TRI·CITY Mental Health

Founded in 1960 by the residents of Pomona, Claremont and La Verne.

TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

GOVERNING BOARD / MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

WEDNESDAY, DECEMBER 20, 2023 AT 5:00 P.M.

Meeting Place: MHSA Administration Building
2001 North Garey Avenue, Pomona, CA 91767

To join the meeting on-line clink on the following link:
https://link.edgepilot.com/s/8ca105b8/07i5jNjW3UO0Vfm-Ny5LkA?u=https://tricitymhs-org.zoom.us/j/83025289013?pwd=li5FB-REPv4wVWrP1P8BlMJ2xgvGkbl8.5tPf5UjI8NYgHfPR
Passcode: awFL+Wy4

Public Participation. *Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Governing Board. Therefore, members of the public are invited to speak on any matter on or off the agenda. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section.* ***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.***

In-person participation: raise your hand when the Governing Board Chair invites the public to speak.

Online participation: you may provide audio public comment by connecting to the meeting online through the zoom link provided; and use the Raise Hand feature to request to speak.

Please note that virtual attendance is a courtesy offering and that technical difficulties shall not require that a meeting be postponed.

Written participation: you may also submit a comment by writing an email to molmos@tricitymhs.org. All email messages received by 3:30 p.m. will be shared with the Governing Board before the meeting.

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 orMHC 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 / Child & Family
1900 Royalty Drive, Suite 180
Pomona, CA 91767
Phone (909) 766-7340
Fax (909) 865-0730

MHSA Administrative Office
2001 North Garey Avenue
Pomona, CA 91767
Phone (909) 623-6131
Fax (909) 326-4690

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

GOVERNING BOARD CALL TO ORDER

Chair Leano calls the meeting to Order.

ROLL CALL

Board Members Carolyn Cockrell, Paula Lantz, Wendy Lau, Elizabeth Ontiveros-Cole, and Ron Vera; Vice-Chair John Nolte; and Chair Jed Leano.

MENTAL HEALTH COMMISSION ROLL CALL

GB Liaison Carolyn Cockrell; Commissioners Clarence D. Cernal, Isabella A. Chavez, Nichole Perry, Joan M. Reyes, Twila L. Stephens, and Toni L Watson; Vice-Chair Wray Ryback; and Chair Anne Henderson.

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

PRESENTATION

TRI-CITY MENTAL HEALTH AUTHORITY HOUSING OVERVIEW

MENTAL HEALTH COMMISSION

1. APPROVAL OF MINUTES – MENTAL HEALTH COMMISSION REGULAR MEETING OF SEPTEMBER 12, 2023

Recommendation: "A motion to approve the Mental Health Commission Minutes of its Regular Meeting of September 12, 2023."

2. SELECTION OF AN AD-HOC COMMITTEE TO PREPARE THE 2023 DATA NOTEBOOK FOR LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

Recommendation: "That the Mental Health Commission create an Ad-Hoc Committee to work with TCMHA staff to complete the 2023 Data Notebook for FY 2021-22."

CONSENT CALENDAR

3. APPROVAL OF MINUTES FROM THE AUGUST 9, 2023 GOVERNING BOARD ADJOURNED REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Adjourned Regular Meeting of August 9, 2023."

4. APPROVAL OF MINUTES FROM THE NOVEMBER 15, 2023 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of November 15, 2023."

5. CONSIDERATION OF RESOLUTION NO. 727 ESTABLISHING THE 2024 MEETING SCHEDULE OF THE TRI-CITY MENTAL HEALTH AUTHORITY GOVERNING BOARD AND MENTAL HEALTH COMMISSION

Recommendation: "A motion to adopt Resolution No. 727 establishing the dates, time, and place where the Governing Board and the Mental Health Commission Meetings are held."

6. CONSIDERATION OF RESOLUTION NO. 728 ADOPTING TRI-CITY MENTAL HEALTH AUTHORITY'S PUBLISHED RATES EFFECTIVE FY 2022-23

Recommendation: "A motion to adopt Resolution No. 728 establishing TCMHA's Published Rates effective Fiscal Year 2022-23."

NEW BUSINESS

7. CONSIDERATION OF RESOLUTION NO. 729 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A SUBORDINATION AND INTERCREDITOR AGREEMENT WITH RESTORE NEIGHBORHOODS, LA, INC. (RNLA) AND THE LENDERS OF THE CLAREMONT GARDENS SENIOR HOUSING PROJECT AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA

Recommendation: "A motion to adopt Resolution No. 729 authorizing the Executive Director to execute a new "Subordination and Intercreditor Agreement" for the Claremont Gardens senior housing project located at 956 W. Baseline Road in Claremont, California.

8. CONSIDERATION OF RESOLUTION NO. 730 APPROVING THE SUBCONTRACTOR AGREEMENT FOR THE HUD CONTINUUM OF CARE PROGRAM WITH THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY (LACDA); AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Recommendation: "A motion to adopt Resolution No. 730 Authorizing the Executive Director to execute the Subcontractor Amendment with LACDA for the HUD Continuum of Care Program."

MONTHLY STAFF REPORTS

9. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

10. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

11. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

12. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

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

14. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

Members of the Governing Board or Mental Health Commission 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 or Mental Health Commission Agenda.

PUBLIC COMMENT

The Public may at this time speak regarding any Tri-City Mental Health Authority related issue. No action shall be taken on any item not appearing on the Agenda. The public participating on-line can make a comment by using the 'raised hand' feature. The Chair reserves the right to place limits on duration of comments.

ADJOURNMENT

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, January 9, 2024 at 3:30 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, January 17, 2024 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 MENTAL HEALTH COMMISSION
SEPTEMBER 12, 2023 – 3:30 P.M.

The Mental Health Commission held on Tuesday, September 12, 2023 at 3:30 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Chair Henderson called the meeting to order at 3:34 p.m.

ROLL CALL Roll call was taken by Chief Clinical Officer Renteria.

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Carolyn Cockrell, GB Member Liaison
Toni L. Watson
Nichole Perry
Joan M. Reyes
Twila L. Stephens

ABSENT: Wray Ryback, Vice-Chair
Clarence D. Cernal
Isabella A. Chavez

STAFF:

PRESENT: Rimmi Hundal, Executive Director
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Director of MHSA & Ethnic Services
Jessica Arrellano, Administrative Assistant

REGULAR BUSINESS

I. APPROVAL OF MINUTES FROM THE JULY 11, 2023 MENTAL HEALTH COMMISSION REGULAR MEETING

Commissioner Watson moved, and Commissioner Reyes seconded, to approve the Mental Health Commission Minutes of their Regular Meeting of July 11, 2023. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

II. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Hundal gave an update regarding Behavioral Health Reform, also known as the Mental Health Services Act (MHSA). She shared that in March of 2023 Governor Newsom's administration announced their plan for behavioral health reform; that the initiative, Senate Bill 326, is known as the modernization of the Mental Health Services Act; that it is designed to improve how California treats mental illness, substance abuse, and the homeless; that this bill will lead to at least one billion every year in local assistance for housing and residential services for people experiencing mental illness and substance abuse disorders; that it will allow MHSA funds to serve people with substance abuse disorders; that it will no longer be called Mental Health Services Act (MHSA) but Behavioral Health Services Act (BHSA). She added that over the past month, the initiative has gone through several amendments and revisions, with additional amendments to come; that Tri-City Mental Health Authority Staff has been on calls with the State; that County Behavioral Health Directors Association (CBHDA) has been lobbying for TCMHA and recommending their amendments to the State. Executive Director Hundal explained that due to the expansion to cover substance abuse disorders, the bill updates the name from MHSA to BHSA; that if the bill passes there are going to be three buckets of funding; that 30% of the funding will go for housing intervention for children and families, 35% will go for full service partnerships, which will also help with the implementation of CARE Court, 35% of the funding will support behavioral health services and supports, which includes early intervention, outreach and engagement, Workforce Education and Training (WET), Capital Facilities and Technology Needs, as well as innovative pilots that they have. She shared that the initiative is scheduled to go on the ballot on March 5th; that if it is approved, we have enough time to make the changes; that changes go into effect in 2026; that until then, services will continue as is; that staff is on the calls listening to the most up to date information; that staff is waiting for the final draft of the bill; that TCMHA will continue to provide programming and services, although structure and funding allocation may change to meet the new requirements. She assured the Commission that they will still receive an annual update each year; that they are still in their three-year plan phase; that the next two years will be business as usual; that once the bill is passed, TCMHA will host a community forum in March of 2024 to provide an update regarding the changes that will take place. Executive Director Hundal concluded by saying that whatever changes come, staff will be ready.

COMMISSION ITEMS AND REPORTS

Commissioner Reyes shared about a new bill that will be placed on the ballot regarding the shift from restitution for the State that juveniles pay when there is a crime to the State; that it is Assembly Bill 1186 and it proposes an end to youth being charged restitution fines, an amount owed by those who are found to have committed the crime and then paid to victims of the crime; that if this is something that TCMHA can weigh in on. She added another item regarding mental health and gun violence; that the link between the mentally ill and crime is very low; that a few months back, there was discussion about contacting behavioral health agencies about a Public Service announcement that would destigmatize the link between the mentally ill and gun violence; that those who are mentally ill might be reluctant to seek care since it stigmatizes them further.

Chair Henderson mentioned that she received information about this year's Data Notebook and inquired if any other Commissioners received information about it as well. Executive Director Hundal responded that staff received information regarding the data notebook once the meeting agenda was already posted but it will be presented at next month's Mental Health Commission meeting.

PUBLIC COMMENT

There was no public comment.

PUBLIC HEARING – MENTAL HEALTH SERVICES ACT (MHSA)

Chair Henderson opened the Public Hearing for the Mental Health Services Act (MHSA). She referred to MHSA Projects Manager, Sarah Rodriguez, who is the facilitator for the Public Hearing. Director of MHSA and Ethnic Services Barford expressed her gratitude to the Commission and the community members for attending; that the public hearing is for a new innovation proposal; that the proposal is regarding the community planning process for innovations; that this was developed out of a need; that there was a desire to strengthen community engagement and stakeholder involvement which evolved into this project.

MHSA Project Manager Rodriguez introduced herself and began a land acknowledgement. She recognized that Tri-City Mental Health Authority operates on Tonga Land; that they honor the Tonga ancestors; that they are thankful for the opportunity to continue to identify ways to serve the Tonga people, support the preservation of their culture and partner with this historically underrepresented people. She continued to present about the background of the Mental Health Services Act, also known as MHSA Act; that in 2004, California voters passed the Mental Health Services Act, Proposition 63; that in 2005, the new funding began, and it was a huge overhaul for mental health services; that back in the 1960's a lot of the State hospitals closed down and it continued through the 1990's; that MHSA is funded from the Millionaires tax, which is a one percent tax that comes from anyone whose personal income exceeds a million dollars. She continued to share that MHSA funding is robust; that the funding originally accounted for 10% of California community mental health budget, which has grown to 24%, almost a quarter of all funding in California. She explained that there are five components of MHSA: Community Service Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities and Technological Needs (CFTN), and Workforce Training and Education (WET). MHSA Project Manager Rodriguez shared a quote, thanked the community members in attendance, and added that it is essential to involve the voice and input of community members in the creation of programs and services. She stated that the initiative is focused on stakeholder involvement and impact; that a stakeholder can be anyone who has an investment, an interest, or experience with mental and behavioral health services in the community of Claremont, La Verne, or Pomona; that stakeholder input acts as one of the pillars that determines how funds are spent; that public funds cannot be spent without public input; that every community is unique and the diverse perspectives of various individuals and cultures that live in the community are necessary. She expressed that Tri-City Mental Health Authority desires the community to be involved in the process of building something for them to serve the community.

Workforce Education and Training Supervisor Colt shared that she was recently promoted to a new position as Workforce Education and Training Supervisor; that she is still overseeing Innovation; that she started this project and continues to be a part of it; she introduced two new members on the Innovation team, Paulina, the Program Coordinator and Rachel, the Clinical Wellness Advocate. She continued to explain how the plan came to fruition; that it began with a proposed Restorative Practices for Improving Mental Health Plan, a community and stakeholder involved plan that was proposed in 2021; that the plan was denied at the State level by the Mental Health Services and Oversight Accountability Commission; that one of the reasons they did not approve it was because they did not believe that there was enough stakeholder involvement in the process. She shared that staff went back to the drawing board with work groups and held five

Innovation work groups over the course of 2020-2023; that with each meeting, attendance declined; that staff was led to discuss and brainstorm how to increase stakeholder involvement to gather community input; that the process eventually led to creating the community planning process for Innovation projects. She explained that the project involves taking the Innovation funds and putting them toward the community planning process; that the community planning process is implemented ever year during the creation of the annual plan or when there is a three year update; that there are stakeholder meetings and work groups where ideas and issues in the community are brought to the forefront, which then inform new plans or projects; that Tri-City Mental Health Authority would really like to focus on getting the community involved; that they would like to hold focus groups with diverse community demographics; that they would like to develop relationships with cultural brokers; that they want to increase peer involvement. She defined peers as those who know how the services are being used, those who use the services, and those who can provide feedback on the services. She shared that for this project, there is an estimated cost of 675,000 dollars over the course of three years; that the goals for the community planning process is to increase community participation; that they have already started by sharing the flyers for the public hearing and talking about it at every outreach event and meeting that staff attends; that a lot of effort is being put forth to increase participation in the community; that they would like feedback from the target populations; that they want to know their awareness of mental health and services that TCMHA provides, the best way to reach them, the type of resources they need, any areas of concern; that they also want to gain a better understanding of the issues faced by persons with substance abuse disorders, as well as people experiencing homelessness. Workforce Education and Training Supervisor Colt referred to the new legislation, SB 326, stating that it will benefit the program if it passes. She mentioned that they also want to increase their marketing and communication through marketing materials and social media, since they know a lot of community members are on social media; that they would like to apply all the knowledge that is learned through the process to develop new ideas for the Innovation plan, the three-year plan and the annual updates. She shared the learning questions for the project that inquire about the effects of peer-led focus groups, peer involvement, longevity of peer involvement, in-person meetings, marketing strategies and more; that they would like to focus on the target populations which are African American Adults and Youth, Spanish Speaking Adults and Youth, Older Adults, People experiencing homelessness and Substance Abuse Disorders, LGBTQ+, Transitioning Adolescent Youth and Adults, Family/Loved ones of persons served by Tri-City and Law Enforcement and First Responders. She explained a breakdown of the budget for the project; that over the course of three years, the budget includes direct salaries for staff; that they like to hire peer consultants who are local to the community; that it is someone who can help build the peer base; that they will also be hiring a marketing team; that they would like to provide stipends and meals as an incentive for those who participate in the stakeholder meetings; that supplies and transportation vouchers are also included in the budget, which totals out to $675,000.

Workforce Education and Training Supervisor Colt concluded by sharing a roadmap of how the project started and where it is going; that the Restorative Practices for Mental Health was denied in June 2021; that workgroups were held from 2022-2023; that the plan was drafted at the beginning of 2023, then it was sent to the Mental Health Services Oversight Accountability Commission for technical support and make sure the project was on the right track; that they offered some input to add substance abuse disorder and homelessness to the plan; that the plan was sent to the TCMHA executive team for their review and input; that it is now coming to the Mental Health Commission for approval and it will be going to the Governing Board for approval the following week; that it will be going to MHSOAC in October and that it should be approved.

Workforce Education and Training Supervisor Colt opened it up for public comment.

Commissioner Reyes inquired about the target populations listed, specifically about adding the Asian American and Native American groups. Workforce Education and Training Supervisor Colt responded in the affirmative, stating that she will add those groups to the list. Chair Henderson added that the disabled population is also missing from the list. Workforce Education and Training Supervisor Colt responded in the affirmative, stating that she will add them as well.

Commissioner Stephens inquired about the plan that was previously denied and if this one is different.

A member of the public made a comment stating that it is possible that the community may hear about events but they may not remember and might need more support.

Another member of the public, Trent West, inquired about the $675,000 budget and if that is for the entire Innovation plan or if there are other innovation projects being funded. Director of MHSA and Ethnic Services Barford responded by saying that there are two projects that are ongoing; that they have this dollar amount for this specific project and they receive 5% on an annual basis of the MHSA funding that come to them for Innovation funding. Member of the public, Trent West, inquired about the total budget for the project, more specifically, the annual budget for innovation projects for Tri-City Mental Health Authority. Executive Director Hundal responded by saying that whatever number they get from the State, that 5% of that will always go towards Innovation, but it is difficult to give an exact dollar amount due to the fluctuating nature of the Millionaires tax. Director of MHSA and Ethnic Services Barford responded by directing Mr. West to the budget in the 2 year plan that is posted on the website. Mr. West gave suggestions to increase participation; that TCMHA should attempt to include input from caregivers; that if there is a way to reach out to them, it would be helpful to hear their feedback regarding programs for their loved ones that might need a community; that the caregivers may be more high functioning than the clients.

Director of MHSA and Ethnic Services responded by sharing that TCMHA has a close relationship with a program called Family that is designed for caregivers; that they support the program that they have the opportunity to let them know what the needs are, the needs of their clients and the person they are working with.

Mr. West inquired about where to get more information about services that are available for clients who need transportation assistance to get to appointments and etc. Workforce Education and Training Supervisor Colt responded by sharing about the Community Navigators; that there are flyers about the Community Navigators on the table.

Commissioner Perry inquired about the peers and where they are coming from. Workforce Education and Training Supervisor Colt responded by stating that peers are those who are receiving services or who have graduated from services and know Tri-City Mental Health Authority well; that it is one of the reasons they would like to work with a peer support consultant in the area; that going through the wellness center to work with peers who have received services would be the people that they want involved. She then acknowledged that everyone in the room is also a stakeholder.

Commissioner Watson moved, and Commissioner Stephens seconded, to close the Public Hearing. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

Commissioner Watson moved, and Commissioner Reyes seconded, to approve the Community Planning Process for Innovation Projects and using the $675,000 of Mental Health Services Act Innovation Plan Funds. The motion was carried by the following vote: AYES: Commissioner Watson, Commissioner Stephens, Commissioners Reyes, Commissioner Perry, GB Liaison Cockrell; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Cernal, Commissioner Chavez, and Vice-Chair Ryback.

ADJOURNMENT

At 4:17 p.m., on consensus of the Mental Health Commission its meeting of September 12, 2023 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, October 10, 2023 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

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Elizabeth Renteria, Chief Clinical Officer

Tri-City Mental Health Authority
AGENDA REPORT

DATE: December 20, 2023

TO: Tri-City Mental Health Authority Mental Health Commission

FROM: Rimmi Hundal, Executive Director

BY: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Selection of an Ad-Hoc Committee to Prepare the 2023 Data Notebook for Local Behavioral Health Boards and Commissions

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Summary:

The Tri-City Mental Health Commission participates in the preparation of the California Behavioral Health Planning Council's annual Data Notebook project. Therefore, Members of the Mental Health Commission customarily form an Ad-Hoc Committee to work with Tri-City Mental Health Authority staff to complete the 2023 Data Notebook.

Background:

At its Regular Meeting of July 11, 2023, the Mental Health Commission selected three goals for Fiscal Year 2023-24 as follows: 1) to have 100% quorum at all of the regularly scheduled meetings of the Mental Health Commission; 2) to participate in community events, programs, and advisory councils; and 3) to prepare the 2023 Data Notebook for Local Behavioral Health Boards and Commissions. Accordingly, the Mental Health Commission will create an Ad-Hoc Committee to oversee goal #3.

The Data Notebook is a structured format to review information and report on each county's behavioral health services. This system includes both mental health and substance use treatment services designed for specific age groups of adults or children and youth. Local behavioral health boards/commissions (local boards) are required to review performance outcome data for services in their county and to report their findings each year to the California Behavioral Health Planning Council (CBHPC). These responses are then analyzed by staff to create a yearly report to inform policy makers, stakeholders, and the public.

The California Behavioral Health Planning Council (CBHPC) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The CBHPC is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California.

Recommendation:

Staff recommends that the Mental Health Commission create an Ad-Hoc Committee to work with Tri-City staff to complete the Data Notebook for FY 2021-22.

Attachments:

Attachment 2-A: CBHPC 2023 Data Notebook Survey Document

DATA NOTEBOOK 2023

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or, you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2023 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2023 Data Notebook, please use the following link and fill out the survey online:
https://www.surveymonkey.com/r/DP8XG65

Please note, if you are working from a PDF, scanned image or photocopy, you will need to Copy/Paste or type the above address into your browser bar.

Table of Contents

CBHPC 2023 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. These responses are analyzed by Planning Council staff to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

In 2019, we developed a section (Part I) with standard questions that are addressed each year to help us detect any trends in critical areas affecting our most vulnerable populations. These include foster youth, homeless individuals, and those with serious mental illness (SMI) who need housing in adult residential facilities (ARFs) and some other settings. These questions assist in the identification of unmet needs or gaps in services that may occur due to changes in population, resources, or public policy.

What's New This Year?

The topic selected for the 2023 Data Notebook is stakeholder engagement. The Planning Council has long supported upholding the principles of the Mental Health Services Act (MHSA) and encourages consumer and family member participation in the

[1] W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

stakeholder process for behavioral health services through the Community Program Planning (CPP) process, as well as other stakeholder engagement activities.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health (BH) programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

In addition, the Planning Council will provide our annual 'Overview Report', which is a compilation of information from all of the local behavioral health boards/commissions who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions. The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to SAMHSA[3].

Example of Statewide Data for Specialty Mental Health and Access Rates

Tables 1-A and 1-B on the next two pages shows typical data and demographics for California recipients of Specialty Mental Health Services (SMHS) for fiscal year (FY) 2021-2022. These are the most recent data available at the time this document was prepared. SMHS are intended for adults with serious mental illness (SMI) and for children with serious emotional disorders (SED). The category of 'certified eligibles' means those persons (also called beneficiaries) who are eligible and approved to receive Medi-Cal benefits for health care.

These metrics are from datasets developed in accordance with California Welfare and Institutions code § 14707.7 (added as part of Assembly Bill 470 on 10/7/17). Due to recent changes in how AB 470 data is presented by DHCS in the Behavioral Health Demographic Dashboard[4], demographic metrics presented are not exact, as the dashboard rounds them to the nearest .1 thousand (k) or million (M).

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[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Mental Health Boards and Commissions, https://www.CALBHBC.org.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.
[4] AB 470 Mental Health Services Demographics Dashboards, published by California Department of Health Care Services (DHCS) at: https://behavioralhealth-data.dhcs.ca.gov/

Table 1-A. California Children and Youth: Access Rates for Specialty Mental Health Services,[5] Fiscal Year 2021-22.

	Specialty Mental Health Services		
	FY 21-22		
	Number of Clients with MH Visits	Certified Eligibles	Rate
Children 0-2	6.8k	740.9k	0.9%
Children 3-5	15.9k	802.6k	2.0%
Children 6-11	68.5k	1.7m	4.0%
Children 12-17	119.2k	1.8m	6.7%
Youth 18-20	35.1k	79.1k	4.4%
Alaskan Native or American Indian	1k	12.3k	5.5%
Asian or Pacific Islander	7.4k	359.6k	2.0%
Black	23.7k	378.7k	6.3%
Hispanic	146.3k	3.3M	4.4%
Other	12.8k	445.5k	2.9%
Unknown	128.k	548.5k	2.5%
White	40.6k	750.3k	5.4%
Female	130.1k	2.8M	4.6%
Male	114.4k	3M	3.9%
Totals and Average Rates	244.5k	5.8M	4.3%

Notes: The first column presents the demographic groups of interest. Next there are three columns. The first column of numbers shows the number of clients who received one or more services, described as Specialty Mental Health Visits. The second column of numbers is labeled 'Certified Eligibles', which is the number of clients who were deemed eligible and approved to received health care paid by Medi-Cal. The third column of numbers represents the service penetration rates. These penetration rates are taken as one measure of Access. They are calculated by dividing the total number

[5] In contrast, non-specialty Mental Health Services (i.e., Managed Care (MC), Fee-for-Service (FFS), etc), services generally designed for people with mild-to-moderate mental health needs.

of Clients with MH visits by the total number of Medi-Cal Eligibles, multiply by 100 to express the result as a percentage; this is taken as the "Access Rate."

Table 1-B. California Adults and Older Adults, Access Rates for Specialty Mental Health Services, Fiscal Year 2021-22.[6]

	Specialty Mental Health Services		
	FY 21-22		
	Number of Clients with MH Visits	**Certified Eligibles**	**Rate**
Adults 21-32	102.2k	2.8M	3.6%
Adults 33-44	88.2k	2.3M	3.9%
Adults 45-56	71.5k	1.7M	4.1%
Adults 57-68	6.5k	1.6M	4.1%
Adults 69+	14.6k	1.1M	1.30%
Alaskan Native or American Indian	2.1k	38.8k	5.5%
Asian or Pacific Islander	19.4k	1.1M	1.8%
Black	50.3k	706.3k	7.1%
Hispanic	103.9k	4.1M	2.5%
Other	36.9k	977.8k	3.8%
Unknown	29.8k	684.6k	4.4%
White	99.1k	1.9M	5.1%
Female	177.3k	5.3M	3.3%
Male	164.2k	4.2M	3.9%
Totals and Access Rates	341.5k	9.5M	3.6%

Notes: The data for Adults and Older Adults were calculated similarly to the data for Children and Youth in Figure 1-A. For example, out of all Adult 9.5M Medi-Cal eligibles, a total of 341.5k individuals, i.e. 3.6% received Specialty Mental Health Services (SMHS).

[6] For comparison, the population of the state of California was **39,029,342** on April 1, 2020, according to the U.S. Census Bureau. https://www.census.gov/quickfacts/CA. Of those residents,24.3% of Californians were adults (age 21 and above) receiving Med-Cal benefits. Also, 14.9 % of Californians were children or youth ≤ 20 who received Medi-Cal benefits. These numbers show that 39.2 % of all Californians of all age groups received Medi-Cal in FY 2021-22.

CBHPC 2023 Data Notebook – Part I:

Standard Yearly Data and Questions for Counties and Local Boards

In recent years, changes in data availability permit local boards and other stakeholders to consult some Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) treatment. Standard data are analyzed each year to evaluate the quality of county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data are found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.[7]

The Planning Council would like to examine some county-level data that are not readily available online and for which there is no other public source. Please answer these questions using information for fiscal year (FY) 2021-2022 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.' We acknowledge and appreciate the necessary time and effort provided by local boards and their behavioral health departments to collect and discuss these data.

