Center.

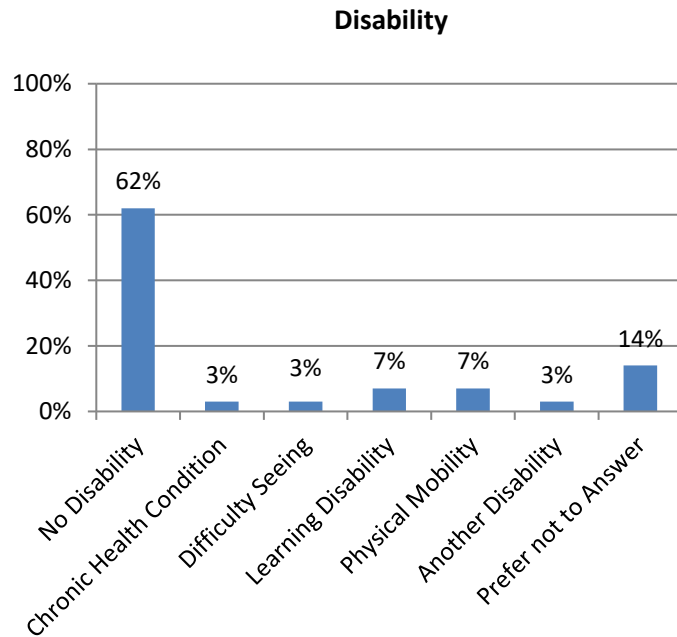
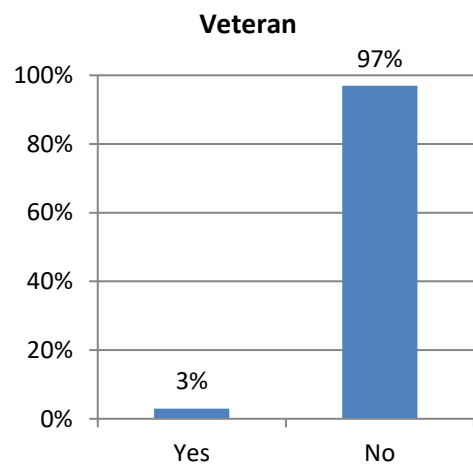
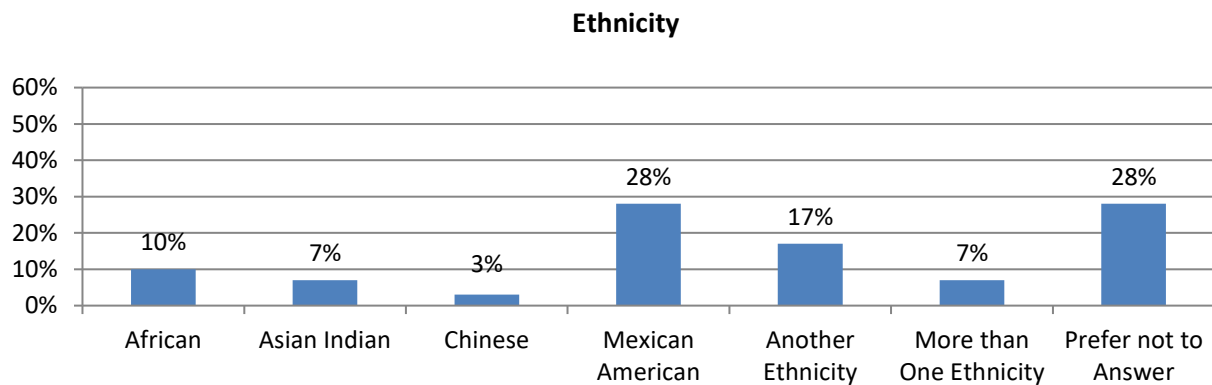
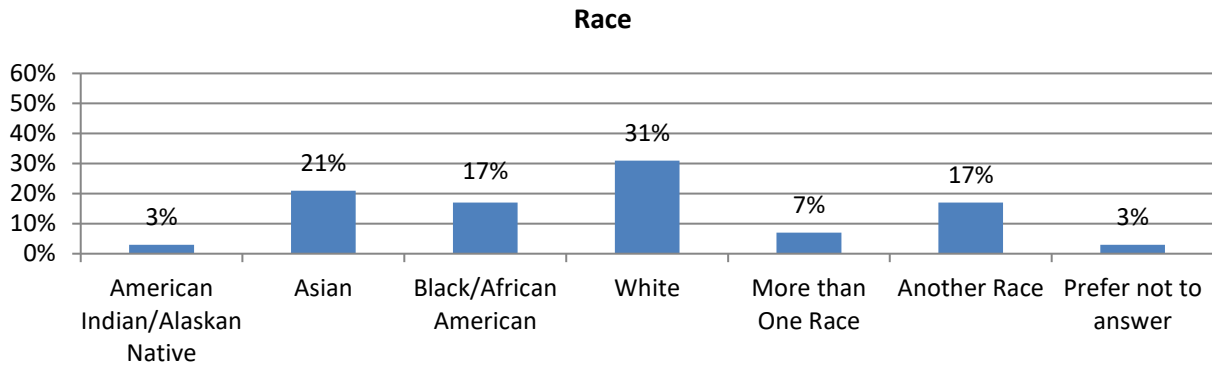
An unhoused mentee was referred from Tri-City's Adult Outpatient services to be connected with a mentor. After a few months in the program, the mentee was able to move to a lower level of care while being supported by their mentor. The mentee currently reports that they are in a stable status.

Program Summary

How Much Did We Do?

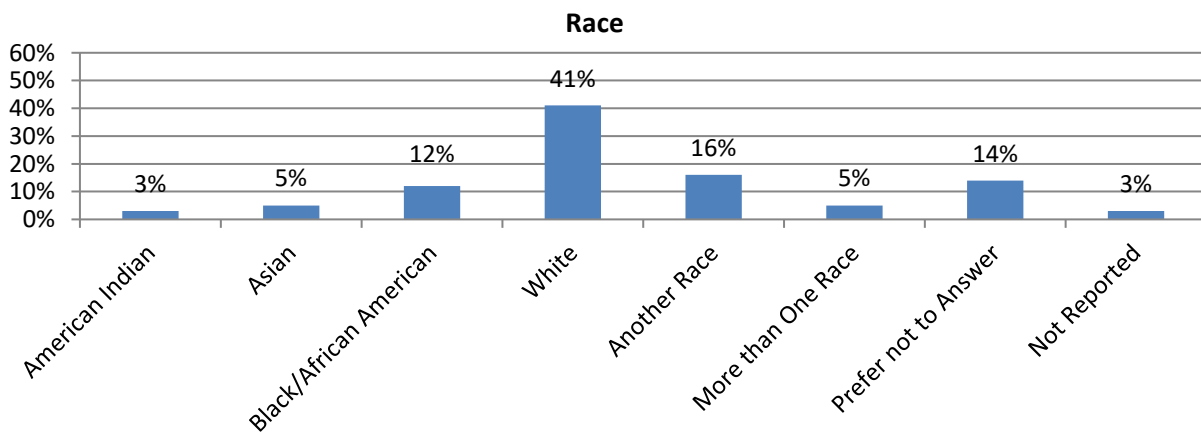
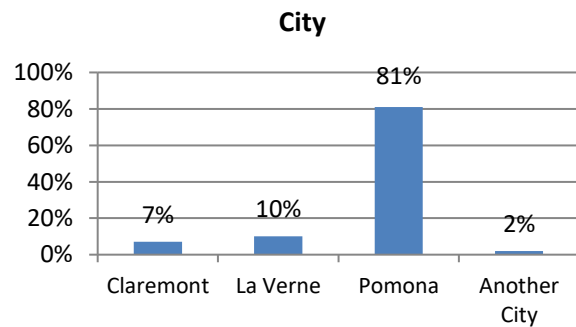
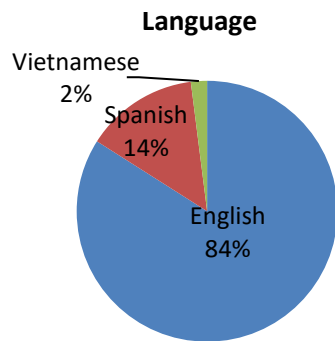
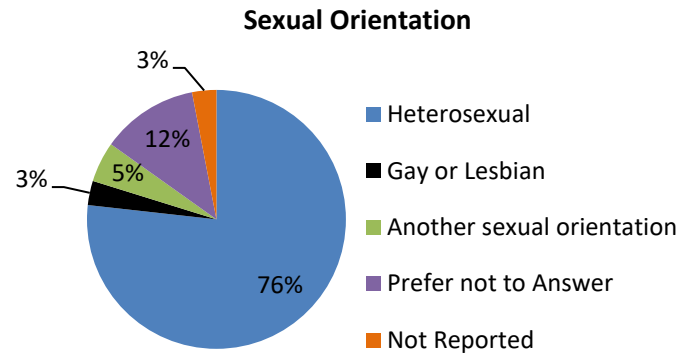
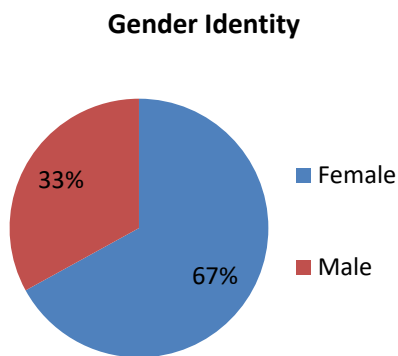
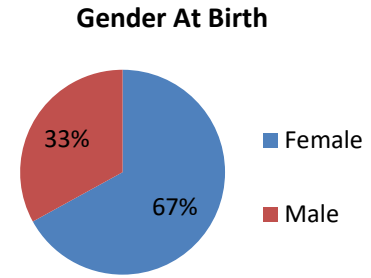
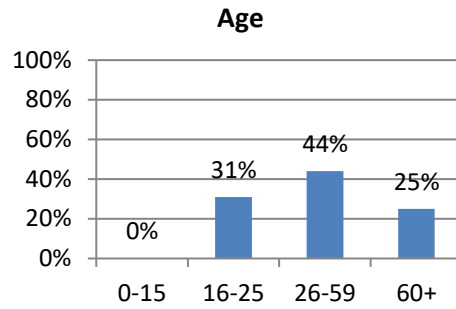
Peer Mentors

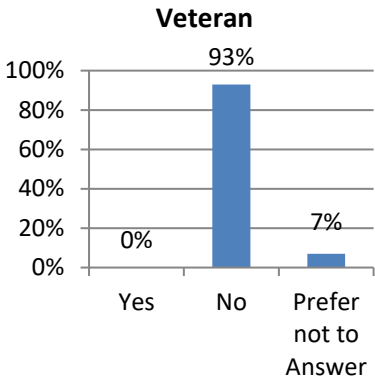
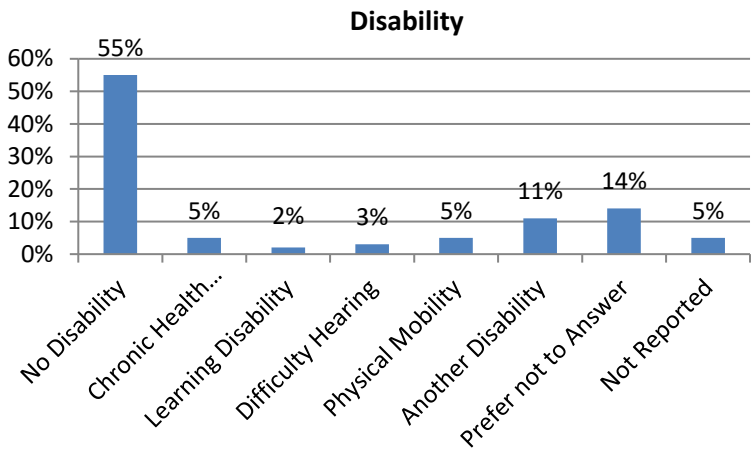
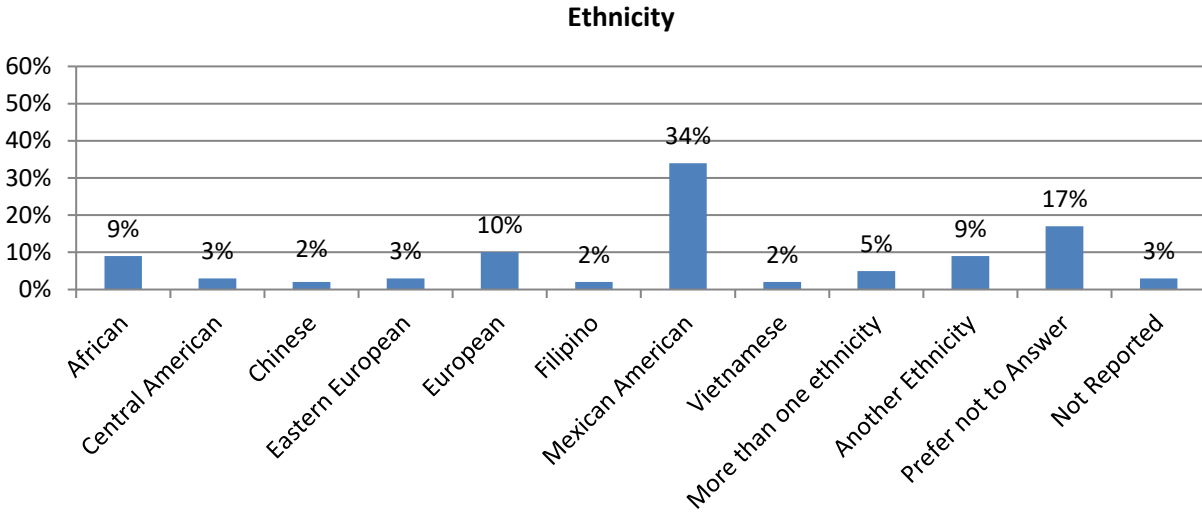




Peer Mentees

58
Mentees
Served

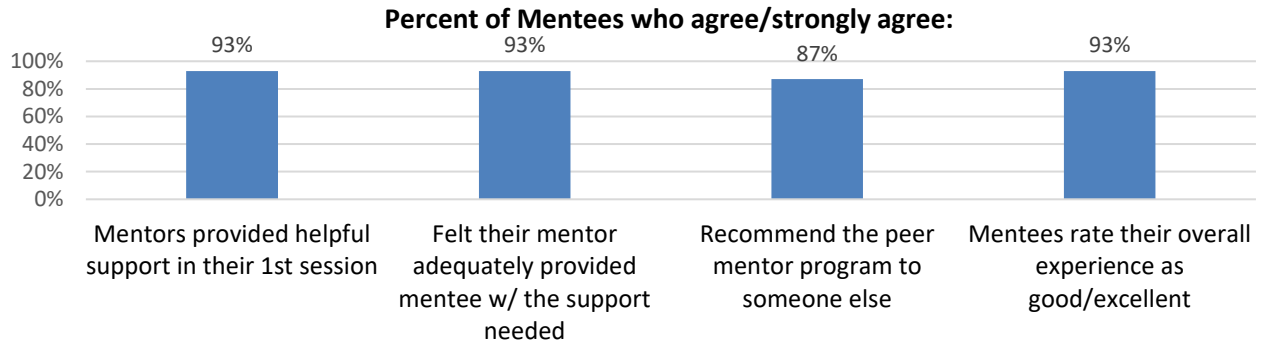
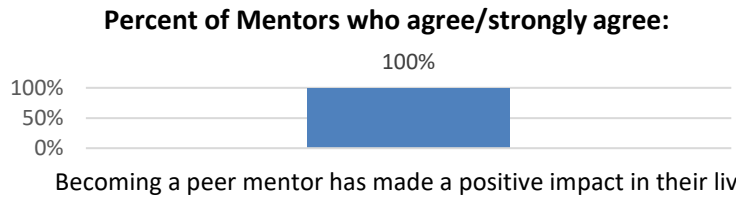




How Well Did We Do It?

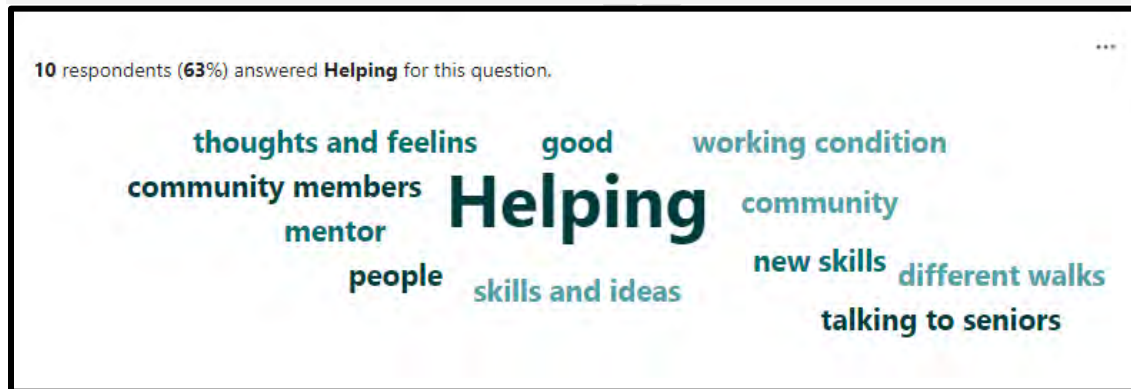
<p style="font-size: 24pt; font-weight: bold; text-align: center;">38%</p> <p style="text-align: center;">18 out of 48 Peer Mentee Referrals Became Mentees</p>	<p style="font-size: 24pt; font-weight: bold; text-align: center;">440</p> <p style="text-align: center;">Service Learner Hours Completed by Peer Mentors</p>	<p style="font-size: 24pt; font-weight: bold; text-align: center;">16</p> <p style="text-align: center;">Peer Mentors Self-Identify with Lived Experience</p>	<p style="font-size: 24pt; font-weight: bold; text-align: center;">100%</p> <p style="text-align: center;">Peer Mentors Agree/Strongly Agree They Received the Training and Support Needed to Do Well as a Peer Mentor</p>	<p style="font-size: 24pt; font-weight: bold; text-align: center;">100%</p> <p style="text-align: center;">Mentees Agree/Strongly Agree They Felt Comfortable with Their Mentor</p>
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Is Anyone Better Off?



Peer Mentor Open-Ended Questions

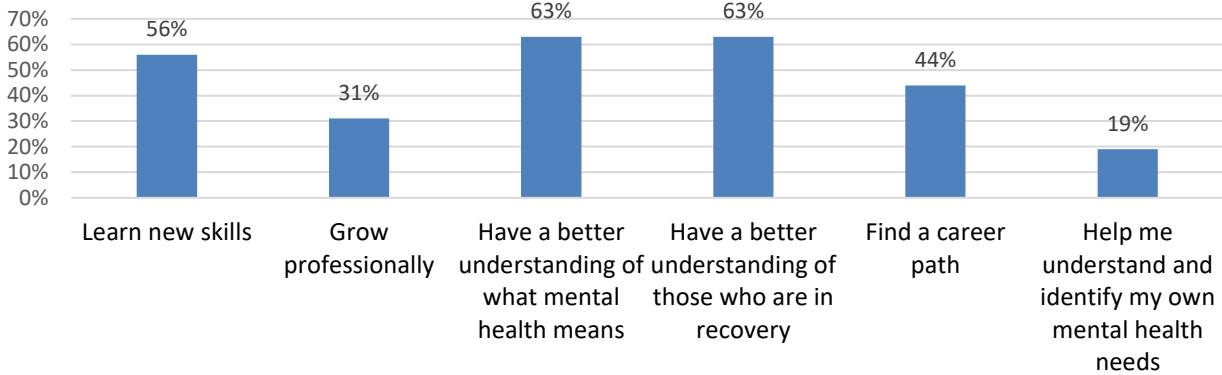
What was your favorite part of being a mentor? (15 total respondents)



List one thing from the peer mentor program you feel was most beneficial (15 total respondents)



How has the program helped you personally as Mentor: (Check all that apply)



Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (15 total respondents)

1 respondents (17%) answered **vent then get feedback** for this question.

objective listener **listener in my life**
students **vent then get feedback** **new perspective**
friend **coping skills** **knowledgeable grandmother**

Number of Potential Responders	87
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community,
Type of Responders Engaged	TAYs, Adults, Seniors, and those with lived experience
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

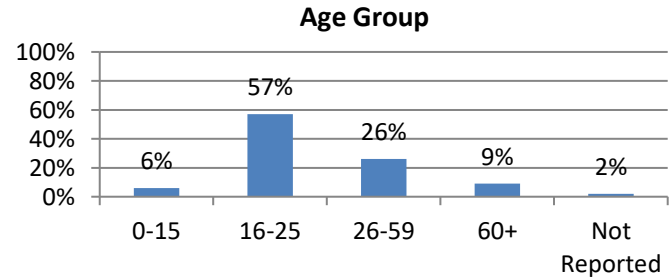
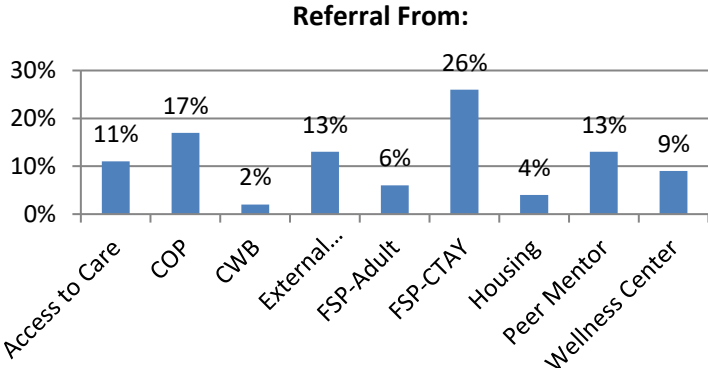
Timely Access to Services for Underserved Populations Strategy

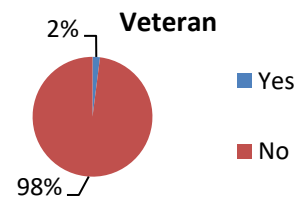
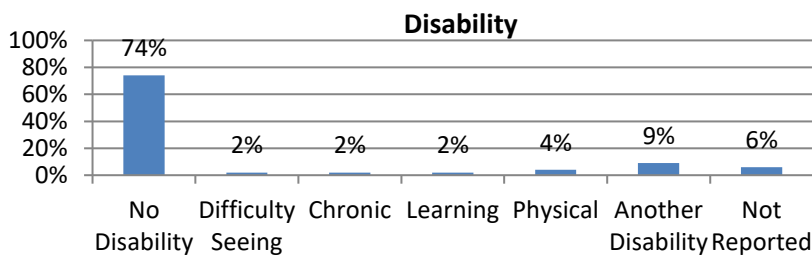
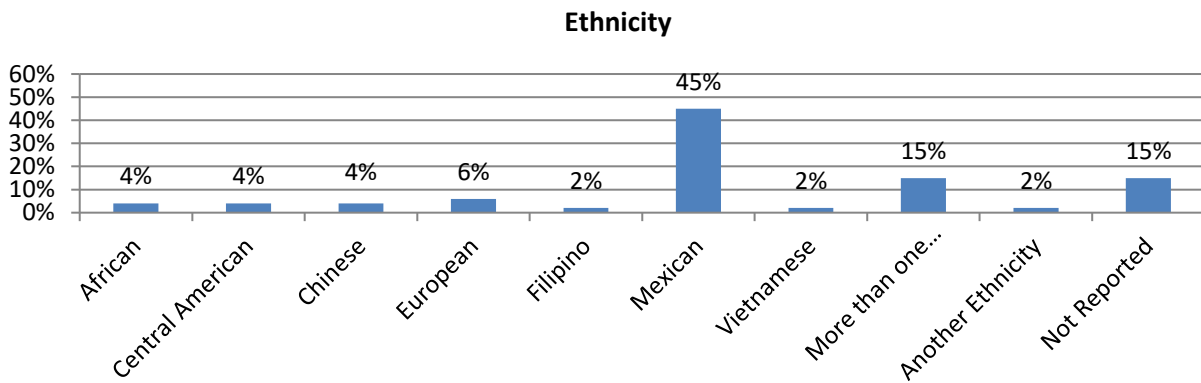
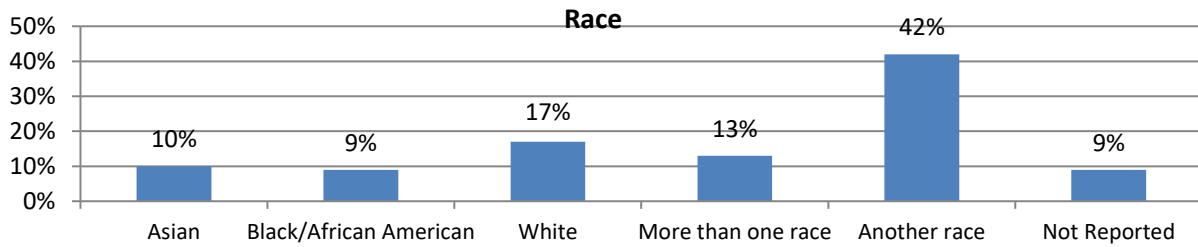
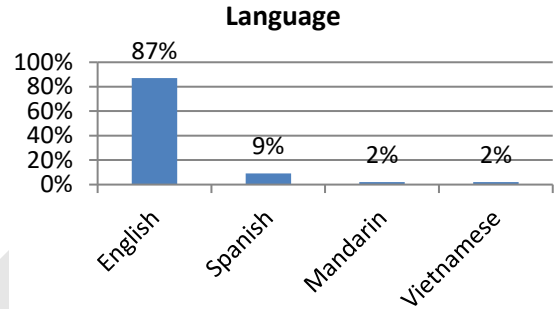
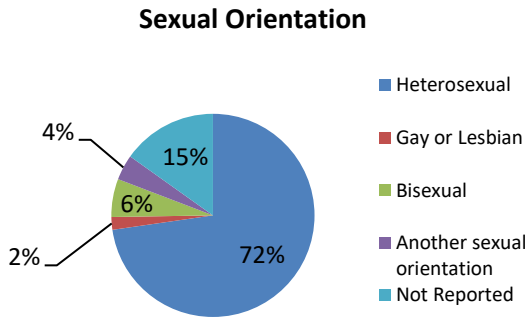
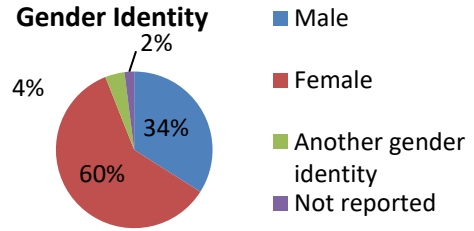
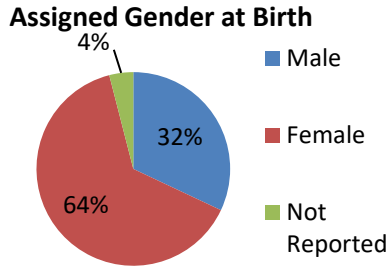
PEI Demographics Based on Referrals

48
MHSA Referrals received by Peer Mentor program

18 out of the 48
Referrals became mentees

2 Days
Average Time between Referral and becoming a mentee





Wellness Center PEI Programs

Transition Age Youth and Older Adults

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Individuals attending the Transition age youth (TAY) and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

Target Population

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

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	2	1,484	39	9	4	1,538
Cost Per Person	\$587**	\$587**	\$587**	\$587**	\$587**	\$587**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

All Center TAY groups were transitioned to a hybrid format, consisting of both in person and virtual. Hours of operation continued to mirror the rest of the agency.