Adult Residential Care

There is little public data available about who is residing in licensed facilities listed on the website of the Community Care Licensing Division[8] at the CA Department of Social Services. This lack of data makes it difficult to know how many of the licensed Adult Residential Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires collection of data from licensed operators about how many residents have SMI and whether these facilities have services to support client recovery or transition to other housing. The response rate from facility operators does not provide an accurate picture for our work.

The Planning Council wants to understand what types of data are currently available at the county level regarding ARFs and Institutions for Mental Diseases (IMDs)[9] available to serve individuals with SMI, and how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs. 'Bed day' is

[7] www.mhsoac.ca.gov, see MHSA Transparency Tool, under 'Data and Reports'
[8] Link to Licensed Care directory at California Department of Social Services. https://www.ccld.dss.ca.gov/carefacilitysearch/
[9] Institution for Mental Diseases (IMD) List: https://www.dhcs.ca.gov/services/MH/Pages/IMD-List.aspx

defined as an occupancy or treatment slot for one person for one day. One major difference is that IMDs offer mental health treatment services in a psychiatric hospital or certain types of skilled nursing home facilities. In contrast, a non-psychiatric facility such as an ARF is a residential facility that may provide social support services like case management but not psychiatric treatment.

The following is a text summary of the survey questions for Part I of the 2022 Data Notebook. Please note that the questions are presented here in a different format than the finalized SurveyMonkey online survey. Refer to the PDF preview of the SurveyMonkey survey to see a more accurate presentation of the items.

Questions:

1) **Please identify your County / Local Board or Commission.**

2) **For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Care Facility (ARF), during the last fiscal year?** (*Text response*)

3) **What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?** (*Text response*)

4) **Unmet needs: how many individuals served by your county behavioral health department need this type of housing but currently are <u>not</u> living in an ARF?** (*Text response*)

5) **Does your county have any 'Institutions for Mental Disease' (IMD)?**
   a. No
   b. Yes. If Yes, how many IMDs? *(Text response*)

6) **For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?**
   In-county: (*Text response*) Out-of-county: (*Text response*)

7) **What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?** (*Text response*)

Homelessness: Programs and Services in California Counties

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that only one in three individuals who are homeless also have serious mental illness and/or a substance use disorder. The Planning Council does not endorse the idea that homelessness is caused by mental illness, nor that the public BH system is responsible to fix homelessness, financially or otherwise. However, we do know that recovery happens best when an individual has a safe, stable place to live.

The issue of homelessness is very complex and involves multiple systems and layers of interaction. Therefore, the Council will continue to track and report on the programs and supports offered by counties to assist homeless individuals who have SMI and/or SUD. Causes and contributory factors are complex, and thus our solutions will need to address numerous multidimensional and multi-systemic challenges.

Every year, the states, counties, and many cities perform a "Point-in-Time" count[10] of the homeless individuals in their counties, usually on a specific date in January. Such data are key to state and federal policy and funding decisions. The pandemic disrupted both the methods and the regular schedule for the count in 2021, during which there was no data collected for California's unsheltered population due to Covid-19 protocols. Those preliminary data were taken down subsequently for further review before re-posting. Therefore, the "percent increase" column for this table compares the 2022 totals with the totals for *2020*, for which there was complete data.

[10] Link to data for yearly Point-in-Time Count:
https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf

Table 3: State of California Estimates of Homeless Individuals Point in Time[11] Count 2022

Summary of Homeless individuals	SHELTERED	UNSHELTERED	TOTAL 2022	Percent Increase over 2022
Persons in households without children	34,545	110,888	145,433	7.7%
Persons in households with children	21,253	4,285	25,538	-0.9%
Unaccompanied homeless youth	2,828	6,762	9,590	-21.2%
Veterans	3,003	7,392	10,395	-8.8%
Chronically homeless individuals	15,773	45,132	60,905	17.6%
Total (2020) Homeless Persons in CA	56,030	115,491	171,521	6.2%
Total (2020) Homeless Persons, USA	348,630	233,832	582,462	.3%

[11] PIT Count = yearly January Point-in-Time Count of Homeless Individuals, conducted according to the guidance of the U.S. Department of Housing and Urban Development (www.HUD.gov). Sheltered persons include those who were in homeless shelters and various types of transitional or emergency housing.

Questions, continued:

8) **During fiscal year 2021-2022, what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness?** (Mark all that apply.)
    a. Emergency Shelter
    b. Temporary Housing
    c. Transitional Housing
    d. Housing/Motel Vouchers
    e. Supportive Housing
    f. Safe Parking Lots
    g. Rapid Re-Housing
    h. Adult Residential Care Patch/Subsidy
    i. Other (*Please specify)*

Child Welfare Services: Foster Children in Certain Types of Congregate Care

In California, about 60,000 children under the age of 18 are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receive foster children, but a small number of the children need a higher level of care and are placed in a setting with more sophisticated services.

California is striving to move away from facilities formerly known as long-term group homes, and prefers to place all youth in family settings, if possible. Regulations have revised the treatment facilities for children whose needs cannot be met safely in a family setting. The new facility type is called a Short-Term Residential Treatment Program (STRTP). STRTPs are designed to provide short-term placement that includes intensive behavioral health services.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting, or who are in a family setting and experience a crisis that requires short-term intensive treatment.

Some counties do not yet have STRTPs and may place children/youth in another county or even out-of-state. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

Examples of the foster care CDSS data for Q4, 2020, in CA:

- Total foster youth and children: 53,180
- Total placed in an STRTP: 2,444 (or 4.6% of foster youth)
- Total STRTP placed out-of-county: 1174 (or 2.2% of foster youth)
- Total STRTP placed out-of-state: 66 (or 0.12 % of foster youth)

Questions (continued):

9) **Do you think your county is doing enough to serve the foster children and youth in group care?**
    a. Yes
    b. No. If No, what is your recommendation? Please list or describe briefly. (*Text response*)

10) **Has your county received any children needing "group home" level of care from another county?**
    a. No
    b. Yes. If Yes, how many? (*Text response*)

11) **Has your county placed any children needing "group home" level of care into another county?**
    a. No
    b. Yes. If Yes, how many? (*Text response*)

CBHPC 2023 Data Notebook – Part II:

Stakeholder Engagement in the Public Mental Health System

Context and Background

The topic selected for the 2023 Data Notebook is “stakeholder engagement.” Stakeholder engagement refers to the active involvement of individuals or groups with a vested interest in the mental health system. These stakeholders include consumers of mental health services, their families, mental health professionals, government agencies, community organizations, advocacy groups, and policymakers. Engaging these stakeholders fosters a participatory approach, giving voice to diverse perspectives and enabling collective decision-making. Stakeholder engagement is integral to the implementation of the Mental Health Services Act (MHSA) in California. By involving a wide range of voices, the MHSA can develop and deliver programs and services that are responsive to community needs, ultimately improving mental health outcomes and well-being in California.

Stakeholder engagement offers numerous benefits in the context of mental health. Firstly, it enhances service delivery by allowing the mental health system to address the specific needs and preferences of individuals with mental health conditions. Through collaborative decision-making, services can be designed to be more accessible, culturally sensitive, and person-centered, ultimately leading to improved outcomes for those seeking support.

Secondly, stakeholder engagement empowers the community by providing opportunities for active participation and involvement in the development of mental health policies and programs. By valuing the perspectives of diverse stakeholders, the system becomes more responsive to the concerns, priorities, and aspirations of the community it serves. This active involvement fosters a sense of ownership and empowerment among community members, enabling them to contribute to shaping the mental health services available to them.

Thirdly, it plays a crucial role in ensuring accountability within the mental health system. By involving stakeholders, a system of checks and balances is created, promoting transparency and holding the system accountable for its actions and outcomes. This involvement helps to guarantee that resources are allocated effectively and efficiently, maximizing their impact and addressing any potential issues or discrepancies that may arise.

Overall, stakeholder engagement in mental health has far-reaching benefits. It leads to improved service delivery that is tailored to individual needs, empowers the community

by involving them in decision-making processes, and ensures accountability and transparency within the mental health system. By actively engaging stakeholders, mental health organizations can create a more inclusive and effective system that ultimately improves the well-being of individuals experiencing mental health conditions.

Challenges and Barriers

The effective engagement of stakeholders in the California public mental health system faces several barriers and challenges. One of the primary challenges is ensuring diverse representation among stakeholders. Overcoming language barriers, cultural differences, and limited outreach resources is crucial to capture a wide range of perspectives. Inadequate funding and staffing also pose significant challenges, hindering the capacity to hold regular meetings, conduct outreach efforts, and provide necessary support to stakeholders.

Some other potential barriers include:

- Stigma and discrimination surrounding mental health create additional obstacles to stakeholder engagement. Addressing stigma requires targeted educational campaigns, anti-stigma initiatives, and the creation of safe spaces that foster open dialogue and inclusivity.
- Power imbalances among stakeholders can also impede effective engagement. Achieving equitable representation and providing mechanisms to address power differentials are essential to foster an inclusive and democratic stakeholder engagement process.
- The complexity and fragmentation of the California public mental health system further present challenges. Effective communication strategies, standardized protocols, and clear channels of collaboration are necessary to engage stakeholders from different sectors and align their efforts.
- Limited accessibility poses another barrier to meaningful stakeholder engagement. Proactive measures such as providing accommodations, utilizing virtual platforms for remote participation, and ensuring inclusive physical spaces are essential to address accessibility barriers.
- Stakeholder engagement processes can be time-consuming and may lead to engagement fatigue over time. Balancing the need for sustained engagement with stakeholders' limited time and competing priorities requires clear goals, efficient processes, and recognition of stakeholders' contributions to maintain their interest and involvement.

Overcoming these barriers and challenges necessitates a comprehensive approach. By addressing these challenges, the California public mental health system can cultivate inclusive, responsive, and impactful mental health policies and programs.

Key Stakeholders

In the public mental health system, various stakeholders play vital roles in shaping policies, programs, and services. The California Code of Regulations provides the following definition of “stakeholders” within the public mental health system:

> **Cal. Code Regs. Tit. 9, § 3200.270 - Stakeholders**
> "Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

Additionally, California Welfare and Institutions Code provides a list of stakeholders for the Community Program Planning (CPP) Process:

> **California Code, Welfare and Institutions Code - WIC § 5848 (a)**
> Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Using these sources, we can identify key stakeholder groups for engagement. Here is a more detailed list of these key stakeholders:

Adults and Seniors with severe mental illness (SMI): This group represents individuals who are directly impacted by mental health conditions. Their perspectives and experiences are essential in understanding the unique challenges they face and in

developing services that meet their specific needs. Engaging adults and seniors with SMI ensures their voices are heard and helps tailor interventions to improve their overall well-being and recovery.

Families of children, adults, and seniors with SMI: Family members are crucial stakeholders as they provide support, care, and advocacy for their loved ones with mental illness. Their insights offer a valuable perspective on the challenges faced by individuals with SMI and the impact on the family unit. Involving families in decision-making processes helps ensure that services are holistic, family-centered, and responsive to the needs of both the individual and their support network.

Providers of Mental Health and/or Related Services: Mental health professionals, including psychiatrists, psychologists, counselors, and social workers, are instrumental in delivering quality care and support. Their expertise and frontline experience provide valuable input on service gaps, best practices, and areas for improvement within the mental health system. Engaging with mental health providers ensures that policies and programs are evidence-based, align with professional standards, and promote quality outcomes.

Law Enforcement Agencies: Law enforcement agencies often come into contact with individuals experiencing mental health crises. Their involvement in stakeholder engagement facilitates collaboration between mental health services and law enforcement, aiming to improve crisis intervention and diversion programs. This partnership can enhance community safety, reduce unnecessary arrests and incarcerations, and facilitate appropriate referrals to mental health services.

Educators and/or Representatives of Education: Educators play a significant role in identifying and supporting students with mental health needs. Their involvement as stakeholders contributes to the development of early intervention strategies, mental health promotion programs, and the implementation of appropriate supports within educational settings. Collaborating with educators helps create a nurturing environment that supports the academic, social, and emotional well-being of students.

Social Services Agencies: Social services agencies, such as those involved in housing, employment, and welfare, intersect with the mental health system. Their participation in stakeholder engagement ensures coordination and integration of services, addressing the complex needs of individuals with mental health conditions holistically. Collaboration with social services agencies supports efforts to provide stable housing, employment opportunities, and social support networks to promote recovery and community integration.

Veterans: Veterans, particularly those who have served in combat or experienced traumatic events, often face mental health challenges such as post-traumatic stress

disorder (PTSD) and depression. Engaging veterans as stakeholders enables the mental health system to address their unique needs and develop specialized programs tailored to their experiences. This collaboration ensures that mental health services for veterans are comprehensive, accessible, and culturally sensitive.

Representatives from Veterans Organizations: Representatives from veterans' organizations, such as advocacy groups or support networks, provide a platform for veterans' voices and perspectives to be heard. Their involvement in stakeholder engagement fosters collaboration and helps shape policies, programs, and services that meet the specific needs of veterans.

Providers of Alcohol and Drug Services: Substance use disorders frequently co-occur with mental health conditions, requiring integrated care approaches. Engaging providers of alcohol and drug services as stakeholders promotes collaboration between mental health and addiction treatment providers. This collaboration ensures a comprehensive approach to addressing the complex needs of individuals with co-occurring disorders, facilitating recovery and reducing barriers to treatment.

Health Care Organizations: Health care organizations, including hospitals, clinics, and primary care providers, are essential stakeholders in the mental health system. Collaboration with these organizations helps integrate mental health care into primary care settings, reduce stigma, and improve access to services. Involving health care organizations enhances the coordination of care and strengthens the overall continuum of mental health support.

Other important Interests: The mental health system involves numerous other stakeholders, such as policymakers, researchers, community leaders, advocacy groups, and philanthropic organizations. Each brings unique perspectives, expertise, and resources to the table. Their involvement in stakeholder engagement ensures that policies and programs are informed by evidence, responsive to community needs, and adequately resourced.

By engaging and involving these diverse stakeholders, the public mental health system can benefit from a comprehensive range of insights, expertise, and perspectives. This collaborative approach leads to more effective, inclusive, and person-centered mental health services that better serve the needs of individuals, families, and communities.

Best Practices for Stakeholder Engagement

There are many resources available regarding promising and best practices for stakeholder engagement. Some commonly identified guiding principles and best practices are:

1. **Inclusive Approach:** Ensure that the stakeholder engagement process is inclusive and representative of diverse perspectives. Include individuals with lived experience, family members, behavioral health service providers, advocacy groups, community organizations, and policymakers. Embrace diversity and strive for equity in representation.
2. **Early and Ongoing Engagement:** Engage stakeholders early in the decision-making process and maintain ongoing communication throughout the planning, implementation, and evaluation stages. Provide opportunities for input, collaboration, and feedback at various stages to ensure meaningful participation.
3. **Purposeful Communication:** Foster open and transparent communication with stakeholders. Provide clear information about goals, processes, and timelines. Use plain language and avoid jargon to ensure that all stakeholders can easily understand and contribute to the conversation. Likewise, practice active listening when stakeholders are speaking. Rather than assuming what they mean, ask follow-up questions to ensure that their input is understood.
4. **Collaboration and Co-creation:** Foster a collaborative environment that encourages stakeholders to actively participate in decision-making. Co-create solutions by involving stakeholders in the design and implementation of programs, policies, and services. Value their expertise and insights.
5. **Training and Education:** Provide stakeholders with relevant training and education to enhance their understanding of behavioral health issues, policies, and practices. Equip them with the knowledge necessary to contribute effectively and make informed decisions.
6. **Flexibility and Adaptability:** Recognize that stakeholders may have different levels of expertise, resources, and availability. Provide flexibility in engagement methods to accommodate diverse needs, such as offering virtual options, providing written materials, and conducting surveys or focus groups.
7. **Data-Informed Decision Making:** Use data and evidence to inform discussions and decision-making processes. Share relevant data with stakeholders to foster informed dialogue and facilitate collaborative problem-solving.
8. **Empowerment and Shared Leadership:** Empower stakeholders to actively contribute and take ownership of the process. Promote shared leadership by involving stakeholders in the development of agendas, facilitating meetings, and encouraging their participation in decision-making.
9. **Recognition and Appreciation:** Recognize and appreciate the contributions of stakeholders. Acknowledge their time, effort, and expertise. Provide opportunities for public recognition, such as featuring success stories or highlighting stakeholder involvement in reports and presentations.

10. **Evaluation and Continuous Improvement:** Regularly evaluate the effectiveness of stakeholder engagement efforts and seek feedback from participants. Use this feedback to refine engagement strategies and improve future processes.

These are just some of the many suggested best practices and guiding principles for quality stakeholder engagement. By incorporating these and other best practices, behavioral health systems can effectively engage stakeholders, leverage their expertise, and create more responsive, person-centered, and equitable services and policies.

MHSA Community Program Planning Process

One of the major ways that the MHSA includes stakeholder engagement is the MHSA Community Program Planning (CPP) Process. This state-mandated participatory process is a collaborative approach used in California to develop and refine mental health programs funded by the MHSA. Counties use the CPP process in the development of Three-Year Program and Expenditure Plans and updates. Counties work alongside stakeholders to analyze current community mental health needs, issues resulting from any lack of community services, and current system capacity, as well as evaluate priorities and strategies to meet the needs of the community.

California Codes and Regulations dictate that the MHSA CPP process should be:

- Based in community collaboration (CCR, 9 CA §3320 and 3200.060).
- Culturally competent (CCR, 9 CA §3320 and 3200.100).
- Client and family driven (CCR, 9 CA §3320, 3200.050 and 3200.120).
- Wellness, recovery and resilience-focused (CA WIC § 5813.5(d)).
- Focused on providing an integrated service experience for clients and their families (CCR, 9 CA §3320 and 3200.190).

MHSA CPP Processes must include the following regarding stakeholder participants:

- **Stakeholders** (as previously defined/discussed based on WIC, § 5848a).
- **Underserved populations.** Representatives from unserved and/or underserved populations and family members of unserved/underserved populations (CCR, 9 CA § 3300).
- **Diversity.** Participants that “reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity” (CCR, 9 CA § 3300).

Additionally, the CPP process should, at a minimum include the following things:

- Staffing for positions and/or units to facilitate the CPP process.

- Training for stakeholders and county staff.
- Outreach to consumers with SMI and their family members to ensure the opportunity to participate.
- A local review process that includes a 30-day public comment period prior to submitting the Three-Year Program and Expenditure Plans or Annual Updates.

The MHSA currently allows counties to use **up to 5% of their total Community Services and Support (CSS) funds** to facilitate a robust planning process. This includes using funding to accommodate stakeholder participation in the CPP process. All counties are required to use the CPP process and document the Three-Year Program and Expenditure Plans and Annual Updates. This includes descriptions of the methods used to collect stakeholder input, documentation that a public hearing was held, summary and analysis and a description of changes made based on community input.

The local MH/BH boards and commissions have the following responsibilities in this process:

- Review and approve the procedures used to ensure stakeholder involvement in all stages of the planning process.
- Review the adopted plan or update and make recommendations.
- Conduct MHSA public hearings at the close of the 30-day public comment periods.

Overall, the MHSA Community Program Planning Process fosters a participatory and community-driven approach to mental health program development. By engaging stakeholders and leveraging their expertise and insights, the CPP Process aims to create programs that are responsive, culturally sensitive, and tailored to the unique needs of the community. This collaborative effort ultimately leads to the implementation of effective and impactful mental health services in California communities.

While the MHSA CPP process is an important (and legally required) example of stakeholder engagement, the principles and practices of stakeholder engagement can be applied to many different programs and processes. This includes but is not limited to mental/behavioral health board/commission meetings, EQRO focus groups, and SAMHSA funded programs.

Resources

The following resources all pertain to stakeholder engagement in mental health, including the CPP process. We encourage counties to utilize these resources to learn more about responsive and effective engagement practices.

- CALBHBC: MHSA CPP One-Pager
- CALBHBC: Community Engagement PowerPoint
- MHSOAC: CPP Processes - Report of Other Public Community Planning Processes
- MHSOAC: Promising CPP Practices
- SAMHSA: Community Engagement – An Essential Component of an Effective and Equitable Substance Use Prevention Program

Part II: Data Notebook Questions

Please respond by means of the Survey Monkey link provided with this Data Notebook.

12. **For each of the following categories, please choose the option from the dropdown menu that best describes how often your county organizes stakeholder engagement meetings or events.**
    - **Dropdown menu options:**
        - Less than once a year
        - Annually (once a year)
        - Every 6 months
        - Quarterly (four times a year)
        - Monthly
        - More than once a month
    - **Categories:**
        - MHSA Community Planning Process (CPP)
        - MHSA 3-year plan updates
        - EQRO focus groups
        - SAMHSA-funded programs
        - Mental/Behavioral Health Board/Commission Meetings
        - County Behavioral Health co-sponsoring/partnering with other departments or agencies
        - Other (please specify):

13. **Estimate the number of people who participated in your stakeholder processes in fiscal year 2021/2022.** *(Numerical response)*

14. **Approximately what percentage of stakeholder engagement events or efforts in your county were in-person only, virtual only, a combination of both in-person and virtual, or written communications** *(please answer with a whole number for each, such that the total of the four amounts to 100)*
    - In-person only:
    - Virtual only:
    - Combination of both in-person and virtual:
    - Written communications (such as online surveys or email questionnaires):

15. **Which of the following languages did your county use to conduct stakeholder meetings or outreach during fiscal year 2021/2022, with or without the use of interpreters?** *(Check all that apply)*
    - Arabic
    - Armenian
    - Cambodian
    - Chinese
    - English
    - Farsi
    - Hindi
    - Hmong
    - Japanese
    - Korean
    - Laotian
    - Mien
    - Punjabi
    - Russian
    - Spanish
    - Tagalog
    - Thai
    - American Sign Language (ASL)
    - Other languages (please specify)

This list of languages reflects the threshold and concentration languages for all counties as of July 2021 from the following DHCS document: Threshold and Concentration Languages (ca.gov)

16. **Which of the following stakeholder groups have you collected and implemented input from within the last year?** *(Check all that apply)*
    - Adults with severe mental illness (SMI)
    - Older adults / Seniors with SMI
    - Families of children, adults and seniors with SMI
    - Individuals with developmental disabilities and/or their representatives
    - Providers of mental health and/or related services
    - Representatives of managed care plans
    - Law enforcement agencies

- Educators and/or representatives of education
- Social services agencies
- Veterans
- Representative from veterans' organizations
- Providers of alcohol and drug services
- Health care organizations
- Hearing impaired individuals
- LGBTQ+ individuals
- Youth
- Other important interests (please specify)
- Specific racial/Ethnic groups (please specify)

17. **Please describe how stakeholder input is communicated to the behavioral health director, the mental/behavioral health board/commission, and any other agencies or groups for informing policy.** *(Text response)*

18. **Please describe how your county implements collected stakeholder input to actively inform policy and programs. Include how the county decides what ideas to implement or actions to take.** *(Text response)*

19. **Does your county have a Community Program Planning (CPP) plan in place?**
    - Yes (If yes, describe how you directly involve stakeholders in the development and implementation of this plan)
    - No

20. **Is your county supporting the CPP process in any of the following ways?** *(Please select all that apply)*
    a) Reimbursement of travel costs for stakeholders participating in in-person meetings or events.
    b) Providing refreshments or food for stakeholder participants
    c) Dedicated staff assistance to facilitate stakeholder meetings and events.
    d) Providing information and training for stakeholders on MHSA programs, regulations, and procedures.
    e) Holding meetings in physically/geographically accessible locations around the county.
    f) Utilizing language interpreting services.
    g) Holding meetings at times convenient to community stakeholders' schedules.
    h) Providing technical assistance for stakeholders participating in webinars or teleconferences.
    i) Other (please specify)
    j) None of the above

21. **Does your county provide training for staff on cultural awareness, community outreach, and stakeholder engagement? If yes, how? If no, why not?**
    - Yes (with comment)
    - No (with comment)

22. **Which of the following barriers does your county face regarding achieving meaningful and impactful engagement of stakeholders (specifically, mental health consumers and family members)?** *(Check all that apply)*
    a. General difficulty with reaching stakeholders.
    b. Difficulty conducting community outreach to racial/ethnic communities or other specific communities of interest.
    c. Difficulty reaching stakeholders with disabilities.
    d. Lack of funding or resources for stakeholder engagement efforts.
    e. Shortage of properly trained staff to support and facilitate stakeholder engagement.
    f. Difficulty adapting to virtual meetings/communications.
    g. Difficulty providing accommodations to stakeholders.
    h. Difficulty incorporating stakeholder input in the early stages of programming.
    i. Lack of "buy-in" from decision makers when it comes to implementing stakeholder input.
    j. Other (please specify)

23. **Are your behavioral health board/commission members involved in your county's stakeholder engagement and/or CPP processes? If yes, describe how.**
    a. Yes (with text comment)
    b. No

Note: *California WIC 5892 allocates Mental Health Services Funds for county mental health programs to pay for the expenses of mental health board members to perform their duties, and to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process. This includes 5% of total CSS funds to support a robust CPP process with community stakeholders.*

24. **Has the COVID-19 pandemic increased or decreased the level of stakeholder engagement and input in your county?**
    a. Increased
    b. Decreased
    c. No change

25. **Is there a fear or perception in your county that spending time, money, or other resources on stakeholder engagement conflicts with the need to provide direct services?** *(Yes/No)*

26. **What is one change or improvement regarding stakeholder engagement that your county would like to make within the next fiscal year?** *(Written response)*

27. **Do you have any other thoughts or comments regarding stakeholder engagement in your county or statewide?** *(Written response)*

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

28. What process was used to complete this Data Notebook? (Please select all that apply)
   a. MH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
   b. MH board completed majority of the Data Notebook.
   c. Data Notebook placed on agenda and discussed at board meeting.
   d. MH board work group or temporary ad hoc committee worked on it.
   e. MH board partnered with county staff or director.
   f. MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
   g. Other (please specify)

29. Does your board have designated staff to support your activities?
   a. Yes (if yes, please provide their job classification)
   b. No

30. Please provide contact information for this staff member or board liaison.

31. Please provide contact information for your board’s presiding officer (chair, etc.)

32. Do you have any feedback or recommendations to improve the Data Notebook for next year?

MINUTES

ADJOURNED REGULAR MEETING OF THE GOVERNING BOARD
AUGUST 9, 2023 – 5:00 P.M.