The Transition Age Youth (TAY) team held multiple “welcome back to in person” events throughout the year based on guidelines and regulations. Workshops were offered in collaboration with: America’s Job Center; David & Margaret’s Compass Center; Claremont’s Youth Activity Center; as well as internal events such as the holiday classic, *Warm Wishes*, in December. Similarly, the Older Adult programming started facilitating in-person events for our seniors to address isolation caused by the

pandemic lockdowns. Following all protocol and guidelines, seniors were invited to in-person events such as the senior retreats, harvest festivals, as well as monthly support groups like, *Sip & Paint*.

All Center TAY groups were transitioned to a hybrid format, consisting of both in-person and virtual. Hours of operation continued to mirror the rest of the agency.

The Center and community long await the return to in person services in the next fiscal year. Based on the hybrid model, all groups will return in-person. Over the next three years, the Center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. Participants frequently ask when the Center will re-open for in-person services.

The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the year, the Center was able to offer a limited amount of in person events while adhering to the Cal OSHA max room occupancy guidelines. A handful of groups has been taking place in-person since then.

Cultural Competence

As the need arises, the Center quickly responds to implementing specific groups to target LGBTQ, Spanish monolingual and TAY and senior communities. The Center offers linguistic services to meet the various language needs of our stakeholders and offer support for all age groups. Efforts also include recruiting staff from minority populations that are representative of the community.

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. We create spaces where individuals experience safety, feel heard and intrinsically valued.

Tri-City attempts to engage with hard-to-reach populations through our peer approach. A high percentage of Wellness Center staff have lived experience which helps to make more effective and authentic connections with participants.

Materials are printed and disseminated in the local threshold languages.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; local community-based organizations (CBOs) for specific age-related services such David & Margaret for TAYs and senior centers in the three cities' parks & recreation centers.

Success Story

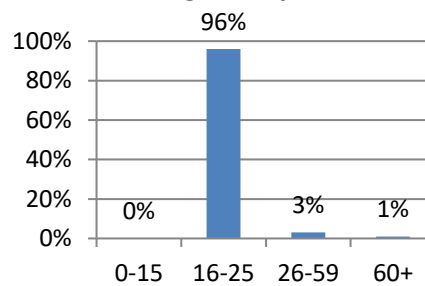
One of the TAY participants would only participate in events with their sister present due to anxiety. Since attending the TAY activities at the Wellness Center, the TAY participant is now able to engage in events and/or groups without their sister and is now able to attend school and complete activities independently.

Program Summary

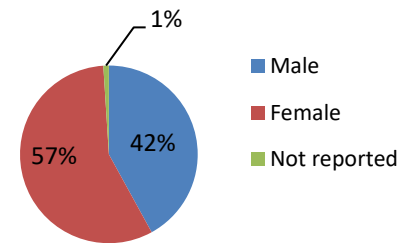
How Much Did We Do?

1,538
Individuals
attending
Wellness Center
TAY/Senior

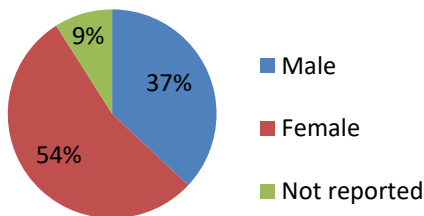
Age Group



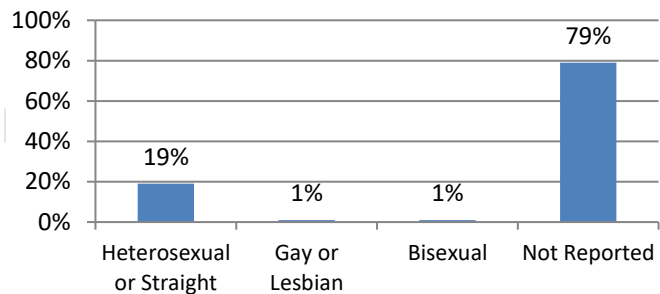
Current Gender Identity



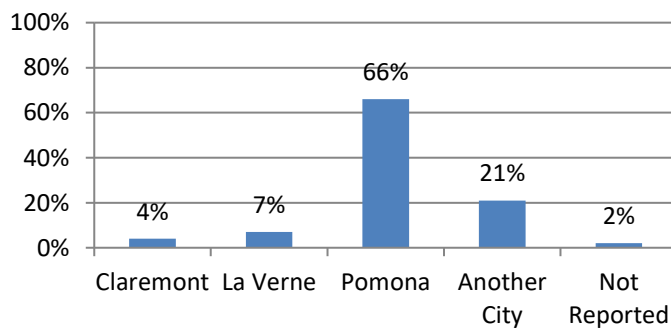
Assigned Gender at Birth



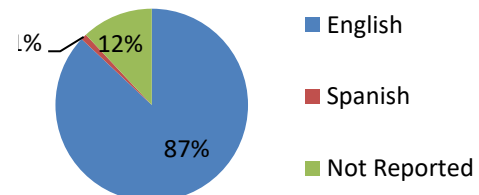
Sexual Orientation

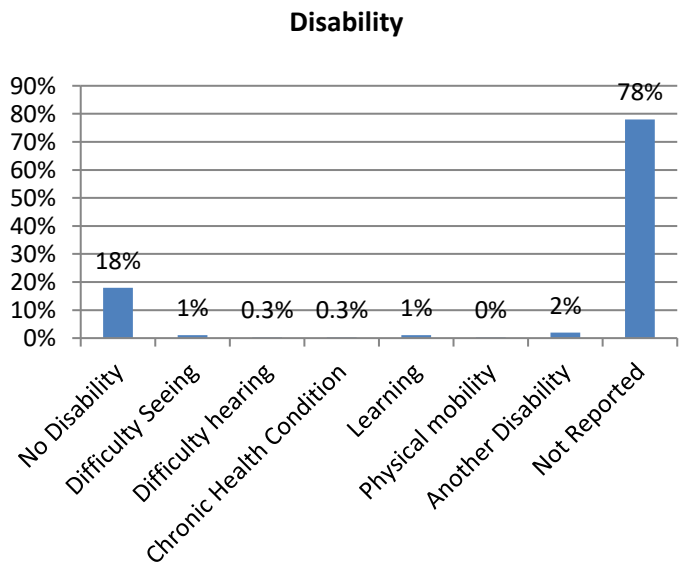
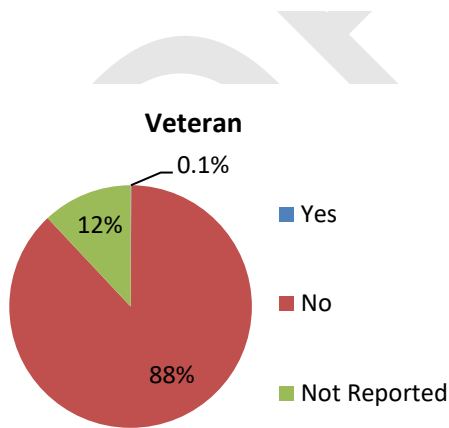
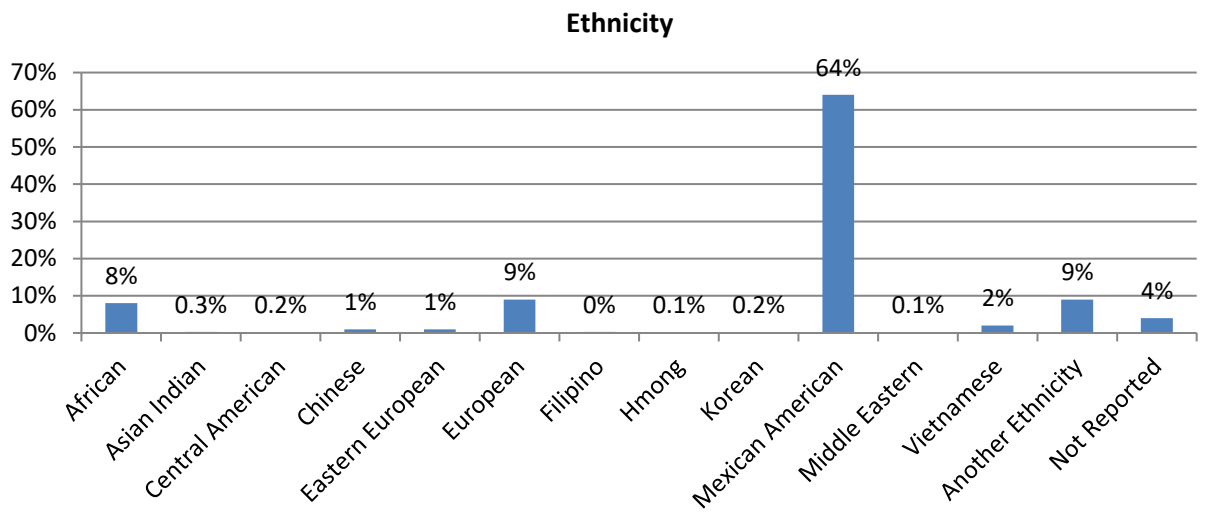
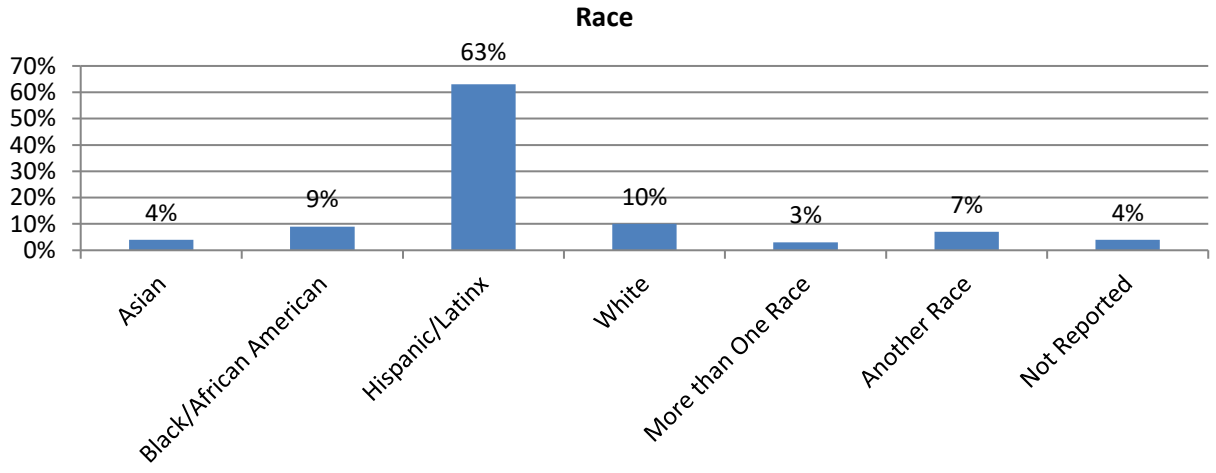


City



Primary Language





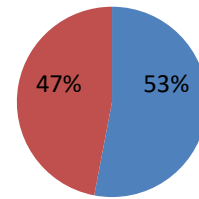
How Well Did We Do It?

4,912
Number of Wellness Center PEI:
TAY/Senior Events
(Duplicated Individuals)

Number of Times People Visited

■ One Visit

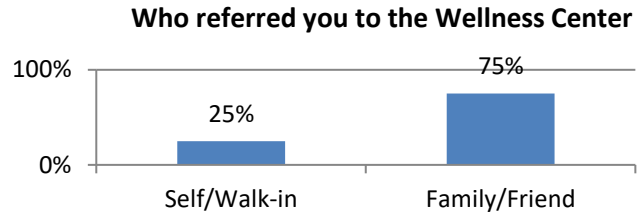
■ Two or More Visits



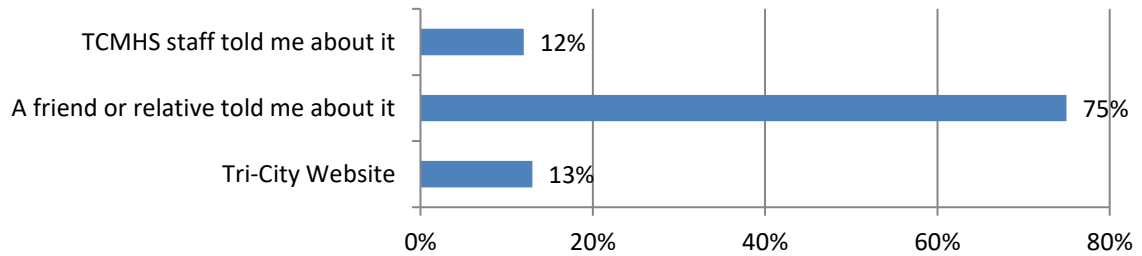
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	45	2
Senior Calm	46	3
Senior Socialization	47	2
Senior Bingo	20	2
Senior Virtual Vacation	10	3
TAY - Friendly Feud	33	2
TAY - Breakfast Club	9	2
TAY - PPL	19	1
TAY - Stress Me Not	4	1
TAY - Together We Stand/Fun with Friends	20	2
TAY - Teleconfusion	2	1
TAY - Peace of Mind	32	1
TAY - Real Talk	19	1

Contacts by Type	Number of Times Contact was Made
TAY - Attendance Letter	4
TAY Events	4
TAY - Phone Call - Wellness Calls	4,296

100%
Satisfied with the “help I get
at Wellness Center”

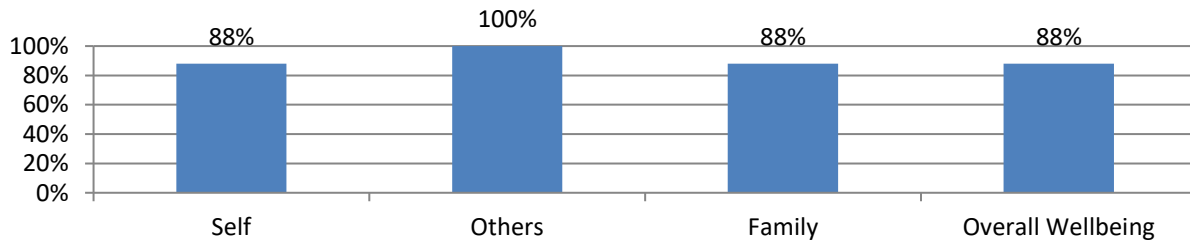


How Did You Learn About the Wellness Center Programs?



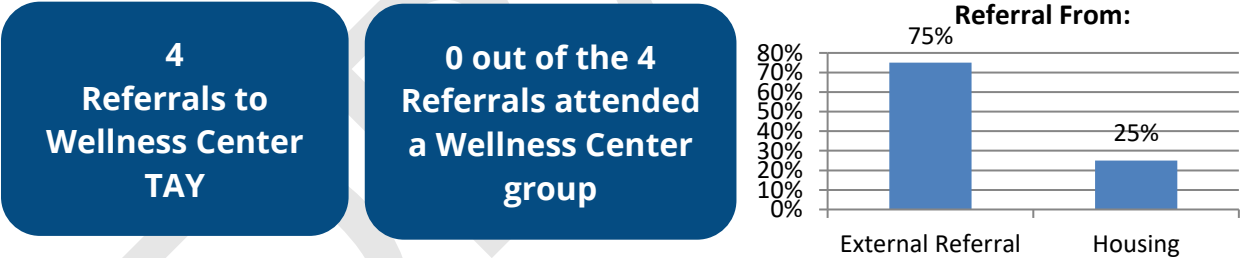
Is Anyone Better Off?

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



Number of Potential Responders	1,538
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

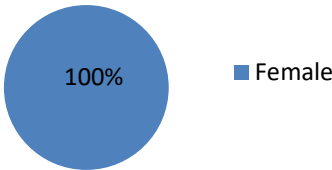
Timely Access to Services for Underserved Populations Strategy



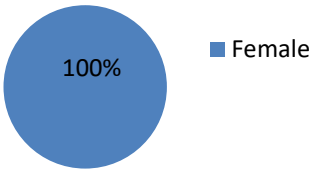
PEI Demographics Based on Referrals



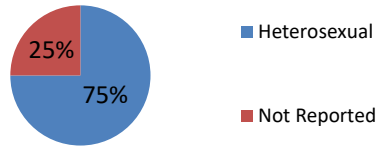
Assigned Gender at Birth



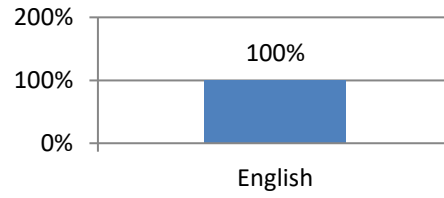
Gender Identity



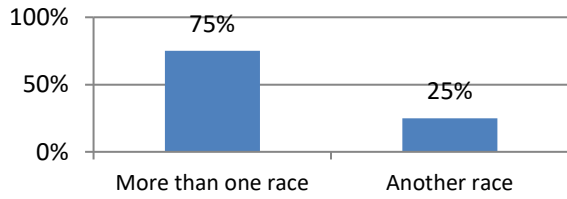
Sexual Orientation



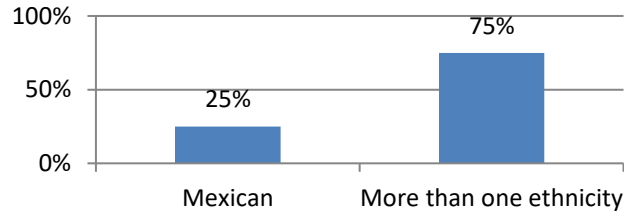
Language



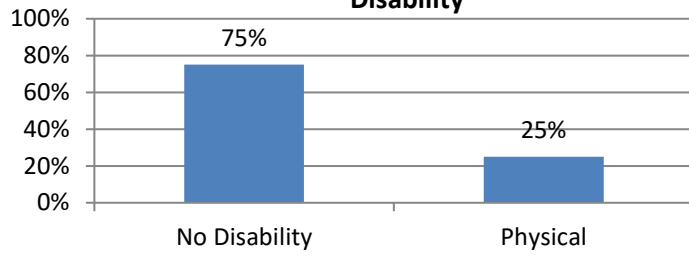
Race



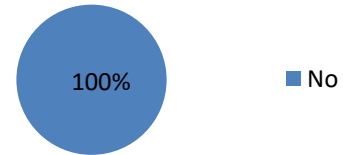
Ethnicity



Disability



Veteran



Family Wellbeing Program

New Program – First date of service _____

Continued from prior year plan or update

Program Description

The Family Wellbeing (FWB) program consists of a dynamic set of programming focused on addressing the needs of families and caregivers of people experiencing mental health challenges. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g., exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences. By creating a positive and nurturing support system, family members are provided the knowledge and skills necessary to increase the wellbeing of all members.

Target Population

Family members and caregivers of people who struggle with mental illness, especially those from unserved and under-served communities.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	84	65	231	26	12	418
Cost Per Person	\$206**	\$206**	\$206**	\$206**	\$206**	\$206**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

The Family Wellbeing Program (FWB) continued to provide consistency for kids and families in the community. During FY 2021-22, the program hosted many of the events that have made it a hallmark of the Center. There were events held in collaboration with community-based organizations (CBOs), and educational partners. Many families were recipients of giveaways both during Thanksgiving and Christmas. The annual tree lighting event culminated the entire year. The FWB program also continued its collaboration with the Southern CA Consortium of Social Work Schools to offer 6 internship slots to first and second-year students.

The Center staff and community long await the return to in person services in the next FY. One fourth of all Center groups were transitioned to a hybrid format and later to in person. Over the next three

years, the center plans to return to its original extended hours of operation to increase the accessibility to the community.

Challenges and Solutions

The challenges associated with the telehealth platform continue to plague the engagement efforts with participants of all ages. The Center followed all guidelines and protocols to minimize unnecessary exposure and or risk to our participants. However, over the last half of the 2021-22 year, the Center was able to host in-person events adhering to the Cal OSHA max room occupancy guidelines.

Cultural Competence

The Center provides free services that seek to eliminate stigma through psychoeducation and evidence-based practices. The Center attempts to engage with hard-to-reach populations through our peer approach. Those that have lived experience to each one reach one.

We look forward to the day when all restrictions and limitations are lifted so that staff can effectively meet the needs of the community.

Community Partners

The Wellness Center regularly connects with internal and external programs including: Community Navigators for resources; Gen Her for teen parent's support; AlaNon for family AA support; MSW consortium for workforce development; local community-based organizations (CBOs) for specific age-related services.

Success Story

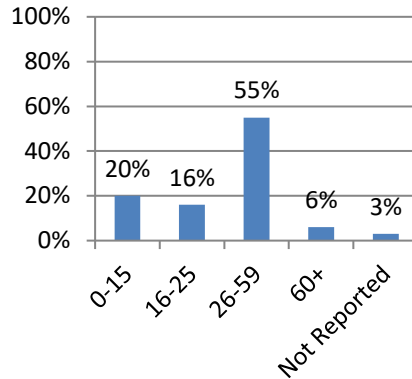
A pair of Summer Camp participants who are related and reside together during the summer months heard about this service through a friend. From the very beginning each child was extremely grateful to be in the camp and each week thanked staff for the bags and supplies provided. Staff were able to connect with the mother to offer various resources in the community for food banks and assistance with bills. Both participants got along extremely well with the other campers and participated in all the activities each week. In addition, they both decided to join the Kids Zone group every week and were actively engaged in that group.

Program Summary

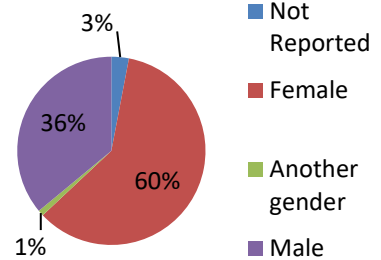
How Much Did We Do?

418
Individuals
attending
Family
Wellbeing

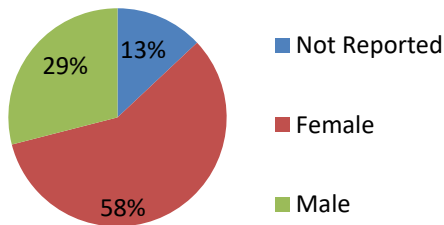
Age Group



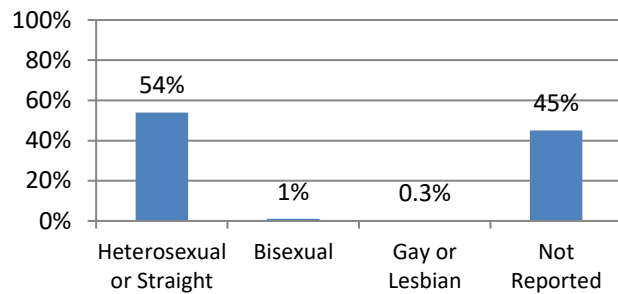
Current Gender Identity



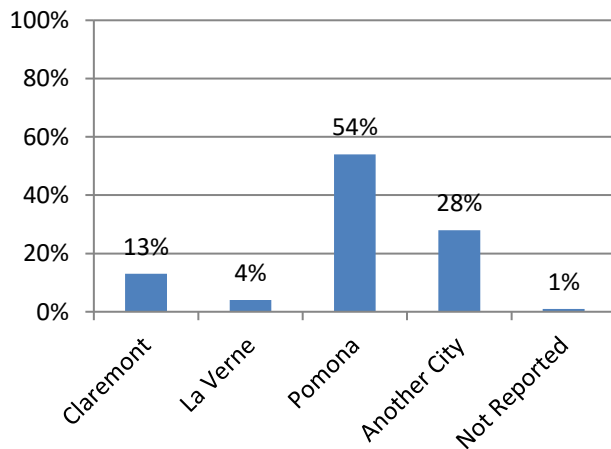
Assigned Gender at Birth



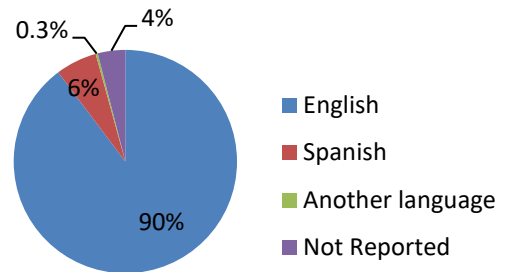
Sexual Orientation

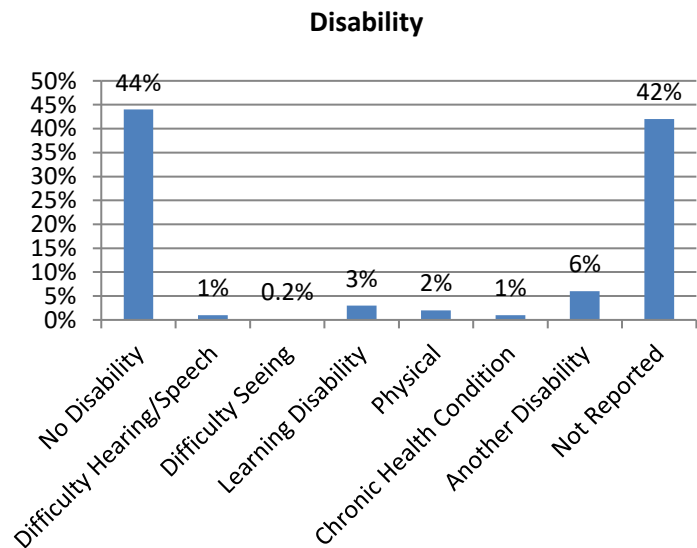
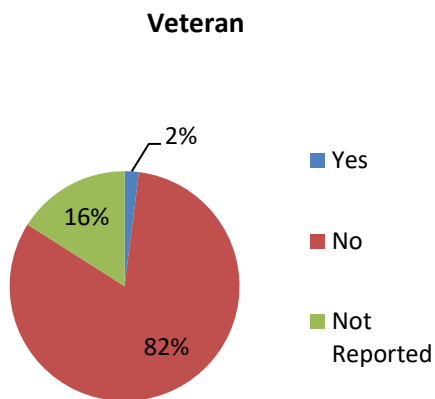
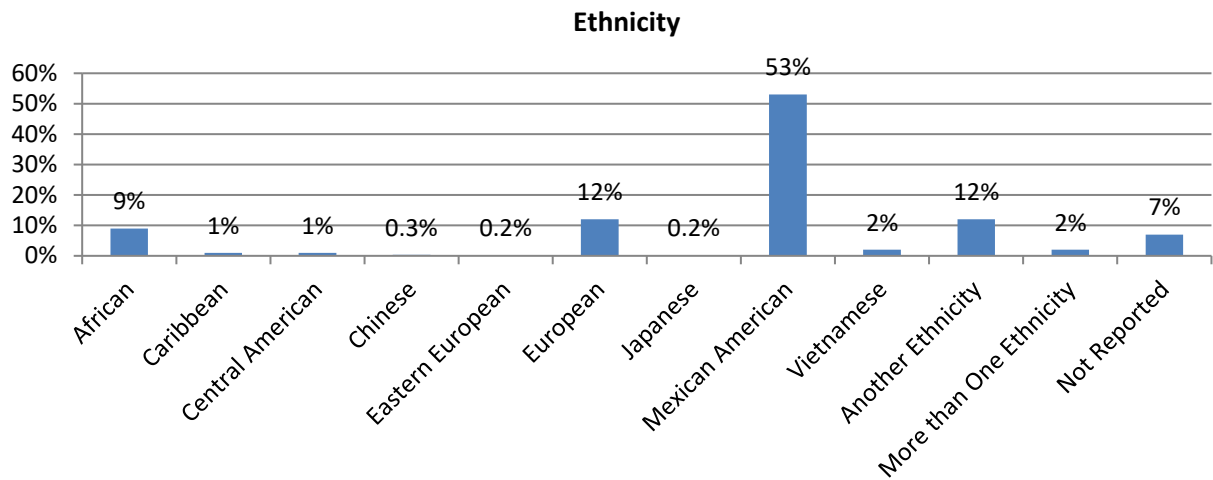
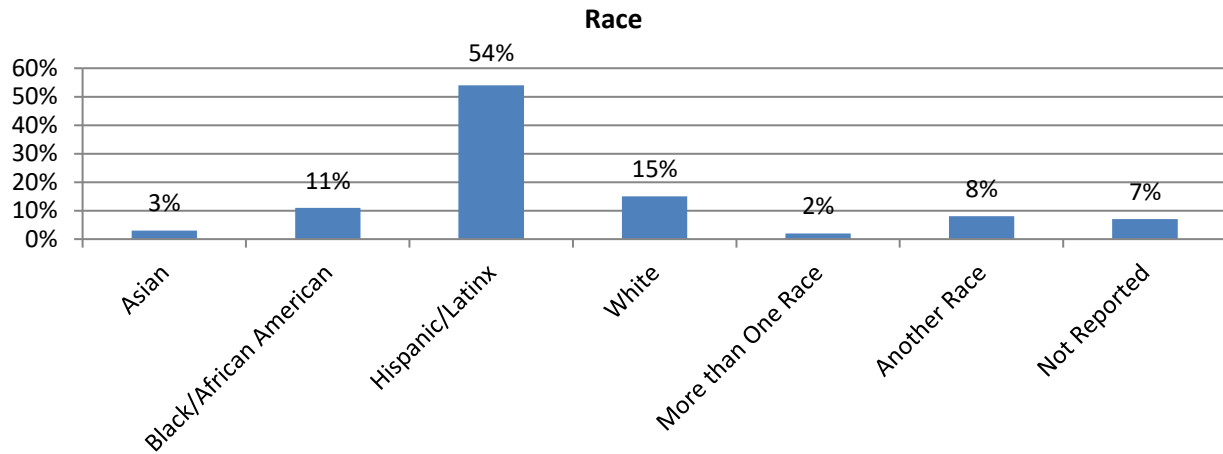


City



Language

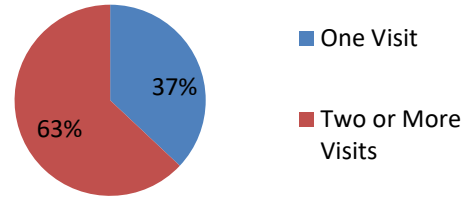




How Well Did We Do It?

5,037
Number of Family Wellbeing
Events
(Duplicated Individuals)

Number of Times People Visited

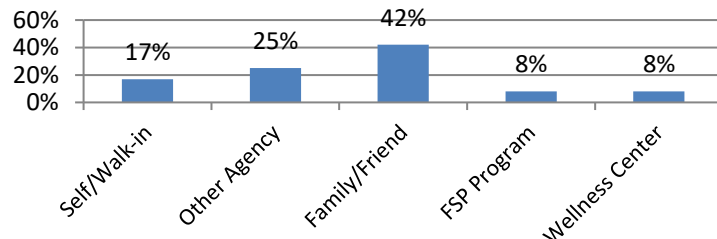


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	49	3
Grief & Loss	42	2
Kid's Hour	49	2
Limited to Limitless	2	3
Spirituality	53	4
Summer Camp	3	5
Teen Hour	31	3
United Family	109	5

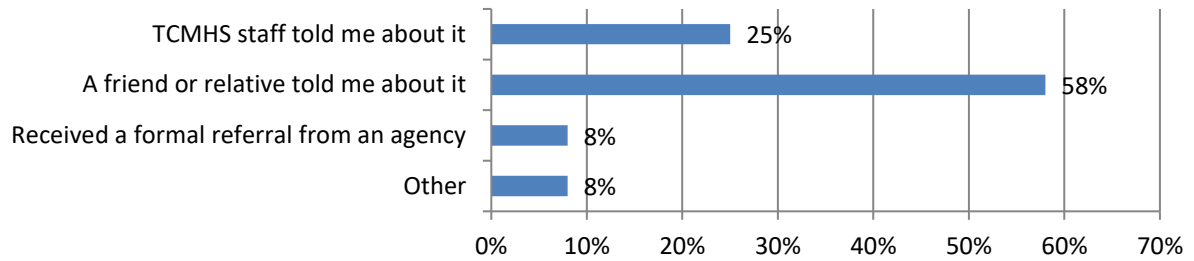
Contacts by Type	Number of Times Contact was Made
Attendance Letter	139
One-on-One	9
Other	114
Phone Call/Email	3,445
FWB Event	35

100%
Satisfied with the
"help I get at Family
Wellbeing Program"

Who referred you to the Wellness Center

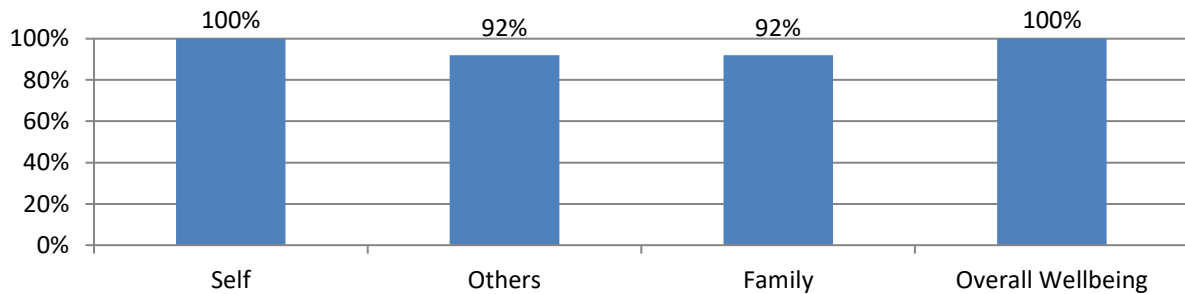


**How Did You Learn About the Family Wellbeing Program?
(Choose All that Apply)**



Is Anyone Better Off?

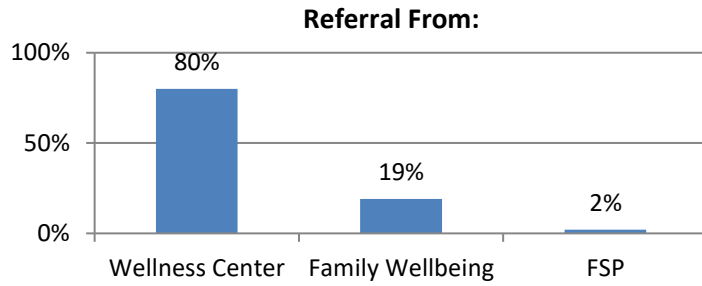
Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



Number of Potential Responders	418
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

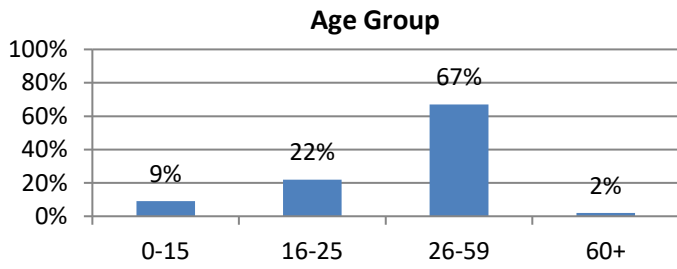
54
MHA Referrals coming into Family Wellbeing



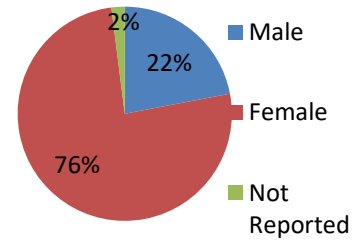
53 out of 54 Referrals
Participated in Family Wellbeing Program

13 Days
Average Time between Referral and Participation in Family Wellbeing Program

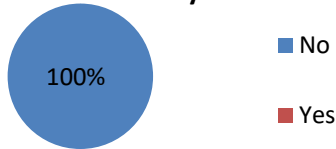
PEI Demographics Based on Referrals



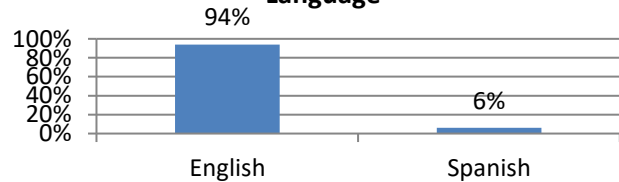
Assigned Gender at Birth



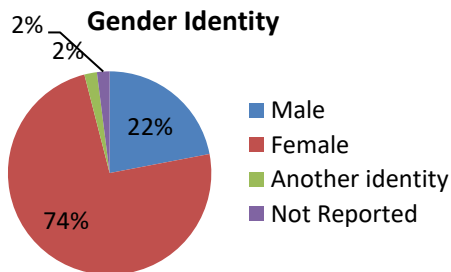
Military Veteran



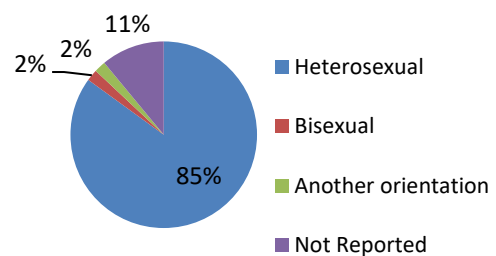
Language

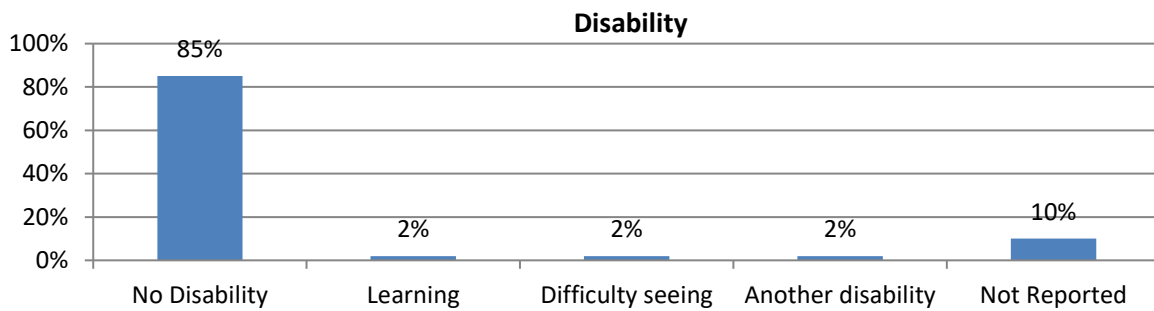
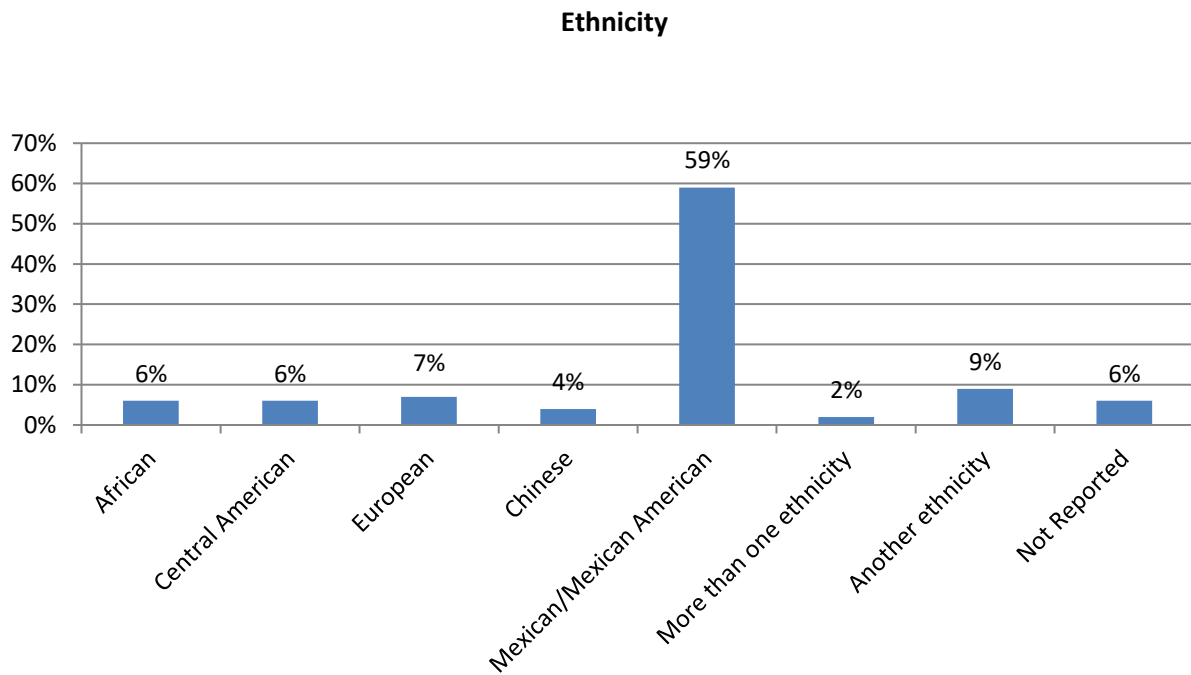
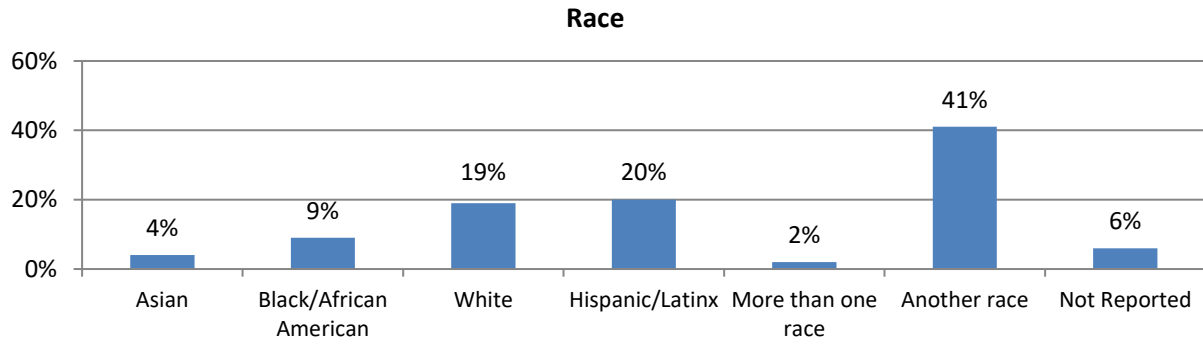


Gender Identity



Sexual Orientation





Community Capacity Building

NAMI Ending the Silence and NAMI 101

New Program – First date of service _____

Continued from prior year plan or update

Program Description

The Ending the Silence and NAMI 101 programs provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

Ending the Silence is a community presentation offered by the National Alliance on Mental Illness (NAMI). This 50-minute program is designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

The second presentation, NAMI 101, is designed to strengthen program participants' knowledge while providing a more solid development of skills through structured content. The topics to be covered in NAMI 101 include: an overview of what mental illness is; how to maintain wellness; how to identify symptom triggers; how to identify a support system; mental health warning signs; empathy; boundary setting; and self-care.

Target Population

Both programs target middle and high school students; teachers and school staff; and adults with middle or high school youth.

Number of Presentations	2	Total Number Served FY 2021-22	23
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Program Update

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to more specifically, meet the mental health awareness needs of both the community and school staff and students.

Challenges and Solutions

In FY 2021-22 this program focused on building and reestablishing relationships within the community and school districts. The addition of NAMI 101 to their scope of work has allowed them to meet the mental health awareness needs more specifically of both the community and school staff and

students. However, the continued challenges with loss of staff as well as lack of interest on the part of the school districts to schedule these trainings, NAMI has continued to struggle to expend their allotted funds resulting in \$55,000 in unused dollars.

The following chart reflects the changes in expenditures over time.

Fiscal Year	Percentage of Allocation Expended	Notes
FY 2018-19	67%	
FY 2019-20	71%	
FY 2020-21	0%	COVID-19
FY 2021-22	15%	COVID-19

Therefore, NAMI Greater Los Angeles County (GLAC) and Tri-City have agreed to amend this program’s funding structure to expand the time to expend the \$35,500 from annual to over a three-year period. The goal for this adjustment is to allow NAMI to have a longer period of time to expend the funds while providing Tri-City the option to reallocate funds to other PEI programs.

In addition, capacity is a challenge, as they have seen more presenters moving on to other ventures. In addition, there is the continued challenge of having to rebuild relationships from scratch, as roles at organizations have been revamped, eliminated or previous contacts have moved on.

Solutions to these challenges include outreaching and adding more volunteers to the list of presenters to enable NAMI to accommodate more presentations. Another focus is on recruitment of Spanish speaking volunteers to accommodate more parent presentations.

Cultural Competence

The lead and peer presenters are from diverse backgrounds that reflect the community. This is a valuable trait and supports relatability, especially when presenting to communities of color. This also allows for conversation about those differences in response to mental health to be discussed. In addition, some peer presenters are a part of the TAY population, so they can directly relate to TAY audience members.

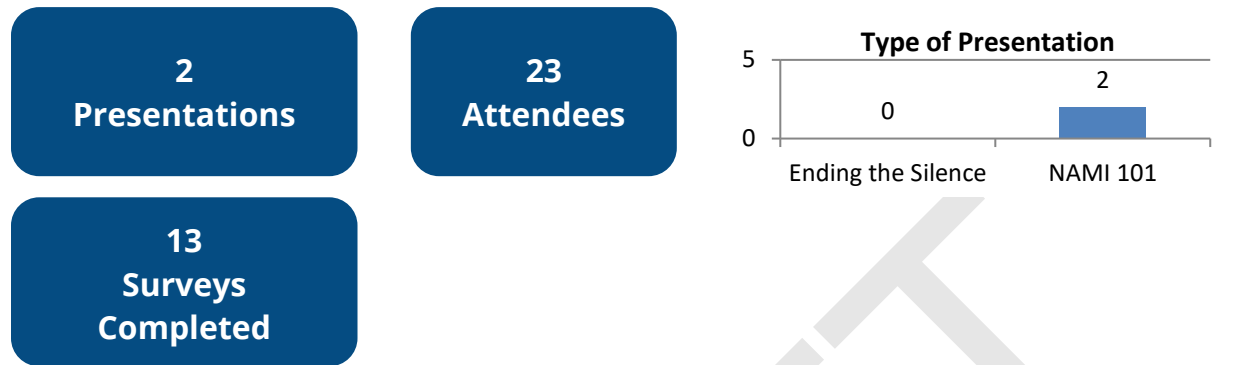
Spanish translations of slides and outreach materials are available for community members who are non-English speaking.

Success Story

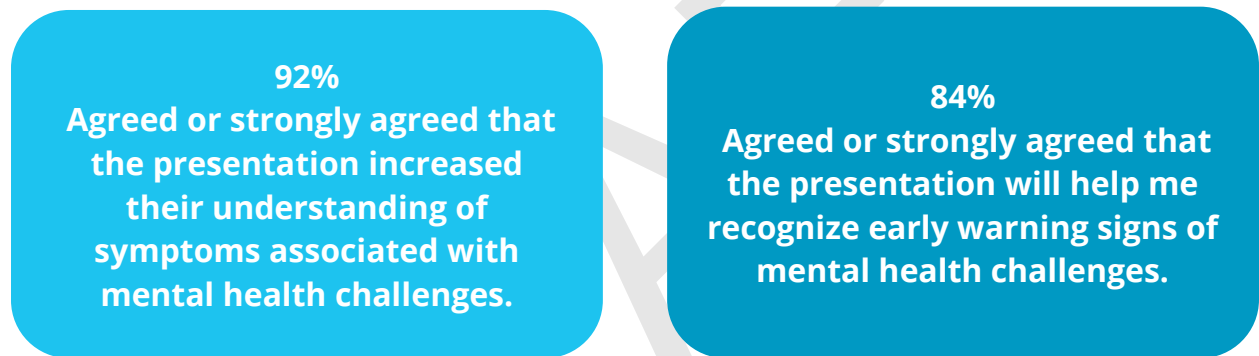
Through these presentations, NAMI staff have been able to connect students (and subsequently their families) to therapeutic resources which help to improve their ability to connect with each other. As a result of these presentations, parents have shared the changes they’ve made and ways they’ve found to connect better with their teens while still finding ways to find quiet time for own rejuvenation.

Program Summary

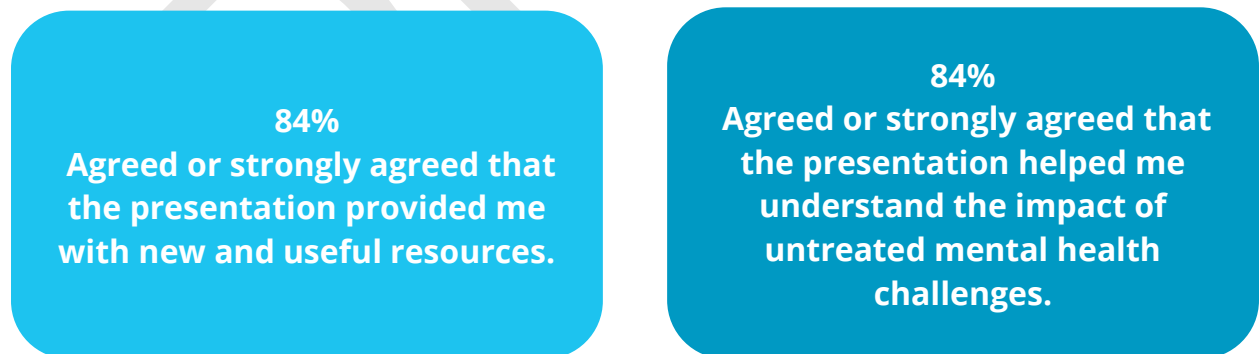
How Much Did We Do?



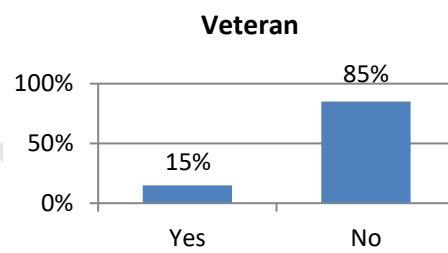
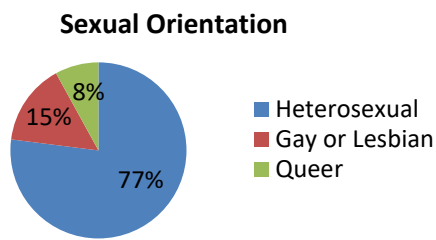
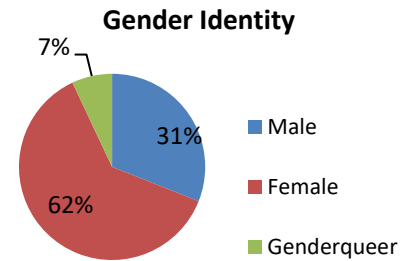
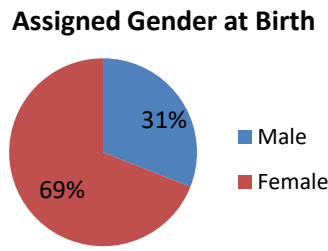
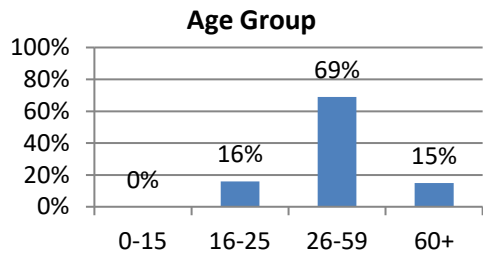
How Well Did We Do It?



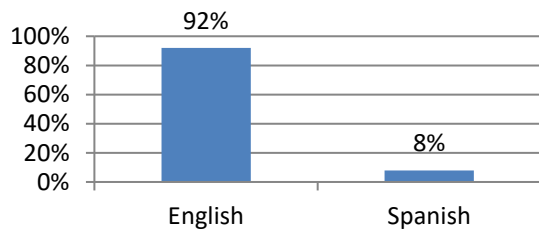
Is Anyone Better Off?



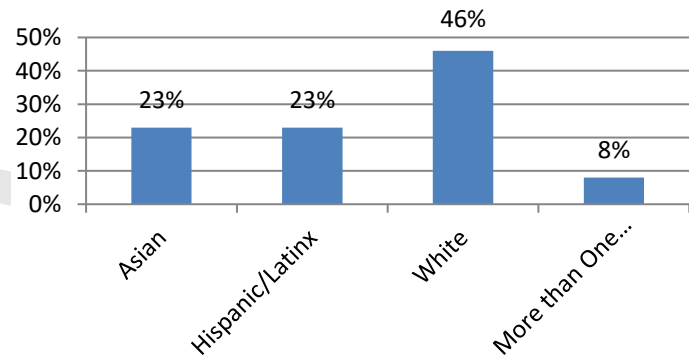
Demographics from Surveys Completed by Participants



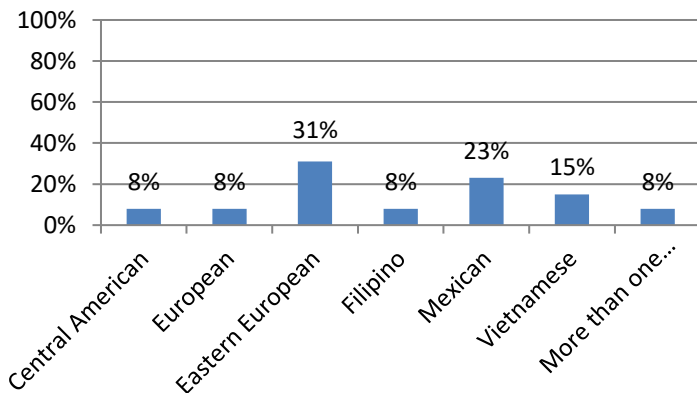
Language Spoken by Participants



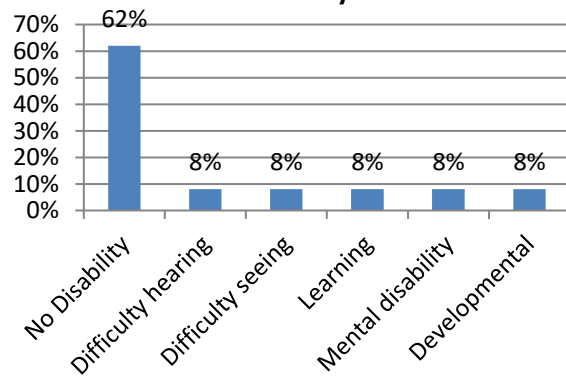
Race



Ethnicity



Disability



Number of Potential Responders	23
Setting in Which Responders were Engaged	Schools
Type of Responders Engaged	Parents and teachers
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

There were 0 MHSA referrals to NAMI.

Housing Stability Program

New Program – First date of service _____

Continued from prior year plan or update

Program Description

Stable housing is a necessary foundation to be able to create wellbeing and support a person’s mental health and overall wellness. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program (HSP) is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

Target Population

Landlords, property owners and property managers in the Tri-City area who could have tenants experiencing mental illness who need support to maintain their current housing or to find a more appropriate place of residence. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	1	11	6	5	23

Program Update

FY 2021-22 was a year of learning and understanding housing from another perspective. The housing team connected with landlords who priced their units below fair market rates. Staff inquired with these landlords to identify why they had such affordable units when the market is prime for higher prices. The echoed response from them was that they learned that tenants stay longer and take better care of the units when their rental prices are reasonable. The tenants had been in those units for years and had not given them anything to be concerned about until the pandemic. They recognized these tenants were truly in a bind and did not want them to be penalized for circumstances that were out of their control. This information was a different perspective than that of other landlords who feel they need to raise their rents to price out people who could potentially be difficult tenants.