The Governing Board Adjourned Meeting was held on Wednesday, August 9, 2023 at 5:00 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

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

ROLL CALL Roll call was taken by Administrative Assistant Musa.

GOVERNING BOARD

PRESENT: John Nolte, City of Pomona, Vice-Chair
Wendy Lau, City of La Verne, Board Member
Ronald T. Vera, City of Claremont, Board Member
Jamie Earl, City of Claremont, Alternate Board Member

ABSENT: Jed Leano, City of Claremont, Chair
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member

STAFF

PRESENT: Rimmi Hundal, Executive Director
Steven Flower, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Seeyam Teimoori, Medical Director
Dana Barford, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Sophia Musa, Administrative Assistant, JPA Administrator/Clerk Office

PUBLIC COMMENT

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

CONTINUED BUSINESS

8. CONTINUATION OF RESOLUTION NO 719. ADOPTING THE AUTHORITY'S PROPOSED OPERATING BUDGET & CASH FLOW BUDGET FOR FY 2023-24

Chief Financial Officer Acosta started her presentation regarding the Fiscal Year 2023-2024 Operating Budget. She briefly walked the Board through the structure of the budget; that at the beginning, there is a general narrative and history about TCMHA; that behind the total agency

tab, there is all the information she will be going over; that it will all be on consolidated basis. She added that the main schedules are right behind the total agency account because everything else is focused on the details. She explained that TCMHA has two funds; that TCMHA is not a traditional government therefore, there is no fund accounting for a full accrual government; that they basically have two funds. She mentioned that MHSA dollars are completely segregated, so MHSA is referred to as one fund and everything else is considered the general fund; that the General Fund is what captures realignment and everything else that is non-MHSA related. She continued by highlighting a few significant changes from the past year; that the biggest changes are due to Cal AIM and payment reform; that they have been expecting the implementation of Cal AIM and payment reform, which means they are going from a cost reimbursement model to a fixed fee for service model. She added that they are continuing to gather more information about Cal AIM and payment reform and that staff will keep the Board updated; that a lot of the information on the budget is based on preliminary projections and information they had at the time.

Board Member Vera inquired about the fee for service model regarding Medi-Cal clients, clarifying that the budget is based on assumptions. Controller Bogle responded in the affirmative stating that they are still gathering information from the Department of Mental Health regarding the mechanics; that without that information, they only have rates and projected units. Board Member Vera inquired about the formula and if staff knows how much TCMHA will receive in return. Controller Bogle responded that the Department of Health Care Services, over the past 18 months, has developed rates by the practitioner type; that it is no longer function; that the rates have been provided to all the counties and the counties have provided the fixed rates by practitioner type to the providers.

Discussion ensued and it was concluded that the assumptions are based on the known rates and what is expected to be produced as far as direct units of service; that the State has indicated that the lost time is made up for with the rates; that the rates produced are conservative.

Chief Financial Officer Acosta explained the consolidated finances; that everything behind the tabs is rolled up into the main schedules; that the schedule is the consolidated 18 schedules; that it is split into MHSA and Realignment. She shared that there are expected deficits in this next first year; that the $3.1 million shown on her report is all realignment or general fund related; that on the MHSA side, there is $4.7 million. She explained that some of the deficit is planned; that TCMHA has funds they have received previously that are not shown in the revenue section; that the budget does not show the revenue that corresponds to some of the expenses that have already been preplanned; that it is an accrual accounting. She clarified that it is the practice of previously recognizing revenue in order to plan a deficit, hence the inability to see it on the schedule. She mentioned that the revenue seen at the top of the schedule in her report is revenue that is being recognized this fiscal year; that the $3.1 million on the realignment side and the $2.1 million of the $4.7 million from MHSA are specifically related to payment reform and Cal AIM. She assured the Board that they have plans in place to adjust and make modifications in order to maximize the efficiencies and implement what is needed to better navigate and maximize the Cal AIM rates; that they are in a year of implementation.

Board Member Vera inquired about a specific page on Chief Financial Officer Acosta's report. He noted that some of the figures do not add up. Chief Financial Officer Acosta responded by directing Board Member Vera to the second page of the report; that the first page shows the revenue and then the salaries; that salaries make up approximately 80% of the total expenses; that with the first and second page, it does total up to the $37 million indicated on the budget.

Board Member Vera inquired about the model in place that is backfilling for the deficit and if that will cause further losses in the next few years. Chief Financial Officer Acosta stated that it can, but they have plans and progress in place to avoid that; that the budget is very conservative. She added that they have begun plans several months ago to modernize and improve upon operations at the clinic.

She continued by explaining the second statement. Vice Chair Nolte inquired about the $2.1 million contained in the $4.7 million and where it shows up. Chief Financial Officer Acosta referred to the physical copy of the budget and responded by stating that the $2.1 million has to do with Full-Service Partnership programs under the Community Support Services Plan; that the four FSP programs are illustrated in four different columns; that if the deficit for those four programs are added up, it adds up to $2.1 million.

Executive Director Hundal responded to Board Member Vera's inquiry regarding the deficit. She shared that they have plans in place to combat the deficit; that the numbers shown are conservative; that last year they implemented a new electronic medical record; that the numbers are improving and billing will continue to improve as well; that they are also looking at a centralized scheduling system model for TCMHA to improve the billing process. She assured the Governing Board that staff will keep them updated. Chief Financial Officer Acosta added that there is still information pending from the Department of Mental Health. Executive Director Hundal shared that the Department of Health Care Services has given certain rates to counties, but those are not the rates that are being passed down to providers for Medi-Cal; that for Medi-Cal, TCMHA is a provider for Los Angeles County; that they are still taking time to figure out the details. She added that the budget shows a very conservative projection, and it was created for the Governing Board to see what could be but they area going to turn it around.

Board Member Vera expressed his concern with approving the budget showing a deficit that is planned to be covered by reserves, especially with the MHSA reform initiative. Executive Director Hundal responded in agreement, stating that the executive team is meeting next week to discuss MHSA reform and what the plan is if it passes and what that will mean for Tri-City Mental Health Authority; that it is something outside of the agency's control.

Chief Financial Officer Acosta began to present more information about the cash flow schedule. She shared that everything in the operating budget flows into the cash flow schedule; that they start with beginning cash and despite the deficits, they project there will be an increase in cash. She explained that the deficit she is showing in the previous pages would be using up equity but in terms of cash, she still projects that they will be positive.

Governing Board Vera expressed that he did not understand. Chief Financial Officer Acosta mentioned that the previous two years are on a current year basis; that it shows current revenues coming in and the current expenditures; that the other schedule she was previously referring to accounts for the collection of previous accounts receivable; that in the last few months they were also expecting an influx of dollars, which is why she highlighted the $24 million that they are expecting to collect. She clarified the fact that they will be collecting on these most recent years ending receivables and the previous years' receivables as well, which will help maintain cash over the next year. She added that they still project on the realignment side and increase to cash; that although it is presented as $8 million or $7.9 million deficit, that some of those are planned with regard to MHSA programs in order to avoid reversion. Controller Bogle added that the expense side also includes significant vacancies; that there is about $4.7 million tied up in salaries and benefits from a budgetary perspective; that there are inherent savings there as well.

Board Member Vera asked if the assumption is that TCMHA will not cover. Executive Director Hundal responded by stating that she is certain they will; that it is on a case-by-case basis. Controller Bogle explained that there are grant funded positions that they are able to start because those dollars are dedicated to that and are not part of the operating deficit; that they are committed to spending the MHSA dollars. Chief Financial Officer Acosta added that they are being very strategic about which positions they will be temporarily freezing versus the ones that are absolutely necessary, specifically in providing support to the clinic. She opened it up to any questions.

Board Member Vera inquired about the June 30th cash on hand. Chief Financial Officer Acosta responded by stating that what is shown on the statement is pretty close to actual since they finalized the definitive the first week of July; that it is close to actual that they had on hand on June 30th, which is the $38.9 million. Board Member Vera inquired about the amount of cash on hand that is allocated to MHSA programs that must be spent. Chief Financial Officer Acosta referred to the chart on her PowerPoint, specifically the consolidating cash flow; that the whole right side is MHSA; that they began the year with roughly $30 million and they expect to have an increase.

Executive Director Hundal added that if MHSA reform does pass in March, implementation is not required until 2026; that they will have time to adjust spending, programs with stakeholder input and more.

Vice-Chair Nolte inquired if it was possible to receive a projection of the funds after 2026 to show the potential impact of MHSA reform.

Controller Bogle responded in the affirmative, stating that the County Behavioral Health Directors Association (CBHDA) has provided all counties and the two authorities with modeling tools; that the executive team will be using the modeling tools in their upcoming discussion regarding MHSA reform; that CBHDA has requested the information from the modeling tools in order to advocate for TCMHA and other counties and authorities.

Executive Director Hundal reiterated that CBHDA is collecting the data from all the counties and they will use it to lobby; that they will also be writing letters to Senator Eggman; that TCMHA will be sharing with stakeholders and the Board the details of the impact SB 326 will have on TCMHA if it passes.

Vice-Chair Nolte inquired about the possibility of advocating for the Authorities and their unique roles in comparison with the counties. Executive Director Hundal responded by stating that she is not sure if they can do that, but staff is hoping that SB 326 does not make it on the ballot.

Discussion ensued and it was concluded that the legislative proposal for SB 326 has not been voted on; that it will be voted on next week in Sacramento; that there will be many behavioral health organizations and associations speaking on behalf of TCMHA.

Board Member Vera requested clarification regarding the budget, specifically the $4.7 million that will be used to operate as a deficit for mental health services money; if it is accurate that there is carryover money in the past three years that is going to be used. Chief Financial Officer Acosta responded in the affirmative.

Board Member Vera continued by asking that if, under the MHSA formula, the monies are still siloed so that TCMHA can only apply to specific programs like Community Support Systems (CSS) and Prevention and Early Intervention (PEI). Executive Director Hundal responded in the affirmative, stating that they have plans to spend it in those already approved by the Governing Board.

Chief Financial Officer Acosta added they also have the cycle of needing to spend the money within a three-year period except for Capital Technology Funds and other funds.

Controller Bogle explained that because of the timing and the rules, there will be a problem when there is an MHSA delay and tax filings, which will become a challenge in two years; that the tactics that are being used to protect that by transferring the funds into Workforce Education and Training (WET) and CFTN are also the things that CBHDA is helping to lobby under MHSA reform.

Board Member Vera inquired about the fact that there cannot be a line item in revenue as sustained; that the monies include from prior years so that it does not show as a deficit. Chief Financial Officer Acosta responded that in the future, they will create a line item that displays the existing funds so that it does not show a deficit, in order to improve the budget presentation.

Alternate Board Member Earl inquired about the $7-million-dollar deficit, asking if it will be fully covered by carryovers or if some will be coming from reserves.

Chief Financial Officer Acosta explained that in TCMHA's set up, one hundred percent of the MHSA side is being covered by existing funds; that MHSA is the opposite of the general fund; that they have plenty of funds; that the overflow of funds will be an added challenge due to the coupling of delays in taxes in the previous year. She continued by saying that on top of that, there was a one-time adjustment of MHSA dollars; that the average used to be between 9 and 10 million dollars, whereas this year they are expected to receive up to 24 million dollars; that a hundred percent of the deficits will be covered by projected existing funds and projected inflow and collection of outstanding receivables.

Controller Bogle added that on the MHSA side, they have prudent reserves referring to the $2.3 million that will not be touched; that there are prescribed methods of how to touch that if that data comes.

Chief Financial Officer Acosta mentioned that in terms of maximums and minimums, they are not purposefully deviated a low $2 million; that it cannot be increased based on the formula.

Executive Director Hundal shared that the clinical staff is working very hard to increase their billables; that they are showing a lot of resilience and tenacity towards the work; that it all comes down to client care; that they will not fail in client care, and it shows in the clinical department.

Board Member Vera inquired about what information to share with their respective cities regarding the budget. Executive Director Hundal suggested hearing what they say at the stakeholder meetings; that there is an upcoming public hearing for the Innovation plan; that after they receive the MHSA language they will schedule a stakeholder meeting to present the information to stakeholders.

Board Member Vera inquired about the date of the next stakeholder meeting. Executive Director Hundal shared that they do not have the exact date yet. Director of MHSA and Ethnic Services Barford mentioned that there will be one in October although they do not have an exact date yet; that they hope to do it in-person or hybrid as well a morning and evening session.

Board Member Vera asked how many stakeholders meetings they are planning to host in the fall. Director of MHSA and Ethnic Services Barford responded by stating that it depends on the need; that they typically have an orientation and then the first stakeholder meeting in the fall; that within a year they have one mid-year, then the public hearing; that there have been times when the money is moved around and there is special funding; that if anything comes up with MHSA reform or anything else, they will be able to set stakeholder meetings based on that. Executive Director Hundal added that they can do small focus groups to review all the paperwork and then bring that to the larger stakeholder meeting. Board Member Vera responded in the affirmative stating that it would be helpful to know in terms of the importance both stakeholders for setting into motion projected programs that TCMHA could be adopting and how much money is in play. Director of MHSA and Ethnic Services Barford commented that they are also considering the potential impact of MHSA reform; that they do not want to get a program approved and then be unable to fund it by 2026; that in the meantime, until anything passes they are functioning under their current plan and continuing with that.

Executive Director Hundal added that staff is attending State meetings to stay updated with everything that is happening and how other counties are planning to spend the money and how they are planning to inform the stakeholders, so that it is a consistent message being shared from the County to stakeholders and the community at large.

Board Member Vera asked if it was possible to hire part-time staff to get the word out about the importance of coming to the stakeholder meetings and to provide background information about how the money will be used; that in his opinion, they are poorly attended.

Executive Director Hundal responded by acknowledging that attendance has declined over the years; that Director of MHSA and Ethnic Services Barford is working on the innovation project, which will focus on increasing stakeholder participation in Board meetings as well as Commission meetings.

Director of MHSA and Ethnic Services Barford added that they will try different strategies including hosting meetings where there is already foot traffic and community activities happening.

Board Member Vera suggested that it might be a good idea to get the students from University of La Verne School of Community Health to attend the community meetings as part of their classes. Executive Director Hundal responded that there are specific classes that do require that of their students.

Board Member Lau inquired about the communication that is happening through City forums. She proposed TCMHA attending or presenting at already existing community meetings; that it is hard for community members to care about things they do not know about; that it would be good to have TCMHA come to the city meetings where they can present about who TCMHA is, how they are funded and how they get things done; that it is important to go where the people are.

Director of MHSA and Ethnic Services Barford responded in the affirmative. Executive Director Hundal responded in the affirmative and stated that they normally go during public comment, make public comments and announce the information about the meetings; that it would be a good idea to get on the agenda and present; that they will reaching out to the Board members.

Vice-Chair Nolte commented that it is generally hard to get community participation; that he is skeptical about the process; that he believes those who should participate in the decision-making are those who use the services; that marketing the services that TCMHA offers seems the most beneficial rather than reaching out to stakeholders for the purpose of following procedures; that the best way to market TCMHA is to provide the best possible service. He explained that he would rather use the money towards providing better services and reaching the people who need mental health services who have not heard of TCMHA or who are not covered by TCMHA, to possibly fill those gaps.

Executive Director Hundal mentioned that typically the people who attend the meetings are familiar with TCMHA but staff plans to reach our to those who do not know about TCMHA; that she agrees that it is a good idea to go to the City Council meetings to present; that they have done outreach with law enforcement in the past and inform them of the services they offer; that they are open to suggestions; that they would like to penetrate into the communities that have not heard of TCMHA.

Discussion ensued and it was concluded that TCMHA staff try to attend as many community events as they can; that outside of the City Council meetings, they attend presentations and bring resources to community events to spread the word about TCMHA. Director of MHSA and Ethnic Services Barford added that stakeholder meetings are more formal; that in comparison with the past meetings, there is not as much funding for stakeholder meetings; that now, post-COVID, it is a different dynamic.

Board Member Lau mentioned that if TCMHA is not already connected with the City Managers of each City, there are always events to attend; that a lot of the things they hear in City Council meetings do relate to stigma and it is important to share that there is an organization that they can reach out to, that is TCMHA.

There being no further comment. Board Member Vera moved, Board Member Lau seconded to adopt Resolution No. 719 adopting the Authority's proposed Operating Budget & Cash Flow Budget for FY 2023-24. The motion was carried by the following vote, AYES: Alternate Board Member Earl; Board Members Lau and Vera; and Vice-Chair Nolte. NOES: None. ABSTAIN: None. ABSENT: Board Members Cockrell, Lantz, and Ontiveros Cole; and Chair Leano.

GOVERNING BOARD COMMENT

Vice-Chair Nolte shared that Tri-City Mental Health Authority was mentioned during a presentation regarding homelessness, specifically the work done at Hope for Home; that the work is appreciated and has had a tremendous impact.

PUBLIC COMMENT

Vice-Chair Nolte opened the meeting for public comment. There was no public comment.

ADJOURNMENT

At 5:56 p.m., on consensus of the Governing Board its meeting of August 9, 2023 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, September 20, 2023 at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

_____
Sophia Musa, Administrative Assistant
JPA Administrator/Clerk Office

MINUTES

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

The Governing Board Meeting was held on Wednesday, November 15, 2023 at 5:01 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Vice-Chair Nolte called the meeting to order at 5:01 p.m.

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

GOVERNING BOARD

PRESENT: John Nolte, City of Pomona, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member (arrived at 5:04 p.m.)
Paula Lantz, City of Pomona, Board Member
Wendy Lau, City of La Verne, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Ronald T. Vera, City of Claremont, Board Member
Jamie Earl, City of Claremont, Alternate Board Member

ABSENT: Jed Leano, City of Claremont, Chair

STAFF

PRESENT: Rimmi Hundal, Executive Director
Steven Flower, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Mica Olmos, JPA Administrator/Clerk

CONSENT CALENDAR

Vice-Chair Nolte opened the meeting for public comment. There was no public comment.

There being no comment, Board Member Vera moved, and Board Member Lau seconded, to approve the Minutes from the July 19, 2023 Governing Board Meeting. The motion was carried by the following vote, AYES: Alternate Board Member Earl; Board Members Lantz, Lau, Ontiveros-Cole, and Vera; and Vice-Chair Nolte. NOES: None. ABSTAIN: None. ABSENT: Board Member Cockrell; and Chair Leano.

1. APPROVAL OF MINUTES FROM THE JULY 19, 2023 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of July 19, 2023."

2. APPROVAL OF MINUTES FROM THE SEPTEMBER 20, 2023 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of September 20, 2023."

3. APPROVAL OF MINUTES FROM THE OCTOBER 18, 2023 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of October 18, 2023."

NEW BUSINESS

4. CONSIDERATION OF RESOLUTION NO. 726 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE THIRD AMENDMENT TO THE DISPOSITION AND DEVELOPMENT (DDA) AGREEMENT WITH RESTORE NEIGHBORHOODS, LA, INC. (RNLA) FOR THE CLAREMONT GARDENS SENIOR HOUSING PROJECT AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA

At 5:04 p.m., Board Member Carolyn Cockrell arrived at the meeting.

Executive Director Hundal reported that on February 19, 2020, the Tri-City Mental Health Authority Governing Board adopted Resolution No. 520 designating its No Place Like Home (NPLH) Non-Competitive Allocation Funds in the amount of $1,140,736 to develop a 15-unit construction of combined affordable housing and permanent supportive senior housing project, known as Claremont Gardens, in partnership with the City of Claremont, Genesis LA, and Restore Neighborhoods, LA, Inc. (RNLA); and that on February 17, 2021, the Governing Board adopted Resolution No. 574 authorizing the Executive Director to enter into, and execute, a Disposition and Development Agreement with RNLA for the development, financing, and operation of the Claremont Gardens at TCMHA's property located at 956 W Baseline Road in Claremont, California, with a closing date in December 2022. However, there were some delays in closing escrow due to RNLA working in obtaining final prevailing wage pricing for contractors, finalizing multiple performance bonds for the project, and producing the final documents for the funding from the County of Los Angeles; therefore, on December 21, 2022, the Governing Board authorized an Amendment to the DDA to close escrow on March 31, 2023; nevertheless, delays continued and RNLA would like to extend the close of escrow to February 15, 2024; and that the fiscal impact continues to be transferring the property located at 596 West Baseline Road in Claremont, providing supportive services to residents at the future Claremont Gardens 15-unit housing development for 20 years, and providing 15 years of additional annual funding as a Capital Operating Subsidy Reserve (COSR) in the amount of $24,000 with 3.5 % annual increase for Tri-City Mental Health Authority's eight permanent supportive housing units.

Vice-Chair Nolte opened the meeting for public comment. There was no public comment.

Board Member Vera inquired about the timing of the adoption of the Third Amendment to the DDA before the closing date. Legal Counsel Flower replied in the affirmative, noting that it would have been ideal to adopt the Third Amendment before the closing deadline expired; nevertheless, the Governing Board was good to proceed.

There being no further comment, Board Member Vera moved, Vice Chair Nolte seconded, to adopt Resolution No. 726 authorizing the Executive Director to execute the Third Amendment to the Disposition and Development (DDA) Agreement with Restore Neighborhoods, LA, Inc. (RNLA) for the Claremont Gardens Senior Housing Project at 956 W Baseline Road in Claremont, California. The motion was carried by the following vote, AYES: Alternate Board Member Earl; Board Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; and Vice-Chair Nolte. NOES: None. ABSTAIN: None. ABSENT: Chair Leano.

MONTHLY STAFF REPORTS

5. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

Executive Director Hundal reported that the Information Technology Department is currently working on refreshing the public-facing hardware for the Wellness Center, the core space for looking for jobs, printing for college students, mock interviews online, and more, noting that they will have a brand new computer lab soon. She then provided a staffing update.

6. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta reported that the Finance Department is still in the middle of an audit; and that they anticipate to present the audited Financial Statements to the Governing Board by January of 2024, noting that the implementation of the new GASB 96 has caused delays. She added that the Authority is meeting the target numbers and staying clear of any risk of reversion of MHSA funds.

Board Member Vera referred to page 2 of the report and sought clarification about the additional amount of $1.8 million dollars received on November 8, 2023. Chief Financial Officer Acosta stated that the information is correct and explained that the Authority receives payments from the Los Angeles County sporadically and not on a consistent monthly basis; that typically after the close of the fiscal year, it still takes time for LA County to send money, and this is the reason for which sometimes Tri-City receives large lump sum payments, such as the $1.8 million that was recently received, noting that it was for outstanding receivables from the previous fiscal year; and that they are Medi-Cal dollars, which includes Realignment.

Board Member Vera inquired about the $1.4 million shown in the report. Chief Financial Officer Acosta shared that the funds were for SB 90, a receivable that had been on the books for many years dating back to 1999 and finally the Authority had received the funds. Controller Bogle added that they are mandated costs that the State imposes to the Counties; that for a long period of time counties were not collecting and they would remove receivables from tens of millions of dollars from County cappers; and that those payments started slowly rolling in around 2015-2016. Board Member Vera inquired if those are generally unrestricted monies that are now available. Chief Financial Officer Acosta responded in the affirmative, stating that those are pre-MHSA dollars.

Board Member Lantz inquired about the progress of the community garden. Chief Financial Officer Acosta shared that it is mostly completed, but that they are still waiting on the actual structure which had been tied up with final approval of the plans from the City of Pomona; that there is also a six-month delay for the gazebo structure, but mostly everything else is completed and on schedule.

7. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria reported that CARE Court in Los Angeles County is slated to start on December 1st; that the Los Angeles Department of Mental Health will be the entity processing the referrals from the court; and that Tri-City clinical leadership have developed scripts for staff to explain what CARE Court is when they interact with the public; that information will be posted on Tri-City's website to help answer questions, including any other resources. She added that the rest of her report touches on where CARE court is now, the criteria, and the efforts taken internally to move the initiative forward.

Board Member Vera inquired about what to tell Claremont City officials about the implementation of CARE Court. Chief Clinical Officer Renteria stated that the main thing to know is to file the petition with the court; that the local petition for TCMHA's catchment area would be the Pomona Courthouse, noting that a petition cannot be filed at Tri-City Mental Health Authority; and that one of the criteria is that they have to be engaged in services. She explained that Tri-City's role in the whole process is to receive referrals after the Los Angeles County and the courts have processed them. She also indicated that it would be good to share with the community the resources that LA County has created for making CARE Court petitions; and that staff can do a presentation on that at a Council meeting for Claremont.

Board Member Lantz inquired about the role of the Pomona Courthouse. Chief Clinical Officer Renteria stated that the court cases will be heard in Norwalk, but the Pomona Courthouse will help community members file the petitions.

8. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Executive Director Hundal announced that Medical Director Teimoori was absent and she would answer questions on his behalf. There were not questions.

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

Director of MHSA and Ethnic Services Barford talked about the Community Planning Process, noting that Tri-City had the first in-person stakeholder meeting, as well as the virtual meeting; that the number of people engaged last year is estimated to be around 100, which is low and partially due to COVID, and that staff set that number as their original goal. She then reported that by the end of November there will be 102 persons engaged as a result of the various micro-stakeholder meetings, which will continue until February. She shared about one micro-stakeholder meeting held at Scripps College, during which staff answered questions from students regarding individuals who experience sexual trauma, Project Sister, and 5150's; and that staff was able to share Tri-City's relationship with Cities of Claremont, La Verne and Pomona, the PACT team and all the efforts that law enforcement is making. She then asked the Board to email names of organizations or individuals who would be interested in presentations, noting that staff are hoping to book presentations as soon as possible.

Board Member Vera inquired about the process of reaching out to community members and organizations and if the end purpose is to engage more stakeholders, get them more involved in the planning of new programs and guidance on existing programs. Director of MHSA and Ethnic Services Barford responded that staff want to share about Tri-City Mental Health Authority services, collaboration, Innovation, and SB 326, which will become effective March 5th. She added that she had distributed a survey to the Governing Board and would love to hear their feedback. Lastly, she announced that WET Supervisor Colt was in attendance; that she supervises the Innovation team; and that she will keep the Governing Board updated of the timeline of the various benchmarks with Innovations.

10. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart introduced a new project that the Best Practices staff will be launching as the Centralized Scheduling project is ending, and indicated that scheduling post-COVID, is very different; that staff would like to take a deeper dive to analyze and to make sure that staff are putting their best effort in the right places regarding scheduling, to get the best results for client care, staffing workflow, and revenue. She added that a report with more information will be presented to the Governing Board soon, which will include a lot of infrastructure and workflow changes, noting that Best Practices staff will be working very closely with the Clinical department.

Board Member Cockrell inquired if the number of cancellations have increased. Chief Compliance Officer Majors-Stewart replied in the affirmative, stating that no-shows are on the rise nationally; that clients are preferring different types of services and methodologies; and that Tri-City staff will look at how to increase engagement.

GOVERNING BOARD COMMENT

Board Member Vera inquired about how Commissioners become a Commissioner. JPA Clerk/Administrator Olmos indicated that there is currently a recruitment; that there are two openings but the Board can appoint a total of six new Commissioners. Executive Director Hundal added that they need someone who is a veteran, from ages 18 to 25, somehow connected to mental health either through work or lived experience; that once all the applications are accepted, the Governing Board interview applicants and selects who can become a member of the Mental Health Commission. JPA Clerk/Administrator Olmos affirmed that the Board would have to create an Ad-Hoc Committee to interview applicants and then make a recommendation to the rest of the Board.

Board Member Ontiveros-Cole inquired if Tri-City Mental Health Authority's community planning process also includes private organizations. Director of MHSA and Ethnic Services replied in the affirmative, stating that Tri-City would like to increase its professional affiliations, and that staff just need the organization names to connect with them.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 5:31 p.m., on consensus of the Governing Board its meeting of November 15, 2023 was adjourned. The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on Wednesday, December 20, 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: **December 20, 2023**

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

FROM: **Rimmi Hundal, Executive Director**

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

SUBJECT: **Consideration of Resolution No. 727 Adopting the 2024 Meeting Schedule of the Tri-City Mental Health Authority Governing Board and Mental Health Commission**

Summary:

The Joint Powers Agreement between the Cities of Claremont, La Verne, and Pomona, requires that the Governing Board provide the date, hour, and place of its regular meetings and it shall be fixed by resolution of the Governing Board.

Background:

It is convenient and useful to Tri-City Mental Health Authority's clients and partners, Governing Board, and staff to fix the dates of the Regular Meetings, and other significant meetings, of the Governing Board and the Mental Health Commission through the adoption of an annual schedule.

The Governing Board of Tri-City Mental Health Authority currently conducts its Regular Meetings, and its Joint Meetings with the Mental Health Commission, at 5:00 p.m. on the third Wednesday of the month, except during the month of August when meetings are not held, in the MHSA Office located at 2001 North Garey Avenue in Pomona, California.

Funding:

None required.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 727 establishing the dates, time, and place where the Governing Board and the Mental Health Commission Meetings are held.

Attachment:

Attachment 5-A: Resolution No. 727, Adopting the 2024 GB & MHC Meeting Schedule

RESOLUTION NO. 727

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS 2024 MEETING SCHEDULE

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") conducts its Regular Meetings, and its Joint Meetings with the Mental Health Commission, at 5:00 p.m. on the third Wednesday of the month, in the MHSA Office located at 2001 North Garey Avenue in Pomona, California.

B. The Joint Powers Agreement between the Cities of Claremont, La Verne, and Pomona, requires that the Governing Board provide the date, hour, and place of its regular meetings and shall be fixed by resolution of the Governing Board.

C. It is convenient and useful to TCMHA's clients and partners, Governing Board, and staff to fix the dates of the Regular Meetings of the Governing Board and the Mental Health Commission, and of other significant meetings, through the adoption of an annual schedule.

2. Action

The Governing Board adopts the Authority's 2024 Meeting Schedule attached herein as "Exhibit A".

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on December 20, 2024, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

_____

JED LEANO, CHAIR

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

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

ATTACHMENT 5-A

TRI·CITY Mental Health

HOPE. WELLNESS. COMMUNITY.

Let's find it together.

Founded in 1960 by the residents of Pomona, Claremont and La Verne.

www.tricitymhs.org

TRI-CITY MENTAL HEALTH AUTHORITY

2024 MEETING SCHEDULE

Effective January 1, 2024

	Governing Board		Mental Health Commission	
January	17	5:00 p.m.	9	3:30 p.m.
February	21	5:00 p.m.	13	3:30 p.m.
March	20	5:00 p.m.	12	3:30 p.m.
April	17	5:00 p.m.	9	3:30 p.m.
May	15*	5:00 p.m.	15*	5:00 p.m.
June	19	5:00 p.m.	11	3:30 p.m.
July	17	5:00 p.m.	9	3:30 p.m.
August	DARK		DARK	
September	18	5:00 p.m.	10	3:30 p.m.
October	16	5:00 p.m.	8	3:30 p.m.
November	20	5:00 p.m.	12	3:30 p.m.
December	18*	5:00 p.m.	18*	5:00 p.m.

Governing Board Regular Meetings

Held the 3rd Wednesday of the Month*; except in August when no meetings are held

Mental Health Commission Regular Meetings

Held the 2nd Tuesday of the Month*; except in August when no meetings are held

**Joint Regular Meetings of the Governing Board and Mental Health Commission* are held twice annually on the 3rd Wednesday of the months of May and December.

Meeting Location

MHSA Office, 2001 N. Garey Avenue, Pomona, CA 91767

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 / Child & Family
1900 Royalty Drive, Suite 180
Pomona, CA 91767
Phone (909) 766-7340
Fax (909) 865-0730

MHSA Administrative Office
2001 North Garey Avenue
Pomona, CA 91767
Phone (909) 623-6131
Fax (909) 326-4690

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

Tri-City Mental Health Authority
AGENDA REPORT

DATE: December 20, 2023

TO: Governing Board of Tri-City Mental Health Authority

FROM: Rimmi Hundal, Executive Director

BY: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Approval of Resolution No. 728 Adopting Tri-City Mental Health Authority's Published Rates Effective Beginning Fiscal Year 2022-23

Summary

In order to conform to the Los Angeles County Department of Mental Health's cost reporting process, staff is requesting the Governing Board to approve an increase of Tri-City's current Published Rates to be effective beginning Fiscal Year 2022-23.

Background

In accordance with LA County Department of Mental Health cost reporting process, it is required that Tri-City's Published Rates be approved by the Governing Board. Based on Tri-City's best estimate of the total direct cost and allowed administrative cost (15% of direct costs) to provide services to all outpatient and FSP clients in fiscal 2022-23, it is estimated that the actual unit costs will exceed Tri-City's current Published Rates. The current Published Rates were last updated in November of 2022 and made effective for fiscal year 2021-22. Therefore, the Published Rates listed below are recommended to be approved effective beginning Fiscal Year 2022-23. The rates represent the charge per minute of service.

TRI-CITY MENTAL HEALTH AUTHORITY PUBLISHED RATES			
OUTPATIENT SERVICES	SFC	CURRENT RATES	**RECOMMENDED RATES BEGINNING FY 2022-23**
Targeted Case Management	15/01-09	$ 3.78	**$ 3.92**
Collateral	15/10-19	$ 4.86	**$ 5.03**
Mental Health Services	15/30-59	$ 4.86	**$ 5.03**
Medical Support	15/60-69	$ 8.97	**$ 9.29**
Crisis Intervention	15/70-79	$ 7.21	**$ 7.46**

Fiscal Impact:

The rate at which Tri-City is reimbursed is based on actual costs. Those rates should not exceed published rates; therefore, the increase to the Published Rates allows for Tri-City to recapture actual costs.

Recommendation

Staff recommends that the Governing Board adopt Resolution No. 728 establishing Tri-City Mental Health Authority's Published Rates effective Fiscal Year 2022-23 as presented.

Attachments

Attachment 6-A: Resolution No. 728 - DRAFT

RESOLUTION NO. 628

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S PUBLISHED RATES EFFECTIVE BEGINNING FISCAL YEAR 2022-23

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA") desires to conform to the Los Angeles County Department of Mental Health's cost reporting process.

B. It is estimated that the unit costs to provide services to all outpatient and Full Service Partnership (FSP) clients in Fiscal Year 2022-23 will exceed the existing TCMHA's Published Rates established and effective beginning in Fiscal Year 2021-22.

2. Action

The Governing Board approves the following charge per minute of service Published Rates listed below to be effective July 1st in Fiscal Year 2022-23.

TRI-CITY MENTAL HEALTH AUTHORITY PUBLISHED RATES			
Outpatient Services	**SFC**	**Current Rates**	**Recommended Rates Beginning Fiscal Year 2022-23**
Targeted Case Management	15/01-09	$ 3.78	**$ 3.92**
Collateral	15/10-19	$ 4.86	**$ 5.03**
Mental Health Services	15/30-59	$ 4.86	**$ 5.03**
Medical Support	15/60-69	$ 8.97	**$ 9.29**
Crisis Intervention	15/70-79	$ 7.21	**$ 7.46**

[Continued on Page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on December 20, 2023 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

_____
JED LEANO, CHAIR

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

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **December 20, 2023**

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

FROM: **Rimmi Hundal, Executive Director**

BY: **Diana Acosta, CPA, Chief Financial Officer**
Mica Olmos, JPA Administrator/Clerk

SUBJECT: **Consideration of Resolution No. 729 Authorizing the Executive Director to Execute a New Subordination and Intercreditor Agreement with Restore Neighborhoods, LA, Inc., and the Lenders of the Claremont Gardens Senior Housing Project at 956 W Baseline Road in Claremont, California**

Summary:

Staff seeks Governing Board approval of a New Subordination and Intercreditor Agreement with Restore Neighborhoods LA, Inc. (RNLA), Genesis LA Economic Growth Corporation, City of Claremont, the County of Los Angeles, and the San Gabriel Valley Regional Housing Trust for the Claremont Gardens Senior Housing Project, which is required by the Developer of the project described in the Agreement.

Background:

On February 19, 2020, TCMHA Governing Board adopted Resolution No. 520 designating its No Place Like Home (NPLH) Non-Competitive Allocation Funds in the amount of $1,140,736 to develop a 15-unit construction/rehabilitation combined affordable housing and permanent supportive senior housing project, known as Claremont Gardens, in partnership with the City of Claremont, Genesis LA Economic Growth Corporation, and Restore Neighborhoods, LA, Inc. (RNLA).

On February 17, 2021 the Governing Board adopted Resolution No. 574 authorizing the Executive Director to enter into, and execute, a Disposition and Development Agreement (DDA) with RNLA for the development, financing, and operation of the Claremont Gardens at TCMHA's property located at 956 W Baseline Road in Claremont, California. The DDA specified a closing date of, on or before June 30, 2021.

The California Department for Housing and Community Development (CDHDC) did not award TCMHA' NPLH non-competitive funds, until August 29, 2022; and on September 21, 2022, the Governing Board adopted Resolution No. 671 authorizing the acceptance of the Authority's non-competitive allocation award in the amount of $1,140,000 under the NPLH program (Round 4) for the Claremont Gardens Project. Accordingly, TCMHA and

RNLA amended the DDA on October 19, 2022, in order to extend the closing deadline to December 31, 2022; and approve a "Subordination and Intercreditor Agreement" required by other lenders for the project described in the Agreement.

Unfortunately, there were some delays in closing escrow at the end of December 2022 due to RNLA working on obtaining final prevailing-wage pricing for small subcontractors; finalizing multiple performance bonds for the project; and producing the final documents for the funding from the County of Los Angeles. Therefore, on December 21, 2022 the Governing Board adopted Resolution No. 689 authorizing the Second Amendment to the DDA to extend the close of escrow to March 31, 2023. However, delays continued and again the project did not close escrow on the established deadline by the Agreement.

Most recently, on November 15, 2023, the TCMHA Governing Board adopted Resolution No. 726 Authorizing the Executive Director to Execute a Third Amendment to the DDA and extend the close of escrow deadline to February 15, 2024. At this time a new Subordination and Intercreditor Agreement is required to update and incorporate changes in funding by two lenders Genesis LA and the San Gabriel Valley Regional Housing Trust. No amounts relating to TCMHA or the rest of the lenders have changed.

A Subordination and Intercreditor Agreement is an agreement among lenders, or classes of lenders, describing their respective rights and obligations with respect to the borrower and its assets and addresses the security interest priority, the rights to various remedies and rights in bankruptcy. The agreement establishes the creditors' relative rights to receive payments from the borrower and to enforce security interests in the borrower's collateral.

Fiscal Impact:

The Subordination and Intercreditor agreement documents, in order of priority, the security interests in and liens against the property located at 956 W. Baseline Road in Claremont. The Disposition and Development Agreement established TCMHA's commitment: 1) to transfer its property located at 956 W. Baseline Road in Claremont for the Claremont Gardens Senior Housing Project; 2) to provide supportive services to residents at the future Claremont Gardens, 15-unit housing development for 20 years; and 3) to provide for 15 years additional annual funding as a Capital Operating Reserve Subsidy (COSR) in the amount of $24,000, with 3.5% annual increase, for Tri-City's eight (8) permanent supportive housing units at Claremont Gardens.

Recommendation:

Tri-City staff recommends that the Governing Board adopt Resolution No. 729 authorizing the Executive Director to execute the New Subordination and Intercreditor Agreement with Restore Neighborhoods LA, Inc. (RNLA), Genesis LA Economic Growth Corporation, City of Claremont, the County of Los Angeles, and the San Gabriel Valley Regional Housing Trust, in connection with the Claremont Gardens Senior Housing Project located at 956 W. Baseline Road in Claremont, California.

Attachments

Attachment 7-A: Resolution No. 729 - DRAFT

Attachment 7-B: Subordination and Intercreditor Agreement - DRAFT

RESOLUTION NO. 729

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A NEW SUBORDINATION AND INTERCREDITOR AGREEMENT WITH RESTORE NEIGHBORHOODS, LA, INC. FOR THE CLAREMONT GARDENS SENIOR HOUSING PROJECT AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA

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 Resolution No. 574 on February 17, 2022, authorizing to enter into, and execute, a Disposition and Development Agreement (DDA) with Restore Neighborhoods, LA, Inc. (RNLA) for the development, construction, financing, and operation of fifteen (15) units for seniors of combined affordable and permanent supportive housing project, known as the Claremont Gardens, at 956 W. Baseline Road, Claremont, California 91711.

B. On October 19, 2022, the Authority adopted Resolution No. 676 amending the DDA to extend the escrow closing deadline to December 31, 2022; and approving a "Subordination and Intercreditor Agreement" with all the lenders of the Claremont Gardens project.

C. On December 21, 2022, the Authority adopted Resolution No. 689 approving the Second Amendment to the DDA to extend the closing deadline to March 31, 2023; and on November 15, 2023, adopted Resolution No. 726, approving the Third Amendment to the DDA extending the escrow closing deadline to February 15, 2024.

D. The Authority desires to approve a new "Subordination and Intercreditor Agreement" with RNLA and the lenders of the project described in the Agreement.

2. Action

The Authority's Executive Director is authorized to enter into, and execute, the new Subordination and Intercreditor Agreement, with RNLA and the lenders for the Claremont Gardens housing project located at 956 W. Baseline Road in Claremont, California, effective December 20, 2023, replacing and superseding all previous versions.

[Continued on Page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on December 20, 2023 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

_____
JED LEANO, CHAIR

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

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL
DOCUMENT TO:
Genesis LA Economic Growth Corporation
801 S. Grand Avenue, Suite 775
Los Angeles, CA 90017
Attn: Jessica Waybright

(Above Space for Recorder's Use Only)

NOTICE: THIS SUBORDINATION AGREEMENT RESULTS IN YOUR SECURITY INTEREST IN THE PROPERTY BECOMING SUBJECT TO AND OF LOWER PRIORITY THAN THE LIEN OF SOME OTHER OR LATER SECURITY INSTRUMENT.

SUBORDINATION AND INTERCREDITOR AGREEMENT

THIS SUBORDINATION AND INTERCREDITOR AGREEMENT ("Agreement") is entered into as of December 20, 2023, by and among (i) **GENESIS LA ECONOMIC GROWTH CORPORATION**, a California nonprofit public benefit corporation, with offices at 801 S. Grand Avenue, Suite 775, Los Angeles, CA 90017 ("**Genesis**"), (ii) **CITY OF CLAREMONT**, a municipal corporation ("**Claremont**"), (iii) **TRI-CITY MENTAL HEALTH AUTHORITY**, a public agency ("**TCMHA**"), (iv) **COUNTY OF LOS ANGELES**, a California county government ("**County**"), (v) **THE SAN GABRIEL VALLEY REGIONAL HOUSING TRUST**, a joint powers authority formed by statute of the State of California ("**SGVRHT**"), and consented and agreed to by (vi) **RESTORE NEIGHBORHOODS, LA, INC.**, a California nonprofit public benefit corporation ("**Borrower**")

RECITALS:

A. Borrower is obtaining ownership of the real property located at 956 Baseline Road in the City of Claremont which is more particularly described in the legal description attached hereto as Exhibit A and fully incorporated herein by reference (the "**Property**") pursuant to the terms of that certain Disposition and Development Agreement ("**DDA**") by and between Borrower and TCMHA and as evidenced by the Grant Deed from TCMHA to be recorded immediately preceding this Agreement in the Official Records of Los Angeles County California (the "**Official Records**") and in connection with the transfer of the Property TCMHA is providing a loan in the amount of $446,373.90 (the "**TCMHA Loan**") pursuant to the Promissory Note (the "**TCMHA Note**"), and secured by a Deed of Trust with Assignment of Rents (Short Form) executed by Borrower in favor of TCMHA (the "**TCMHA Security Instrument**") and to be recorded substantially concurrently herewith in the Official Records. Also in connection with the transfer of the Property, TCMHA requires that the Property have a regulatory agreement ("**TCMHA Regulatory Agreement**"); and

B. Genesis is making a loan to Borrower in the amount of $1,751,105 (the "**Genesis Loan**"), pursuant to a Loan Agreement (the "**Genesis Loan Agreement**"), and Promissory Note (the "**Genesis Note**"), and secured by a Deed of Trust, Assignment of Rents and Security Agreement executed by Borrower in favor of Genesis (the "**Genesis Security Instrument**") and to be recorded substantially concurrently herewith in the Official Records. Genesis is also

requiring that a Declaration of Restrictive Covenant ("**Genesis Restrictive Covenant**") be recorded substantially concurrently herewith in the Official Records; and

C. Claremont is making a loan to Borrower in the amount of $1,750,000 (the "**Claremont Loan**") pursuant to that certain Affordable Housing Agreement (RNLA Permanent Supportive Housing Project) dated July 1, 2020 ("**Claremont AHA Agreement**"), and Promissory Note ("**Claremont Note**"), and secured by a Deed of Trust executed by Borrower in favor of Claremont (the "**Claremont Security Instrument**") and to be recorded substantially concurrently herewith in the Official Records. Claremont is also requiring that a Regulatory Agreement ("**Claremont Regulatory Agreement**") and Notice of Affordability Restrictions on Transfer of Property ("**Claremont Affordability Restrictions**") be recorded substantially concurrently herewith in the Official Records; and

D. County is providing Borrower with a $750,000 grant pursuant to the terms of a Disbursement Agreement ("**Disbursement Agreement**") and is requiring the Declaration of Restrictive Covenants (for the Development and Operation of Interim Supportive Housing) (the "**County Use Restriction**") be recorded substantially concurrently herewith in the Official Records; and

E. SGVHTF is making a loan to Borrower in the amount of $1,000,223 (the "**SGVRHT Loan**" and together with the Claremont Loan and TCMHA Loan, the "**Subordinate Loans**") pursuant to a Development Loan Agreement ("**SGVRHT Loan Agreement**") and the Development Loan Promissory Note Secured by Deed of Trust ("**SGVRHT Note**") secured by a Deed of Trust, Security Agreement and Fixture Filing With Assignment of Leases and Rents ("**SGVRHT Security Instrument**" and together with the Genesis Security Instrument, TCMHA Security Instrument, and Claremont Security Instrument the "**Security Instruments**") to be recorded substantially concurrently herewith in the Official Records. SGVRHT is also requiring a Regulatory Agreement ("**SGVRHT Regulatory Agreement**") be recorded substantially concurrently herewith in the Official Records; and

F. It is the intention of Claremont, TCMHA, County and SGVRHT (collectively the "Subordinate Lenders") and Genesis (and together with the Subordinate Lenders each, a "Lender") that the liens against the Property restricting the use of the Property to affordable housing (DDA, Genesis Restrictive Covenant, Claremont Regulatory Agreement, Claremont Affordability Restrictions, County Use Restriction, SGVRHT Regulatory Agreement collectively the "**Use Restrictions**") be recorded against the Property prior to the Security Instruments and in the priority positions set forth in Section 1 of this Agreement, notwithstanding the different times of recording and/or perfection of such liens;

G. It is the intention of the Lenders that the security interests in and liens against the Collateral (as defined below) by the Lenders be in the priority positions set forth in Section 2 of this Agreement, notwithstanding the different times of recording and/or perfection of security interests; and

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lenders hereby agree as follows:

1. Priority of Use Restrictions. Notwithstanding the order of, or date of recording and/or perfection thereof, the Use Restrictions shall rank in the order of priority set forth below, provided however, in the event of a conflict, the most stringent or restrictive standard or

requirement applicable to the use of the Property shall control. The Use Restrictions shall all be senior to the Security Instruments described in Section 2 below.

(a) TCMHA Regulatory Agreement;

(b) County Use Restriction;

(c) Claremont Regulatory Agreement;

(d) Claremont Affordability Restrictions;

(e) SGVRHT Regulatory Agreement;

(f) Genesis Restrictive Covenant.

2. Priority of Security Instruments. Notwithstanding the order of, or date of recording and/or perfection thereof, the Security Instruments in or against the Collateral shall rank in the following order of priority after the Use Restrictions as set forth in Section 1 above:

(a) Genesis Security Instrument shall rank in the first priority position and the right of reversion in the DDA is hereby subordinated to the Genesis deed of trust;

(b) Claremont Security Instrument shall be subordinate to the Genesis Security Instrument;

(c) TCMHA Security Agreement shall be subordinate to the Genesis Security Instrument and the Claremont Security Instrument;

(d) SGVRHT Security Instrument shall be subordinate to the Genesis Security Instrument, the Claremont Security Instrument and TCMHA Security Instrument.

The term “Loan Documents” means all documents, fully executed by the applicable parties, in the form prescribed by the Lender, together with any additional documents, items and funds as such Lender may require in connection with such Lender’s loan, provided that such additional document, items and funds shall not modify or otherwise affect the rights of Subordinate Lenders.

Any real or personal property serving as collateral under any of the Genesis Loan Documents, the Claremont Loan Documents, TCMHA Loan Documents or SGVRHT Loan Documents is referred to herein as the “Collateral”.

(e) Lenders agree that the subordination set forth in Section 2(a)-(d) above shall apply to all payments, whether obligatory or voluntary, plus all interest, fees, charges, costs and expenses due or to become due under each Lenders Loan Documents.

3. Payments Before Event of Default. Prior to the receipt by any Lender of an Enforcement Notice (as defined below) from another Lender who is party to this Agreement, such Lender may accept payments made by or on behalf of Borrower pursuant to the terms of the Lender’s Loan Documents. “Enforcement Notice” means a written notice delivered by any Lender to the other Lenders notifying the other Lenders that the sender is commencing an

Enforcement (as defined below) and specifying the event of default and the actions proposed to be taken by the sender.

4. Enforcement Action. Each Lender hereto agrees not to commence any Enforcement prior to its delivery to the other Lenders of an Enforcement Notice. "Enforcement" means any demand for accelerated payment from a Lender made pursuant to such Lender's Loan Documents and/or the enforcement of any of such Lender's rights and/or remedies thereunder or permitted by law. Until the Genesis Loan is satisfied or the Collateral is released by Genesis, the Subordinate Lenders shall not, without the prior written consent of Genesis, commence any Enforcement until the date which is one hundred twenty (120) days following the delivery by any Subordinate Lender to Genesis of an Enforcement Notice ("Enforcement Notice Period"); provided however, that such limitation on the remedies of any Subordinate Lender shall not derogate or otherwise limit the Subordinate Lender's rights, following an event of default under such Lender's Loan Documents to (a) compute interest on all amounts due and payable under such Subordinate Loan at the default rate described in the Loan Documents, and (b) compute late charges. Except as to the priority rights described in Sections 1 and 2 hereof, each Lender further agrees that it shall not interfere with any exercise by or on behalf of the other Lender(s) of its rights in respect of its security interest in and lien against the Collateral. During the Enforcement Notice Period, each Lender agrees to act in good faith to attempt to structure a commercially reasonable workout or other arrangement to avoid any Lender taking possession of Collateral or exercising remedies, to the reasonable satisfaction of the Lenders.

5. Cure Default. Subordinate Lenders shall have the right, but not the obligation, to cure any Genesis Loan default; provided, if such Subordinate Lender shall elect to cure such default, it shall so notify Genesis and shall commence and complete such curing within ten (10) days with respect to any default that may be cured by the payment of money or thirty (30) days for all other defaults; provided however, if such curing Subordinate Lender is diligently prosecuting the cure of a non-monetary default, Genesis may grant an additional period of up to thirty (30) days to complete the cure of such default. Genesis acknowledges that amounts advanced or expended by any Subordinate Lender to cure a Genesis Loan default may be added to and become part of the curing Subordinate Lender's Loan.