Other updates included:

- **Introduction to National Good Neighbor Day** – An acknowledgment day where staff highlighted the importance of getting to know your neighbor to strengthen communities.
- **Reintroduction of Landlord events/outreach** – Staff hope to have landlords share about the benefits of keeping rents affordable, such as longer-term tenants who take care of their units. Staff would like to have them share their experiences with other landlords in the hopes of making this way of thinking more prevalent for the collective benefit of our communities.
- **TAY-focused event for first-time renters** – Staff plan to edit the Good Tenant Curriculum and tailor the information to the TAY population. This would include condensing the curriculum to a 1-day course and offer it to schools and community centers where TAY seem to gather and will be easier to engage.

Challenges and Solutions

There have been a lot of changes with landlords and housing providers, which has made it more difficult for staff to maintain constant contact and engagement. Staff are also struggling with landlords and providers who may have stigma towards with Section 8 Housing Choice Vouchers. Some landlords will intentionally increase their rents to price out applicants with vouchers.

Hopefully, by returning to in-person events with lunch provided, the Landlord Hour monthly group will be reinstated where staff can increase attendance to inform landlords of changes in the law, reduce housing stigma and provide mental health and housing education to local providers, all while building vital relationships and resources to support Tri-City clients.

Cultural Competence

All flyers and brochures are available in both English and Spanish. In addition, staff have access to a language line if a participant speaks a language staff are not fluent in. In-person assistance for older adults is available while recognizing when technology can be a barrier.

Future efforts include assistance from the agency in helping monolingual staff learn additional consumer languages to improve community outreach.

Community Partners

- The Wellness Center allows housing staff to use their rooms for groups like Good Tenant Curriculum.
- Staff receive support from other MHSA programs to present resources in the landlord meetings.

- Worked closely with Community Mental Health trainers who developed the Everyday Mental Health training for landlords and housing providers.
- Outside contact: landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, Sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth.
- Housing provider meetings continue to be held virtually. Staff share about their programs and reach out to other partners when they identify a resource they can share with the community.

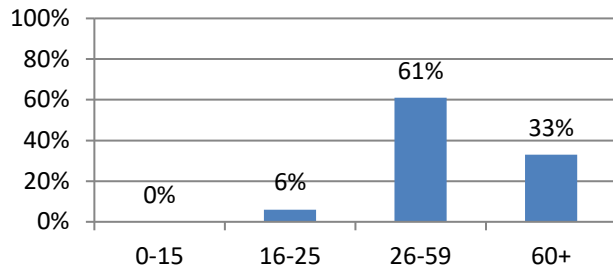
Program Summary

How Much Did We Do?

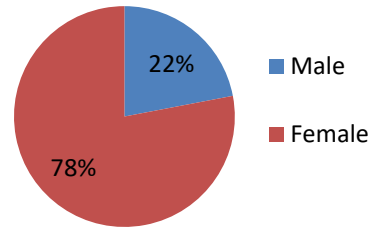


PEI Demographics Including Housing Participants

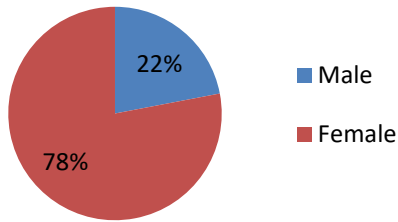
Age Group



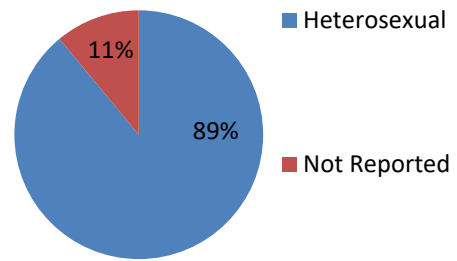
Assigned Gender at Birth



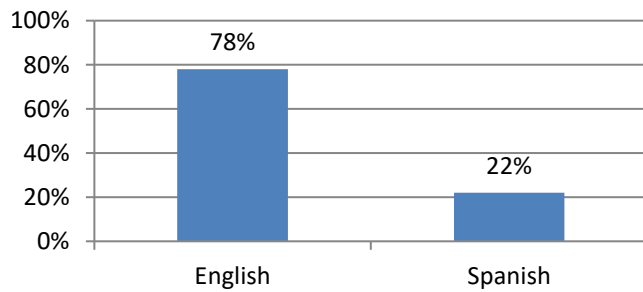
Gender Identity



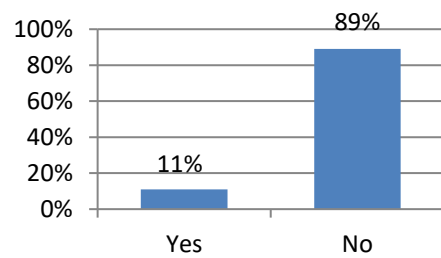
Sexual Orientation

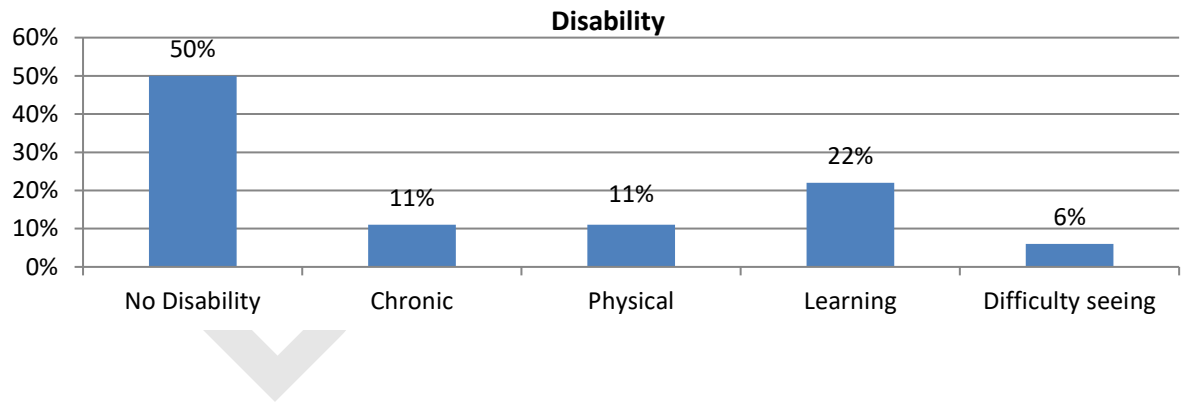
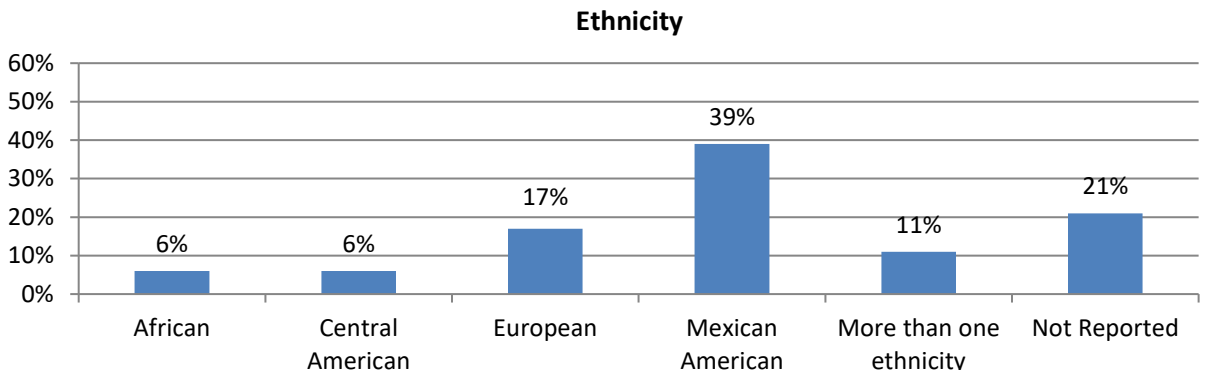
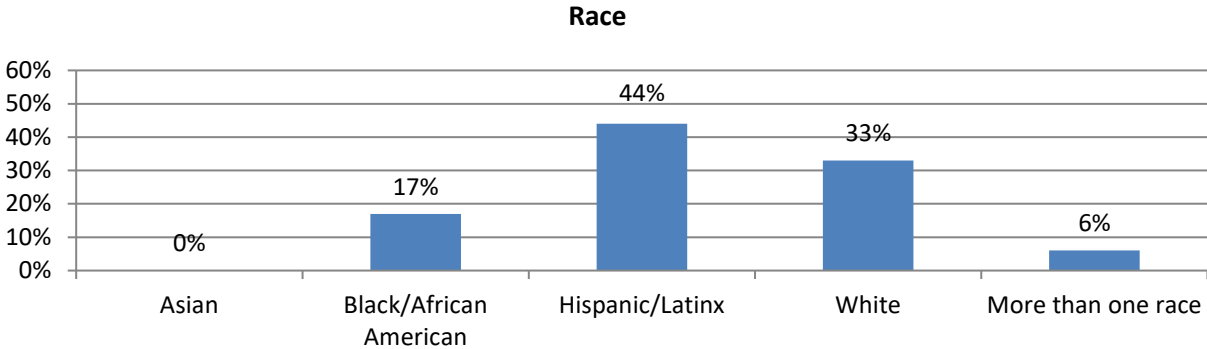


Primary Language



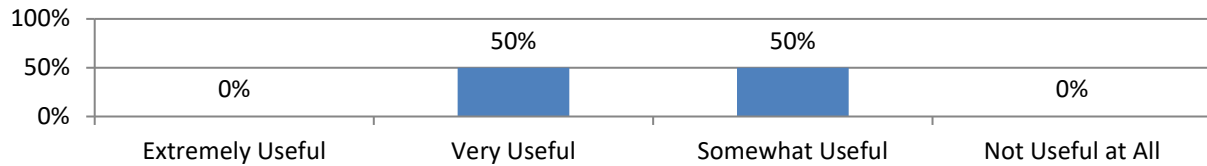
Veteran



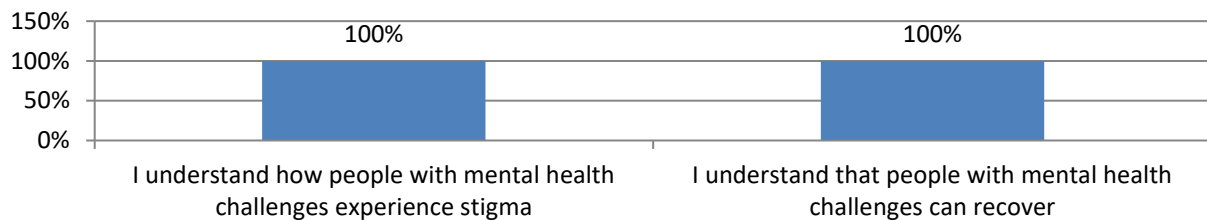


How Well Did We Do It?

Landlord Hour attendees ratings of how useful the information was from the event.



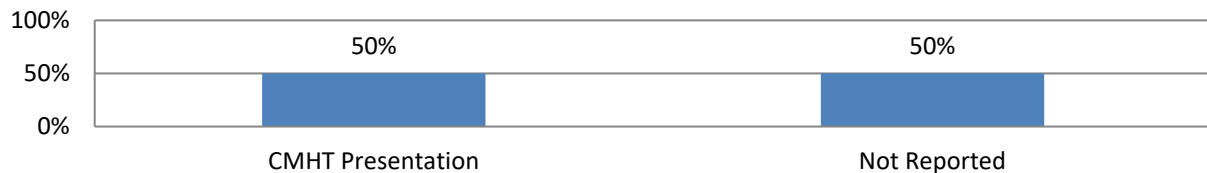
Percent of Landlords that agree or strongly agree with the following:



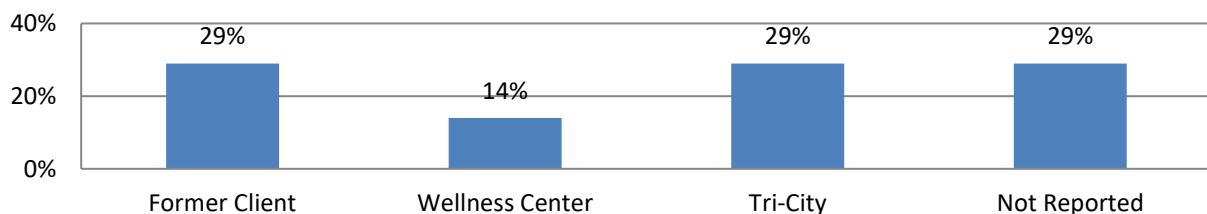
100%
Housing Curriculum participants
would recommend this
curriculum to others

100%
Housing Curriculum participants
reported the presenter was
engaging and approachable

Landlord - How did you hear about us:

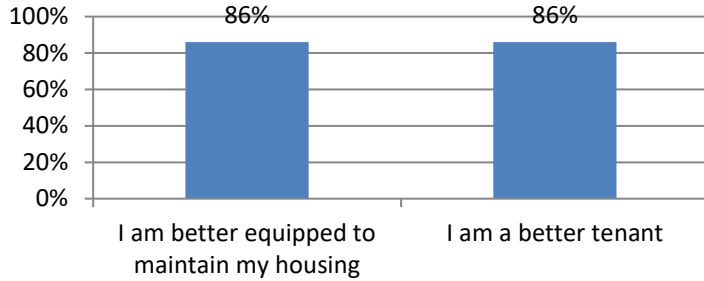


Housing Curriculum - How did you hear about us:



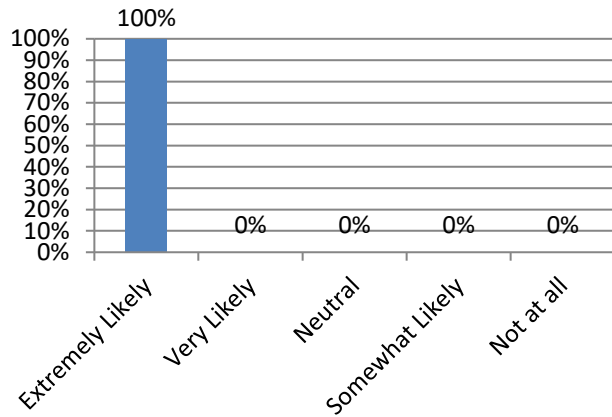
Is Anyone Better Off?

Percent of participants, as a result of this training:

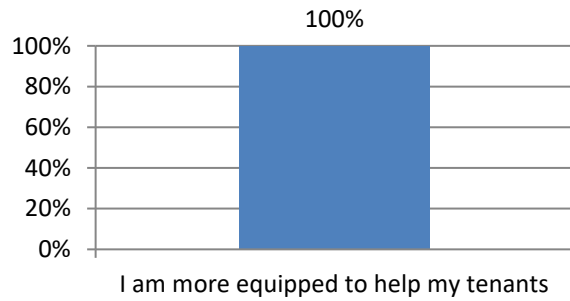


100%
Housing Curriculum participants reported that staff helped them obtain the information needed so that they could accomplish their housing goals

How likely are you to reach out to Tri-City, if you suspect someone has a mental health challenge:



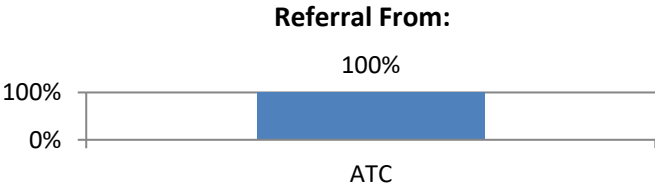
Percent of participants, as a result of this training:



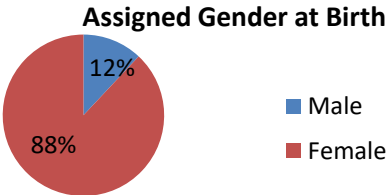
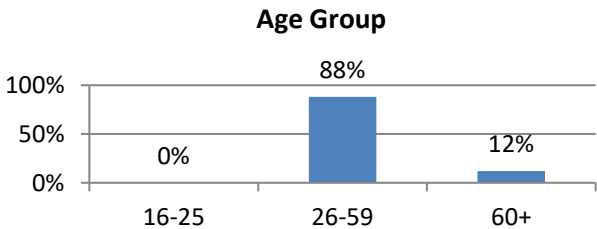
Number of Potential Responders	21
Setting in Which Responders were Engaged	Community
Type of Responders Engaged	Landlords and community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

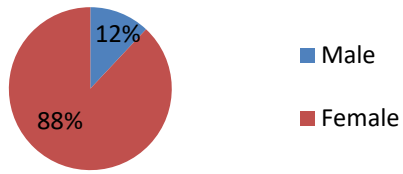
**8
MHSA referrals to Housing Stability**



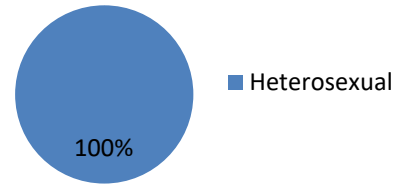
PEI Demographics Based on MHSA Referrals



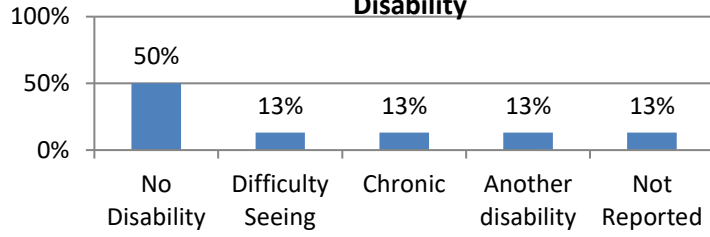
Gender Identity



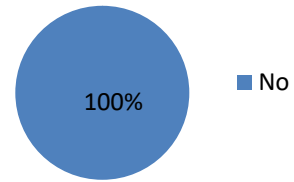
Sexual Orientation



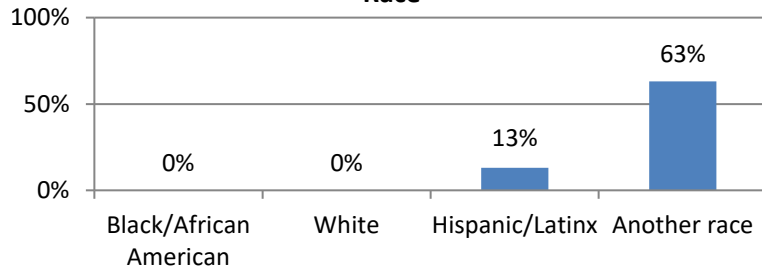
Disability



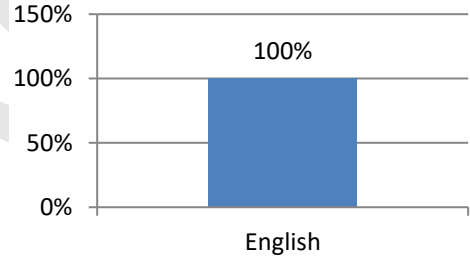
Veteran



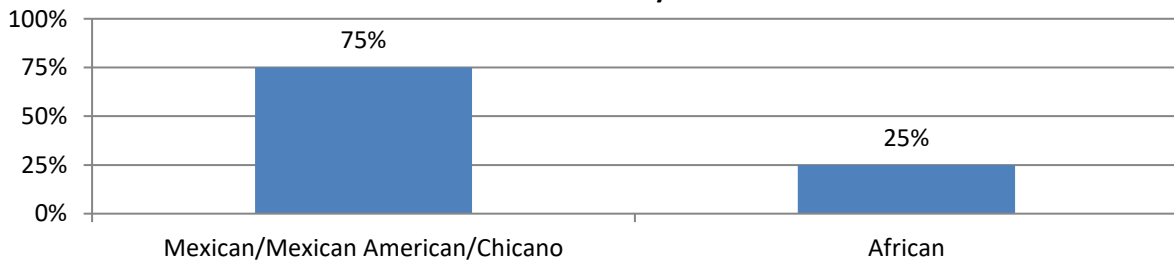
Race



Primary Language



Ethnicity



Therapeutic Community Gardening

New Program – First date of service _____

Continued from prior year plan or update

Program Description

The Therapeutic Community Gardening program utilized therapeutic horticulture, a process of incorporating the relationship between individuals and nature as a form of therapy and rehabilitation with the goal of decreasing isolation and increasing mental health benefits through gardening activities and group therapy exercises. The Garden offers the perfect setting for promoting mindfulness, healing, resiliency, support, and growth for participants. Gardeners learn to plant, maintain, and harvest organic fruits, vegetables, flowers, and other crops for therapeutic purposes and symptom management. TCG staff includes a clinical program manager, clinical therapist, mental health specialist and community garden farmer. Groups are available in both English and Spanish.

Target Population

Community members including unserved and underserved populations, adults, youth ages 16-25, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	6	28	48	19	162	263
Cost Per Person	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**	\$1,096**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

The majority of groups for the Therapeutic Community Garden (TCG) program in FY 2021-22 were held virtually. A new position (Clinical Therapist) was added to TCG, and this program continued to be fully staffed with one Clinical Program Manager, two Clinical Therapists, one Mental Health Specialist and one Community Garden Farmer.

The TCG beautification project that is currently in the works will assist with improving ADA accessibility for individuals who may have mobility issues or not be fully ambulatory. The beautification project will

allow for easy access to the garden gate, classroom, the garden beds, and mobility throughout the entire garden.

Additional activities for this program included providing food security to Al-Anon participants by providing the harvest grown in the garden, providing workshops for medical students, and allowing medical resident students the ability to shadow TCG groups to learn about therapeutic horticulture.

The TCG collaborated with outside agencies and held virtual and in-person workshops (i.e., Joslyn Center, Mt San Antonio, Sustainable Claremont, etc.). The TCG continued to offer groups to various demographics (i.e., ages 0-25, TAY population, Veterans, underserved populations).

The TCG provided donations to Inland Valley Hope Partners food bank as well as providing harvests of fruit and vegetables to participants and community members all year long. Staff continued the food insecurity program (provided harvest to those in need) and donated harvests for the pop-up health clinic held at Tri-City's Adult Outpatient services building.

Challenges and Solutions

Staffing shortage due staff on leave and another staff member taking on a new position in a different department. Due to being short-staffed, the majority of groups from February 2022 to May 2022 were put on hold. Due to surges with COVID-19 pandemic in-person groups needed to be put on hold.

Other issues included the transition age youth being a difficult population to outreach, enroll and maintain in our groups. There was low attendance in the Spanish adult group. Extreme inclement weather (heat or cold) continues to be a barrier for holding groups in the garden and for providing harvests for community and participants. Finally, the garden experienced periodical break-in after hours or on the weekends

After groups were put on hiatus during February 2022 to May 2022 (with the exception of the ReConnect Garden group), TCG has slowly brought back the majority of TCG groups virtually.

During COVID surges, TCG staff continued to host groups and workshops virtually. Despite harsh weather, the TCG was still able to provide fresh and bountiful harvests to participants.

Cultural Competence

The TCG collaborates with community colleges to serve low-income students by providing educational workshops of therapeutic horticulture with the addition of mindfulness techniques. The TCG often incorporates curriculum focused on diversity and inclusion and translates TCG material based on language needs of participants (i.e., Spanish Group). TCG staff is part of the RAINBOW Advisory Council while other staff participate in events that bring awareness to diversity, equity and inclusion.

The TCG also modifies activities for individuals with learning impairments (as needed) and group curriculum includes discussions around diversity, culture and relates this back to the therapeutic horticulture modalities. The TCG has a full-time Spanish-speaking Mental Health Specialist, bilingual groups (English and Spanish), as well as materials available in Spanish (i.e. waivers, enrollment sheet,

referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). Materials are translated into other languages as needed and the use of interpretation services are available.

Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include: 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Alcoholics Anonymous to advertise groups and provide fresh and natural snacks from the garden as a healthy alternative.

Success Story

This success story highlights TCG's *Mindfulness Through Virtual Garden (MTVG)* group. Within the last nine months, MTVG has seen an increase in attendees and dialogue during every session. During the check-in part of the group, participants highlighted connections between the garden and their lives. For example, one participant reported caring for their gardens/plants has given her a different understanding of growth, patience, and hope for the future. Additionally, another individual shared being able to manage the holiday blues by tapping into her senses and using her rosemary plant to practice mindfulness. She reports the skills gained from the Therapeutic Community Garden groups have assisted in better managing hard times in her life. These and other examples continue to demonstrate that the modality of Therapeutic Horticulture can parallel participant's lives in many ways. The team was delighted to hear that participants continue to gain opportunities for wellness by attending TCG groups every week.

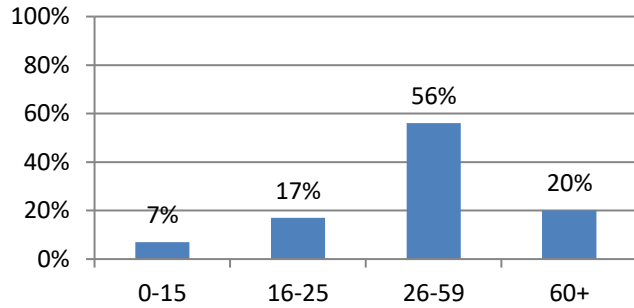
Program Summary

How Much Did We Do?

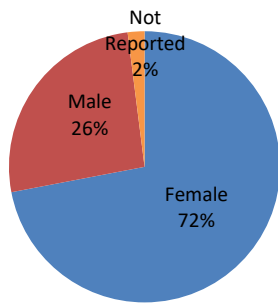
86
Participants Served

12 Months
Average Length of Time
Participants Enrolled in TCG

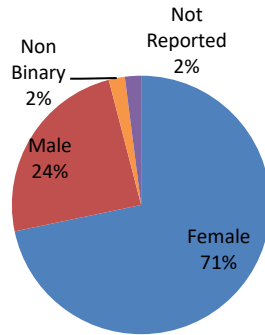
Age Group



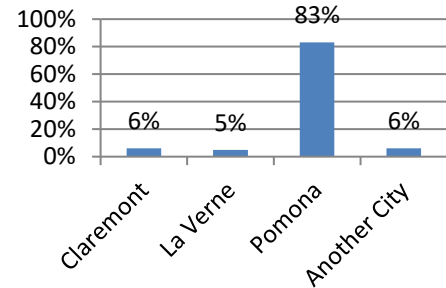
Assigned Gender at Birth



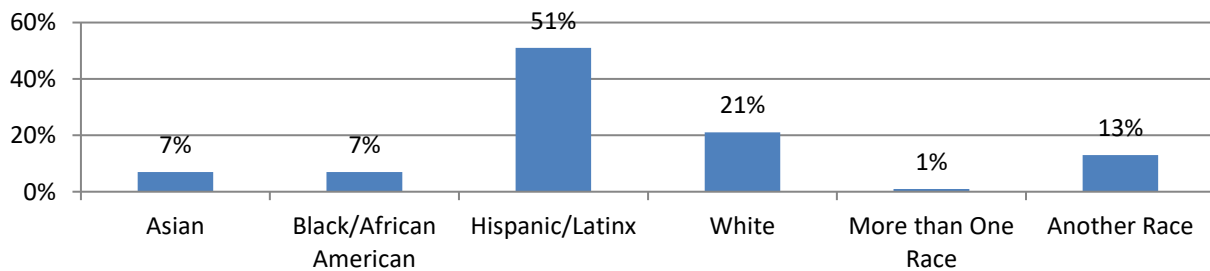
Current Gender Identity

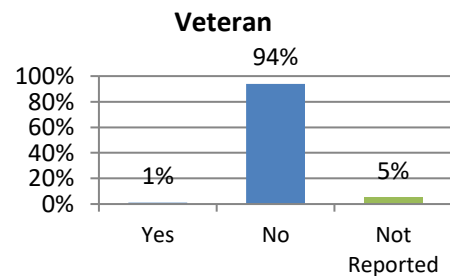
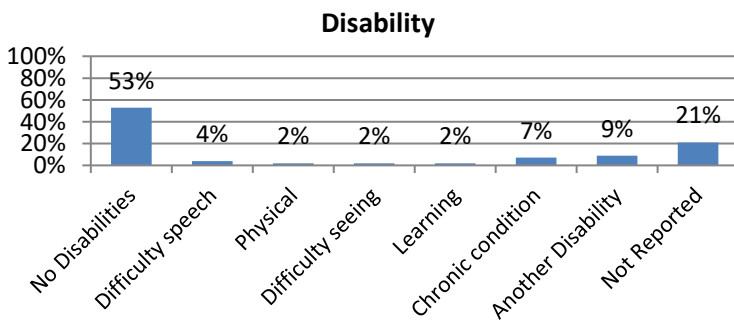
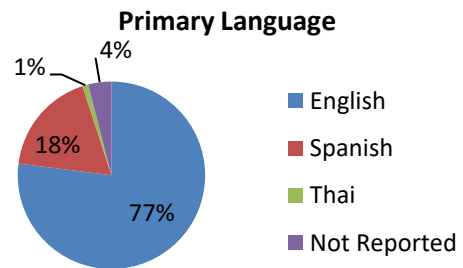
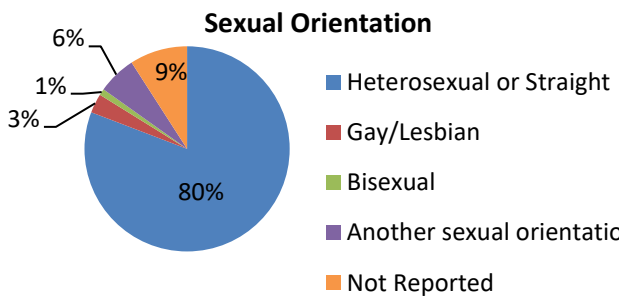
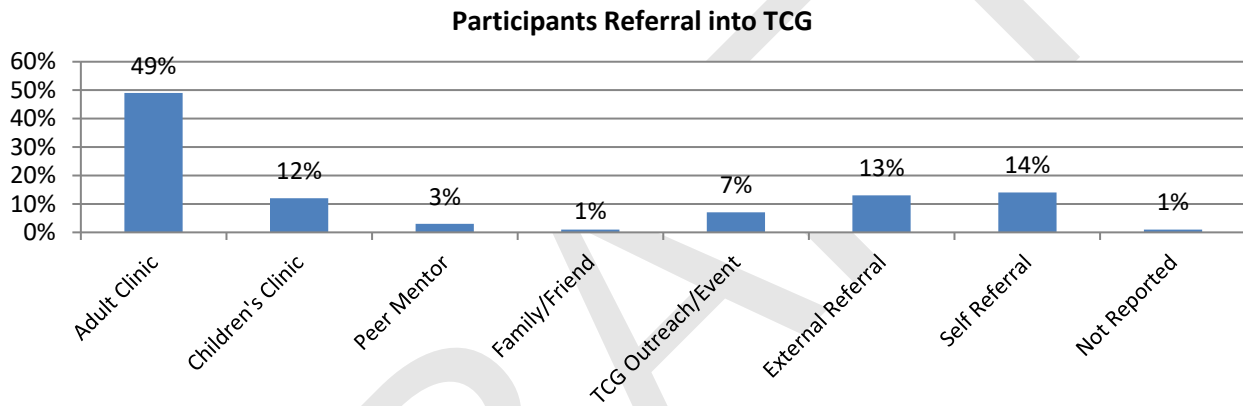
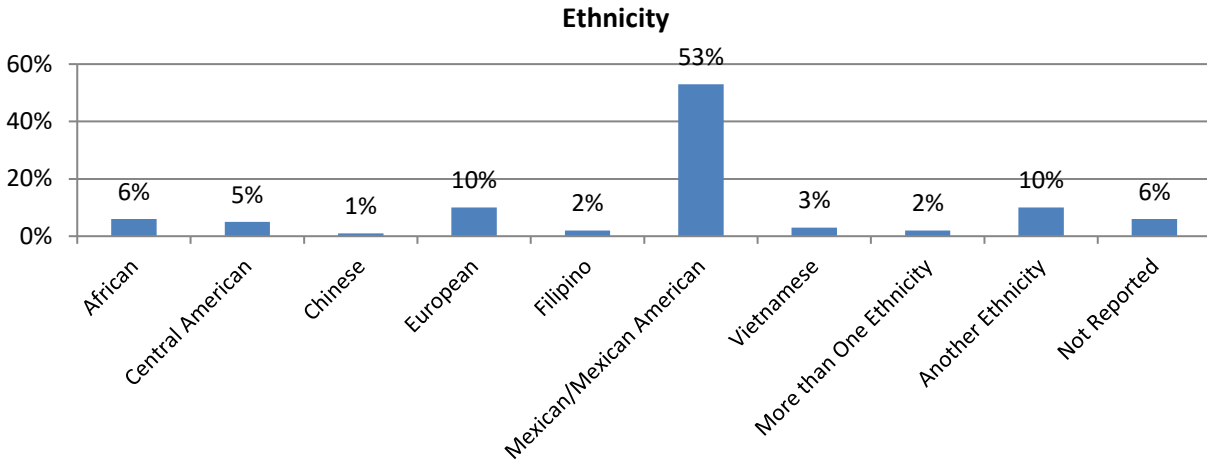


City



Race

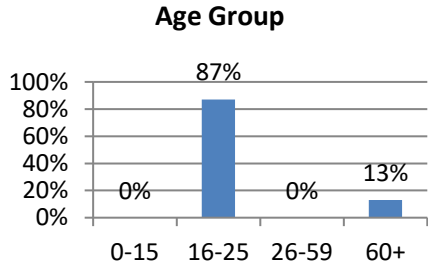




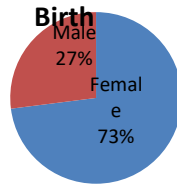
TCG Workshop/Events (Survey Demographics n=15)

13
Workshop/Events

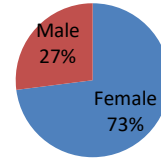
177
Attendees



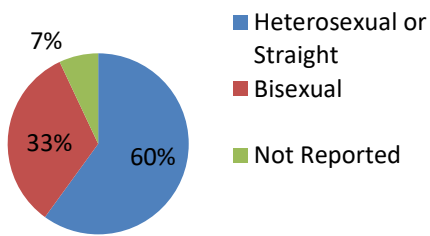
Assigned Gender at Birth



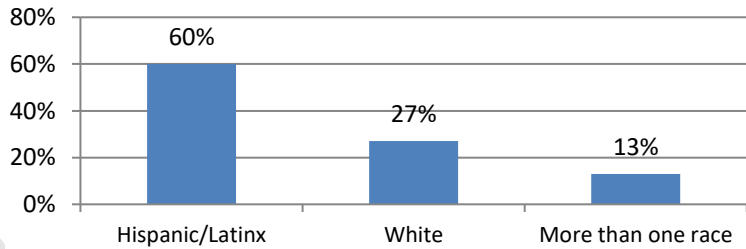
Current Gender Identity



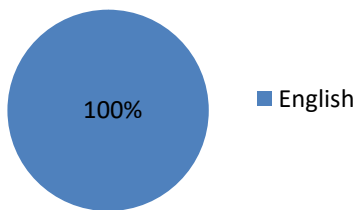
Sexual Orientation



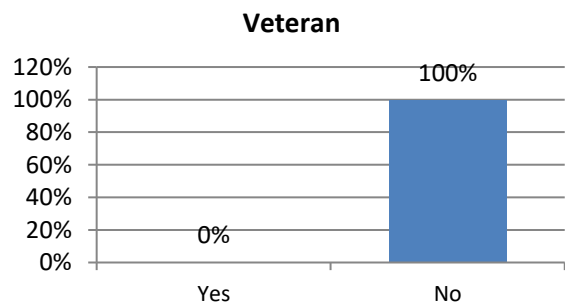
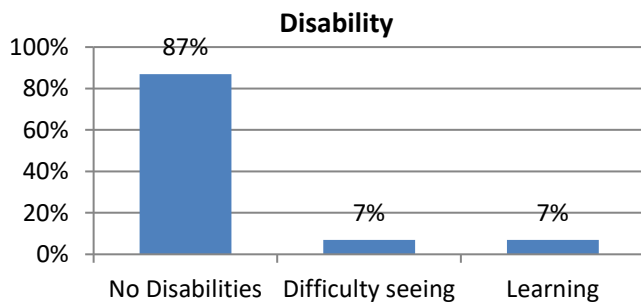
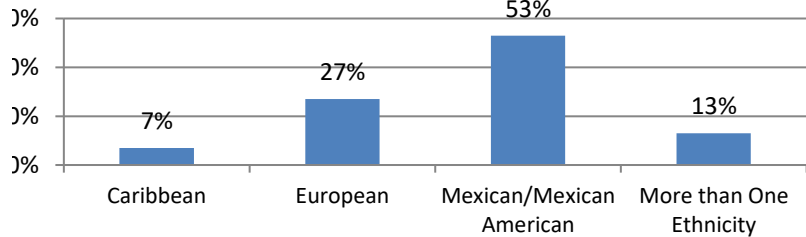
Race



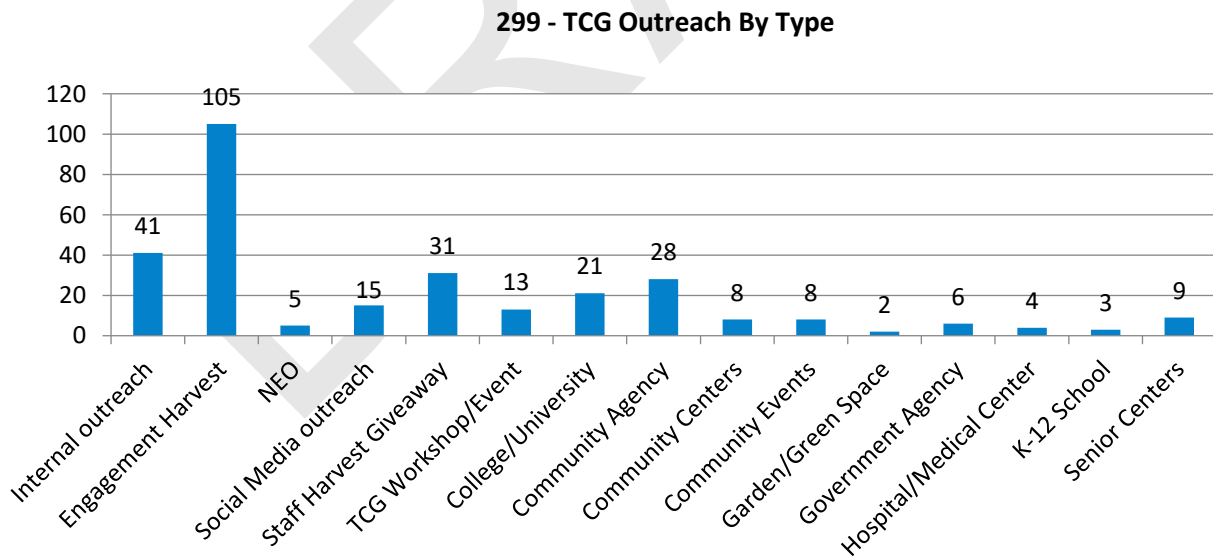
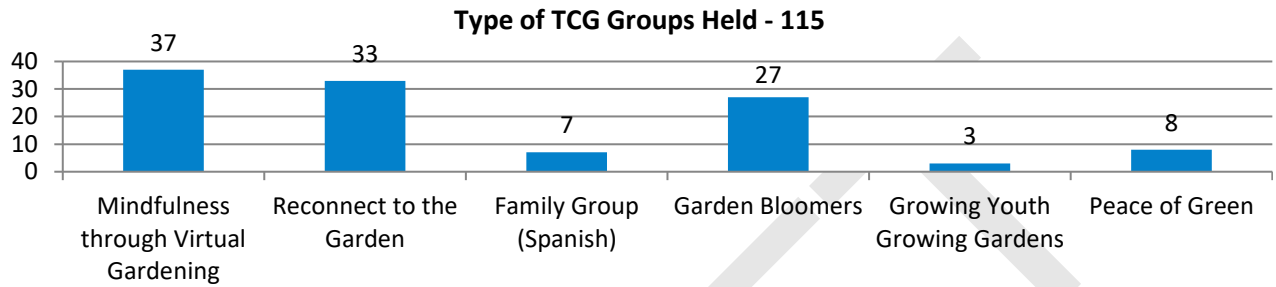
Primary Language



Ethnicity

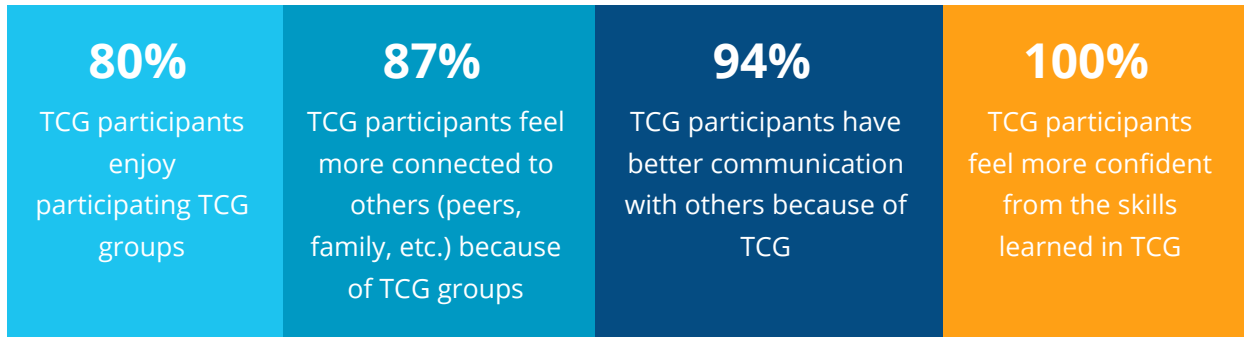


How Well Did We Do It?



Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=15)



TCG Workshop Survey Responses Based on Completed Surveys (n=15)



TCG Participant Feedback – How have you benefited from participating in TCG groups?

Learned new skills such as communication.	Benefitted from groups and my knowledge about other people.
The gardening skills have been very helpful.	TCG has helped me improve my confidence and connecting to other people
I feel more motivated learning and doing activities with others. I love being outside surrounded by nature.	I connect more with my mom about what we discuss in the groups.
It gets me out, get me talking to others, and I enjoy it all the time!	Building confidence, talking to others.
I realized that something I took for granted is actually one of the most fascinating subjects.	Managing pain, breathing, relaxing, and gained self-confidence.
I learned to keep calm and let things go.	I learned a lot about myself.

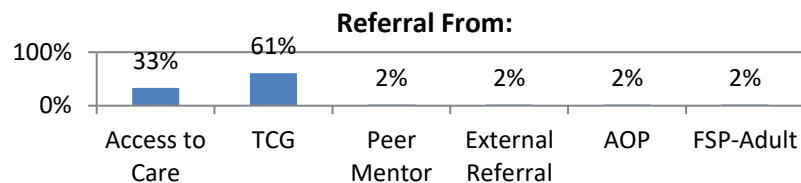
TCG Participant – Please share any thoughts, comments you may have about the TCG program, groups, and/or activities:

I enjoy the meeting and the knowledge that I gain, especially learning about Progressive Muscle Relaxation.	I would prefer to have these in-person.
I feel being involved with the garden I am able to express myself and share the feelings I have and people are able to do the same, in this way we all become more united.	The women that run the garden group are always encouraging and motivate me to continue doing my best.
TCG is a comfortable and casual place where you're not feeling judged or judgmental. A one hour to engage and appreciate good healing conversation. Thank You.	I really like the sound presentation. Have more garden groups like these. I think they are great and I wish we could get more people in.
it's very helpful.	I love this group.
Just continue with concepts that help with anxiety, so you're not feeling beat down, same as above.	

Number of Potential Responders	86
Setting in Which Responders were Engaged	Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged	TAYs, teachers, LGBTQ, families, religious leaders, and those with lived experience.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

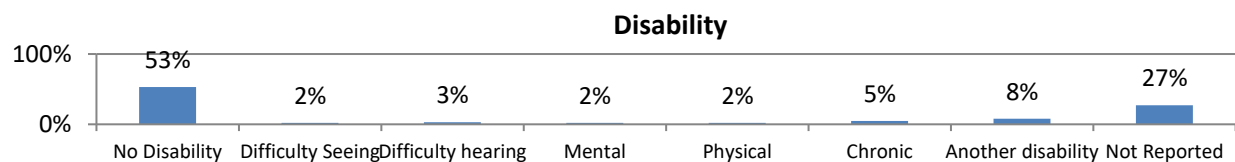
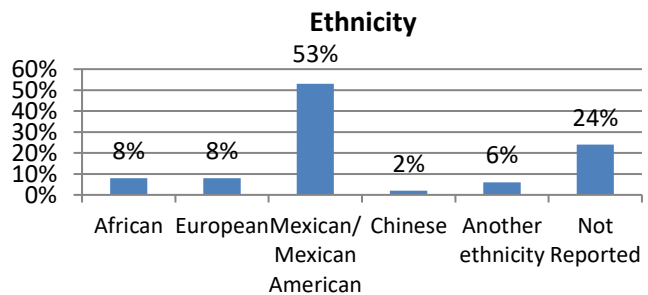
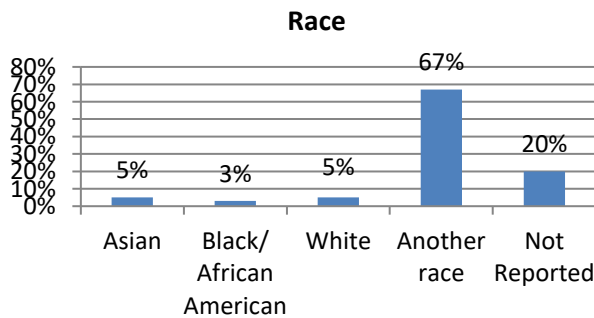
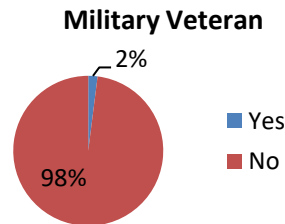
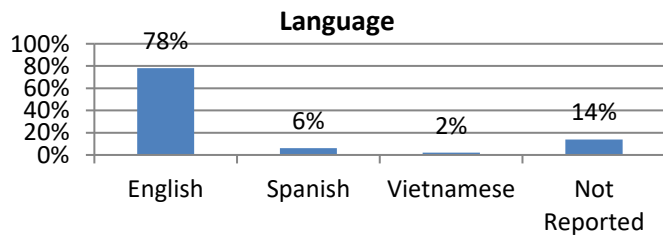
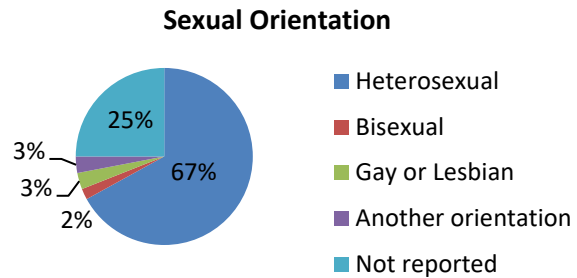
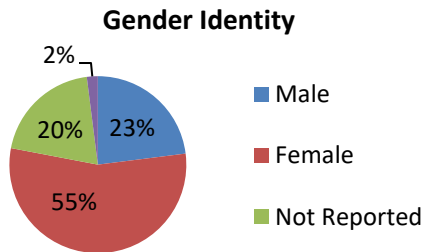
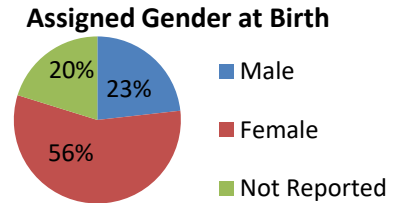
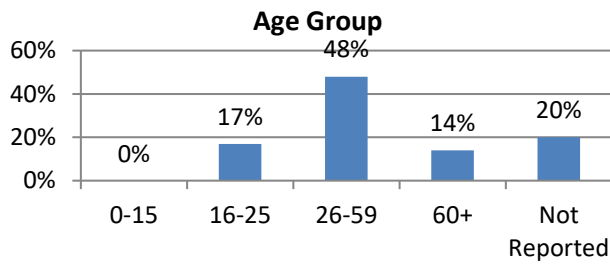
**64
MHSA Referrals to
TCG Program**



32
MHSA Referrals Participated in
TCG Program

5 Average Days
Between Referral and TCG
Participation

PEI Demographics Based on MHSA Referrals



Early Psychosis Program

- New Program – First date of service _____
- Continued from prior year plan or update

Program Description

Tri-City’s Early Psychosis (EP) program is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be the best support for them. Awareness, early detection, and access to services is needed to help young people with psychosis recover. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The goal for this program includes increasing awareness among community members in recognizing the signs and symptoms of early psychosis and how to connect individuals to services as well as to reduce the time of untreated psychosis and severe mental illness.

Target Population

Transition age youth (TAY) ages 16 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2021-22	0	6	24	0	13	43
Cost Per Person	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**	\$3,607**

**These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

Program Update

The focus for the Early Psychosis included increasing referrals and enhancing the main component of this program, the Multi-Family Group (MFG). The MFG was able to launch with 4 to 5 families in regular attendance. In addition, a Spanish speaking MFG was created to support our monolingual speaking participants.

The program saw an increase in referrals in FY 2021-22 as internal staff grew more familiar with identifying candidates who fit the criteria. This increase also extended to local school partners who had also become more familiar with the program.

Due to changes in staff, the EP team became smaller and more defined which helped to improve collaboration and treatment. Having one centralized smaller group help with engaging families, encouraged staff to gain ownership of program, and increased clients understanding of the program and overall connection with the treatment team.

Future efforts include creating virtual webinars and utilizing social media to publicize information and bring awareness. In addition, adding more diversified groups and increasing staff access to psychiatry and nurses.

Challenges and Solutions

Creating groups during the pandemic and virtually was a challenge. The PIER model, which this program is based on, was initially created for in-person groups and treatments, thus there needed to be several adaptations to telehealth. Connection and support are primary components of the group, and this was challenging to develop virtually. Families were hesitant to participate in group via telehealth and staff had a difficult time with engaging families in treatment. In addition, the turnover and change in staffing created issues with consistency.

The referral sources were confused about criteria for program (this program is for individuals with early onset or warning signs of psychosis not already experiencing or receiving treatment for psychosis). As a result, some referrals were not appropriate or the referral did not meet criteria for the program.

Finally, coordinating an internal documentation process for the documentation of all the services provided in the Early Psychosis program has been challenging while trying to navigate the electronic health record, medical and Prevention and Early Intervention (PEI) guidelines.

Possible solutions include scheduling the MFG groups in afternoon/evenings and hosting groups for specific populations to address need and concerns that are age-appropriate for participants.

The team hosted several virtual workshops to engage families and help them become at ease with joining group. In addition, adaptations were made throughout to adjust to the engagement needs of clients, in person appointments, one on one pre-coaching to help clients/families feel at ease with joining group.

Cultural Competence

There is a Spanish MFG group to address Spanish Speaking (Refugee/immigrant families and TAYs). The EP staff ensures that clients are addressed by preferred pronouns and names to affirm client's gender identity. Staff are bilingual and bicultural staff with literature/material regarding the clinic in threshold languages (Spanish, Vietnamese, English)

The material on webinars and handouts includes pictures of diverse families. All MFG material has been translated to Spanish to accommodate the need for the Spanish speaking group. Webinars have been provided in Spanish as well as services.

Community Partners

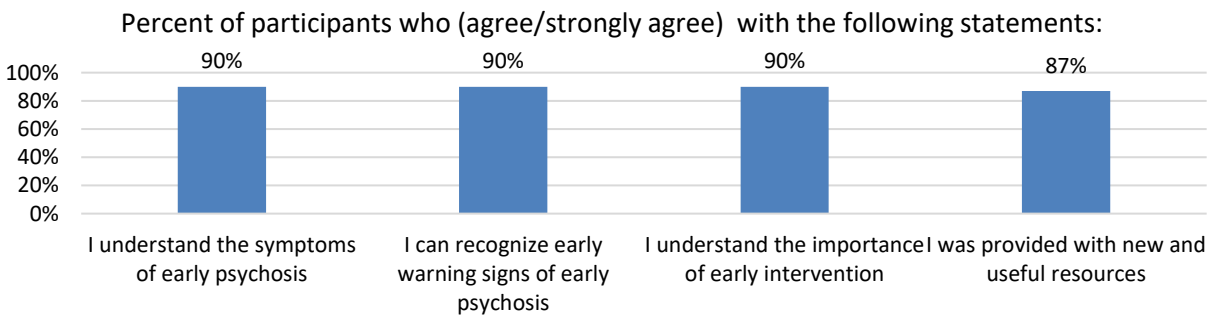
Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis. Training opportunities have been extended to all school districts in the Tri-City area.

Program Summary

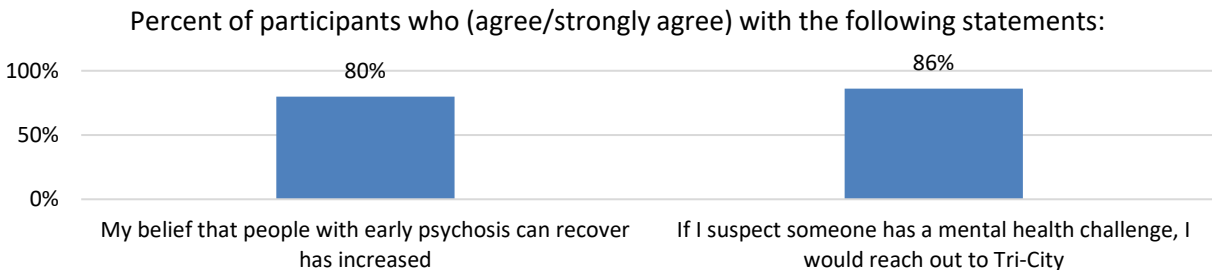
How Much Did We Do?