6. Distribution of Proceeds. All proceeds received by any Lender (i) upon its foreclosure or other disposition of any of the Collateral, (ii) under any insurance policy, from any condemning authority, or from any other sources, as a result of any condemnation or casualty, or (iii) by voluntary payment of Borrower after a Lender delivers an Enforcement Notice to Borrower and/or other Lender, shall be provided to Genesis to pay the outstanding obligations of the Genesis Loan, after deduction for all costs and expenses incurred by such Lender and permitted by law. After the satisfaction of the Genesis Loan in full, Genesis shall distribute any remaining proceeds to Subordinate Lenders according to each Subordinate Lender's lien position as set forth in Section 7 below

7. Excess Payments. If Genesis receives payments in excess of the amount necessary to satisfy the Genesis Loan, Genesis shall distribute such excess payments as follows:

a) first, to Claremont in the amount necessary to satisfy the Claremont Loan. Any excess funds thereafter remaining shall be paid,

b) second to TCMHA in the amount necessary to satisfy the TCMHA Loan. Any excess funds thereafter remaining shall be paid,

c) third, to SGVRHT in the amount necessary to satisfy the SGVRHT Loan.

8. Bankruptcy Proceeding. **"**Bankruptcy Proceedings" shall mean any bankruptcy, reorganization, insolvency, composition, restructuring, dissolution, liquidation, receivership, assignment for the benefit of creditors, or custodianship action or proceeding under any federal or state law with respect to Borrower." In the event of any Bankruptcy Proceeding relating to Borrower or the Property or, in the event of any Bankruptcy Proceeding relating to any other person or entity into which the assets or interests of Borrower are consolidated, then in either event, the Genesis Loan and the Subordinate Loans shall each be paid in full in order of priority. Subordinate Lenders agree that (i) Genesis and the Subordinate Lenders shall each receive all payments and distributions of every kind or character which Genesis and Subordinate Lenders would otherwise be entitled, until Genesis and Subordinate Lenders are each repaid in full, and (ii) the subordination of the Subordinate Loans shall not be affected in any way by Genesis and/or any of the Subordinate Lenders electing, under Section 1111(b) of the federal bankruptcy code, to have their respective claim treated as being a fully secured claim. In addition, Subordinate Lenders hereby covenant and agree that, in connection with a Bankruptcy Proceeding involving Borrower, neither Subordinate Lenders nor any of their affiliates shall (i) make or participate in a loan facility to or for the benefit of Borrower on a basis that is senior to or pari passu with the liens and interests held by Genesis or any Subordinate Lender holding priority position pursuant to the applicable loan documents, and (ii) not contest the continued accrual of interest on the Genesis Loan, in accordance with and at the rates specified in the Genesis Loan Documents, both for periods before and for periods after the commencement of such Bankruptcy Proceedings.

9. Limitation on Transfer. No Lender shall assign, pledge or otherwise transfer, or permit or suffer to be assigned, pledged or otherwise transferred, or execute any power of attorney with respect to, the their respective Loan Documents, or any other instrument, document or agreement evidencing or securing any Loan set forth herein, unless the assignee, pledgee, or other transferee agrees in writing to be bound by the terms and conditions of this Agreement.

10. Mutual Agreements. Without the prior written consent of the other Lenders in each instance, no Lender shall (i) amend, modify, waive, extend, renew or replace any provision of any of its Loan Documents; or (ii) pledge, assign, transfer, convey, or sell any interest in its Loan or any of the Loan Documents; or (iii) accept any payment on account of the Loan other than a regularly scheduled payment of interest or principal; or (iv) take any action which has the effect of increasing such Lender's Loan; or (v) take any action concerning environmental matters affecting the Property. Without thirty (30) days prior written notice to the other Lenders, no Lender shall appear in, defend or bring any action in connection with the Collateral.

11. Priority Governed By This Agreement. The priorities specified herein are applicable, irrespective of the time or order of attachment or perfection of the liens and security interests of the parties hereto or of the time or order of recording of the deeds of trust or other security instruments of the parties hereto.

12. Cross-Default. Each Lender hereby agrees that a default under any other Lender's Loan Documents, as defined therein, shall also constitute a default under that Lender's Loan Documents notwithstanding the fact that no default has otherwise occurred under that Lender's Loan Documents.

13. Indemnification. Each Lender (in this Section, "Lender A") will indemnify and hold harmless each other Lender (in this Section, "Lender B") from and against any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, costs, expenses or disbursements of any kind or nature whatsoever (including reasonable attorneys' fees) which may be imposed on, incurred by, or asserted against Lender A by a third party when Lender A is acting pursuant hereto or in any way relating to or arising out of this Agreement, provided, however, that Lender A shall not be liable under this Section for any such liabilities, obligations, losses, damages, penalties, actions, judgments, suits, costs, expenses or disbursements resulting from such other Lender B's gross negligence or willful misconduct.

14. Other Security/Waiver of Marshalling. Nothing contained in this Agreement is intended to affect or limit the security interest that any Lender has or may have in Borrower's real property or any third parties' assets or obligations as security for its loan or loans made pursuant to the Loan Documents. Subject to the terms of this Agreement, each Lender waives any rights it may have, whether at law or in equity, to require any other Lender to marshall its collateral or any portion thereof, or otherwise to seek satisfaction from any particular or other assets of Borrower or from any third parties prior to enforcement action by the other Lender against the Collateral.

15. Independent Credit Investigations. No Lender, nor any of its respective directors, officers, agents or employees, shall be responsible to any other Lender or to any other person, firm or corporation, for the Borrower's solvency, financial condition or otherwise, or for any statements of Borrower, oral or written, or for the validity, sufficiency or enforceability of any liens or security interests granted by Borrower to such other Lender. Each Lender has entered into its respective agreements with Borrower based upon its own independent investigation, and makes no warranty or representation to any other Lender nor does it rely upon any representation of any other Lender with respect to matters identified or referred to in this Agreement.

16. Limitation of Liability of Lenders to Each Other. Except as provided in this Agreement, no Lender shall have any liability to any other Lender except for gross negligence or willful misconduct, regarding the subject matter of this Agreement.

17. Amendments to this Agreement. All modifications or amendments of this Agreement must be in writing and duly executed by all Lenders.

18. Default. Borrower acknowledges that in the event any party fails to comply with its obligations hereunder the other parties shall have all rights available at law and in equity, including the right to obtain specific performance of the obligations of such defaulting party and injunctive relief. No failure or delay on the part of any party hereto in exercising any right, power or remedy hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right, power or remedy preclude any other or further exercise thereof or the exercise of any other right, power or remedy hereunder.

19. Request for Information. Lenders shall each, within ten (10) business days following a request from any other Lender, provide the requesting party with a written statement setting forth the then current outstanding principal balance of the subject loan, the aggregate accrued and unpaid interest under the subject loan, and stating whether, to the knowledge of such party, any default or event of default exists under the subject loan, and containing such other information with respect to the subject loan as the requesting party may reasonably request. Upon notice from any Lender from time to time, a Lender shall execute and deliver

such additional instruments and documents, and shall take such actions, as are required by such requesting Lender in order to further evidence or effectuate the provisions and intent of this Agreement.

20. Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the respective successors and assigns of each of the parties hereto. The terms and provisions of this Agreement shall be for the sole benefit of the parties hereto and their respective successors and assigns, and no other person, firm, entity or corporation shall have any right, benefit, priority, or interest under, or because of this Agreement.

21. Severability. In case any provision of this Agreement shall be invalid, illegal or unenforceable, such provision shall be severable from the rest of this Agreement and the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

22. Headings. Headings of the Sections of this Agreement are inserted for convenience only and shall not be deemed to constitute a part hereof.

23. Applicable Law. This Agreement is and shall be governed by and construed in accordance with the laws of the State of California.

24. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute but one and the same instrument.

25. Notices. All notices, demands or other communications required or permitted to be given pursuant to the provisions of this Agreement shall be in writing and shall be considered as properly given if delivered personally or sent by first class United States Postal Service mail, postage prepaid, except that notice of Default may be sent by certified mail, return receipt requested, or by Overnight Express Mail or by overnight commercial courier service, charges prepaid. Notices so sent shall be effective three (3) days after mailing, if mailed by first class mail, and otherwise upon receipt at the address set forth below; provided, however, that non-receipt of any communication as the result of any change of address of which the sending party was not notified or as the result of a refusal to accept delivery shall be deemed receipt of such communication. For purposes of notice, the address of the parties shall be:

Lenders:

(i) Genesis LA Economic Growth Corporation
801 S. Grand Avenue
Suite 775
Los Angeles, California 90017
Attn: Thomas De Simone
Facsimile No.: 213-533-8907

(ii) City of Claremont
207 Harvard Avenue
Claremont, California 91711
Attention: City Manager
Facsimile No.: (909) 399-5492

(iii) Tri-City Mental Health Authority
1717 N. Indian Hill Blvd., Suite B
Claremont, CA 91711
Attn: Executive Director

(iv) Los Angeles County Department of Health Services
313 N. Figueroa Street
6th Floor East
Los Angeles, California 90012
Attn: Contracts and Grants Division

(v) San Gabriel Valley Regional Housing Trust
1333 S. Mayflower Avenue Unit 360
Monrovia, CA 91016
Attn: Executive Director

Any party shall have the right to change its address for notice hereunder to any other location within the continental United States by the giving of thirty (30) days notice to the other parties in the manner set forth hereinabove.

26. Recordation. This Agreement shall be recorded in the official public records of Los Angeles County, California.

27. Borrower Execution. Borrower is executing this Agreement to evidence its agreement and consent to the terms and provisions of this Agreement, but this Agreement is not intended and shall not be construed to confer any additional rights upon Borrower other than those rights contained in the instruments, documents, and agreements evidencing or securing the Loans. Without limiting the generality of the foregoing, it is understood and agreed that any terms and provisions of this Agreement may be modified or amended by the Lenders without the consent of or notice to Borrower.

[signatures follow on next page]

IN WITNESS WHEREOF, the Lenders have executed this Agreement as of the date appearing on the first page of this Agreement.

GENESIS:
GENESIS LA ECONOMIC GROWTH
CORPORATION,
a California nonprofit public benefit corporation

By: _____
Name: Thomas De Simone
Its: President and CEO

CLAREMONT:
CITY OF CLAREMONT
a municipal corporation

By: _____
Adam Pirrie
City Manager

APPROVED AS TO FORM:

_____
Thomas P. Clark
Counsel

TCMHA:
TRI-CITY MENTAL HEALTH AUTHORITY
a California joint powers authority

By: _____
Rimmi Hundal
Executive Director

APPROVED AS TO FORM:
RICHARDS, WATSON & GERSHON,

_____
Bruce Galloway
Special Counsel

IN WITNESS WHEREOF, the Lenders have executed this Agreement as of the date appearing on the first page of this Agreement.

COUNTY:
ACKNOWLEGED BY:

COUNTY OF LOS ANGELES

By: _____
Name: _____
Its: _____

APPROVED AS TO FORM:
Mary C. Wickham
County Counsel

By: _____
Deputy County Counsel

SGVRHT:
SAN GABRIEL VALLEY REGIONAL
HOUSING TRUST,
a joint powers authority

By: _____
Marisa Creter
Executive Director

APPROVED AS TO FORM:

_____
David De Berry
General Counsel

ACKNOWLEDGMENTS

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
)§
COUNTY OF LOS ANGELES)

On _____, before me, _____
_____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

Consent

The undersigned consents to and accepts the terms and provisions of this Intercreditor and Subordination Agreement, and agrees to perform and observe those provisions of this Agreement to be performed and observed by Borrower.

BORROWER:

RESTORE NEIGHBORHOODS LA, INC.
a California nonprofit public benefit corporation

By: _____
John Perfitt
Its: Executive Director

DESCRIPTION OF SUBJECT PROPERTY

All that certain real property situated in the County of Los Angeles, State of California, described as follows:

THE NORTHERLY 333.00 FEET OF THE EAST HALF OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 4, TOWNSHIP 1 SOUTH, RANGE 8 WEST, SAN BERNARDINO BASE AND MERIDIAN, IN THE CITY OF CLAREMONT, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA, ACCORDING TO THE OFFICIAL PLAT OF THE SURVEY OF SAID LAND.

EXCEPT THEREFROM THE WESTERLY 200 FEET THEREOF AND THE NORTH 33 FEET CONVEYED FOR ROAD PURPOSES.

ALSO EXCEPT THE SOUTHERLY 10 FEET OF THE NORTH 333 FEET OF THE EAST HALF OF THE WEST HALF OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 4, TOWNSHIP 1 SOUTH, RANGE 8 WEST, SAN BERNARDINO BASE AND MERIDIAN.

ALSO EXCEPT THEREFROM, THE SOUTHERLY 13.50 FEET OF THE NORTHERLY 46.50 FEET THEREOF, AS CONVEYED TO THE CITY OF CLAREMONT, A MUNICIPAL CORPORATION BY VIRTUE OF A DEED RECORDED JULY 25, 1996 AS INSTRUMENT NO. 96-1196226 OF OFFICIAL RECORDS.

ALSO EXCEPT THEREFROM AN UNDIVIDED ONE-HALF INTEREST IN AND TO ALL OIL, ASPHALTUM, GAS OR OTHER HYDRO-CARBON SUBSTANCES IN SAID LAND WITH FULL AND FREE RIGHT TO ENTER SAID LAND TO TAKE, DIG DRILL OR MINE FOR SAME, AS RESERVED BY JESSE L. MORAIN AND ADELHEIDE MORAIN, BY DEED RECORDED IN BOOK 9814 PAGE 59 OFFICIAL RECORDS.

APN: 8669-019-905

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **December 20, 2023**

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

FROM: **Rimmi Hundal, Executive Director**

BY: **Liz Renteria, LCSW, Chief of Clinical Services**

SUBJECT: **Consideration of Resolution No. 730 Approving the Subcontractor Agreement for the HUD Continuum of Care Program with the Los Angeles County Development Authority (LACDA); and Authorizing the Executive Director to Execute the Agreement**

Summary:

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

Background:

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

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

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

Fiscal Impact:

The Housing Division already has staff assigned to provide the supportive services and are included in the Fiscal Year 2023-24 MHSA budget.

Recommendation:

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

Attachments

Attachment 8-A: Resolution No. 730 - DRAFT

Attachment 8-B: HUD Continuum of Care (CoC) Program Subcontractor Agreement, Tenant Based Rental Assistance Program, with the Los Angeles County Development Authority (LACDA); Grant Number: CA0800L9D002113

RESOLUTION NO. 730

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

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

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

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

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

2. Action

The Governing Board authorizes the Subcontractor Agreement No CA0800L9D002214 with LACDA for the HUD CoC Program and authorizes the Executive Director to execute said Agreement, and any amendments or extensions of such Subcontractor Agreement thereafter.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on December 20, 2023 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

_____
JED LEANO, CHAIR

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

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

ATTACHMENT 8-A

AGREEMENT BETWEEN

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

AND

TRI-CITY MENTAL HEALTH AUTHORITY

HUD CONTINUUM OF CARE PROGRAM SUBCONTRACTOR AGREEMENT

TENANT BASED RENTAL ASSISTANCE PROGRAM

Grant Number: CA0800L9D002214

This Subcontractor Agreement for the HUD Continuum of Care Program (herein referred to as "Agreement") is made and entered into in duplicate original this ___ day of _____ 2023, by and between the Los Angeles County Development Authority, hereinafter referred to as “LACDA”, and Tri-City Mental Health Authority, hereinafter referred to as “TCMH”.

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

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

WHEREAS, the LACDA was awarded Tenant Based Rental Assistance funding under the CoC Program Grant Agreement # **CA0800L9D002214** between HUD and the LACDA;

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

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

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

1. DEFINITIONS

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

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

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

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

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

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

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

2. DESCRIPTION OF SERVICES AND DUTIES

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

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

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

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

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

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

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

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

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

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

3. PERIOD OF PERFORMANCE

This Agreement shall be effective **January 1, 2024** ("Effective Date") and shall continue through **December 31, 2024**, unless terminated earlier. TCMH shall commence performance upon the Effective Date and shall diligently and continuously perform thereafter.

4. COMPENSATION: No compensation for administrative costs or supportive services will be provided with CoC Program Grant Agreement # CA0800L9D002214.

5. AVAILABILITY OF FUNDS/NON-APPROPRIATION OF FUNDS

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

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

6. SERVICES COORDINATION

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

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

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

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY:

Medina D. Johnson-Jennings, Director, Housing Assistance Division
Attn: Sander Schmidt
700 W. Main Street
Alhambra, CA 91801

TRI-CITY MENTAL HEALTH AUTHORITY

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

8. FORMS AND REPORTS

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

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

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

9. MONITORING AND RECORDS

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

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

10. CONFIDENTIALITY

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

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

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

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

11. COMPLIANCE WITH RULES, REGULATIONS, AND DIRECTIVES

TCMH shall comply with all applicable federal, state, and local laws as well as all rules, regulations, requirements, and directives of applicable federal or state agencies and funding sources which impose duties and regulations upon LACDA as though made with TCMH directly. In the event there is a conflict between the various laws or regulations that may apply, TCMH shall comply with the more restrictive law or regulation.

12. AMENDMENTS

A. No representative of either of the Parties is authorized to make changes to any of the terms, obligations or conditions of this Agreement, except through procedures set forth in this Section 12.

B. Except as otherwise provided in this Agreement, for any change requested by either party which affects any term or condition included in this Agreement, a

negotiated written Amendment to the Agreement shall be prepared and executed by each Parties authorized representative.

C. Such amendments shall be authorized subject to the approval of County Counsel as to form.

13. TERMINATION

A. This Agreement may be terminated by either party for the convenience of that party. This Agreement may also be terminated by either party as a result of default by the other party of its obligations under this Agreement.

B. Notice of termination shall be given, in writing, at least sixty (60) days in advance and shall be complete when delivered to either party.

C. In the event of termination, TCMH will provide a detailed report of expenditures and the balance of the unexpended amount will be returned to the LACDA within thirty (30) days of termination.

14. NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

TCMH shall comply with all applicable federal, state, and local laws, which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or funded in whole or in part with funds made available under this title.

15. EMPLOYMENT PRACTICES

A. TCMH shall comply with all federal and state statutes and regulations in the hiring of its employees.

B. TCMH shall not discriminate in its recruiting, hiring, promoting, demoting, or terminating practices on the basis of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, age, or sex in the performance of this Agreement and, if applicable, with the provisions of the Fair Employment and Housing Act (FEHA) and the Federal Civil Rights Act of 1964 (P. L. 88-352).

C. By signing this Agreement or accepting funds under this Agreement, TCMH shall comply with Executive Order 11246 of September 24, 1965, entitled “Equal Employment Opportunity,” as amended by Department of Labor regulations (41 CFR Chapter 60)

16. LOBBYING

A. TCMH shall ensure no federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with such federal contract, grant, loan, or cooperative agreement, TCMH shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. TCMH shall require that the language of this certification be included in the award document for sub-awards at all tiers, including Subcontracts, sub-grants, contracts under grants, loans, cooperative agreements, and all sub-recipients shall certify and disclose accordingly.

17. INDEMNIFICATION

TCMH shall indemnify, defend, and hold harmless the LACDA, County of Los Angeles, and their officials, officers, employees, and agents (hereinafter collectively referred to as "Public Entities") from and against any and all liability, demands, damages, claims, causes of action, expenses, and fees (including reasonable attorneys' fees, expert witness fees, and legal costs) including, but not limited to, claims for bodily injury, property damage, and death (hereinafter collectively referred to as "liabilities"), arising from or connected with TCMH's acts, errors, and/or omissions under this Agreement or the services to be provided by TCMH hereunder. TCMH shall not be required to indemnify, defend and hold harmless the Public Entities from any liabilities that are caused by the sole negligence or willful misconduct of the LACDA or its officials, officers, employees, or agents. This indemnification provision shall remain in full force and effect and survive the termination and/or expiration of this Agreement. TCMH agrees to require any and all entities with which it contracts to agree to and abide by the above-mentioned indemnification requirements in favor of the Public Entities, as applicable to each of them.

18. SEVERABILITY

In the event that any provision herein contained is held to be invalid, void, or illegal by any court of competent jurisdiction, the same shall be deemed severable from the

remainder of this Agreement and shall in no way affect, impair or invalidate any other provision contained herein. If any such provision shall be deemed invalid due to its scope or breadth, such provision shall be deemed valid to the extent of the scope of breadth permitted by law.

19 INTERPRETATION

No provision of this Agreement is to be interpreted for or against either party because that party or that party's legal representative drafted such provision, but this Agreement is to be construed as if drafted by both parties hereto.

20. WAIVER

No breach of any provision hereof can be waived unless in writing. Waiver of any one breach of any provision shall not be deemed to be a waiver of any breach of the same or any other provision hereof.

21. ENTIRE AGREEMENT

This Agreement with attachments supersedes any and all other agreements and constitutes the entire understanding and agreement of the parties. This Agreement includes the Statement of Work.

SIGNATURES

IN WITNESS WHEREOF, TCMH and the LACDA have executed this Agreement through their duly authorized officers.

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY

By _____ Date: _____
Emilio Salas
Executive Director

TRI-CITY MENTAL HEALTH AUTHORITY

By _____ Date: _____
Rimmi Hundal
Executive Director

APPROVED AS TO PROGRAM:

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY
HOUSING ASSISTANCE DIVISION

By _____ Date: _____
Medina D. Johnson-Jennings
Director

APPROVED AS TO FORM:

Dawyn R. Harrison
County Counsel

By _____ Date: 12/7/23
Elizabeth Pennington
Deputy County Counsel

ATTACHMENT I

STATEMENT OF WORK

STATEMENT OF WORK

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY
CONTINUUM OF CARE TBRA PROGRAM

NAME OF ORGANIZATION:	TRI-CITY MENTAL HEALTH AUTHORITY
MAILING ADDRESS:	1717 N. INDIAN HILL BLVD., SUITE B CLAREMONT, CA 91711
CONTACT PERSON:	RIMMI HUNDAL EXECUTIVE DIRECTOR
TARGET POPULATION:	HARD-TO-SERVE LOW-INCOME HOMELESS INDIVIDUALS OR FAMILIES WITH A DISABILITY
NUMBER OF FAMILIES SERVED:	THIRTEEN (13)
DURATION OF PROJECT:	ONE (1) YEAR

PROGRAM OBJECTIVES: To provide a subsidy to pre-qualified Families to enable them to lease housing of their choice in which the Family lives independently in permanent, low-cost housing in residential neighborhoods.

In accepting a referral for a Participation Agreement from TCMH, the LACDA expects that the family/individual meets certain readiness criteria, and that TCMH provide on-going supportive services for a period of time not less than the duration of this agreement.

SERVICES TO BE PROVIDED BY TCMH

A. Client Eligibility

1) TCMH shall ensure that of the total persons served, one hundred percent (100%) are of low income.

2) TCMH shall ensure that of the population served, it outreaches to the chronically homeless as per regulations set at 24 CFR 578.53(e)(13) and that it is adequately documented for the Annual Progress Report.

3) TCMH shall ensure that of the population served, persons to be served under this Agreement shall include hard-to-serve homeless families with disabilities, as per Program Regulations at 24 CFR 578.53(c) and adequately verify homelessness. Hard-

to-serve homeless families primarily include those who are seriously mentally ill, have chronic problems with alcohol, drugs, or both, or have Acquired Immune Deficiency Syndrome (AIDS) and related diseases. The Program provides rental assistance for permanent housing for homeless persons with disabilities.

4) TCMH shall ensure that the target population of the persons to be served under this Agreement is individuals and families with members who are disabled, including the seriously mentally ill.

5) TCMH shall, in its client intake or admission criteria, require documents applicable to each Family for verifying client eligibility regarding Family status, disability, residency (i.e. homelessness) and income.

6) TCMH shall ensure that the total, original verified information packet be forwarded to the LACDA'S Continuum of Care Program staff for review, approval, and acceptance into the Continuum of Care Program. Failure to submit all applicable verifications will delay the eligibility process and the issuance of the Participation Agreement.

7) TCMH shall maintain a file with copies of all verified information therein, along with case management documentation, and make it available for examination.

B. Services and Duties of TCMH

1) TCMH shall ensure that **Thirteen (13)** homeless participants with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs or both; or have HIV/AIDS or related diseases) and their families are placed in and/or assisted to remain in qualified housing. TCMH shall refer eligible persons every month to the LACDA following the effective date of this Agreement until the Program has achieved full participation.

2) TCMH shall ensure that each participant who signs the Program's Participant Agreement and is placed in housing will receive supportive services. Participants will pay no more than 30% of their adjusted monthly income towards the rent.

3) TCMH shall ensure that the Continuum of Care Program targets homeless families who have chronic alcohol and/or other drug abuse disabilities, mental illness and/or HIV/AIDS.

4) TCMH shall make best efforts to assist persons with dual diagnosis of both serious mental illness and chronic substance abuse problems.

5) TCMH shall submit to the LACDA pre-applications from persons eligible to be served in a Continuum of Care funded project.

6) TCMH agrees to provide an unconditional commitment (contingent only upon award of the grant) via cash or in-kind match of not less than 25 percent of the total funding awarded, in compliance with Program regulations set forth in 24 CFR 578.73 and applicable cost sharing and match requirements for nonprofits found at 24 CFR 84.23, and as specified below:
   - A match in the amount of at least **$65,552** has been committed by TCMH during the term of this grant;
   - A fee schedule, listing the supportive services; the profession of each provider; and the hourly cost of the services to be provided, is made part of this Agreement.

TCMH will be required to report on matching funds expended in their Annual Progress Report at the end of each grant's operating year. All match must be used for eligible activities as required in the CoC Program Interim Rule, 24 CFR 578, subpart D. Matching funds are subject to monitoring by the LACDA and/or HUD; they should be well documented throughout the operating year and must be tied to specific clients. TCMH must keep and make available for inspection, records documenting the match contribution.

7) TCMH shall provide participants with eligible and appropriate services, as per Program regulations set forth in 24 CFR 578.53 that address the special needs of the program participants, ensuring that:
   I. Supportive services assist program participants in obtaining and maintaining housing;
   II. An annual assessment of the service needs of program participants is conducted and services are adjusted accordingly;
   III. Supportive services are provided to the residents throughout the duration of their residence in the project;
   IV. *Eligible supportive services are*:

   a. Annual assessment of service needs. The costs of the assessment required by §578.53(a)(2) are eligible costs.

   b. Assistance with moving costs. Reasonable one-time moving costs (security deposits in an amount not to exceed 2 months of rent) are eligible and include truck rental and hiring a moving company.

   c. Case management. The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the

program participant(s) are eligible costs. Component services and activities consist of:

1) Counseling;
2) Developing, securing, and coordinating services;
3) Using the centralized or coordinated assessment system as required under §578.23(c)(9).
4) Obtaining federal, state, and local benefits;
5) Monitoring and evaluating program participant progress;
6) Providing information and referrals to other providers;
7) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, or stalking; and
8) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

d. Child care. The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.