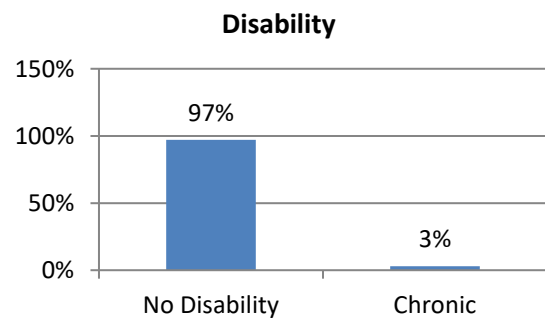
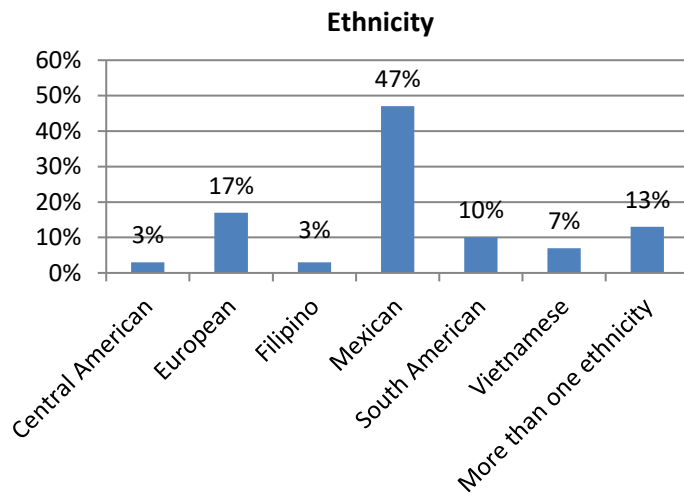
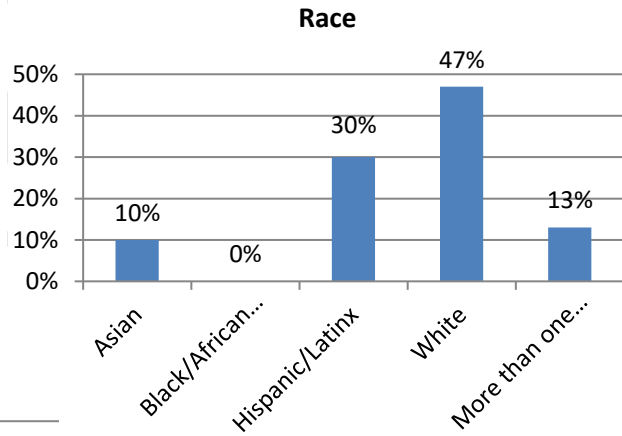
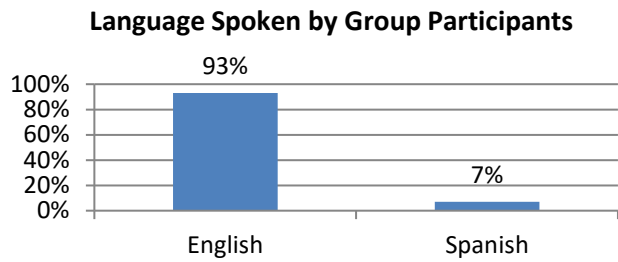
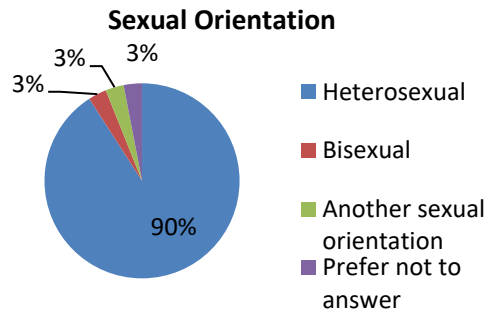
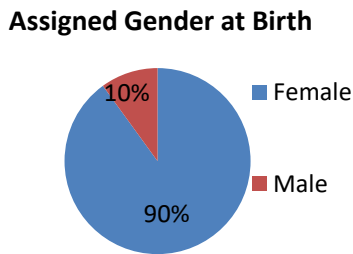
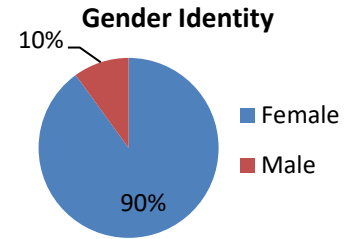
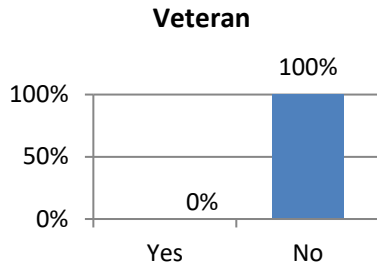
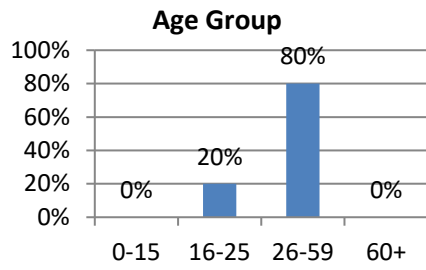
How Well Did We Do It?



Is Anyone Better Off?



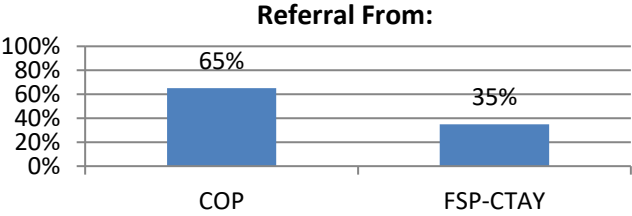
PEI Demographics



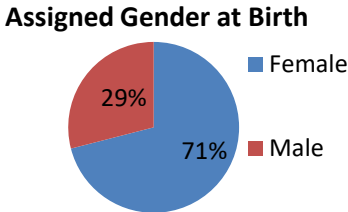
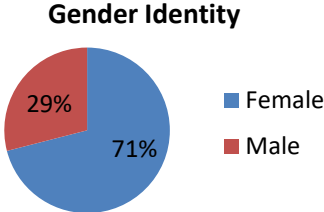
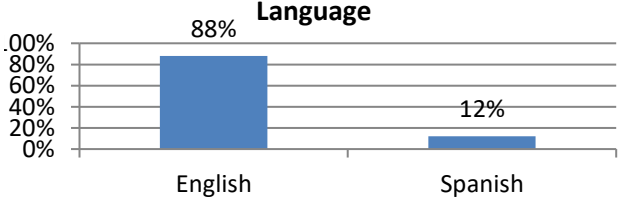
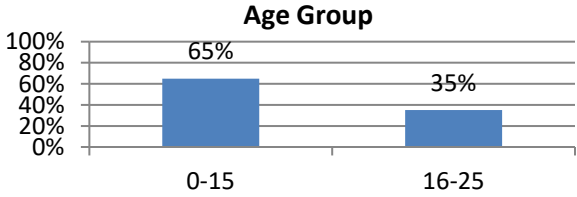
Number of Potential Responders	43
Setting in Which Responders were Engaged	Community, schools, health centers and workplace
Type of Responders Engaged	Community members
Underserved Populations	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

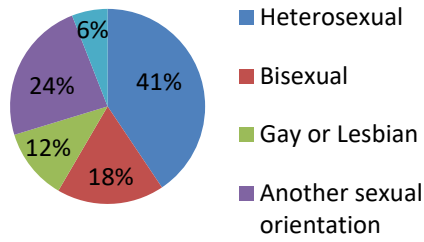
17
MHSA Referrals to Early Psychosis Program



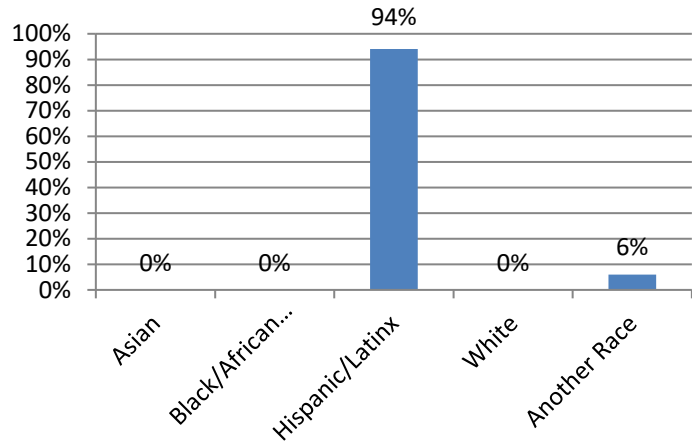
PEI Demographics Based on MSHA Referrals



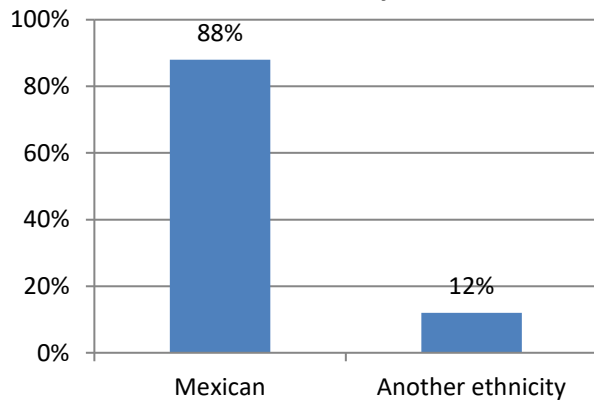
Sexual Orientation



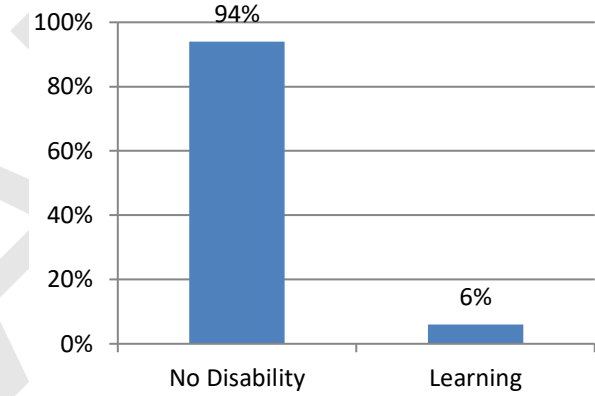
Race



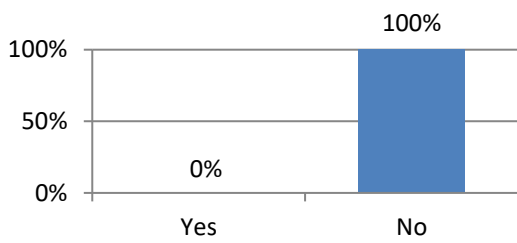
Ethnicity



Disability



Veteran





Innovation (INN)

The Innovation (INN) Plan consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system. INN projects are designed to evaluate the effectiveness of new or changed approaches that can inform current and future mental health practices, with a primary focus on learning.

Innovation (INN)

Innovation projects are designed to evaluate the effectiveness of new or changed practices in the field of mental health, with a primary focus on learning. Innovation provides county-administered mental health systems in California the opportunity to "try out" new or changed approaches that can inform current and future mental health practices. These projects are intended and implemented as time-limited (maximum of five years), after which an alternative source of funding must be identified if the project is deemed successful.

Help@Hand/Tech Suite Project

The Help@Hand or Tech Suite project was approved in 2018 with the primary purpose of increasing access to mental health care by providing a nontraditional system for individuals who may be reluctant to access services through a more formal clinical setting. Using computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

Project Dates	January 1, 2019 to December 31, 2023
Project Funding Amount	\$1,674,700
Target Populations	<ul style="list-style-type: none">• Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners• Older adults (ages 60+) who lack transportation or are unable to access traditional services• Non-English-speaking clients and community members who may be experiencing stigma and language barriers

Program Update

Innovation

During FY 21-22 program staff created the Innovation Idea Survey to help stakeholders develop and share their ideas for new innovation projects. In addition, a second survey was created, Introduction to Innovation, for stakeholders who are new to the innovation process. The survey and the Introduction to Innovation presentation are both posted on Tri-city's website year around for stakeholders to view and submit ideas.

Upon the launch of the idea survey and the start of a new community planning process season, 13 new ideas were submitted. These ideas were brought forth during Innovation workgroups where stakeholders discussed each one. In addition, staff also shared with participants the various multi-county collaboratives that were available to join. The stakeholders voted to join the Psychiatric Advanced Directive (PADs) Multi-County Collaborative but continue to develop ideas submitted through the idea survey. On May 23, 2022, the plan to join the PADs Multi-County collaborative was presented to the MHSOAC and was approved for the amount of \$789,360.

Help@Hand

Due to staffing shortages in October 2021 Tri-City discontinued the plan to launch a pilot of myStrength for the Help@Hand project. However, staff continued to monitor other counties usage of myStrength with their priority populations that were similar, such as older adults and monolingual Spanish speakers. In January 2022, after reviewing data and information collected from other counties who piloted myStrength, staff decided to move forward with a full implementation of myStrength within our 3 cities. Tri-City contracted with Painted Brain for Peer support during the implementation process. We also contracted with Uptown Studios for marketing and social media support and Jaguar for our technology and device distribution. Tri-City launched the implementation of myStrength on June 6th, 2022.

Tri-City will continue to invite community members and clients to utilize myStrength through December 2023. Staff will also begin to implement the project PADs. Staff are planning to partner with local first responders, law enforcement, crisis teams, and hospital staff as well as local colleges to look at how staff can effectively roll out PADs to the community.

Challenges and Solutions

Challenges faced during FY 2021-2022 included staffing shortages and minimal communication among all the parties involved with Innovation. The issues with staffing prohibited us from moving forward with the pilot of myStrength. Staff also faced issues with understanding all the necessary parties who needed to approve various aspects of the project to move forward with implementation.

Staff also experienced difficulties engaging stakeholders in Innovation workgroups and project development. It appears many stakeholders felt burnt out on virtual meetings and are missing the in-person meetings from the past.

Due to COVID-19 limitations staff developed the Innovation idea survey to help engage stakeholders and allow them to share ideas at any time. Staff also set up a virtual introduction presentation that stakeholders could view on their own time. Workgroup meetings were held at various times throughout the week which included both a morning and an evening session to ensure stakeholders could join at a time most convenient for them.

Cultural Competence

Innovation is all about creating new programs or adjusting to current programs to help serve the underserved populations. Staff take into consideration the feedback received from the community

planning process as well as feedback from stakeholders and workgroup members in order to develop new plans and ideas that focuses on helping serve the underserved communities in the 3 cities.

Innovation is built to help address barriers to accessing mental health. For the Help@Hand innovation project, Tri-City purchased 60 tablets to help participants bridge the gap of technology and still be able to utilize the app as needed. These tablets will be available for participants who do not have access to a smartphone or computer. Staff have also ensured that all of materials are available in English and Spanish, the two primary languages for this project. The landing page for this project is also translated into Spanish as well as all written material and social media post.

All flyers and outreach materials are available in both English and Spanish. In addition, all social media posts have been translated to Spanish and digital health literacy workshops are available in Spanish.

Community Partners

Innovation has partnered with Painted Brain to assist with the implementation of myStrength and to act as the peer support specialists for this project. They will assist with recruiting participants as well as hosting digital health literacy workshops and “Appy” hours for participants to sign on and ask questions as needed.

Tri-City has also partnered with Uptown Studio Marketing to assist us with marketing and social media development for the myStrength launch. Uptown will create flyers, social media post, and a community partner toolkit to help promote our myStrength implementation. In addition, staff partnered with Jaguar to help with technology and device distribution. Jaguar will be responsible for downloading all the necessary software onto tablets and assisting with any IT questions that come up while participants utilize the tablets to access myStrength.

Success Story

In September 2021, Tri-City launched the Innovation Idea survey. During the community planning process, the survey was promoted at stakeholder meetings and Innovation workgroups as well as through flyers in the community and social media posts. Almost immediately after launch, staff received 13 new idea submissions. This was a success since it seemed as though community members were enjoying the ease in which they could share their ideas for future innovation plans.

In March 2022, staff held two focus groups with the help of a marketing partner to understand the needs of the priority populations. There was a focus group for Spanish speakers and for TAY. Both focus groups were a huge success. The feedback received from both groups helped to develop the marketing tools needed for the launch of the myStrength application.



Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan focuses its efforts on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) plan focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel. This plan is not designed to focus on providing services but rather in training and supporting the people who are charged with the delivery of the services and supports including clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal but vital support to loved ones and others.

A second component of this plan is the recruiting of students, community members, and volunteers to expand the recovery and wellbeing supports provided by staff. It is clear the demand for mental health services in the Tri-City area far exceeds the current and projected availability of staff. With this in mind, by increasing the pool of interest in the mental health system, these efforts can work to generate new staff members over time by encouraging high school and college students to realistically consider a career in the community mental health field in the Tri-City area.

Program Update

During the 2021-22 fiscal year, the WET staff were able to transition back to working in the office part-time, which allowed for greater opportunities to continue the program. There was a return to the conferences held by the Southern California Regional Partnership (SCRPs) which was focused on Person Centered Engagement Strategies and made available virtually to all staff.

Additionally, the WET program staff in collaboration with the SCRP was able to apply for and obtain funding for a wide range of projects including Loan Repayment Program, Scholarships, Pipeline Development, and more. Tri-City launched its own Loan Repayment program, which was made accessible for all staff who applied, contingent on their completion of a one-year commitment to Tri-City Mental health which ends in June 2023.

Over the course of FY 2021-22 staff added additional requirements for training staff including digital security, additional cultural training options, and more to better meet the current needs of our community. New trainings will be made available including working with the Beck Institute to secure training for clinical staff related to Cognitive Behavioral Therapy (CBT).

Staff will continue to support peers in the process to be certified as Peer Support Specialists through the statewide certification facilitated by CalMHSA.

Challenges and Solutions

The transition back to working in the office, following the pandemic did necessitate updated regulations for service learners (i.e. volunteers) including mandated vaccinations and masking. While returning to the office was possible for many, continued restrictions on social distancing and masking

make a full transition to in-person trainings difficult though it is preferable for a portion of the workforce.

The WET staff continue to communicate openly with staff and partners organizations for training about the importance of maintaining the health of staff, service learners, and partners. New service-learners were informed of the new policy in the initial discussion about requirements for volunteering which minimized confusion. In response, some service-learners worked only virtually if they were not able to meet the in-person requirement.

Outreach was done virtually still, but with limited in-person outreach as allowed by the organizations with which we work.

Cultural Competence

The WET Program is dedicated to developing a workforce that is sufficiently diverse and prepared to appropriately and effectively meet the needs of each underserved community. Part of that effort is providing training opportunities that strengthen staff ability to recognize and appropriately respond to challenges and the inherent strengths of each community. Training opportunities include several available online through the learning platform, Relias, that targets specific populations including LGBTQ, Older Adults, TAY, and diverse racial groups. Additionally, Tri-City participated in the Person-Centered Engagement Strategies in November of 2021 which offered several separate sessions related to Critical Race Theory, and strategies for effectively reaching and supporting such groups as the Deaf and Hard of Hearing, Latinos, Peers, African Americans, LGBTQ, and Peers.

The WET program is focused on ensuring that the staff across departments within Tri-City are adequately prepared to be sensitive to the needs of the populations that we serve including those from underserved communities. Through continued education and support, we reinforce a culture of justice, equity, diversity and inclusiveness that is reflected in each program's activities.

Additionally, as far as communications and social media efforts, staff strive to be inclusive in the imaging and messaging that is used to represent a wide range of races and cultures. In social media posts, imaging is used that is representative of a multitude of ages, races, cultures, genders, and expressions of sexual orientation. Additionally, staff ensure ADA compliance, so that posts are accessible to as large a range of sensory abilities as possible.

Also, in our outreach efforts, we attempt to include materials in multiple languages in the hopes of attracting staff and volunteers from a wide range of underserved communities.

Community Partners

The Southern California Regional Partnership (SCRIP) is an organization made up of representatives from WET programs of the 10 Southern California Counties (other than LA County). This collaborative meets monthly to discuss relevant news and information about the WET Program. Additionally, staff work together to coordinate trainings, seminars, and events that would not be possible to coordinate separately. Some opportunities that have grown from this include the Person-Centered Engagement Strategies in November of 2021 which offered several separate sessions related to successfully

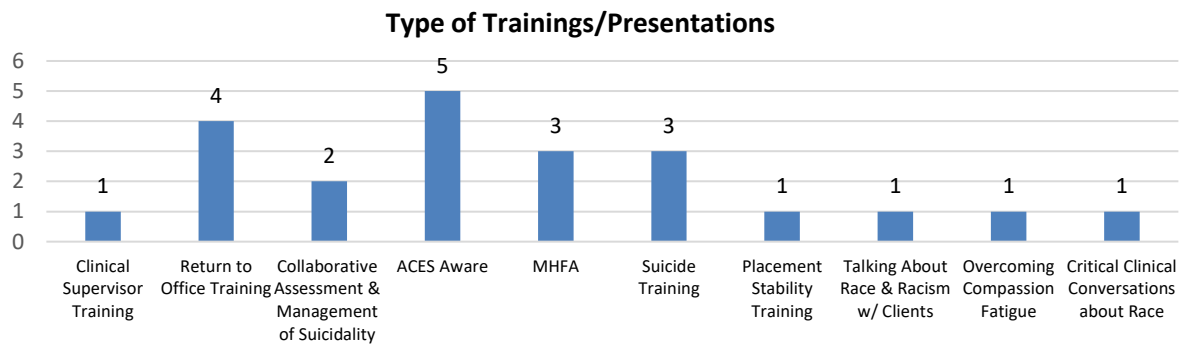
reaching out to underserved communities. Also, this collaboration worked together to receive a grant from HCAI, which allows us to offer a pipeline program targeted at developing a diverse workforce, retention programs including Loan Repayment Programs, and more.

Success Story

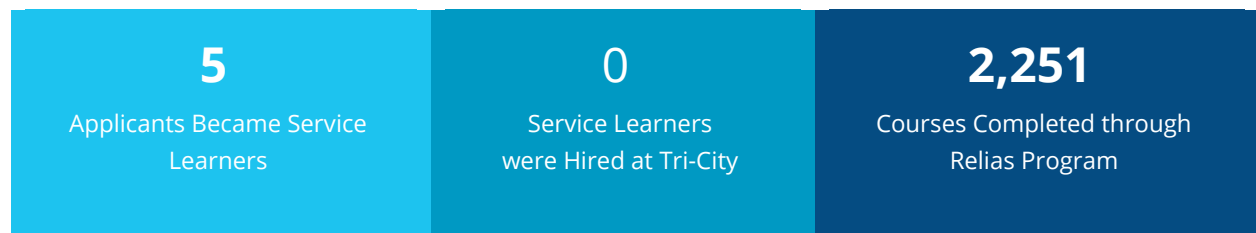
A service learner took an active role in a communication campaign funded by the Adverse Childhood Experiences (ACEs) Aware grant, a statewide initiative that Tri-City was awarded funding to participate in. This student was able to gain real world practice developing a social media campaign and creating targeted messaging for health care providers, educators, service providers and community members. The service learner expressed that the experience was vital to his education and allowed him to learn more about community mental health and public health systems and has increased his chances of finding a successful career.

Program Summary

How Much Did We Do?



How Well Did We Do It?





Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) Plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act allocates funds for projects designed to improve the infrastructure of community mental health including the purchase, development or renovation of buildings used to house and support MHSA programs and staff. The technological portion of this plan supports counties in transforming existing clinical and administrative technology systems while increasing access to mental health records and information electronically for consumers and family members.

Program Update

In FY 2021-22 it became clear that funds were needed to update and improve technology within Tri-City Mental Health Authority. The following is a list of requests presented to stakeholders that were approved and incorporated into the MHSA Annual Update for FY 2022-23.

Date of Stakeholder Meeting	Transfer funds from CSS to CFTN Plan	Purpose
August 2021	\$400,000	Construction of four additional office spaces at MHSA Building 2001 N. Garey Ave, Pomona

Project Name	Estimated Budget	ETA for Implementation	Description
TCMH Wireless Network Refresh	\$152,000	Q3 of 2022	Upgrade TCMH wireless network at all locations - 82 AP at \$1k/unit - 24 switches at \$1.5k/unit - 20 UPS devices at \$500/unit - Implementation Consulting Services 120 hours at \$200/hr. = \$24k
Microsoft 365 Migration Consulting	\$100,000	Q3 of 2022	Migrate TCMH Microsoft tenants to government cloud for added security and functionality
TCMH Security Refresh	\$140,000	Q3/Q4 of 2022	Replace all TCMH security cameras and upgrade FOB entry system. - 50 Security Cameras at \$300/unit - 30 FOB entry points at \$2,500/door - Electrical wiring per site = \$10k/site (5 sites)
Wellness Center Device Refresh	\$20,000	Q3/Q4 of 2022	Refresh of Wellness Center devices - 15 PCs at \$2k/unit - 15 PC monitors at \$250/unit - 3 Overhead Projectors at \$2.5k/unit - 3 TVs at \$2k/unit - 1 DVD/Blu-Ray Player and Videos at \$1k - 1 Gaming console at \$1k - 1 Karaoke machine at \$1k - 1 Presenter podium at \$1k
Overhead Paging System	\$25,000	Q4 of 2022	Upgrade TCMH paging system
On-Prem to Cloud Migration	\$100,000	Q1 of 2023	Initial set-up, migration, and configuration of TCMH cloud hosting instance
TCMH ERP Implementation	\$100,000	Q2 of 2023	Implementation of Enterprise Resource Planning system
Rolling PC Expenditure	\$100,000	Q3 of 2023	50 PC's at \$2,000/unit
Windows II Implementation	\$587,500	Q4 of 2023	Implementation of Windows II devices for the Agency. - 250 laptops at \$2k/unit for Win II adoption - 250 keyboard/mice at \$1k/unit - 250 docking stations at \$250/unit

Although these funds were allocated and assigned to various projects within CFTN, additional priorities began to emerge which redirected the focus of staff. These additional priorities included the need to select, implement and train staff on a new electronic health record system.

This process is due to be completed in FY 2022-23 as staff continue to work on the implementation of these projects.



MHSA Expenditure Plan

The following section includes information regarding Cost Per Participant for
MHSA Programs and TCMHA Staff Demographics

Cost Per Participant

The services provided in Fiscal Year 2021-22 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MESA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (Child)	CSS	77	\$13,979
Full Service Partnership (TAY)	CSS	141	\$14,234
Community Navigators	CSS	242	\$310**
Wellness Center	CSS	1,728	\$587**
Supplemental Crisis Services	CSS	197	\$791**
Family Wellbeing Program	Prevention and Early Intervention	153	\$206**
Peer Mentor Program (TAY Wellbeing)	Prevention and Early Intervention	12	\$1,339
Therapeutic Community Gardening	Early Intervention	89	\$1,096**
Early Psychosis	Prevention and Early Intervention	6	\$3,607**

Summary of MHSa Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (TAY)	CSS	141	\$14,234
Full Service Partnership (Adult)	CSS	217	\$14,753
Full Service Partnership (Older Adult)	CSS	50	\$11,894
Community Navigators	CSS	764	\$310**
Wellness Center	CSS	721	\$587**
Supplemental Crisis Services	CSS	902	\$636**
Field Capable Clinical Services for Older Adults	CSS	29	\$3,437
Family Wellbeing Program	Prevention and Early Intervention	265	\$206**
Peer Mentor Program (Older Adult Wellbeing)	Prevention and Early Intervention	29	\$3,067
Therapeutic Community Gardening	Early Intervention	174	\$1,096**
Early Psychosis	Prevention and Early Intervention	43	\$3,607**

** These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.

In FY 2021-22, Tri-City served approximately 2,471 unduplicated clients who were enrolled in formal services. Tri-City's Fiscal Year 2022-23 Budget included a total of 247.6 Full-time/Equivalent employees and an annual operating budget of approximately \$34.9 million dollars. Tri-City strives to reflect the diversity of its communities through its hiring, language spoken, and cultural competencies.

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Asian and Native American/Alaska Native continue to be a focus for recruitment.

HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	14.2%
Hispanic/Latinx	58.4%	Hispanic/Latinx	57.9%
Asian/Pacific Islander	11.5%	Asian	11.2%
Black/African American	4.9%	Black/African American	7.1%
Native American/Alaska Native	0.3%	Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	0.5%
Other	0.5%	Other	7.6%
Two Or More Races	2.8%	Two Or More Races	1.0%

(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).

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

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2022, Tri-City has experienced a 11.9% turnover of our current workforce with 22 resignations from January through August 2022. While it still is increasingly difficult to remain competitive, attract, and retain qualified Behavioral health staff, Tri-City has seen a 5.4% decrease thus far this year in our turnover rate in comparison to the same time last year. Tri-City's implementation of hiring incentives such as our sign-on bonus, hybrid work schedules, hazard and longevity pay have helped to create a more attractive compensation and benefit package.

The following table reflects Tri-City's staff demographic as of June 2022.

Demographics for Tri-City Mental Health Staff	Percent of Staff
White	14.2%
Hispanic/Latinx	57.9%
Asian	11.2%
Black/African American	7.1%
Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	0.5%
Other	7.6%
Two Or More Races	1.0%

The most common languages for our clients are English 87% and Spanish 11%. Approximately 56% of the Tri-City Workforce is bilingual. Approximately 48% of the Tri-City Workforce is qualified to provide bilingual interpretation services in the threshold language, Spanish.

Number of Staff Certified/Qualified for Bilingual Interpretation		
Language	# Bilingual	% Bilingual
Spanish (Threshold Language)	94	48%
Vietnamese	3	0.2%
French	3	0.2%
Khmer	1	0%
Persian	1	0%
Punjabi	1	0%
Russian	1	0%
Mandarin & Chinese	2	0.1%
Hindi	1	0%
Japanese	1	0%
Tagalog	2	0.1%
Total Bilingual	110	56%

Source: HR Bilingual Staff Report and CC Plan Population Demographic Language Data.

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/23	16,544,291	4,476,308	3,107,758	1,431,643	2,729,658	
2. Estimated New FY 2023/24 Funding	11,178,109	2,794,527	735,402			
3. Transfer in FY 2023/24 ^{a/}	(2,500,000)			500,000	2,000,000	
4. Access Local Prudent Reserve in FY 2023/24						
5. Estimated Available Funding for FY 2023/24	25,222,400	7,270,835	3,843,160	1,931,643	4,729,658	
B. Estimated FY 2023/24 MHSA Expenditures	11,610,705	3,336,066	980,883	611,680	980,700	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,611,695	3,934,769	2,862,277	1,319,963	3,748,958	
2. Estimated New FY 2024/25 Funding	8,942,487	2,235,622	588,322			
3. Transfer in FY 2024/25 ^{a/}						
4. Access Local Prudent Reserve in FY 2024/25						0
5. Estimated Available Funding for FY 2024/25	22,554,182	6,170,391	3,450,599	1,319,963	3,748,958	
D. Estimated FY 2024/25 Expenditures	12,191,240	3,435,578	346,860	642,264	255,700	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,362,942	2,734,813	3,103,739	677,699	3,493,258	
2. Estimated New FY 2025/26 Funding	8,495,363	2,123,841	558,905			
3. Transfer in FY 2025/26 ^{a/}						
4. Access Local Prudent Reserve in FY 2025/26						0
5. Estimated Available Funding for FY 2025/26	18,858,305	4,858,654	3,662,644	677,699	3,493,258	
F. Estimated FY 2025/26 Expenditures	12,800,802	3,605,165	0	674,377	255,600	
G. Estimated FY 2025/26 Unspent Fund Balance	6,057,502	1,253,488	3,662,644	3,322	3,237,658	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2023	2,199,999
2. Contributions/interest to the Local Prudent Reserve in FY 2023/24	0
3. Distributions from the Local Prudent Reserve in FY 2023/24	0
4. Estimated Local Prudent Reserve Balance on June 30, 2024	2,199,999
5. Contributions/interest to the Local Prudent Reserve in FY 2024/25	0
6. Distributions from the Local Prudent Reserve in FY 2024/25	0
7. Estimated Local Prudent Reserve Balance on June 30, 2025	2,199,999
8. Contributions/interest to the Local Prudent Reserve in FY 2025/26	0
9. Distributions from the Local Prudent Reserve in FY 2025/26	0
10. Estimated Local Prudent Reserve Balance on June 30, 2026	2,199,999

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,533,449	489,270	571,300		472,879	
2. 1b-TAY FSP	2,055,332	683,060	970,318		401,954	
3. 1c-Adult FSP	3,978,929	2,099,616	1,879,313			
4. 1d-Older Adult FSP	600,529	373,178	227,351			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	434,159	434,159				
2. Wellness Center	1,309,197	1,309,197				
3. Supplemental Crisis Services	879,110	879,110				
4. Field Capable Clinical Services for Older Adults	26,739	26,739				
5. Permanent Supportive Housing	420,615	420,615				
6. Access to Care	1,765,735	1,765,735				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,130,026	3,130,026				
CSS MHSA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,133,820	11,610,705	3,648,282	0	874,833	-
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,610,121	513,734	599,865		496,523	
2. 1b-TAY FSP	2,158,099	717,213	1,018,834		422,052	
3. 1c-Adult FSP	4,177,875	2,204,597	1,973,279			
4. 1d-Older Adult FSP	630,555	391,837	238,719			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	455,867	455,867				
2. Wellness Center	1,374,657	1,374,657				
3. Supplemental Crisis Services	923,066	923,066				
4. Field Capable Clinical Services for Older Adults	28,076	28,076				
5. Permanent Supportive Housing	441,646	441,646				
6. Access to Care	1,854,022	1,854,022				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,286,527	3,286,527				
CSS MHA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	16,940,511	12,191,240	3,830,696	0	918,575	-
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,690,628	539,420	629,858		521,349	
2. 1b-TAY FSP	2,266,004	753,074	1,069,776		443,154	
3. 1c-Adult FSP	4,386,769	2,314,827	2,071,943			
4. 1d-Older Adult FSP	662,083	411,429	250,654			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	478,660	478,660				
2. Wellness Center	1,443,390	1,443,390				
3. Supplemental Crisis Services	969,219	969,219				
4. Field Capable Clinical Services for Older Adults	29,480	29,480				
5. Permanent Supportive Housing	463,728	463,728				
6. Access to Care	1,946,723	1,946,723				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,450,854	3,450,854				
CSS MHA Housing Program Assigned Funds	0	0				
Total CSS Program Estimated Expenditures	17,787,537	12,800,802	4,022,231	0	964,503	0
FSP Programs as Percent of Total	70.4%					

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	94,178	94,178				
2. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	448,367	448,367				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	216,468	216,468				
7. School Based Services Program	570,478	570,478				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	73,626	73,626				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,042	70,042				
13. Therapeutic Community Gardening	326,676	326,676				
14. Early Psychosis	192,926	192,926				
15. School Based Services Program	570,478	570,478				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	523,328	523,328				
PEI Assigned Funds	94,000	94,000				
Total PEI Program Estimated Expenditures	3,336,066	3,336,066	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	98,887	98,887				
2. Older Adult Wellbeing (Peer Mentor)	77,307	77,307				
3. Transition-Age Youth Wellbeing (Peer Mentor)	73,544	73,544				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	470,785	470,785				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	227,291	227,291				
7. School Based Services Program	599,001	599,001				
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	77,307	77,307				
12. Transition-Age Youth Wellbeing (Peer Mentor)	73,544	73,544				
13. Therapeutic Community Gardening	343,010	343,010				
14. Early Psychosis	202,572	202,572				
15. School Based Services Program	599,001	599,001				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	549,494	549,494				
PEI Assigned Funds	32,000	32,000				
Total PEI Program Estimated Expenditures	3,435,578	3,435,578	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	103,831	103,831				
2. Older Adult Wellbeing (Peer Mentor)	81,172	81,172				
3. Transition-Age Youth Wellbeing (Peer Mentor)	77,221	77,221				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	494,325	494,325				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	238,656	238,656				
7. School Based Services Program	628,951	628,951				
8.	0					
9.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	81,172	81,172				
12. Transition-Age Youth Wellbeing (Peer Mentor)	77,221	77,221				
13. Therapeutic Community Gardening	360,160	360,160				
14. Early Psychosis	212,701	212,701				
15. School Based Services Program	628,951	628,951				
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	576,969	576,969				
PEI Assigned Funds	32,000	32,000				
Total PEI Program Estimated Expenditures	3,605,165	3,605,165	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	388,311	388,311				
2. Psychiatric Advance Directive (PADs)	519,366	519,366				
Multi-County Collaborative	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
INN Administration	73,206	73,206				
Total INN Program Estimated Expenditures	980,883	980,883	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	0	0				
2. Psychiatric Advance Directive (PADs) Multi-County Collaborative	269,994	269,994				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
INN Administration	76,866	76,866				
Total INN Program Estimated Expenditures	346,860	346,860	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	467,284	467,284				
2. Engaging Volunteers and Future Employees	31,996	31,996				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	112,400	112,400				
Total WET Program Estimated Expenditures	611,680	611,680	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	490,648	490,648				
2. Engaging Volunteers and Future Employees	33,596	33,596				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	118,020	118,020				
Total WET Program Estimated Expenditures	642,264	642,264	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	515,181	515,181				
2. Engaging Volunteers and Future Employees	35,276	35,276				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	123,921	123,921				
Total WET Program Estimated Expenditures	674,377	674,377	0	0	0	0

**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electrical Upgrade & Office Space Remodel	260,000	260,000				
2. Capital Improvements to Therapeutic Community Garden	465,000 0	465,000				
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,700	255,700				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	980,700	980,700	0	0	0	0

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**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,700	255,700				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	255,700	255,700	0	0	0	0

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**FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 3/10/23

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Technology Upgrades	255,600	255,600				
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	255,600	255,600	0	0	0	0

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Appendix

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

DATE: April 19, 2023
TO: Governing Board of Tri-City Mental Health Authority
FROM: Rimmi Hundal, Executive Director
SUBJECT: Executive Director's Monthly Report

GOVERNOR NEWSOM'S PLAN FOR BEHAVIORAL HEALTH REFORM

On March 19th, Governor Newsom's Administration announced his plan for Behavioral Health Reform. Governor Newsom is proposing an initiative for the November 2024 ballot that is designed to improve how California treats mental illness, substance abuse, and the homeless. This plan includes three key elements:

- 1) **General Obligation Bond for Housing**
A general obligation bond in the amount of \$3-5 billion to fund behavioral health residential facilities along with housing for homeless veterans. This bond would allow the building of thousands of new community behavioral health beds in residential settings to house Californians with mental illness and substance use disorders and provide funding specifically for housing of homeless veterans.
- 2) **Modernize the Mental Health Services Act:**
A ballot initiative to modernize the Mental Health Services Act by amending the MHSA, leading to at least \$1 billion every year in local assistance for housing and residential services for people experiencing mental illness and substance use disorders and allowing MHSA funds to serve people with substance use disorders. Funding will focus on Full-Service Partnerships and services for the most seriously ill, prioritizing community services and supports, prevention, early intervention, and infrastructure.
- 3) **Statewide Enhancement of Fiscal Transparency:**
Include new accountability and oversight measures for counties to improve performance. Improve local accountability and increase transparency by updating counties' behavioral health plans. Require counties to bill Medi-Cal first for reimbursable services, before using MHSA, to further stretch scarce dollars and allow for greater fiscal accountability and oversight.

*Estimated implementation begins July 2025

CESAR CHAVEZ DAY

In 2017, LA County joined the federal government in celebrating American hero César E. Chávez by establishing a holiday to commemorate his birthday and legacy of civil rights. César Chávez was born on March 31, 1927. He spent much of his youth as a migrant farm worker with his family. His life in the field provided him with firsthand experience of mistreatment, low wages, and deplorable working conditions affecting migrant farm workers. César Chávez was committed to making a change for the better and he became a labor organizer in the 1950s. He formed the National Farm Workers Association in 1962, which later joined forces with the Agricultural Workers Organizing Committee to form the National United Farm Workers. Throughout his life, César Chávez was at the forefront of leading marches, hunger strikes, and boycotts to bring attention to the plight of the migrant workers. As a celebration of César E. Chávez holiday this year, Supervisor Hilda Solis honored 9 individuals and organizations continuing his legacy and the Chief of Clinical Services - **Elizabeth Renteria** was one of them. We are very proud of Elizabeth and thank her for her service to Tri-City and the community. It is my honor to work with her.

HUMAN RESOURCES

Staffing – Month Ending March 2023:

- Total Staff is 206 full-time and 8 part-time plus 35 full-time vacancies 3 part-time vacancies for a total of 247 positions.
- There were 5 new hires in March 2023.
- There were 2 separation in March 2023.

Workforce Demographics in March 2023:

- American Indian or Alaska Native = 0.47%
- Asian = 10.28%
- Black or African American = 7.94%
- Hispanic or Latino = 58.41%
- Native Hawaiian or Other Pacific Islander = 0.47%
- Other = 7.01%
- Two or more races = 1.87%
- White or Caucasian = 13.55%

Position Posted in March 2023:

- Clinical Supervisor – Wellness Center (1 FTE)
- Clinical Therapist I/II - Adult (4 FTEs) 3 hires pending

Governing Board of Tri-City Mental Health Authority
Monthly Staff Report of Rimmi Hundal
April 19, 2023
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- Clinical Therapist I/II – Child & Family (1 FTE) *1 hire pending*
- Clinical Therapist II – PACT (1 FTE)
- Clinical Wellness Advocate I/II/III (1.5 FTEs)
- Community Navigator (2 FTEs)
- Mental Health Specialist – Adult (1 FTE)
- Mental Health Worker (1 FTE)
- MHSA Projects Manager (1 FTE)
- Program Analyst II (1 FTE)
- Program Support Assistant I (.5 FTE)
- Program Support Assistant II (3 FTEs)
- Program Support Assistant IV (1 FTE) *1 hire pending*
- Program Support Supervisor (1 FTE)
- Psychiatric Technician I/II/III (1 FTE) *1 hire pending*
- Psychiatrist I/II (2.5 FTE) *1 hire pending*

COVID-19 UPDATE

Previously, we reported that the California Department of Public Health (CDPH) would be sunsetting the requirements for healthcare workers to be vaccinated for COVID-19, therefore, discontinuing our need to continue to report on vaccinations for Tri-City staff. However, due to the significant number of COVID-19 cases still in Los Angeles County this winter/spring season, the Los Angeles County Department of Public Health (LADPH) issued an extension of the masking and vaccination requirements for all healthcare workers effective April 3, 2023. As our agency falls within Los Angeles County, we must continue to abide by all requirements for healthcare workers that have been put forth by all local and state governments. This extension means that all Tri-City employees, interns, and volunteers are expected to continue to follow proper masking, vaccination, and COVID-19 reporting procedures beyond April 3, 2023 and until further notice. LADPH is expected to revisit these requirements by or before September 2023.

Hence, as of March 31, 2023, Tri-City staff have a vaccination compliancy rate of 85.98% with a vaccination booster compliancy rate of 98.91%.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: April 19, 2023

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 EIGHT MONTHS ENDED
FEBRUARY 28, 2023 (2023 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the eight months ended February 28, 2023. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$7.1 million. MHSA operations accounted for approximately \$7.3 million of the increase, which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2022, Tri-City received MHSA funding of approximately \$17.3 million, of which \$13.3 million were for approved programs for fiscal 2022-23 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2022. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2022-23. In addition, during this current fiscal year 2022-23 approximately \$9.3 million in MHSA funding has been received of which \$3.1 million was identified and approved for use in the current fiscal year 2022-23 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$16.4 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 \$123 thousand is from Clinic outpatient operations, which is the result of operations for the eight months ended February 28, 2023 which includes one-time payments made at the beginning of the year.

The total cash balance at February 28, 2023 was approximately \$40.0 million, which represents a decrease of approximately \$279 thousand from the June 30, 2022 balance

of approximately \$39.9 million. Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately \$373 thousand primarily as a result timing of cash receipts from LADMH. MHSA operations reflected a decrease in cash of approximately \$652 thousand, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$9.3 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$4.9 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eight months ended February 28, 2023. An additional \$1.1 million has been received through March 29, 2023.

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.

As the Executive Director has previously mentioned in her staff report, the Governor has announced a proposed ballot measure that would dramatically alter MHSA funding and how Counties, along with Tri-City, would be required to utilize it. Although Management is closely following this proposal, its development, and potential requirements that come with it, as of today we are still compelled to follow the existing legislative requirements of MHSA law as it exists today.

CalAIM:

Tri-City management continues to follow information updates by 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. Rates have now been set by the State and thus provided to the Counties. LA DMH has since provided all of their providers rates which will be effective July 1, 2023. Having the rates is just one step with many more to come as we near the July 1, 2023 effective date. Tri-City, along with all providers in LA County, are awaiting new contracts/amendments, detailed instructions on billing mechanics and necessary changes that will need to be applied to our EHR in order to bill properly as of the effective date. As always, Management will continue to keep the Board informed of progress or any changes we may see along the way.

Governing Board of Tri-City Mental Health Authority
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MHSA Funding Updates:

Estimated Current Cash Position – The following table represents a brief summary of the estimated (unaudited) current MHSA cash position as of the eight months ended February 28, 2023.

	MHSA
Cash at February 28, 2023	\$ 32,493,332
Receivables net of Reserve for Cost Report Settlements	1,372,179
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2022-23	(5,150,193) **
Reserved for future CFTN Projects including approved TCG Project	(3,229,299)
Total Estimated Adjustments to Cash	<u>(9,207,313)</u>
Estimated Available at June 30, 2023	<u>\$ 23,286,019</u>
Estimated remaining MHSA funds to be received in FY 2022-23	\$ 7,179,092

* 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 to-date actuals projected through year-end June 30, 2023, net of estimated Medi-Cal revenue, including actual and estimated amounts to year end 06/30/2023.

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.

Based on prior estimates disclosed by CBHDA, the amount of MHSA funds projected to be collected in Fiscal year 2022-23 were expected to be in line with what was just collected in the prior year (FY 21-22). 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.

Based on the recent announcement that tax filings are delayed until October of 2023, for individuals living in Counties who experienced weather related States of Emergency, the latest projections indicate that MHSA receipts may be as low as \$12.3 million for fiscal

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year 2022-23. Just like we experienced in fiscal year 2019-20, cash receipts are anticipated to decrease significantly for the remainder of the fiscal year while a significant increase in cash receipts will occur in fiscal year 2023-24.

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

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

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

<u>Included in the FY 2022-23 Operating Budget</u>	<u>CSS</u>	<u>PEI</u>	<u>Innovation</u>	<u>WET</u>	<u>CFTN</u>	<u>Totals</u>
<i>Updated</i> 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

MHSА Reversion Update:

Each remittance of MHSА funds received by Tri-City is required to be allocated among three of the five MHSА 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.

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The following tables are **excerpts** from DHCS's annual reversion report received by Tri-City on March 16, 2023 based on the fiscal year 2021-22 Annual Revenue and Expense Report (ARER):

CSS reversion waterfall analysis

CSS amounts received						
	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	Total
	8,676,848	8,797,914	9,293,482	11,824,329	13,252,035	51,844,608
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	3,546,924	-		11,054,569
2021-22			5,746,558	3,676,533	-	9,423,091
2022-23 **				8,147,796	4,137,023	12,284,819
2023-24					-	-
Total Expended	8,676,848	8,797,914	9,293,482	11,824,329	4,137,023	42,729,596
Unspent Balance	-	-	-	-	9,115,012	9,115,012

**=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	2,173,110	2,948,240	3,311,501	12,697,963
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			426,126	1,309,696	-	1,735,822
2022-23 **				1,638,544	582,962	2,221,506
2023-24					-	-
Total Expended	2,145,788	2,119,324	2,173,110	2,948,240	582,962	9,969,424
Unspent Balance	-	-	-	-	2,728,539	2,728,539

**=Planned Expenditures based on approved MHSA Plan

Governing Board of Tri-City Mental Health Authority
Rimmi Hundal, Executive Director
Monthly Staff Report of Diana Acosta
April 19, 2023
Page 6

The following table was copied directly from latest information provided from DHCS
INN reversion waterfall analysis

INN	Reallocated		FY 18-19	FY 19-20	FY 20-21	FY 21-22	
	AB 114	FY 17-18					
Encumbered Unspent Funds ³	799,187	302,889	580,471	550,879	784,114	245,707	
Unencumbered Unspent Funds ⁴	-	-	-	-	-	628,829	
Unspent Balance	799,187	302,889	580,471	550,879	784,114	874,536	
Encumbered Funds Starting Balance →	799,187	302,889	580,471	550,879	784,114	245,707	
Applied Expenditure ↓							Applied Expenditure ↓
FY 15-16							-
FY 16-17							-
FY 17-18	304,376	-					304,376
FY 18-19	131,206	-	-				131,206
FY 19-20	355,393	-	-	-			355,393
FY 20-21	8,212	-	-	-	-		8,212
FY 21-22	-	302,889	25,035	-	-	-	327,924
FY 22-23	-	-	TBD	TBD	TBD	TBD	-
Encumbered Unspent Balance →	-	-	555,436	550,879	784,114	245,707	

FACILITIES DEPARTMENT

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

- **The Community Garden Upgrades:** A contract for the completion of this project has now been approved and was awarded during the March 15, 2023 Governing Board Meeting. Target date for project completion of this project is estimated to be closer to the end of the calendar year due to lead times on materials required for the project.
- **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 had previously been temporarily on hold until the Electrical/Power Upgrade Project was complete as this project was also being performed in the same building. The Electrical was completed in November of 2022. At the November of 2022 Governing Board Meeting an agreement with a design firm was approved for services to include the preparation of formal plans, a Request For Proposal and construction management for the project. Presently, our Facilities Department is closely working with the design firm on finalizing the design and formal plans. As of the date of this report, formal construction plans have now been submitted to the City for approval and once approved, the next phase will be soliciting contractors through an RFP process. Target date of project completion will be closer to end of calendar year 2023.

Attachments:

Attachment 7-A: February 28, 2023 Unaudited Monthly Financial Statements

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

	AT FEBRUARY 28, 2023			AT JUNE 30, 2022		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
Current Assets						
Cash	\$ 7,550,612	\$ 32,493,332	\$ 40,043,944	\$ 8,386,759	\$ 31,504,790	\$ 39,891,549
Accounts receivable, net of reserve for uncollectible accounts \$669,604 at February 28, 2023 and \$619,443 at June 30, 2022	4,491,639	4,031,250	8,522,889	5,136,408	3,180,707	8,317,115
Total Current Assets	<u>12,042,251</u>	<u>36,524,582</u>	<u>48,566,833</u>	<u>13,523,167</u>	<u>34,685,497</u>	<u>48,208,664</u>
Property and Equipment						
Land, building, furniture and equipment	3,819,586	9,773,078	13,592,664	3,828,354	9,742,614	13,570,969
Accumulated depreciation	(2,724,168)	(4,405,476)	(7,129,643)	(2,646,773)	(4,138,210)	(6,784,983)
Rights of use assets-building lease	1,753,343	-	1,753,343	1,753,343	-	1,753,343
Accumulated amortization-building lease	(918,071)	-	(918,071)	(679,424)	-	(679,424)
Total Property and Equipment	<u>1,930,690</u>	<u>5,367,603</u>	<u>7,298,293</u>	<u>2,255,500</u>	<u>5,604,404</u>	<u>7,859,904</u>
Other Assets						
Deposits and prepaid assets	214,844	378,157	593,001	38,122	508,459	546,581
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	<u>2,145,534</u>	<u>8,545,760</u>	<u>10,691,294</u>	<u>2,293,622</u>	<u>8,912,863</u>	<u>11,206,485</u>
Total Assests	<u>14,187,785</u>	<u>45,070,341</u>	<u>59,258,127</u>	<u>15,816,789</u>	<u>43,598,360</u>	<u>59,415,149</u>
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	2,857,668	-	2,857,668	2,857,668	-	2,857,668
Total Deferred Outflows of Resources	<u>2,857,668</u>	<u>-</u>	<u>2,857,668</u>	<u>2,857,668</u>	<u>-</u>	<u>2,857,668</u>
Total Assets and Deferred Outflows of Resouces	<u>\$ 17,045,453</u>	<u>\$ 45,070,341</u>	<u>\$ 62,115,795</u>	<u>\$ 18,674,457</u>	<u>\$ 43,598,360</u>	<u>\$ 62,272,817</u>
LIABILITIES						
Current Liabilities						
Accounts payable	306,214	1,778	307,992	274,821	24,000	298,821
Accrued payroll liabilities	156,198	337,441	493,638	133,589	166,355	299,944
Accrued vacation and sick leave	617,163	1,069,745	1,686,908	619,557	1,052,384	1,671,941
Deferred revenue	183,311	-	183,311	41,584	-	41,584
Reserve for Medi-Cal settlements	3,289,544	2,659,071	5,948,615	3,482,631	2,894,431	6,377,063
Current portion of lease liability	119,324	-	119,324	357,971	-	357,971
Total Current Liabilities	<u>4,671,754</u>	<u>4,068,034</u>	<u>8,739,788</u>	<u>4,910,153</u>	<u>4,137,171</u>	<u>9,047,324</u>
Intercompany Acct-MHSA & TCMH	(527,495)	527,495	-	740,003	(740,003)	-
Long-Term Liabilities						
Mortgages and home loan	-	29,435	29,435	-	29,435	29,435
Lease liability	715,948	-	715,948	715,948	-	715,948
Net pension liability	2,302,724	-	2,302,724	2,302,724	-	2,302,724
Unearned MHSA revenue	-	7,321,278	7,321,278	-	1,027,955	1,027,955
Total Long-Term Liabilities	<u>3,018,672</u>	<u>7,350,713</u>	<u>10,369,385</u>	<u>3,018,672</u>	<u>1,057,390</u>	<u>4,076,062</u>
Total Liabilities	<u>7,162,931</u>	<u>11,946,243</u>	<u>19,109,173</u>	<u>8,668,828</u>	<u>4,454,558</u>	<u>13,123,386</u>
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	13,290,168	13,290,168
Deferred inflows related to the net pension liability	2,010,157	-	2,010,157	2,010,157	-	2,010,157
Total Deferred Inflow of Resources	<u>2,010,157</u>	<u>-</u>	<u>2,010,157</u>	<u>2,010,157</u>	<u>13,290,168</u>	<u>15,300,325</u>
NET POSITION						
Invested in capital assets net of related debt	1,095,419	5,338,168	6,433,586	1,181,581	5,574,969	6,756,550
Restricted for MHSA programs	-	27,756,496	27,756,496	-	20,249,230	20,249,230
Unrestricted	6,776,947	29,435	6,806,382	6,813,891	29,435	6,843,326
Total Net Position	<u>7,872,365</u>	<u>33,124,099</u>	<u>40,996,464</u>	<u>7,995,472</u>	<u>25,853,634</u>	<u>33,849,106</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 17,045,453</u>	<u>\$ 45,070,341</u>	<u>\$ 62,115,795</u>	<u>\$ 18,674,457</u>	<u>\$ 43,598,360</u>	<u>\$ 62,272,817</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
EIGHT MONTHS ENDED FEBRUARY 28, 2023 AND 2022