1) The children must be under the age of 13, unless they are disabled children.
2) Disabled children must be under the age of 18.
3) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

e. Education services. The costs of improving knowledge and basic educational skills are eligible.

1) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
2) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.

f. Employment assistance and job training. The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.

1) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
2) Services that assist individuals in securing employment consist of:

a. Employment screening, assessment, or testing;
b. Structured job skills and job-seeking skills;
c. Special training and tutoring, including literacy training and pre-vocational training;
d. Books and instructional materials;
e. Counseling or job coaching; and
f. Referral to community resources.

g. Food. The cost of providing meals or groceries to program participants is an eligible cost.

h. Housing search and counseling services. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible costs.
1) Component services or activities are tenant counseling, assisting individuals and families to understand leases, securing utilities, and making moving arrangements.
2) Other eligible costs are:
a. Mediation with property owners and landlords on behalf of eligible program participants;
b. Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and
c. The payment of rental application fees.

i. Legal services. Eligible costs are the fees charged by licensed attorneys and by persons under supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family‘s ability to obtain and retain housing.
1) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefits claim denials; landlord-tenant disputes; and the resolution of outstanding criminal warrants.
2) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.
3) Fees based on the actual service performed (i.e. fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subcontractor is a legal services provider and performs the services itself, the eligible costs are the subcontractor employees’ salaries and other costs necessary to perform the services.

4) Legal services for immigration and citizenship matters, and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

j. Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

k. Mental health services. Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

l. Outpatient health services. Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals, including:
1) Providing an analysis or assessment of an individual‘s health problems and the development of a treatment plan;
2) Assisting individuals to understand their health needs;
3) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;
4) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;
5) Provision of appropriate medication;
6) Providing follow-up services; and
7) Preventive and non-cosmetic dental care.

m. Outreach services. The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.
1) Eligible costs include the outreach worker‘s transportation costs and a mobile phone to be used by the individual performing the outreach.
2) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and

publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

n. Substance abuse treatment services. The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

o. Transportation. Eligible costs are:
1) The costs of program participants' travel on public transportation or in a vehicle provided by TCMH or subcontractor to and from medical care, employment, child care, or other services;
2) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;
3) The costs of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;
4) The costs of gas, insurance, taxes, and maintenance for the vehicle;
5) The costs of recipient or TCMH staff to accompany or assist program participants to utilize public transportation; and
6) If public transportation options are not sufficient within the area, TCMH may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:
   a. Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);
   b. Payments for car repairs or maintenance must be paid by the recipient or TCMH directly to the third party that repairs or maintains the car; and
   c. TCMH may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

p. Utility deposits. This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

q. Direct provision of services. If the services described in this chapter are being directly provided by TCMH, eligible costs for those services also include:
1) The costs of labor, or supplies and materials incurred by TCMH or subcontractor in directly providing supportive services to program participants; and
2) The salary and benefit packages of TCMH staff who directly deliver the services.

r. TCMH agrees:

1) To ensure the operation of the project(s) in accordance with the provisions of the McKinney-Vento Act and all requirements under 24 CFR part 578;
2) To monitor and report the progress of the project(s) to the LACDA and HUD;
3) To ensure, to the maximum extent practicable, that individuals and families experiencing homelessness are involved through employment, provision of volunteer services, or otherwise, in constructing, rehabilitating, maintaining, and operating facilities for the project and in providing supportive services for the project;
4) To obtain certifications from sub-contractors with respect to:
   a. Confidentiality of records, specifically for those records pertaining to any individual or family that was provided family violence prevention or treatment services through the project;
   b. Confidentiality of the address or location of any family violence project assisted under this part; whereas records will not be made public, except with written authorization of the person responsible for the operation of such project;
   c. Establishment of policies and practices that enable program participants to exercise rights afforded to them under subtitle B of title VII of the Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
   d. Designation of staff in family projects to ensure that children of program participants are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and other appropriate services or programs authorized under subtitle B of title VII of the Act;
   e. Status of the sub-contractor, its officers, and employees regarding debarment or suspension of business with the Federal Government; and
   f. Agreement to provide information such as data and reports, as required by LACDA; and
5) To monitor the required match and report on match to the LACDA;
6) To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education;
7) To monitoring requirements at least annually;
8) To use the centralized or coordinated assessment system established by the Continuum of Care as set forth in §578.7(a)(8). A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system, provided that victim service providers in the area use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead;

9) To follow the written standards for providing Continuum of Care assistance developed by the Continuum of Care, including the minimum requirements set forth in §578.7(a)(9);
10) Enter into sub-contractor agreements requiring sub-contractors to operate the project in accordance with the provisions of this Agreement and all requirements under 24 CFR part 578 and conditions specified in the applicable CoC Program Notice of Funding Availability (NOFA).
11) To consistently participate in the local Homeless Management Information System (HMIS) that has the capacity to collect unduplicated counts of individuals and families experiencing homelessness (unless a recipient is a domestic violence provider, in which case it must use a comparable database and provide de-identified information) in compliance with 24 CFR §578.7(b)(4).

s. TCMH agrees to maintain compliance with adequate Accounting Procedures to ensure the proper disbursal of, and accounting for, CoC Program administrative cost grant funds and all financial transactions are conducted, and that records are maintained and/or submitted to the LACDA in accordance with generally accepted accounting principles. Records of all payment requests are made in compliance with 24 CFR §84 and §85.

C. SERVICES TO BE PERFORMED BY THE LACDA

The LACDA will provide the following:
1) The appropriate rental assistance services detailed in 24 CFR, Part §578.51 for eligible participants;
2) Training for TCMH staff and notification to TCMH staff of any changes in regulation, policy, or rules;
3) Sufficient copies of all forms necessary for processing clients; and
4) A staff liaison to facilitate application and eligibility procedures.

The LACDA assumes no responsibility to pay for salaries or any other expenses of TCMH. It is understood by both parties that the LACDA makes no commitment to provide rental assistance for this project beyond the term of this Agreement.

ATTACHMENT II

COC PROGRAM HANDBOOK

HOUSING
COMMUNITY
ECONOMIC

LACDA

Los Angeles County Development Authority

CONTINUUM OF CARE 2022 HANDBOOK

Continuum of Care Handbook for

CASE MANAGERS

AND

HOUSING LIAISONS

Working with the
Los Angeles County Development Authority
Housing Assistance Division

Guidelines and Recommendations
Sample Documents
Helpful Tools and Tips

Effective 2022

THE PURPOSE OF THIS HANDBOOK

As a case manager or housing liaison, you carry many responsibilities.

As a liaison between the unhoused population and a system that can provide them with permanent housing, you must bridge the needs of the client with the requirements of a program that must be followed precisely.

This handbook is designed to help you understand the Continuum of Care (CoC) Program's requirements so you can best meet the needs of your clients and successfully refer applicants to the Los Angeles County Development Authority (LACDA).

OVERVIEW: PROVIDING PERMANENT SUPPORTIVE HOUSING UNDER THE CoC PROGRAM

The CoC is a program designed to provide rental assistance under a range of short-term, for three months; medium-term, three to 24 months; or long-term, more than 24 months. The Permanent Supportive Housing (PSH) component of this Program allows for Tenant-Based Rental Assistance (TBRA), Project-Based Rental Assistance (PBRA), or Sponsor-Based Rental Assistance (SBRA) to be provided to individuals or families with disabilities on a long-term basis; in which supportive services designed to meet the needs of program participants must be made available in order to help them live independently. The PSH component allows for a variety of housing choices and a range of supportive services funded by other sources to address the individual needs of this homeless population with disabilities.

DEDICATEDPLUS

In 2018, the Los Angeles Homeless Services Authority (LAHSA), lead agency in the LA CoC, chose to convert all CoC grants within their region to DedicatedPLUS grants. According to LAHSA, the purpose of DedicatedPLUS is to help serve persons with the highest needs and longest histories of homelessness by allowing more flexibility than is permissible under the Dedicated PSH designation in terms of who can be served.

With that goal in consideration, it was determined that within the LA CoC, it would be most advantageous to convert the designation of all Dedicated and non-Dedicated PSH—including new and existing renewal PSH—to DedicatedPLUS. This would allow the LA CoC to continue to target the highest needs households for PSH and would reduce recordkeeping requirements associated with Dedicated PSH that can lead to chronically homeless persons not meeting eligibility. Having this flexibility was thought to result in increased housing placements as well as an overall reduction in the average length of time persons are homeless.

In an effort to streamline applications submitted within the LAHSA CoC to address our region's overwhelming need to house the homeless, the LACDA and the Housing

Authority of the City of Los Angeles (HACLA) agreed to collaborate with LAHSA to create a series of DedicatedPLUS universal eligibility verification forms for homelessness and disabling conditions. Effective February 1, 2019, the LACDA's Homeless Verification and Certificate of Disability forms became obsolete and LAHSA's new DedicatedPLUS universal eligibility forms were implemented. Along with these LAHSA form replacements, the DedicatedPLUS grant adoption brought a couple of changes with regards to eligibility requirements, which will be outlined in the separate Homeless and Disability subsections to follow.

The goals of the PSH-CoC with DedicatedPLUS are to:

- Promote communitywide commitment to the goal of ending homelessness.
- Serve persons with the highest needs and extensive histories of homelessness, including those experiencing chronic homelessness through further flexibility under DedicatedPLUS requirements.
- Quickly rehouse homeless individuals and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.
- Promote access to and effective utilization of mainstream programs by homeless individuals and families.
- Use a Housing First approach to house the neediest of the homeless population, such as the chronically homeless, homeless veterans, homeless families with children, and homeless unaccompanied youth.
- Increase participants' skills and/or income.
- Enable participants to achieve greater self-determination.

Sections within this handbook include:

I. Preparing Applications for Submission
II. Submission of the Application
III. Obtaining and Maintaining Housing
IV. Inspections
V. Reporting Requirements

SECTION I: PREPARING APPLICATIONS FOR SUBMISSION

Identifying Clients
According to the U.S. Department of Housing and Urban Development's (HUD) regulations, prospective clients for the CoC-PSH Program must meet three (3) basic requirements to qualify for admission into the program.

They must:

- Meet the HUD and DedicatedPLUS's definitions of homelessness;
- Meet DedicatedPLUS disability requirements; and
- Meet income eligibility.

This section outlines applicable requirements and provides tips on completing the application that may help avoid delays or overcoming challenges throughout the process.

Meeting DedicatedPLUS Eligibility
A DedicatedPLUS project is a PSH project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;

2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

4. Residing in transitional housing funded by a Joint Transitional Housing (JTH) and Rapid Re-Housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three (3) years, but has not done so on four (4) separate occasions; or

6. Receiving assistance through a Department of Veterans Affairs (VA) funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Defining Chronically Homeless (Final Rule)

(1) An individual who:

(i) Is homeless, as defined in section 103 of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and lives in a place not meant for human habitation (e.g., street, sidewalk car, park, abandoned building, bus station, airport, or camp ground), a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one (1) year or on at least four (4) separate occasions in the last three (3) years, where the cumulative total of the four (4) occasions is at least one (1) year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; and

(iii) Can be diagnosed with one (1) or more of the following disabling conditions that is expected to be long-continuing or of indefinite duration: Substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

(2) An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with a Head of Household who meets all the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the Head of Household has been homeless.

The cumulative total of the length of homelessness spent living in a place not meant for human habitation, a safe haven, or in an emergency shelter must be at least 12 months. The final rule provides that a person must have been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for a period of at least 12 months as opposed to ‘‘one (1) year.’’ This includes a provision that where a person has experienced at least four (4) occasions of homelessness living in a place not meant for human habitation, a safe haven, or in an emergency shelter over a period of three (3) years, the cumulative total of the occasions must total at least 12 months as opposed to ‘‘one (1) year.’’

The final rule provides that a break in homelessness spent living in a place not meant for human habitation, a safe haven, or in an emergency shelter is considered to be any period of seven or more consecutive nights where an individual or family is not living or residing in such a place. Stays in an institutional care facility (e.g., a jail, substance abuse, or mental health treatment facility, hospital, or other similar facility) for fewer than 90 days and where the individual or family had been living in a place not meant for human

habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility will not constitute as a break.

- Note: *The LACDA cannot enter into a Housing Assistance Payment (HAP) contract with non-emancipated minors who do not have the legal capacity to enter into a lease under State/local law.*

Meeting HUD's Definition of Homeless
HUD requirements are specific and must be met for a client to qualify under the CoC's DedicatedPLUS Program.

1. Category One - Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation (i.e. bus or train stations, airports, or camping grounds, cars, abandoned buildings, parks, sidewalks, etc.)
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including emergency shelters, transitional housing, and hotels/motels paid for by charitable organizations or Federal/State/local government programs for low-income individuals; for homeless persons who originally came from the streets.
- An individual who is exiting an institution where he/she resided 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

  - *PSH projects have the following additional Notice of Funding Availability limitations on eligibility within Category One:*

    - *Individuals and Families coming from JTH must have originally come from the streets or emergency shelter.*
    - *The Head of House must be an individual with a disability.*
    - *Dedicated chronically homeless projects, including those that were originally funded as Samaritan Bonus Initiative Projects, must continue to serve chronically homeless persons exclusively.*

2. *Category Two of the homeless definition, does not apply to PSH projects.*

3. *Category Three of the homeless definition, does not apply to PSH projects.*

4. Category Four - Fleeing/Attempting to Flee Domestic Violence: Any individual or family who is fleeing or attempting to flee from domestic violence, dating violence, sexual assault, victims of human or sex trafficking, or stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place in the person or family's primary

nighttime residence or has made the person or family afraid to return to the primary nighttime residence; has no subsequent residence and lacks the resources and support networks needed to obtain housing.

Who is NOT considered Homeless? Persons who are:

- Incarcerated or being discharged from an institution which is required to provide or arrange housing upon release.
- Wards of the State (although youth in foster care may receive needed support services that supplements but does not substitute for the State's assistance).

Verifying Homelessness

Agencies must submit and maintain documentation that verifies each client's homelessness status and/or history (up to the point of the CoC Program application submission); in accordance with HUD requirements through the LAHSA universal DedicatedPLUS verification forms.

Disability

For DedicatedPLUS PSH, the qualifying household member must be an adult Head of Household or minor Head of Household when no adults are present. When there are multiple adults in the presenting household, or multiple minors in a family with no adult, HUD does not specify which adult or minor must be identified as Head of Household for determining eligibility purposes. Previously, the disability requirement was able to be met by either an adult or child in a family household. DedicatedPLUS has since removed the ability to use a child as the qualifying disabled person if there is an adult Head of Household present.

Definition of Disability

HUD considers an individual to meet the disability requirement if:

1. The individual has a disability that:
    (i) Is expected to be long-continuing or of indefinite duration;
    (ii) Substantially impedes the individual's ability to live independently;
    (iii) Could be improved by the provision of more suitable housing conditions; and
    (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury.

2. A person will also be considered to have a disability if he or she has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):
    (i) A severe, chronic disability of an individual that—
        1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
        2. Is manifested before the individual attains age 22;
        3. Is likely to continue indefinitely;
        4. Results in substantial functional limitations in three (3) or more of the

following areas of major life activity:

A. Self-care;
B. Receptive and expressive language;
C. Learning;
D. Mobility;
E. Self-direction;
F. Capacity for independent living; and
G. Economic self-sufficiency.

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(ii) An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three (3) or more of the criteria described in paragraphs (2)(i) through (v) of HUD's Definition of Developmental Disability, if the individual, without services and supports, has a high probability of meeting those criteria later in life.

3. A person will also be considered to have a disability if that person has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS, including infection with the human immunodeficiency virus (HIV).

Verifying the Disability
Written verification of the disability must be obtained in the form of: a LAHSA Verification of Disability form completed by a professional licensed by the State to diagnose and treat the disability; or any other *acceptable* form of evidence that verifies the client's disability, as listed under the "Verification of Disability" section in the "Reporting Requirements" tab of this Handbook.

Completing the Application
A complete application is the only tool that the LACDA will use to determine if an applicant is qualified or not.

A completed application will be one (1) that includes a completed Coordinated Entry System (CES) referral form for 100% of all referrals, as required for the CoC Program. These referrals must be in compliance with our CoC's approved coordinated entry systems/forms, as listed below:

- <u>CES – Single Adult System:</u> A CES referral form is to be completed and certified by the Service Planning Area (SPA) Community Coordinator or Community Matcher.

As a case manager or housing liaison, your role is critical to a successful outcome. Your thoroughness and attention to detail during the application process will make the difference between a process that is smooth, or one (1) filled with obstacles and delays for you and your client.

Some simple guidelines:

1. Know and understand the CoC requirements before you begin, in order to make certain your client qualifies for the program before initiating an application;
2. Make certain you can (and do) explain the requirements to your client clearly and completely;
3. Spend the time up front to gather all the required documentation, this will save unnecessary delays later;
4. Be aware that some required documents are time-sensitive, and delays caused by incomplete information can automatically trigger the need to resubmit certain documents (proof of income, etc.), which will delay the process immeasurably; and
5. Complete the application thoroughly and make certain you have all the required documentation before submitting the application.

Forms/Notices Pertaining to This Section:

- LAHSA Verification of Homelessness Forms
- LAHSA Verification of Disability Form
- Program Referral Form
- Coordinated Entry System Form
- Application Packet
- Application Checklist Form
- No Conflict of Interest Certification Form
- Out of Service Area Agreement Form

SECTION II: SUBMISSION OF THE APPLICATION

The following is an overview of the process once an application/referral is submitted to the LACDA.

The Submission Process

Step 1: Submission
Sponsor agencies must submit completed referrals and application packets to the LACDA for approval. If any part of the packet is incomplete, the LACDA will not accept the submitted packet and will return all material to the sponsor agency for resubmission once all corrections have been completed.

Step 2: LACDA's Internal Distribution

Once the LACDA has received a complete referral and application packet, the packet will be assigned to an LACDA employee for processing.

Step 3: Initial LACDA Review/Verification

The LACDA employee will review the packet for eligibility by verifying the client's homelessness, income eligibility, and disability. The LACDA employee will also verify, with the State Medical Board, that the physician or medical professional that signed the Verification of Disability form has a valid license to practice and make such a determination.

Step 4: The Briefing Session

The LACDA will schedule a briefing session with the sponsor agency; at the time of scheduling, the LACDA will provide a list of client names and items required at the briefing session. If any items are needed at the briefing session and the client fails to provide them, the client will be rescheduled. Also, if the client fails to attend the briefing session or if the case manager fails to accompany his/her client, the client will be re-scheduled for a final briefing session.

Step 5: Issuance

Once the client attends a briefing session, they will be issued a CoC certificate. The initial term of the certificate is 120 calendar days to find an appropriate unit; if needed, the client may request an extension to the certificate. All requests for extensions must be received prior to the expiration date of the certificate. Extensions may be granted in 30, 60, or 120 day increments, up to a maximum term of 180 calendar days, from the date of issuance, based on extenuating circumstances. Extensions beyond that may be approved by the supervisor up to 365 days.

SECTION III: OBTAINING AND MAINTAINING HOUSING

This section provides basic information for sponsor agencies that will help them assist their clients with completing the leasing process and securing housing.

Locating Units
Sponsor agencies should assist their clients with searching for the following acceptable housing types: scattered site rental units; clustered units within a building or development; or an entire building that houses only program clients. The LACDA collaborates with Los Angeles County Housing Resource Center to provide listings for rentals in the County: housing.lacounty.gov.

Step 1: Review materials with your client
At the time of issuance, clients are given an information packet to help them use their certificate to receive rental assistance in a privately-owned unit (this information does NOT apply to Project-Based and Sponsor-Based clients since they can only use their certificate within specified properties).

Step 2: Help your client find an appropriate rental unit
Clients should search for a unit that is:

- Suitable;
- The right size unit for their household;
- Within Los Angeles County geographic area, which includes unincorporated areas of Los Angeles County and 62 participating cities, other participating cities, and mobility waiver options; and
- Mobility Policy requires the Program Sponsor and LACDA approval on a case-by-case basis.

Step 3: Completing a Request for Tenancy Approval (RTA) form
Once the client finds a unit and the property owner is willing to participate in the CoC Program, the client and property owner must complete an RTA form.

Your client is encouraged to read the RTA carefully, as it contains details about releasing their information to the property owner.

Participant Mobility
The decision of a program participant to choose housing or move outside of the CoC's geographic area should be one that is made in consultation between the program participant, the LACDA, and sponsor agency. The LACDA and/or sponsor agency may decline a program participant's request to choose housing or move outside of the CoC's geographic area is that neither the LACDA and/or sponsor agency can reasonably meet all of the CoC Program requirements at or near the desired address.

Homeless Incentive Program (HIP)
The HIP was created to assist homeless families with finding and securing housing for their initial housing unit. The HIP offers monetary incentives to encourage property owners to rent their available units to the LACDA's homeless applicants. The HIP also provides housing leads and move-in assistance for homeless applicants once they have successfully located a housing unit with their initial certificate. These HIP incentives and services will continue to be available if funding permits.

Open Doors
To increase the number of property owners participating in the County's rental assistance programs, the LACDA launched a new business model that provides an enhanced customer service experience for property owners.

Through a collaborative effort between the LACDA and Los Angeles County, Open Doors provides property owners who rent their available units to subsidized families with monetary and non-monetary assurances.

Developing Relationships with Property Owners
The CoC Program strongly encourages that sponsor agencies establish positive relationships with property owners that are willing to rent to program clients.

Conducting outreach to property owners and explaining the purpose of the CoC Program are very important as many property owners have little experience with formerly homeless and disabled clients. It is equally important to demonstrate the benefits offered to property owners and clients alike, including:

- Certainty of payment; and
- Assurance that clients will receive referrals to the supportive services they need and support from the sponsor if any problems arise.

Unit Rents
Rents for units subsidized through the CoC-PSH Program must meet a "rent reasonableness" test. For the CoC-PSH's TBRA, SBRA, and PBRA components, the LACDA must determine whether the rent being charged for an assisted unit is both:

- Reasonable in relation to rents being charged for comparable unassisted units with similar features and amenities; and
- Not more than rents currently being charged by the same property owner for comparable unassisted units.

The rents for SBRA, TBRA, or PBRA units may be set at the reasonable rent level even if it is higher than the HUD Fair Market Rent (FMR) limits.

Be mindful, that leasing SBRA, TBRA, and PBRA units at rents higher than the FMR may cause problems in the future since the CoC grant amounts are calculated by multiplying the proposed number of unit size(s) by the number of months in the renewal grant term

and the applicable FMR, as opposed to the "reasonable rent." Administrative costs, damage payments, and rent increases can only be covered if the total grant amount exceeds the actual costs of serving the number of clients proposed to be served in the CoC application.

Security Deposits
Rental Assistance funds can be used for security deposits, provided that the amount does not exceed two (2) months of the assisted unit's contracted rent. An advance payment of the last month's rent may be provided to the property owner, in addition to the security deposit and payment of the first month's rent.

Forms/Notices Pertaining to This Section:
- RTA
- Disclosure of Info on Lead-Based Paint/Hazards Form
- Letter of Authorization Form
- IRS W-9 Form
- Direct Deposit for Vendors Form
- Request for Security Deposit (if needed)
- Searching for A Rental Home
- Jurisdiction finder: https://www.lacda.org/section-8/shared-info/where-we-operate
- A Three-way Partnership
- Fair Housing: You Are Protected Under California Law

SECTION IV: INSPECTIONS

Initial Inspections

After your client submits an RTA, an assigned LACDA employee will conduct a rent reasonableness study for the selected unit.

Once the assigned LACDA employee has identified the selected unit as affordable, Housing Quality Standards (HQS) inspection will be scheduled within 15 calendar days.

Scheduling Inspections
The LACDA conducts inspections on business days between the hours of 7:00 a.m. and 4:00 p.m.

Housing Quality Standards
HQS are the minimum set of standards set in place to ensure that assistance provided is for decent, safe, and sanitary housing. Before any rental assistance may be provided, the LACDA must physically inspect each assisted unit to ensure that it meets HQS. The prospective tenant has the right to be present at a scheduled inspection.

During the inspection, the unit must be fully vacated by the previous tenant(s). If the unit is furnished with items not to remain in place for the assisted tenancy; it is not considered ready for inspection. An adult (age 18 years or older) must be present.

A good tip about this process is to address any potential issues in advance of the inspection. It is in your client's best interest to conduct a pre-inspection walk through with the potential property owner prior to the inspection to ensure that it meets the minimum standards for approval. The brochure *A Good Place to Live* contains a detailed summary of HQS requirements and is designed as a "pass along" to your clients and prospective property owners.

Some HQS standards are:

- At the initial inspection, all units must have an operable refrigerator and stove. If the refrigerator and/or stove is not present at the inspection, but all other facets of the unit passed the inspection, the inspection would be marked "Inconclusive." If your client will be responsible for providing these appliances, your client may be able to self-certify that they will provide the missing appliance(s) by their next HQS inspection. Once confirmed that the appliance(s) are in the unit, the inspection status would be updated to "Pass."
- Unit must be structurally sound and safe.
- Windows that open must close and lock properly, including security bar release mechanisms.
- Exterior doors must lock properly (no double key deadbolts) and be solid core and weather tight to wind and rain.

- Heating systems must be operable, safe, and properly vented. The heater pilot must be on, or a current Gas Company tag stating that the heater is safe and operable must be provided. Any present thermostats must be operable.
- The garage must be accessible, whether attached or detached; garages are not to be used as a living space.
- Swimming pools in multifamily structures must be enclosed by a gate that is 48 to 60 inches tall. The gate must be self-closing with a self-closing latch and a protected panel must surround the latch.
- The hot water heater must be operable, accessible, properly ventilated and secured for seismic stability. It must also have either a temperature-pressure relief valve or a pressure relief valve. Either type of valve must also have a drainpipe facing downward and ending no more than six inches above the floor. It must not be located near combustibles. If a gas hot water heater is in bedrooms or other living areas, a safety divider or shield must be installed.

Correcting Deficiencies Discovered in Initial Inspections
Prior to move in, it is the property owner's responsibility to correct all deficiencies noted.