	PERIOD ENDED 2/28/23			PERIOD ENDED 2/28/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 1,701,221	\$ 2,366,054	\$ 4,067,274	\$ 2,238,373	\$ 1,899,689	\$ 4,138,062
Medi-Cal FFP FYE Prior Year	295,388	310,501	605,889	-	-	-
Medi-Cal SGF-EPSDT	418,958	530,520	949,478	501,654	417,997	919,650
Medi-Cal SGF-EPSDT Prior Year	109,890	116,587	226,477	-	-	-
Medicare	4,277	1,784	6,061	8,120	3,751	11,871
Contracts	10,000	19,860	29,860	12,500	19,048	31,548
Patient fees and insurance	532	84	616	617	111	727
Rent income - TCMH & MHSA Housing	7,392	45,120	52,512	9,128	48,646	57,774
Other income	538	205	742	619	241	859
Net Operating Revenues	2,548,196	3,390,712	5,938,908	2,771,010	2,389,481	5,160,491
OPERATING EXPENSES						
Salaries, wages and benefits	5,198,309	9,841,615	15,039,924	5,193,366	7,705,183	12,898,549
Facility and equipment operating cost	389,415	781,855	1,171,271	533,282	844,396	1,377,678
Client lodging, transportation, and supply expense	54,050	448,395	502,445	155,862	578,594	734,456
Depreciation & amortization	191,156	429,481	620,638	111,889	285,454	397,343
Other operating expenses	388,996	1,174,006	1,563,002	384,366	774,346	1,158,712
Total Operating Expenses	6,221,927	12,675,353	18,897,279	6,378,765	10,187,973	16,566,738
OPERATING (LOSS) (Note 1)	(3,673,731)	(9,284,640)	(12,958,371)	(3,607,755)	(7,798,492)	(11,406,247)
Non-Operating Revenues (Expenses)						
Realignment	3,224,740	-	3,224,740	2,528,578	-	2,528,578
Contributions from member cities & donations	12,000	-	12,000	-	-	-
MHSA funds	-	16,352,860	16,352,860	-	11,870,954	11,870,954
Grants and Contracts	271,651	-	271,651	332,603	-	332,603
Interest Income	42,233	202,244	244,477	8,724	40,145	48,868
Interest expense	-	-	-	(11,840)	-	(11,840)
Gain/(Loss) on disposal of assets	-	-	-	(1,464)	-	(1,464)
Total Non-Operating Revenues (Expense)	3,550,624	16,555,104	20,105,729	2,856,601	11,911,099	14,767,700
INCOME (LOSS)	(123,106)	7,270,464	7,147,358	(751,154)	4,112,606	3,361,452
INCREASE (DECREASE) IN NET POSITION	(123,106)	7,270,464	7,147,358	(751,154)	4,112,606	3,361,452
NET POSITION, BEGINNING OF YEAR	7,995,472	25,853,634	33,849,106	4,787,631	24,868,486	29,656,117
NET POSITION, END OF MONTH	\$ 7,872,365	\$ 33,124,099	\$ 40,996,464	\$ 4,036,477	\$ 28,981,092	\$ 33,017,569

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

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF CASH FLOWS
EIGHT MONTHS ENDED FEBRUARY 28, 2023 AND 2022**

	PERIOD ENDED 2/28/23			PERIOD ENDED 2/28/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	\$ 2,577,097	\$ 2,374,967	\$ 4,952,064	\$ 2,985,938	\$ 2,881,687	\$ 5,867,625
Cash payments to suppliers and contractors	(1,074,457)	(2,438,156)	(3,512,614)	(1,377,082)	(2,191,743)	(3,568,825)
Payments to employees	(5,178,093)	(9,653,169)	(14,831,262)	(5,754,032)	(7,791,936)	(13,545,968)
	<u>(3,675,453)</u>	<u>(9,716,359)</u>	<u>(13,391,812)</u>	<u>(4,145,176)</u>	<u>(7,101,992)</u>	<u>(11,247,168)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	9,291,530	9,291,530	-	13,106,681	13,106,681
CalHFA-State Administered Projects	-	64,485	64,485	-	110	110
Realignment	3,882,962	-	3,882,962	2,528,578	-	2,528,578
Contributions from member cities	12,000	-	12,000	-	-	-
Grants and Contracts	188,100	-	188,100	321,923	-	321,923
	<u>4,083,062</u>	<u>9,356,015</u>	<u>13,439,077</u>	<u>2,850,501</u>	<u>13,106,792</u>	<u>15,957,293</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(8,327)	(50,699)	(59,026)	(89,419)	(213,870)	(303,289)
Principal paid on capital debt	-	-	-	(771,676)	-	(771,676)
Interest paid on capital debt	-	-	-	(11,840)	-	(11,840)
Intercompany-MHSA & TCMH	(1,267,498)	1,267,498	-	772,587	(772,587)	-
	<u>(1,275,825)</u>	<u>1,216,799</u>	<u>(59,026)</u>	<u>(100,347)</u>	<u>(986,457)</u>	<u>(1,086,804)</u>
Cash Flows from Investing Activities						
Interest received	58,381	319,926	378,307	7,946	48,058	56,004
	<u>58,381</u>	<u>319,926</u>	<u>378,307</u>	<u>7,946</u>	<u>48,058</u>	<u>56,004</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(809,835)	1,176,381	366,546	(1,387,076)	5,066,400	3,679,325
Cash Equivalents at Beginning of Year	8,386,759	31,504,790	39,891,549	8,578,296	26,320,242	34,898,537
Cash Equivalents at End of Month	<u>\$ 7,576,923</u>	<u>\$ 32,681,172</u>	<u>\$ 40,258,095</u>	<u>\$ 7,191,220</u>	<u>\$ 31,386,642</u>	<u>\$ 38,577,862</u>
Cash from the Balance Sheet	<u>7,550,612</u>	<u>32,493,332</u>	<u>40,043,944</u>			
YTD Gain/(Loss) from GASB 31 Fair Market Value	<u>\$ (26,311)</u>	<u>\$ (187,840)</u>	<u>\$ (214,151)</u>			

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
EIGHT MONTHS ENDING FEBRUARY 28, 2023
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
OPERATING REVENUES									
Medi-Cal FFP	\$ 1,855,202	\$ 4,240,789	\$ (2,385,587)	\$ 2,580,211	\$ 3,904,617	\$ (1,324,406)	\$ 4,435,413	\$ 8,145,406	\$ (3,709,993)
Medi-Cal SGF-EPSDT	456,879	1,400,295	(943,416)	578,539	1,113,575	(535,037)	1,035,418	2,513,871	(1,478,453)
Medicare	4,277	8,000	(3,723)	1,784	1,400	384	6,061	9,400	(3,339)
Patient fees and insurance	532	733	(201)	84	-	84	616	733	(117)
Contracts	10,000	13,333	(3,333)	19,860	16,667	3,193	29,860	30,000	(140)
Rent income - TCMH & MHSA Housing	7,392	7,392	-	45,120	46,667	(1,547)	52,512	54,059	(1,547)
Other income	538	733	(196)	205	-	205	742	733	9
Provision for contractual disallowances	(191,903)	(550,242)	358,339	(262,176)	(501,819)	239,643	(454,079)	(1,052,061)	597,982
Provision for contractual disallowances prior year	405,278	-	405,278	427,087	-	427,087	832,365	-	832,365
Net Operating Revenues	2,548,196	5,121,035	(2,572,839)	3,390,712	4,581,106	(1,190,394)	5,938,908	9,702,141	(3,763,232)
OPERATING EXPENSES									
Salaries, wages and benefits	5,198,309	7,061,470	(1,863,161)	9,841,615	11,393,408	(1,551,793)	15,039,924	18,454,878	(3,414,954)
Facility and equipment operating cost	402,852	629,993	(227,140)	799,688	1,330,774	(531,086)	1,202,540	1,960,767	(758,227)
Client program costs	49,229	36,983	12,247	412,828	716,782	(303,954)	462,057	753,765	(291,708)
Grants	-	-	-	56,750	220,000	(163,250)	56,750	220,000	(163,250)
MHSA training/learning costs	-	-	-	62,980	63,333	(354)	62,980	63,333	(354)
Depreciation & amortization	191,156	108,953	82,203	429,481	289,933	139,549	620,638	398,885	221,752
Other operating expenses	380,380	376,067	4,313	1,072,011	1,073,440	(1,429)	1,452,391	1,449,507	2,883
Total Operating Expenses	6,221,927	8,213,465	(1,991,539)	12,675,353	15,087,670	(2,412,317)	18,897,279	23,301,135	(4,403,856)
OPERATING (LOSS)	(3,673,731)	(3,092,431)	(581,300)	(9,284,640)	(10,506,564)	1,221,924	(12,958,371)	(13,598,995)	640,624
Non-Operating Revenues (Expenses)									
Realignment	3,224,740	2,933,333	291,407	-	-	-	3,224,740	2,933,333	291,407
Contributions from member cities & donations	12,000	12,000	-	-	-	-	12,000	12,000	-
MHSA Funding	-	-	-	16,352,860	14,780,860	1,572,000	16,352,860	14,780,860	1,572,000
Grants and contracts	271,651	536,667	(265,015)	-	-	-	271,651	536,667	(265,015)
Interest (expense) income, net	42,233	15,600	26,633	202,244	100,280	101,964	244,477	115,880	128,597
Total Non-Operating Revenues (Expense)	3,550,624	3,497,600	53,024	16,555,104	14,881,140	1,673,964	20,105,729	18,378,740	1,726,989
INCREASE(DECREASE) IN NET POSITION	\$ (123,106)	\$ 405,169	\$ (528,276)	\$ 7,270,464	\$ 4,374,576	\$ 2,895,888	\$ 7,147,358	\$ 4,779,745	\$ 2,367,613

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
EIGHT MONTHS ENDING FEBRUARY 28, 2023**

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

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

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

Net Operating Revenues

Net operating revenues are lower than budget by approximately \$3.8 million for the following reasons:

- 1 Medi-Cal FFP revenues for FY 2022-23** were \$3.7 million lower than the budget. Medi-Cal FFP revenues were approximately \$2.4 million lower for TCMH and \$1.3 million lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$1.9 million and the children program revenues were lower by \$528 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$633 thousand and the Children and TAY FSP programs were lower by \$691 thousand.
- 2 Medi-Cal SGF-EPSTD revenues for fiscal year 2022-23** were lower than budget by \$1.5 million of which \$943 thousand lower were from TCMH and \$535 thousand lower were from MHSA. SGF-EPSTD relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSTD) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.
 - > *Medi-Cal and Medi-Cal SGF-EPSTD revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled. For the fiscal year 2022-23, Tri-City is in the process of migrating from its current electronic health records (EHR) system to a new EHR system, CERNER. During this transition and training period, low volume of billings are to be expected as staff are learning and adapting to the new EHR system.*
- 3 Medicare revenues** are approximately \$3 thousand lower than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 Contract revenues** are in line with the budget.
- 5 Rent Incomes** are approximately \$2 thousand lower than the budget. The rental income represents the payments collected from Genoa pharmacy space leasing at the 2008 N. Garey and from the tenants staying at the MHSA house on Park Avenue.
- 6 Provision for contractual disallowances** for fiscal year 2022-23 was \$598 thousand lower than budget due to lower revenues. However, a total of \$832 thousand in prior years reserves were written off as per the state cost report audit settlement for FY12-13 and FY13-14. This amount essentially resulted in an increase to the current fiscal year operating revenues.

Operating Expenses

Operating expenses were lower than budget by \$4.4 million for the following reasons:

- 1 Salaries and benefits** are \$3.4 million lower than budget and of that amount, salaries and benefits are \$1.8 million lower for TCMH operations and are approximately \$1.6 million lower for MHSA operations. These variances are due to the following:
 - TCMH** salaries are lower than budget by \$1.3 million due to vacant positions and benefits are lower than budget by \$545 thousand. Benefits are budgeted as a percentage of the salaries. Therefore, when salaries are lower, benefits will also be lower.
 - MHSA** salaries are lower than budget by \$953 thousand. The direct program salary costs are lower by \$708 thousand due to vacant positions and the administrative salary costs are lower than budget by \$245 thousand. Benefits are lower than the budget by \$599 thousand. Of that, health insurance is lower than budget by \$343 thousand, retirement insurances are lower by \$131 thousand, state unemployment insurance is lower by \$53 thousand, workers compensation is lower by \$57 thousand, medicare tax and other insurances are lower by \$15 thousand.
- 2 Facility and equipment operating costs** were lower than the budget by \$758 thousand of which \$227 thousand lower were from TCMH and \$531 thousand lower were from MHSA. Lower facility costs were due to the implementation of the GASB 87 where most of the rent expense was reclassified as amortization expense (see depreciation and amortization below.) As for equipment, the lower costs were related to the CFTN expenses budgeted to be spent during the fiscal year that has not yet happened.
- 3 Client program costs** are lower than the budget by approximately \$292 thousand mainly from MHSA due to lower FSP client costs.
- 4 Grants for fiscal year 2022-23** are \$163 thousand lower than the budget mainly from the new Student Loan Forgiveness program under the WET plan which were scheduled to be disbursed during the last quarter of the fiscal year. Other grants awarded under the PEI Community Wellbeing project are higher than the budget by \$3 thousand due to timing.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
EIGHT MONTHS ENDING FEBRUARY 28, 2023**

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)

- 5 **MHSA learning and training costs** are in line with the budget.
- 6 **Depreciation and amortization** are \$222 thousand higher than the budget mainly due to the implementation of the GASB 87 where building leases are reported as the rights to use assets and the associated lease liabilities are recorded. These liabilities will then be gradually reduced as the rents are paid and the assets are monthly amortized.
- 7 **Other operating expenses** were higher than the budget by \$3 thousand of which \$4 thousand higher were from TCMH and \$1 thousand lower were from MHSA. In general, the higher costs were due to attorney fees, security expense and liability insurance offset by lower professional fees.

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are higher than budget by \$1.7 million as follows:

- 1 **TCMH non-operating revenues** are \$53 thousand higher than the budget. Of that, realignment fund is higher than the budget by \$291 thousand due to timing, grants and contracts are lower than the budget by \$265 thousand due to timing with the anticipation that the Mental Health Student Services Act (MHSSA) program to start and ram up during the fiscal year 2022-23 and lastly, interest income net with fair market value is higher than budget by \$27 thousand due to higher interest rate earned.
- 2 **MHSA non-operating revenue** is higher than the budget by approximately \$1.6 million. 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	\$ 13,039,819	\$ 12,284,819	\$ 755,000
PEI funds received and available to be spent	3,038,507	2,221,507	817,000
WET funds received and available to be spent	-	-	-
CFTN funds received and available to be spent	-	-	-
INN funds received and available to be spent	274,534	274,534	-
Non-operating revenues recorded	<u>\$ 16,352,860</u>	<u>\$ 14,780,860</u>	<u>\$ 1,572,000</u>

CSS recorded revenue is \$755 thousand higher than the budget. On January 18, 2023, the Governing Board approved Tri-City's First Amendment to the MHSA annual update for FY2022-23 to add a new Access To Care (ATC) program to CSS plan retroactively to July 1, 2022. This adding of a new program resulted in the recording of \$755 thousand of additional revenue to the CSS plan for FY2022-23.

PEI recorded revenue is \$817 thousand higher than the budget. As mentioned above for the CSS plan, on January 18, 2023, the Governing Board at the same time approved to move an existing School Based Services (SBS) program from TCMH to become a MHSA program under the PEI plan retroactively to July 1, 2022. This resulted in the recording of another \$817 thousand in revenue for the PEI plan for FY2022-23.

INN recorded revenue is in line with the budget.

Interest income for MHSA net with Fair Market Value is higher than budget by \$52 thousand due to higher interest rate earned.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
EIGHT MONTHS ENDED FEBRUARY 28, 2023 AND 2022

	PERIOD ENDED 2/28/23			PERIOD ENDED 1 2/28/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 1,701,221	\$ 2,366,054	\$ 4,067,274	\$ 2,238,373	\$ 1,899,689	\$ 4,138,062
Medi-Cal FFP FYE Prior Year	295,388	310,501	605,889	-	-	-
Medi-Cal SGF-EPSTD	418,958	530,520	949,478	501,654	417,997	919,650
Medi-Cal SGF-EPSTD Prior Year	109,890	116,587	226,477	-	-	-
Medicare	4,277	1,784	6,061	8,120	3,751	11,871
Realignment	3,224,740	-	3,224,740	2,528,578	-	2,528,578
MHSA funds	-	16,352,860	16,352,860	-	11,870,954	11,870,954
Grants and contracts	281,651	19,860	301,511	345,103	19,048	364,150
Contributions from member cities & donations	12,000	-	12,000	-	-	-
Patient fees and insurance	532	84	616	617	111	727
Rent income - TCMH & MHSA Housing	7,392	45,120	52,512	9,128	48,646	57,774
Other income	538	205	742	619	241	859
Interest Income	42,233	202,244	244,477	8,724	40,145	48,868
Gain on disposal of assets	-	-	-	(1,464)	-	(1,464)
Total Revenues	6,098,820	19,945,817	26,044,637	5,639,451	14,300,579	19,940,030
EXPENSES						
Salaries, wages and benefits	5,198,309	9,841,615	15,039,924	5,193,366	7,705,183	12,898,549
Facility and equipment operating cost	389,415	781,855	1,171,271	533,282	844,396	1,377,678
Client lodging, transportation, and supply expense	54,050	448,395	502,445	155,862	578,594	734,456
Depreciation & amortization	191,156	429,481	620,638	111,889	285,454	397,343
Interest expense	-	-	-	11,840	-	11,840
Other operating expenses	388,996	1,174,006	1,563,002	384,366	774,346	1,158,712
Total Expenses	6,221,927	12,675,353	18,897,279	6,390,605	10,187,973	16,578,578
INCREASE (DECREASE) IN NET POSITION	(123,106)	7,270,464	7,147,358	(751,154)	4,112,606	3,361,452
NET POSITION, BEGINNING OF YEAR	7,995,472	25,853,634	33,849,106	4,787,631	24,868,486	29,656,117
NET POSITION, END OF MONTH	\$ 7,872,365	\$ 33,124,099	\$ 40,996,464	\$ 4,036,477	\$ 28,981,092	\$ 33,017,569

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

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)



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

DATE: April 19, 2023

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

FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

CLINICAL SERVICES SPOTLIGHT: Mental Health Student Services Act Grant

In March 2022, Tri-City Mental Health Authority (Tri-City/TCMHA) accepted a Mental Health Student Services Act (MHSSA) grant from the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to increase the availability of , culturally-relevant, coordinated, family-driven, community and school-based services for high-risk youth and young adults (ages 25 and under) in Pomona, Claremont, and La Verne. Services include early intervention, suicide prevention, drop-out prevention, evidence-based mental health practices, and development and coordination of service plans to address ongoing needs

Through this MHSSA grant project, Tri-City is developing strong school-community mental health partnerships that will increase access to much needed services. Tri-City is following a “no wrong door” philosophy, removing barriers to timely access to care, and providing young residents with mental health services on school campuses. To that end Tri-City is making grant funds available for partners to support associated efforts that “provide increased access to mental health services in locations that are easily accessible to students and their families.” Tri-City Mental Health Authority has received ten applications from local school districts and youth serving agencies in the area for the sub grant. The review committee will be evaluating the applications and making award determinations to bring to the board next month for approval.

ACCESS TO CARE

The Access to Care Department continues to receive a steady flow of incoming services requests for individuals interested in accessing mental health services. In the month of March, the Access to Care Department welcomed three new team members to the team including a Clinical Therapist I, and two Mental Health Specialists to assist with meeting the needs of those we serve. The Access to Care department has also grown steadily over the past five years. Currently there are 14 team members in the Access to Care department, with one vacancy we are working to fill. The Access to Care team is a multi-disciplinary team that works together to coordinate care and support those who are trying to access services at Tri-City Mental Health Authority. The Access to Care department is equipped to support those coming in requesting services, to provide them with the needed resources they may need and to make sure they are able to access the services they need.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: April 19, 2023

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

UPDATES REGARDING THE COLLABORATION BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY AND GENOA HEALTHCARE® (PHARMACY)

For more than 20 years, Genoa has been providing pharmacy services dedicated to people living with serious and persistent mental illness, addiction, and other complex conditions. Their services have been tailored to meet the complex needs of our clients by providing free pre-fill pill organizers, no cost medication mailing or delivery and helping with insurance prior authorizations to avoid gaps in care. A peer-reviewed study comparing Genoa pharmacy consumers to those using a traditional retail pharmacy found that Genoa consumers had more than 90 percent medication adherence rate, 18 percent fewer emergency room visits and 40 percent fewer hospitalizations.

Monthly Snapshot for month of March:

- Total consumers: 503
- New consumers: 59
- Total prescriptions: 1,886 (up from 1,411 last month)
- Average daily prescriptions: 82
- Retention ratio for 2023:
 - January: 93.1%
 - February: 93.1%
 - March: 90.7%

Total Prescriptions – January to March 2023:

- Outpatient scripts increased from 908 in January to 1,117 in March
- Med-Monitoring scripts increased from 574 in January to 581 in March

It is important to note that patients are continually being switched from med-monitoring to outpatient which has been greatly helped by the weekly bubble packaging,(Genoa delivers weekly or every two weeks for patients transitioning from med-monitoring to outpatient).

Examples of the services provided by Genoa to our clients:

Medication counselling, follow up and reminder calls, assistance with insurance: assistance with prior authorizations, copay cards, compliance packaging: dispill multidose packaging, weekly and monthly bubble packaging, and vaccinations on site.



Tri-City Mental Health Authority Monthly Staff Report

DATE: April 19, 2023

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

BY: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

ETHNIC SERVICES



***Photo:** TCMH Chief Clinical Officer, ADELANTE Wellness Collaborative leads, and DEI Coordinator at the Latino/a Roundtable 19th annual Cesar Chavez Breakfast on March 31, 2023.*

On March 31st four Tri-City Mental Health staff attended the 19th annual Cesar Chavez breakfast hosted by Latino and Latina Roundtable. During the event, several community members were honored for their positive impact in the community of San Gabriel and Pomona Valley. Honorees included Lopez Urban Farm located in the city of Pomona and Pitzer College Workers and Student Alliance. First-generation students, farm workers, and organized communities shared powerful stories and highlighted continued barriers to bring awareness to the support needed in the Latino community.

Outreach & Engagement:

In efforts to increase youth involvement and bring awareness to the TAY Wellness Collaborative, on March 8th in partnership with the Community Navigators, TCMH attended the Paw to Share Wellness Day at the University of La Verne. Additionally, on March 28th TCMH attended the Bonita Unified School District Wellness Summit to continue to increase the utilization of services and involvement in all TCMH programs.

AGENDA ITEM NO. 10



MHSA COMMUNITY PLANNING PROCESS

On April 11, Tri-City's Mental Health Commission convened the annual MHSA Public Hearing to review the Three-Year Program and Expenditure Plan for FY 2023-24 – 2025-26. During the presentation, the Director of MHSA provided an overview of MHSA programming from FY 2021-22 which included outcomes and the projected budget for the next three years. Three of Tri-City's staff shared success stories from their clients which focused on perseverance and continuing to support individuals throughout their recovery journey. As the public hearing concluded, members of the Mental Health Commission unanimously voted to endorse the MHSA Three-Year Program and Expenditure Plan for FY 2023-24 – 2025-26 to Tri-City's Governing Board for approval and adoption.

COMMUNITY NAVIGATORS

The Community Navigator Program continues their outreach and engagement efforts by attending and providing resources at multiple community events. These events include Sigma Gamma Rho Youth Symposium in the City of Pomona, Bonita Unified School District Wellness Conference, The Probation Resource Fair in Pomona, and SPA 3 Homeless Connect Day. At each event, the Community Navigators had the opportunity to network with different agencies and organizations. Many community members also received information on the different services that are offered by Tri-City, and some were assisted with additional resources. During the Homeless Connect Event, the staff were also able to successfully connect participants attending the event with appointments for clinical services at Tri-City.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Wellbeing

During the month of March, CWB staff hosted several virtual one-on-one sessions with potential applicants for the Community Wellbeing Grants. During these sessions program staff discussed in detail the application and selection process for the grants. The application deadline was April 3 and Tri-City received 23 total applications: 19 from the

city of Pomona, 2 from the city of Claremont, and 2 from the city of La Verne. The next step is to convene the Application Review Committee which consists of two community members and one Tri-City staff. The application review will take place on April 19 and 20.

Stigma Reduction

May is Mental Health Awareness Month and Tri-City staff are planning several events in recognition of this important occasion.

May 9th from 12:00 pm -1:00 pm – Stress Management and Relief Webinar

Description: Everyone experiences stress at different points in their life. But when is stress a problem that requires our attention? Stress can show up in our bodies, emotions, and behavior in many ways. The good news is there are simple things you can do every day to protect your health. Come join us in this virtual wellness webinar and learn how to better manage and bring relief from the stressors we may feel in our daily lives.

Link to RSVP: <https://tricitymhs-org.zoom.us/meeting/register/tZlpde6vqDopGNNHUbHg96olx5kbJbtXwziv>

May 10th - Launch API Mental Health Day Social Media Post

Description: Making an acknowledgement on Tri-City's social media platform that every May 10 is nationally recognized as Asian Pacific Islander (API Mental Health Day). It will also include API mental health resources for the community.

For more information follow @TriCityMHS on Instagram

May 12th 6:00 pm - 7:30 pm – Wellness Center Movie Night

Description: Join us for a movie night with your family or friends at the Wellness Center!
Location: Wellness Center

The RAINBOW Collaborative will host their monthly meeting on May 18th at the Pomona Pride Center located at 386 S. Thomas St. in Pomona. This meeting will take place from 11:00 am to 12:00 pm. During this meeting, staff will highlight Mental Health Month by providing a space for community members to express the challenges they have seen in individuals that identify as LGBTQIA+ accessing mental health services, common misconceptions around mental health, and promote inter and external resources.

WELLNESS CENTER

The Wellness Center continues their planning process for the next annual summer camp program serving children ages 7-12. The camp is scheduled to take place this summer and will return to being an in-person event. Flyers were distributed in March, with applications being made available in April. This popular event was filled within the first few days of announcement.

INNOVATION

Psychiatric Advance Directives (PADs): Innovation staff successfully held an introduction meeting with LA County Probation officers to discuss the PADs project. Sixteen officers were in attendance which generated several comments and questions about the project and how it could benefit their work with community members. Several officers signed up to join Tri-City's tech workgroups that meet virtually twice a month.



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

DATE: April 19, 2023

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

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

SUBJECT: Monthly Best Practices Report

CERNER TRANSITION UPDATE

It has been eight months since the agency launched the Oracle Cerner - Electronic Health Record (EHR), and at this point in time, the agency's Specialty Mental Health Services have made an almost complete transfer into the new system.

In the month of April, we will conclude the second round of implementation optimization efforts, which multiple departments have been participating in for the last three months. The second round of optimization efforts focused on correcting both data and claiming gaps and errors, as a result of the transition.

With regarding to the Welligent - Electronic Health Record, we are wrapping up utilization of that system for Specialty Mental Health Services. However, we are in the process but are exploring the need and benefit for MHSA programs and other support programs to continue to use the Welligent System for programming and data tracking.

CALAIM – CLAIMING MODIFICATION PREPARATION

The Best Practices Division continues to prepare for the implementation of the next two CalAIM initiatives, which focus on how we claim for and are reimbursed for services. Implementation preparations include system and workflow developments, as well as ensuring that workforce members are oriented and trained on both the 'Big Picture' as well as the new requirements associated with claiming and reimbursement.

HIPAA SUMMIT

The Chief Compliance Officer participated in the 2023 Annual HIPAA Summit. The HIPAA Summit provides critical information regarding legal requirements, as well as, critical trending topics related to Health Information Privacy and Security. Some of the key points that were trending in this year's submit were related to Digital Health Privacy, Cyber Security, as well as Access and Data Exchange. HIPAA/Privacy/Security workforce members will continue to collaborate together to discuss agency needs and to implement relevant items to ensure agency compliance with HIPAA and other privacy and security laws governing health information.