A follow-up inspection is scheduled to examine the correction. A maximum of three (3) inspections to correct deficiencies are allowed; if the deficiencies are not corrected the RTA will be canceled.

Once inspection has passed, the owner and tenant agree on a move in date and sign a lease. A copy of the lease must be provided to the LACDA.

Annual Inspections

An annual inspection will be conducted once a year throughout the life of the contract. Tenants and property owners should regularly assess the condition of the unit before any scheduled inspections to identify and correct any deficiencies. During each annual re-inspection, all required appliances must be present and operable.

Correcting Deficiencies Discovered in Annual Inspections
When deficiencies are discovered in the annual inspection, a follow-up inspection is scheduled to occur (usually 21-28 days later) and the deficiencies must be corrected by that time. The inspection record will identify whether the tenant, the property owner, or both parties are responsible to correct the deficiencies.

If deficiencies are not corrected by the follow-up inspection, the following will occur:

- If there are property owner deficiencies that have not been corrected, HAP will be abated; a proposal to terminate the HAP contract will occur and, if there are only property owner deficiencies, the tenant will be reissued a certificate to move.
- If there are tenant deficiencies, a proposal to terminate the tenant's participation in the program will occur. The tenant can also request a hearing by a specific date.

- A third inspection will be scheduled, and this inspection is generally the final inspection.

If deficiencies are not corrected by the final inspection, the following will occur:

- If there are property owner deficiencies that have not been corrected, the HAP contract will be terminated and, if there are only property owner deficiencies, the tenant will have the right to move with the certificate that has been issued to him/her.
- If there are tenant deficiencies, the tenant's participation will be terminated, unless a request for a hearing was received by the LACDA timely. If a hearing request was received from the tenant timely, a hearing will be conducted, and the hearing officer will make a determination regarding the tenant's continued participation on the program.

Forms/Notices Pertaining to This Section:

- Instructions to Certificate Holders
- A Good Place to Live

SECTION V: REPORTING REQUIREMENTS

The following outlines the program requirements that must be adhered to remain in compliance with the CoC DedicatedPLUS Program.

CONTRACTOR'S RESPONSIBILITIES

Contractor's responsibilities are detailed in the LACDA/Sponsor Agency CoC Program Agreement which is executed annually. Each sponsor agency must review its Agreement to become familiar with its contractual obligations, particularly paying attention to the following sections:

SECTION	TITLE
SECTION 1	DEFINITIONS
SECTION 2	SERVICES AND DUTIES
SECTION 3	COMPENSATION
SECTION 5	TERM
SECTION 13	INSURANCE
SECTION 19	FORMS AND REPORTS
SECTION 21	PARTICIPANT MASTER FILE
SECTION 24	AUTHORITY'S QUALITY ASSURANCE PLAN
SECTION 42	CONFLICT OF INTEREST
ATTACHMENT I	INSURANCE REQUIREMENTS
ATTACHMENT II	STATEMENT OF WORK
ATTACHMENT III	FEE SCHEDULE
ATTACHMENT IV	CONTRACT FORMS

CONTRACT MONITORING

A. MONITORING PROCESS

An online monitoring review will be conducted on an annual basis for each sponsor agency that provides contractually obligated supportive services to the CoC grants. The sponsor agency will utilize a new LACDA CBO Monitoring Portal that will replace onsite CoC monitoring visits starting in 2021. The following describes the monitoring process leading up to the date of review:

- A scheduling letter sent via email detailing the date/time of the online review will be mailed to the sponsor agency at least 30-days prior to the scheduled review. Additionally, an email will be sent with a Microsoft Teams conference call invitation to be used on the scheduled date of monitoring.

- One week prior to the online review, an email will be sent to the sponsor agency requesting the Quarterly Match Funds Tracking Report for each quarter of the operating year. This allows the monitoring analyst an opportunity to assess the report

prior to the scheduled review and discuss any questions or concerns regarding service match during the monitoring review.

- Seventy-two hours prior to the online review, an email notification will be sent to the sponsor agency confirming the date/time of the monitoring review, the items that will be required for upload to the online monitoring webpage, and the client files that were selected to be reviewed. Please be sure to upload all documents before the scheduled conference call on the assigned monitoring date.

Day of Monitoring:

- An entrance conference call, via Microsoft Teams, will be held to explain the online monitoring review procedures.

- After the entrance conference call, the sponsor agency will be on standby for the remainder of the day as the monitoring analyst reviews the required documents that were uploaded from each selected client file to ensure the below documentation is complete and present in the file. If any items are missing, incomplete, or contain errors, the sponsor agency must be prepared to provide the correct copies or supplemental documentation such as case notes, emails, and letters to support the documentation.

- A same day exit conference call, via Microsoft Teams, will be held to recognize areas of strong performance, discuss any problematic areas, and allow the sponsor agency an opportunity to respond to any findings from the document upload review.

- The sponsor agency will receive a monitoring review result letter, via email, 30 days after the online monitoring review.

B. REPORTING REQUIREMENTS

The following are reporting requirements due to the LACDA once the client receives a CoC certificate.

1. Annual Needs Assessment

An Annual Needs Assessment (ANA) form must be submitted for each CoC participant, each operating year, after the client has been housed for a full year. Continuous housing needs assessments must be conducted for service providers to ensure that appropriate assistance (housing assistance and supportive services) are being offered and/or rendered to its target population. Needs assessments are to ensure that 1) adequate supportive services (i.e., credit repair courses, mental health counseling, etc.) are made available to each client; 2) the client's needs are (re)evaluated in order to adequately recommend supportive services; and 3) clients maintain program compliance and retain permanent

housing. Please be sure that each form is signed and dated during the operating period.

2. **Quarterly Match Funds Tracking Report**
   A Quarterly Match Funds Tracking Report must be submitted for each grant, on an Annual Performance Report (APR) quarter basis. The report shall be submitted to the LACDA by the 15th of the month following each quarterly reporting period.

3. **Annual Performance Report**
   The APR must be submitted to the LACDA for each grant within 30 days after the operating year is over.

   ** APR sample forms are attached as an exhibit.

4. **Insurance**
   Verification of Insurance coverage must be submitted to the LACDA each time the insurance policy is renewed during the annual Sponsor Agency CoC Program Agreement renewal. For specific guidance on coverage requirements, please contact Sander Schmidt, Administrative Analyst, at Sander.Schmidt@lacda.org.

5. **Referrals and Lease-Up**
   Client application/referrals must be submitted promptly and on a continuous basis, resulting in 50% of the total allocations within six months of contract execution and 100% of the allocation within 12 months from execution of the LACDA's Sponsor Agency CoC Program Agreement.

   The referral and lease-up requirement will be monitored throughout the year and will be included with the results of the onsite monitoring review. Failure to reach 100% lease-up in a timely manner is subject to de-obligation of funds by HUD as stipulated in 24 CFR §578.85.

C. QUALITY ASSURANCE/MONITORING REQUIREMENTS

Through digital filing, all LACDA required records shall be kept and made available for examination.

1. **Verification of Homelessness**
   - Your agency must ensure that the chronic homeless population served is adequately documented and reported to the LACDA via the APR.

   - This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Homeless documentation used for each client's approved CoC application to be available upon request. It is highly recommended to keep this form flagged for ease of access.

- Verification of homelessness shall be maintained in each participant's master file as evidence that your agency administers rental assistance to only eligible participants. For clients admitted before February 2019, documentation of Homelessness consists of the appropriate verifying documents as outlined in the LACDA's previous Housing Authority of the County of Los Angeles (HACoLA) Homeless Condition Certification form (i.e., third party letter from an emergency shelter, or transitional placement, motel receipts, pictures of persons living in a place not meant for human habitation, etc.). For clients admitted after February 2019, documentation of Homelessness consists of LAHSA's DedicatedPLUS Homeless Verification forms (Homeless History, Homeless Verification, and Due Diligence forms)

- The persons to be served in this program shall be hard-to-serve homeless Families with disabilities, as defined by the CoC Program Regulations at 24CFR Part 582.5 and outlined in Section 1: Preparing Applications for Submission, of this handbook.

2. Intake

- This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Initial Intake documentation used for each client's approved CoC application to be available upon request.

- A Housing Intake Assessment form must be completed for each participant prior to being admitted onto the CoC Program. The intake form will document when the client has met the eligibility criteria regarding family status residency (i.e. homeless), disability, and income. The Housing Intake Assessment must identify the barriers that have caused and/or perpetuated the client's homelessness and which supportive services, if any, would enable a smooth transition into permanent housing.

3. Annual Needs Assessment (ANA)

An ANA form must be submitted for each CoC participant, on an operating year basis, after the client has been housed for a full year. Continuous housing needs assessments must be conducted for service providers to ensure that appropriate assistance (housing assistance and supportive services) are being offered and/or rendered to its target population. ANA forms are to ensure that: adequate supportive services (i.e., credit repair courses, mental health counseling, etc.) are made available to each client; the client's needs are (re)evaluated in order to adequately recommend supportive services, if any, can assist the client with their disability(ies); and they maintain Program compliance and retain permanent housing. Please ensure that each ANA form is signed and dated during the operating period.

4. Verification of Disability

- This documentation is no longer needed for the annual monitoring visit. However, it is still the responsibility of the sponsor agency to maintain the Verification of Disability form documentation used for each client's approved CoC application to be available upon request.

- Disability verification shall be maintained in each client file as evidence that rental assistance is being provided to eligible participants.

Written Verification

- Written verification of the disability from a professional, licensed by the State to diagnose and treat the disability, and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently. Clients admitted after January 2019 must use the universal Verification of Disability form to satisfy the written verification of disability requirements.

- For clients admitted before February 2019, the LACDA's HACoLA Certificate of Disability form must be completed by a licensed professional and include the professional's license number and signatures of both the participant and the professional. For clients admitted after February 2019, the LAHSA DedicatedPLUS Verification of Disability must be used.

- When an individual's or Head of Household's qualifying disability is HIV/AIDS, the only documentation required is a written verification from a professional licensed by the State to diagnose and treat HIV/AIDS. A certification that the condition is expected to be of long-continuing or indefinite duration and that it substantially impedes the individual's ability to live independently is not required.

Please note that the following items may serve as acceptable evidence of the client's disability in lieu of the Verification of Disability form:

- Written verification from the Social Security Administration (e.g., SSDI letter of award) that names the Head of Household as the person with the disability; or
- Evidence of the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation) with the Head of Household clearly identified as the individual with the disability; or

- Intake staff-recorded observation of disability, which must be supported with one of the acceptable forms of evidence noted above within 45 days following Program intake; or
- Other documentation approved by HUD.

Please note that oral-third party and self-certification is NOT an appropriate form of disability verification.

5. Supportive Services Match

Documentation of matching funds requires tracking the value of supportive services and must illustrate no less than a 25% financial match to the entire grant amount awarded under the CoC Program. This 25% match amount can be found in each grant's Sponsor Agency CoC Program Agreement under the Statement of Work's Section B, Part 6. The match is to be tracked by utilizing the Quarterly Match Funds Tracking Report provided by the LACDA. The report must be certified by a sponsor staff signature and submitted to the LACDA according to the corresponding quarter of that operating year.

The records must indicate the source and use of contributions made to satisfy the match requirement. The records must show how the value placed on third-party in-kind contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

The following may be counted towards meeting the match requirement:

- The value of supportive services provided by third-party organizations.
- The value of supportive services provided by professionals volunteering their professional services.

  Note: To the extent feasible, in-kind match represented by volunteer services must be documented using the same methods used by the provider to support the allocation of regular personnel costs. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the provider's organization. If employees of the provider do not perform similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

- Salaries paid to sponsor agency staff to provide supportive services to program participants.
  - Direct provision of services. If the supportive services are being directly delivered by the sponsor agency, eligible costs for those services also include:
    - The costs of labor or supplies, and materials incurred by the sponsor agency in directly providing supportive services to program participants; and

- The prorated amount of salary and benefit packages of the sponsor agency staff who directly delivers the services.

Eligible services must address the special needs of the participants, and may include:

- Annual assessment of service needs
- Assistance with moving costs
- Case management
- Childcare (operating or vouchers) in licensed centers for children under age 13 or for children under age 18, if disabled
- Educational services
- Employment assistance and job training
- Food (meals or groceries for program participants)
- Housing search and counseling services
- Legal services (immigration, citizenship, and mortgage/homeownership legal matters are ineligible)
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services (including work-related transportation and cellphone)
- Substance abuse treatment services
- Transportation (transportation for program participants, mileage for service workers, vehicles, and more, as specified)
- Utility deposits*

Note: *Inpatient acute hospital is NOT eligible*.

After the execution of the grant agreement, outreach counts towards meeting the match. Outreach is defined as identifying eligible hard to reach homeless persons and should be primarily directed toward persons who have nighttime residence at emergency shelters or places not designated for regular sleeping accommodations, i.e., abandon buildings, parks, cars, and streets.

Calculating the supportive services match is simple:

- Agencies must ensure a 25% service match is met for the total grant awarded. The match must be reported via both the Quarterly Match Funds Tracking Report and the APR

6. No Conflict of Interest Certification

Agencies must ensure compliance with the LACDA's No Conflict of Interest policies to ensure that no conflict of interest exists between participants and grantee/sponsor staff. To comply with this requirement, sponsor agencies must ensure that each CoC participant, its employees and subcontractors involved with the CoC Program sign and date the No Conflict of Interest Certification form, provided by the LACDA. The LACDA will review the No Conflict of Interest forms

signed and dated by their participants, employees, and/or subcontractors during its annual monitoring site visits.

Forms/Notices Pertaining to This Section:

- Annual Needs Assessment Form (LACDA form)
- APR (HUD forms)
- Contractual Insurance Requirements List (Attachment I of your LACDA Agreement)
- Homeless Condition Certification Form (LACDA form)
- DedicatedPLUS Homeless Verification Forms (LAHSA forms)
- Housing Intake Assessment Form (LACDA form)
- Certificate of Disability Form (LACDA form)
- Verification of Disability Form (LAHSA form)
- Supportive Services Fee Schedule (Attachment III of your LACDA Agreement)
- Instructions for CoC Supportive Services Match Documentation (LACDA document)
- Quarterly Match Funds Tracking Report (LACDA document)
- Participant No Conflict of Interest Certification (LACDA form)

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **December 20, 2023**

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

FROM: **Rimmi Hundal, Executive Director**

SUBJECT: **Executive Director's Monthly Report**

SB 43 IMPLEMENTATION

SB 43 was signed by the Governor on October 10, 2023. This bill expands the definition of gravely disabled to include a person who, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, or as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

Counties will need to develop an extensive array of new policies, procedures, workforce, and treatment capacity in order to implement SB 43. Because SB 43 has not come with dedicated state funding to support these expanded obligations, counties need additional lead-time to arrange the staffing and resources necessary to support the implementation.

SB 43 also expands reporting requirements to align with the new criteria and allows counties to delay implementation until January 1, 2026, through adoption of a county board resolution. Resolution for delay for Los Angeles County will go before the Board on December 19th asking to delay the implementation.

Bill Summary

SB 43 makes several significant changes to the state's involuntary detention and conservatorship laws under the Lanterman-Petris-Short (LPS) Act by:

- Expanding the state's "gravely disabled" criteria to allow for the involuntary detention and conservatorship of individuals on the basis of a standalone "severe" substance use disorder or co-occurring mental health disorder and severe SUD;
- Expanding the definition of grave disability to include individuals who are unable to provide for their basic personal need for personal safety or necessary medical care;
- Defining "necessary medical care" to mean care that a licensed health care practitioner determines to be necessary to prevent serious deterioration of an existing medical condition which is likely to result in serious bodily injury if left untreated;

- Modifying hearsay evidentiary standards for conservatorship hearings in order to expand the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination; and,
- Requiring counties consider less restrictive alternatives such as assisted outpatient treatment (AOT) and CARE Court in conducting conservatorship investigations.

EMPLOYEE APPRECIATION AND RECOGNITION

Tri-City's employee appreciation and recognition party was held on Wednesday December 6th at the Walter Taylor Hall and was attended by all staff. The planning committee started planning for this event in November and each staff member had a chance to win at least one gift. During this time, we also recognized the employee of the year and this year we received 12 nominations.

CLAREMONT GARDENS SENIOR HOUSING PROJECT

The groundbreaking for the Claremont Gardens Senior Housing project took place on Monday, December 11th, at 956 W. Baseline Road in Claremont. It was attended by the Governing Board Chair, Jed Leano, Governing Board Member Ron Vera, and Tri-City staff. TCMHA has made a permanent loan of Mental Health Services Act (MHSA) No Place like Home funds in the amount of $1,140,736 and donated the land to RNLA, for the construction and development of the Claremont Gardens Senior Housing Project, which gives us 8 rental units for TCMHA clients, as permanent supportive housing for households with extremely low income and who have a diagnosed mental illness.

IT UPDATE

The IT team has completed the Method of Authentication (MFA) enrollment of all staff! They worked with each department to enable this additional layer of security in steps, and over the course of three weeks met with and hosted sessions to ensure everyone's account now utilizes our enhanced method of authentication.

In addition to our MFA endeavor, the team received and resolved numerous (260+, month-to-date) technology issues from staff, through our helpdesk and security dashboards to ensure smooth and secure daily operations.

We're almost done with a project to standardize paging systems at all five agency locations to align with our safety policies. Once complete, staff will have a single-button option to page through our phone system for site-wide alerts and potential emergency situations. This is a significant improvement over our current state, where a 4-digit code is needed in order to initiate a page broadcast.

HUMAN RESOURCES

Staffing – Month Ending November 2023

- Total Staff is 205 full-time and 7 part-time plus 41 full-time vacancies 3 part-time vacancies for a total of 251 positions.
- There were 3 new hires in November 2023.
- There were 3 separations in November 2023.

Workforce Demographics in November 2023

- American Indian or Alaska Native = 0.47%
- Asian = 9.91%
- Black or African American = 8.49%
- Hispanic or Latino = 60.38%
- Native Hawaiian or Other Pacific Islander = 0.47%
- Other = 3.30%
- Two or more races = 1.89%
- White or Caucasian = 15.09%

Posted Positions in November 2023

- Administrative Assistant (1 FTE)
- Behavioral Health Specialist (1 FTE)
- Behavioral Health Worker (1 FTE)
- Clinical Supervisor I – Access to Care (1 FTE)
- Clinical Therapist I/II – School Partnership (1 FTE)
- Clinical Therapist II – PACT (1 FTE)
- Psychiatric Technician I/II (2 FTEs)
- Psychiatrist (1 FTE)

COVID-19 UPDATE

March 1, 2022 was the State required vaccination booster deadline for all healthcare workers who are booster eligible. As of November 30, 2023, Tri-City staff have a vaccination compliancy rate of 87.73% with a vaccination booster compliancy rate of 94.08%.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: December 20, 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 FOUR MONTHS ENDED OCTOBER 31, 2023 (2024 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the four months ended October 31, 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 $10.0 million. MHSA operations accounted for approximately $10.0 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 2023, Tri-City received MHSA funding of approximately $11.4 million, of which $8.4 million were for approved programs for fiscal 2023-24 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2023. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2023-24. In addition, during this current fiscal year 2023-24 approximately $12.6 million in MHSA funding has been received of which $7.0 million was identified and approved for use in the current fiscal year 2023-24 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately $15.4 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 $24 thousand is from Clinic outpatient operations, which is the result of operations for the four months ended October 31, 2023 which includes one-time payments made at the beginning of the year.

The total cash balance at October 31, 2023 was approximately $47.6 million, which represents an increase of approximately $8.5 million from the June 30, 2023 balance of

approximately $39.1 million. Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately $2.0 million primarily as a result timing of cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately $6.5 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately $12.6 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately $2.8 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the four months ended October 31, 2023. As of December 14, 2023 an additional $970 thousand has been received. Note that all receipts in the current year have been related to outstanding accounts receivable, no amounts related to current year billings have been received to-date.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update:
We continue to closely monitor for any new developments, changes to legislation and updated revenue projections from CBHDA, specifically with regard to MHSA as these revenues continually fluctuate and as evidenced in the past and as noted below, significantly differ from original projections as well as revised projections. 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.

Fiscal Year 2022-23 Annual Audit:
Final fieldwork on the annual independent audit commenced on September 11, 2023. Due to the extensive and complex implementation of a new Governmental Accounting Standards Board standard (GASB 96) anticipated issuance of final opinions on the audit is expected to be pushed to January of 2024.

MHSA Reform:
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:
As of September 7, 2023, Tri City was able to bill our first batch of claims and are currently awaiting adjudication of said claims. There is currently no ETA as to when to expect this

initial billing batch to be processed and paid. As of October 31, 2023 an estimated $3.3 million in MediCal claims has been recognized as revenue.

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 three months ended September 30, 2023.

		MHSA	
Cash at October 31, 2023	$	36,763,654	
Receivables net of Reserve for Cost Report Settlements		2,853,803	
Prudent Reserves		(2,200,000)	*
Estimated Remaining Expenses for Operations FY 2022-23		(9,072,878)	**
Reserved for future CFTN Projects including approved TCG Project		(3,116,487)	
Total Estimated Adjustments to Cash		(11,535,562)	
Estimated Available at June 30, 2024	$	25,228,092	
Estimated remaining MHSA funds to be received in FY 2023-24	$	11,097,635	

* 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, 2024, net of estimated Medi-Cal revenue, including actual and estimated amounts to year end 06/30/2024.

MHSA Expenditures and MHSA Revenue Receipts –

FY 2022-23 Revenue Projections**:** 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 reflected 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, however as of May of 2023 MHSA collections to date were $10.9 million and expected to reach $12.2 million an average of 25% less than the prior year or closer to the original estimate of $11.2. As of June 30, 2023 actual cash receipts received totaled approximately $11.4 million.

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

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

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

Included in the FY 2022-23 Operating Budget	CSS	PEI	Innovation	WET	CFTN	Totals
* ***Updated*** Funding Estimates for FY 2022-23	12,519,290	3,129,822	823,638	-	-	16,472,750
Original 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

* These amounts were estimated prior to winter storms in December of 2022. The most recent updates as of March of 2023, total actual collections will be closer to $12.2 million.

FY 2023-24 Revenue Projections: Based on the announcement that tax filings were delayed until October of 2023, for individuals living in Counties who experienced weather related States of Emergency. As a result, MHSA receipts were $11.4 million for fiscal year 2022-23. Just like we experienced in fiscal year 2019-20, cash receipts were anticipated to decrease significantly followed by a significant increase in cash receipts in fiscal year 2023-24. Tri City has received $11.1 million for the two months ended August 31, 2023. For reference, the following table is an excerpt from the Fiscal Year 2023-24 MHSA Three-Year Plan.

Included in the MHSA FY 2023-24 Annual Update	CSS	PEI	Innovation	WET	CFTN	Totals
Estimated Unspent Funds from Prior Fiscal Years	16,544,291	4,476,308	3,107,758	1,431,643	2,729,658	28,289,658
Transfers in FY 2023-24	(2,500,000)	-		500,000	2,000,000	-
Available for Spending in FY 2023-24	14,044,291	4,476,308	3,107,758	1,931,643	4,729,658	28,289,658
Approved Plan Expenditures during FY 2023-24	(11,610,705)	(3,336,066)	(980,883)	(611,680)	(980,700)	(17,520,034)
Remaining Cash before new funding	2,433,586	1,140,242	2,126,875	1,319,963	3,748,958	10,769,624
Estimated New FY 2023-24 Funding	11,178,109	2,794,527	735,402			14,708,038
Estimated Ending FY 2023-24 Unspent Fund Balance	13,611,695	3,934,769	2,862,277	1,319,963	3,748,958	25,477,662
* ***Updated*** Funding Estimates for FY 2023-24 *(as of June of 2023)*	17,998,168	4,499,542	1,184,090	-	-	23,681,800

MHSA Reversion Update:

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

Amounts received within the CSS and PEI programs must be expended within three years of receipt. INN amounts must be programmed in a plan that is approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) within three years of receipt, and spent within the life of the approved program. Upon approval by the MHSOAC, INN amounts have to be expended within the life of said program. For example, a program approved for a five-year period will have the full five years associated with the program to expend the funds.

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 **					**11,610,705**	11,610,705
Total Expended	8,676,848	8,797,914	9,293,482	11,824,329	15,747,728	54,340,301
Unspent Balance	-	-	-	-	(2,495,693)	(2,495,693)

**=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 **					***3,336,066***	3,336,066
Total Expended	2,145,788	2,119,324	2,173,110	2,948,240	3,919,028	13,305,490
Unspent Balance	-	-	-	-	(607,527)	(607,527)

**=Planned Expenditures based on approved MHSA Plan

The following table was copied directly from latest information provided from DHCS

INN reversion waterfall analysis

INN	**Reallocated AB 114**	**FY 17-18**	**FY 18-19**	**FY 19-20**	**FY 20-21**	**FY 21-22**	
Encumbered Unspent Funds3	799,187	302,889	580,471	550,879	784,114	245,707	
Unencumbered Unspent Funds4	-	-	-	-	-	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. This project is targeted to be substantially complete closer to the end of the summer with the exception of some phases that may experience delays as a result of lead times and availability of materials required for the project. As reported previously, construction broke ground on Wednesday, May 10, 2023 and continual progress is being made. Various staff have expressed their excitement about the progress and the project in general and look forward to seeing its completion.

- 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 (RFP) and construction management for the project. Over the past several months our Facilities Department worked closely with the design firm on finalizing the design and formal plans which were submitted to the City for Approval. As reported previously, the plans were been approved by the City of Pomona and shortly after the solicitation of contractors through an RFP process was completed. The next phase will be to bring forth a contract for approval to the Governing Board Meeting as soon as possible and projecting the January board meeting. Target date of project completion will be closer to early calendar year 2024.

Attachments

Attachment 10-A: September 30, 2023 Unaudited Monthly Financial Statements

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF NET POSITION

	AT OCTOBER 31, 2023			AT JUNE 30, 2023		
	TCMH	**MHSA**	**Consolidated**	**TCMH**	**MHSA**	**Consolidated**
	Unaudited	**Unaudited**	**Unaudited**	**Unaudited**	**Unaudited**	**Unaudited**
Current Assets						
Cash	$ 10,866,849	$ 36,763,654	$ 47,630,503	$ 8,976,643	$ 30,118,745	$ 39,095,388
Accounts receivable, net of reserve for uncollectible accounts						
$1,034,870 at October 31, 2023 and $742,206 at June 30, 2023	6,311,249	5,838,481	12,149,729	7,142,756	5,365,900	12,508,656
Total Current Assets	17,178,098	42,602,134	59,780,232	16,119,399	35,484,646	51,604,044
Property and Equipment						
Land, building, furniture and equipment	3,835,817	10,457,887	14,293,703	3,822,091	9,994,846	13,816,937
Accumulated depreciation	(2,793,986)	(4,675,939)	(7,469,925)	(2,759,359)	(4,527,857)	(7,287,216)
Rights of use assets-building lease	1,753,343	-	1,753,343	1,753,343	-	1,753,343
Accumulated amortization-building lease	(1,156,719)	-	(1,156,719)	(1,037,395)	-	(1,037,395)
Total Property and Equipment	1,638,455	5,781,947	7,420,402	1,778,680	5,466,989	7,245,669
Other Assets						
Deposits and prepaid assets	297,658	248,892	546,550	53,934	248,892	302,826
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	1,936,112	8,830,839	10,766,952	1,832,614	8,515,881	10,348,495
Total Assests	19,114,210	51,432,974	70,547,184	17,952,013	44,000,527	61,952,539
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	5,749,104	-	5,749,104	5,749,104	-	5,749,104
Total Deferred Outflows of Resources	5,749,104	-	5,749,104	5,749,104	-	5,749,104
Total Assets and Deferred Outflows of Resouces	**$ 24,863,314**	**$ 51,432,974**	**$ 76,296,288**	**$ 23,701,117**	**$ 44,000,527**	**$ 67,701,644**
LIABILITIES						
Current Liabilities						
Accounts payable	1,052,198	65,032	1,117,230	450,748	122,807	573,555
Accrued payroll liabilities	1,532,746	2,264,337	3,797,083	917,396	2,409,809	3,327,205
Accrued vacation and sick leave	652,225	1,244,344	1,896,570	608,466	1,063,071	1,671,537
Deferred revenue	395,395	-	395,395	322,539	-	322,539
Reserve for Medi-Cal settlements	3,527,066	2,984,678	6,511,744	3,440,500	2,883,786	6,324,286
Current portion of lease liability	238,647	-	238,647	357,971	-	357,971
Total Current Liabilities	7,398,277	6,558,391	13,956,668	6,097,619	6,479,473	12,577,093
Intercompany Acct-MHSA & TCMH	297,692	(297,692)	-	412,138	(412,138)	-
Long-Term Liabilities						
Lease liability	357,977		357,977	357,977	-	357,977
Net pension liability	8,262,600	-	8,262,600	8,262,600	-	8,262,600
Unearned MHSA revenue	-	6,631,182	6,631,182	-	1,080,332	1,080,332
Total Long-Term Liabilities	8,620,577	6,631,182	15,251,759	8,620,577	1,080,332	9,700,909
Total Liabilities	16,316,546	12,891,881	29,208,427	15,130,334	7,147,667	22,278,001
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	8,349,489	8,349,489
Deferred inflows related to the net pension liability	237,328	-	237,328	237,328	-	237,328
Total Deferred Inflow of Resources	237,328	-	237,328	237,328	8,349,489	8,586,817
NET POSITION						
Invested in capital assets net of related debt	1,041,830	5,781,947	6,823,778	1,062,732	5,466,989	6,529,721
Restricted for MHSA programs	-	32,759,146	32,759,146	-	23,036,382	23,036,382
Unrestricted	7,267,609	-	7,267,609	7,270,722	-	7,270,722
Total Net Position	8,309,439	38,541,093	46,850,532	8,333,454	28,503,371	36,836,825
Total Liabilities, Deferred Inflows of Resources and Net Position	**$ 24,863,314**	**$ 51,432,974**	**$ 76,296,288**	**$ 23,701,117**	**$ 44,000,527**	**$ 67,701,644**

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
FOUR MONTHS ENDED OCTOBER 31, 2023 AND 2022

	PERIOD ENDED 10/31/23			PERIOD ENDED 10/31/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
OPERATING REVENUES						
Medi-Cal FFP	$ 1,317,422	$ 1,367,598	$ 2,685,019	$ 839,759	$ 932,042	$ 1,771,802
Medi-Cal FFP FYE Prior Year	67,297	3,039	70,336	-	-	-
Medi-Cal SGF-EPSDT	291,998	321,257	613,255	177,820	220,663	398,482
Medi-Cal SGF-EPSDT Prior Year	3,379	25,813	29,192	-	-	-
Medicare	2,374	1,778	4,151	3,656	1,287	4,943
Contracts	-	10,285	10,285	-	9,987	9,987
Patient fees and insurance	21	62	83	256	57	313
Rent income - TCMH & MHSA Housing	3,696	22,586	26,282	3,696	23,407	27,103
Other income	85	46	130	254	74	328
Net Operating Revenues	**1,686,271**	**1,752,464**	**3,438,735**	**1,025,441**	**1,187,516**	**2,212,957**
OPERATING EXPENSES						
Salaries, wages and benefits	2,761,729	5,734,180	8,495,909	3,037,125	4,589,060	7,626,185
Facility and equipment operating cost	191,459	413,543	605,002	205,752	414,014	619,765
Client lodging, transportation, and supply expense	104,933	425,187	530,120	5,778	28,020	33,798
Depreciation & amortization	98,930	203,103	302,033	106,687	206,280	312,968
Other operating expenses	301,056	760,164	1,061,220	248,854	486,987	735,841
Total Operating Expenses	**3,458,107**	**7,536,176**	**10,994,283**	**3,604,195**	**5,724,362**	**9,328,557**
OPERATING (LOSS) (Note 1)	**(1,771,836)**	**(5,783,712)**	**(7,555,548)**	**(2,578,755)**	**(4,536,846)**	**(7,115,600)**
Non-Operating Revenues (Expenses)						
Realignment	1,218,450	-	1,218,450	1,218,450	-	1,218,450
MHSA funds	-	15,413,070	15,413,070	-	14,780,860	14,780,860
Grants and Contracts	213,559	-	213,559	8,903	-	8,903
Interest Income net with FMV	74,435	408,365	482,799	(2,590)	(38,212)	(40,802)
Total Non-Operating Revenues (Expense)	1,506,443	15,821,435	17,327,878	1,224,763	14,742,648	15,967,411
INCOME (LOSS)	**(265,393)**	**10,037,722**	**9,772,330**	**(1,353,992)**	**10,205,802**	**8,851,810**
Special Item:						
Receipt of SB90 claims previously reserved	241,378	-	241,378	-	-	-
	241,378	-	241,378	-	-	-
INCREASE (DECREASE) IN NET POSITION	**(24,015)**	**10,037,722**	**10,013,708**	**(1,353,992)**	**10,205,802**	**8,851,810**
NET POSITION, BEGINNING OF YEAR	8,333,454	28,503,370	36,836,825	7,995,472	25,853,634	33,849,106
NET POSITION, END OF MONTH	**$ 8,309,439**	**$ 38,541,093**	**$ 46,850,532**	**$ 6,641,480**	**$ 36,059,437**	**$ 42,700,917**

(**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
FOUR MONTHS ENDED OCTOBER 31, 2023 AND 2022

	PERIOD ENDED 10/31/23			PERIOD ENDED 10/31/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	$ 1,351,295	$ 1,247,273	$ 2,598,567	$ 1,360,706	$ 1,107,476	$ 2,468,183
Cash payments to suppliers and contractors	(397,457)	(1,711,690)	(2,109,147)	(656,364)	(991,522)	(1,647,886)
Payments to employees	(2,102,620)	(5,698,378)	(7,800,998)	(3,116,761)	(4,705,584)	(7,822,345)
	(1,148,782)	(6,162,796)	(7,311,578)	(2,412,419)	(4,589,630)	(7,002,049)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	12,584,165	12,584,165	-	5,779,411	5,779,411
CalHFA-State Administered Projects	-	30,266	30,266	-	64,485	64,485
Realignment	2,542,362	-	2,542,362	1,876,672	-	1,876,672
Grants and Contracts	287,508	-	287,508	110,000	-	110,000
	2,829,870	12,614,431	15,444,301	1,986,672	5,843,896	7,830,568
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(13,725)	(463,040)	(476,765)	(2,457)	(47,642)	(50,099)
Intercompany-MHSA & TCMH	(114,446)	114,446	-	(875,396)	875,396	-
	(128,171)	(348,594)	(476,765)	(877,853)	827,754	(50,099)
Cash Flows from Investing Activities						
Interest received	89,620	541,078	630,697	27,846	156,616	184,462
	89,620	541,078	630,697	27,846	156,616	184,462
Net Increase (Decrease) in Cash and Cash Equivalents	1,883,914	6,644,119	8,528,032	(1,275,754)	2,238,636	962,882
Cash Equivalents at Beginning of Year	8,976,643	30,118,745	39,095,388	8,386,759	31,504,790	39,891,549
Cash Equivalents at End of Month	**$ 10,860,556**	**$ 36,762,864**	**$ 47,623,420**	**$ 7,111,004**	**$ 33,743,427**	**$ 40,854,431**
Cash from the Balance Sheet	**10,866,849**	**36,763,654**	**47,630,503**	**7,535,177**	**33,219,733**	**40,754,909**
YTD Gain/(Loss) from GASB 31 Fair Market Value	**$ 6,293**	**790**	**7,083**	**$ 424,172**	**(523,694)**	**(99,522)**

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
FOUR MONTHS ENDING OCTOBER 31, 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	$ 1,436,665	$ 1,047,559	$ 389,105	$ 1,491,383	$ 1,452,582	$ 38,801	$ 2,928,047	$ 2,500,141	$ 427,906
Medi-Cal FFP Prior Year	73,388	-	73,388	3,314	-	3,314	76,702	-	76,702
Medi-Cal SGF-EPSDT	318,427	-	318,427	350,335	-	350,335	668,762	-	668,762
Medi-Cal SGF-EPSDT Prior Year	3,685	-	3,685	28,149	-	28,149	31,835	-	31,835
Medicare	2,374	1,667	707	1,778	700	1,078	4,151	2,367	1,785
Patient fees and insurance	21	333	(313)	62	-	62	83	333	(251)
Contracts	-	6,667	(6,667)	10,285	9,333	952	10,285	16,000	(5,715)
Rent income - TCMH & MHSA Housing	3,696	3,696	-	22,586	23,333	(747)	26,282	27,029	(747)
Other income	85	367	(282)	46	-	46	130	367	(237)
Provision for contractual disallowances	(145,673)	-	(145,673)	(152,863)	-	(152,863)	(298,535)	-	(298,535)
Provision for contractual disallowances prior year	(6,397)	-	(6,397)	(2,611)	-	(2,611)	(9,009)	-	(9,009)
Net Operating Revenues	**1,686,271**	**1,060,289**	**625,982**	**1,752,464**	**1,485,949**	**266,515**	**3,438,735**	**2,546,237**	**892,497**
OPERATING EXPENSES									
Salaries, wages and benefits	2,761,729	3,475,478	(713,749)	5,734,180	6,544,170	(809,991)	8,495,909	10,019,648	(1,523,739)
Facility and equipment operating cost	191,459	205,326	(13,867)	413,543	412,043	1,500	605,002	617,369	(12,367)
Client program costs	104,933	20,777	84,155	425,187	207,634	217,553	530,120	228,411	301,708
Grants	1,554	-	1,554	64,005	123,333	(59,328)	65,559	123,333	(57,774)
MHSA training/learning costs			-	38,114	33,044	5,069	38,114	33,044	5,069
Depreciation & amortization	98,930	94,629	4,301	203,103	211,428	(8,325)	302,033	306,057	(4,024)
Other operating expenses	299,502	171,842	127,660	658,045	986,174	(328,129)	957,547	1,158,016	(200,469)
Total Operating Expenses	**3,458,107**	**3,968,053**	**(509,946)**	**7,536,176**	**8,517,827**	**(981,651)**	**10,994,283**	**12,485,879**	**(1,491,596)**
OPERATING (LOSS)	**(1,771,836)**	**(2,907,764)**	**1,135,928**	**(5,783,712)**	**(7,031,878)**	**1,248,166**	**(7,555,548)**	**(9,939,642)**	**2,384,094**
Non-Operating Revenues (Expenses)									
Realignment	1,218,450	1,466,667	(248,216)	-	-	-	1,218,450	1,466,667	(248,216)
MHSA Funding	-	-	-	15,413,070	15,539,345	(126,275)	15,413,070	15,539,345	(126,275)
Grants and contracts	213,559	364,133	(150,574)	-	-	-	213,559	364,133	(150,574)
Interest (expense) income, net	74,435	43,500	30,935	408,365	258,641	149,724	482,799	302,141	180,658
Total Non-Operating Revenues (Expense)	**1,506,443**	**1,874,299**	**(367,856)**	**15,821,435**	**15,797,986**	**23,449**	**17,327,878**	**17,672,285**	**(344,407)**
Special Item: Net reorganization income (expense)	241,378	-	241,378	-	-	-	241,378	-	241,378
INCREASE(DECREASE) IN NET POSITION	**$ (24,015)**	**$ (1,033,465)**	**$ 1,009,450**	**$ 10,037,722**	**$ 8,766,108**	**$ 1,271,614**	**$ 10,013,708**	**$ 7,732,643**	**$ 2,281,064**

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
FOUR MONTHS ENDING OCTOBER 31, 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 higher than the budget by $892 thousand for the following reasons:

1 **Medi-Cal FFP revenues for FY 2023-24** were $428 thousand higher than the budget. Medi-Cal FFP revenues were approximately $389 thousand higher for TCMH and $39 thousand lower for MHSA. At TCMH, the adult program revenues were higher than budget by $102 thousand and the children program revenues were higher by $287 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by $217 thousand and the Children and TAY FSP programs were higher by $256 thousand. Additionally, as the result of the fiscal year 2020-21 interim cost report settlement, a total of approximately $77 thousand in prior year Medi-Cal FFP revenues were recorded to the current year operations.

2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2023-24** were higher than budget by approximately $668 thousand of which $318 thousand higher were from TCMH and $350 thousand higher were from MHSA. As was mentioned above, an additional $32 thousand in prior year Medi-Cal SGF-EPSDT revenue were recorded to the current year operations. SGF-EPSDT relates to State for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) to children and youth under 21 years.

3 **Medicare revenues** are $2 thousand higher than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.

4 **Contract revenues** are $6 thousand lower than the budget..

5 **Rent Incomes** are approximately $1 thousand lower than the budget. The rental income represents the payments collected from Genoa pharmacy for space leasing at the 2008 N. Garey Avenue and from the tenants staying at the MHSA house on Park Avenue.

6 **Provision for contractual disallowances** for fiscal year 2023-24 was higher than budget by $307 thousand including prior years amount.

Operating Expenses

Operating expenses were lower than budget by approximately $1.5 million for the following reasons:

1 **Salaries and benefits** are approximately $1.5 million lower than budget and of that amount, salaries and benefits are $714 thousand lower for TCMH operations and are $810 thousand lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than budget by $413 thousand due to vacant positions and benefits are lower than budget by $301 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 $465 thousand. The direct program salary costs are lower by $458 thousand due to vacant positions and the administrative salary costs are lower than budget by $7 thousand. Benefits are lower than the budget by $345 thousand Of that, health insurance is lower than budget by $187 thousand, retirement insurance is lower by $73 thousand, state unemployment insurance is lower by $45 thousand, workers compensation is lower by $10 thousand, medicare tax and other insurances are lower by $30 thousand.

2 **Facility and equipment operating costs** were lower than the budget by $12 thousand of which $14 thousand lower were from TCMH and $2 thousand higher were from MHSA. Overall, building and facility costs were higher by $16 thousand and equipment expenses were lower by $28 thousand.

3 **Client program costs** are higher than the budget by approximately $302 thousand due to a payment of $396 thousand to the City of Pomona Hope for Home Year-Round Emergency Shelter early in the fiscal year while the budget is spread out over the whole fiscal year.

4 **Grants for fiscal year 2023-24** are $58 thousand lower than the budget. These are the community grants awarded under the PEI Community Wellbeing project and the Student Loan Forgiveness program under the WET plan which was planned to be disbursed later in June.

5 **MHSA learning and training costs** are $5 thousand higher than the budget.

6 **Depreciation and amortization** are $4 thousand lower than the budget.

7 **Other operating expenses** were lower than the budget by $200 thousand of which approximately $128 thousand higher were from TCMH and $328 thousand lower were from MHSA. At TCMH, liability insurance was higher by $78 thousand mainly from the 50% share of cost for the Psychiatric Assessment Care Team (PACT) program with the City of Claremont Police Department and also the attorney fees were higher than the budget by $51 thousand. As for MHSA, professional fees were lower than the budget by $143 thousand due to INN Tech Suite program and Psychiatric Advance Directives program and IT expenses under the CFTN plan were lower by $326 thousand. These lower expenses are offset with higher attorney fees, security expense and dues and subscription fees.

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
FOUR MONTHS ENDING OCTOBER 31, 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)

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
FOUR MONTHS ENDING OCTOBER 31, 2023

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:
TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)
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Non-Operating Revenues (Expenses)

Non-operating revenues, net, are lower than budget by $344 as follows:

1 **TCMH non-operating revenues** are $368 thousand lower than the budget. Of that, realignment fund was lower than the budget by $248 thousand, grants and contracts were lower by approximately $150 thousand from the Crisis Care Mobil Units (CCMU) and Mental Health Student Services Act (MHSSA) programs. Offset with these lower revenues was the higher interest income net with fair market value by $31 thousand.

2 **MHSA non-operating revenue** is lower than the budget by $126 thousand.
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	$ 11,610,705	$ 11,610,705	$ -
PEI funds received and available to be spent	3,209,793	3,336,068	(126,275)
WET funds received and available to be spent	-	-	-
CFTN funds received and available to be spent	-	-	-
INN funds received and available to be spent	592,572	592,572	-
Non-operating revenues recorded	$ 15,413,070	$ 15,539,345	$ (126,275)

CSS recorded revenue is in line with the budget.

PEI recorded revenue is lower than budget by $126 thousand**.** The difference is due to the amount received and available for the PEI plan through October 2023. The additional funds received during the fiscal year 2023-24 will be recorded as revenue up to the budgeted amount.

INN recorded revenue is in line with the budget.

Interest income net with Fair Market Value for MHSA is higher than budget by $150 thousand**.**

Special Item: Reorganization income: this caption included any expense or income recognized as a result of the bankruptcy**.**
In October 2023, Tri City received $241,378 from Los Angeles County in payment for the FY1999-00 SB90 claims. This amount was a pass-through payment due Tri-City from the State as determined by the final audit settlement performed by the State Controller's Office. The pre-petition SB90 claims were fully reserved in fiscal 2006-07 and reflected as an expense under Special Items-SB90 Claims Reserves, therefore, Tri-City now recognizes the receipt of SB90 receivables as income under Special Items. It also should be noted that this transaction completed and closed out the last bankruptcy item that was remained on Tri-City's books.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOUR MONTHS ENDED OCTOBER 31, 2023 AND 2022

	PERIOD ENDED 10/31/23			PERIOD ENDED 10/31/22		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
REVENUES						
Medi-Cal FFP, net of reserves	$ 1,317,422	$ 1,367,598	$ 2,685,019	$ 839,759	$ 932,042	$ 1,771,802
Medi-Cal FFP FYE Prior Year	67,297	3,039	70,336	-	-	-
Medi-Cal SGF-EPSDT	291,998	321,257	613,255	177,820	220,663	398,482
Medi-Cal SGF-EPSDT Prior Year	3,379	25,813	29,192	-	-	-
Medicare	2,374	1,778	4,151	3,656	1,287	4,943
Realignment	1,218,450	-	1,218,450	1,218,450	-	1,218,450
MHSA funds	-	15,413,070	15,413,070	-	14,780,860	14,780,860
Grants and contracts	213,559	10,285	223,844	8,903	9,987	18,890
Patient fees and insurance	21	62	83	256	57	313
Rent income - TCMH & MHSA Housing	3,696	22,586	26,282	3,696	23,407	27,103
Other income	85	46	130	254	74	328
Interest Income	74,435	408,365	482,799	(2,590)	(38,212)	(40,802)
Receipt of SB90 claims previously reserved	241,378	-	241,378	-	-	-
Total Revenues	**3,434,092**	**17,573,898**	**21,007,991**	**2,250,203**	**15,930,164**	**18,180,367**
EXPENSES						
Salaries, wages and benefits	2,761,729	5,734,180	8,495,909	3,037,125	4,589,060	7,626,185
Facility and equipment operating cost	191,459	413,543	605,002	205,752	414,014	619,765
Client lodging, transportation, and supply expense	104,933	425,187	530,120	5,778	28,020	33,798
Depreciation & amortization	98,930	203,103	302,033	106,687	206,280	312,968
Other operating expenses	301,056	760,164	1,061,220	248,854	486,987	735,841
Total Expenses	**3,458,107**	**7,536,176**	**10,994,283**	**3,604,195**	**5,724,362**	**9,328,557**
INCREASE (DECREASE) IN NET POSITION	**(24,015)**	**10,037,722**	**10,013,708**	**(1,353,992)**	**10,205,802**	**8,851,810**
NET POSITION, BEGINNING OF YEAR	8,333,454	28,503,370	36,836,825	7,995,472	25,853,634	33,849,106
NET POSITION, END OF MONTH	**$ 8,309,439**	**$ 38,541,093**	**$ 46,850,532**	**$ 6,641,480**	**$ 36,059,437**	**$ 42,700,917**

NOTE: This presentation of the Change in Net Assets is NOT in accordance with GASB, but is presented only for a simple review of Tri-City's revenue sources and expenses.

Definitions:
Medi-Cal FFP= Federal Financial Participation Reimbursement
Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.
TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: December 20, 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 PROGRAM UPDATES

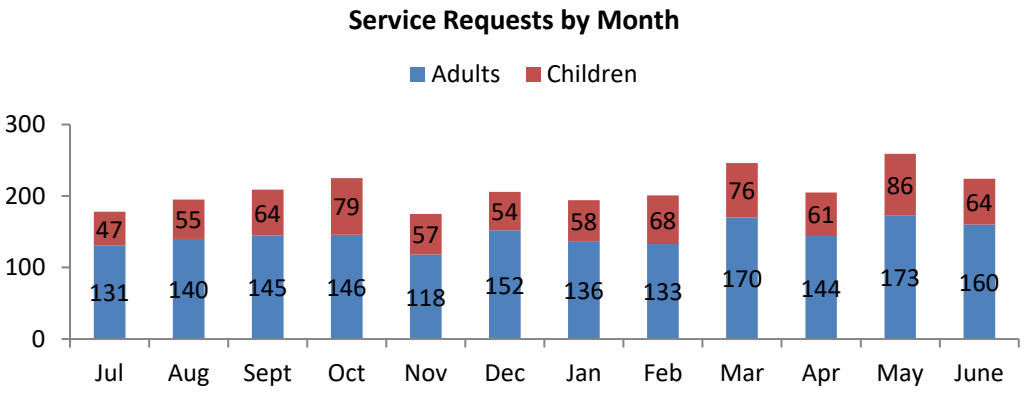
The clinical report this month includes monthly program updates and the yearly data for the Access to Care Program.

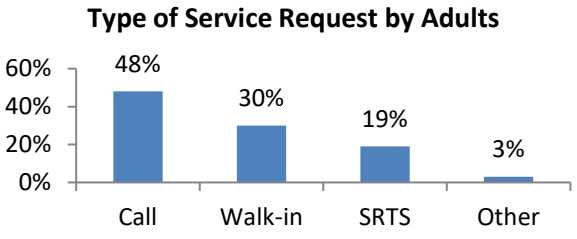
ACCESS TO CARE YEARLY DATA 7/1/2022-6/30/2023

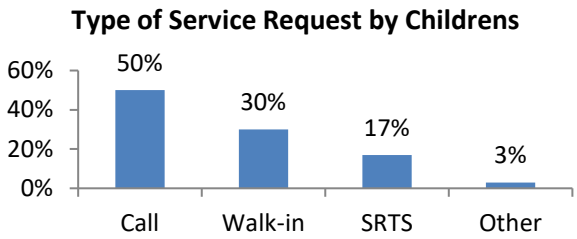
PROGRAM: Access to Care (ATC)

HOW MUCH DID WE DO?

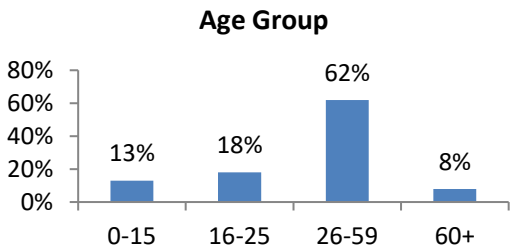
2,517
Service Requests

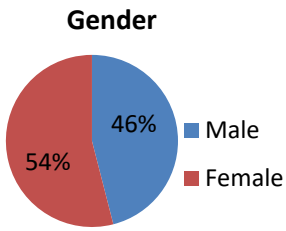


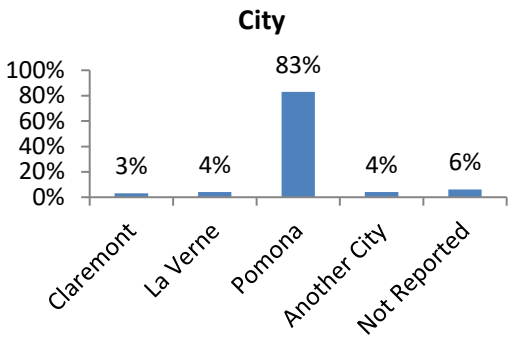




Demographics from all Service Requests



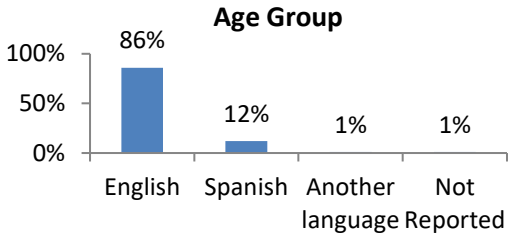




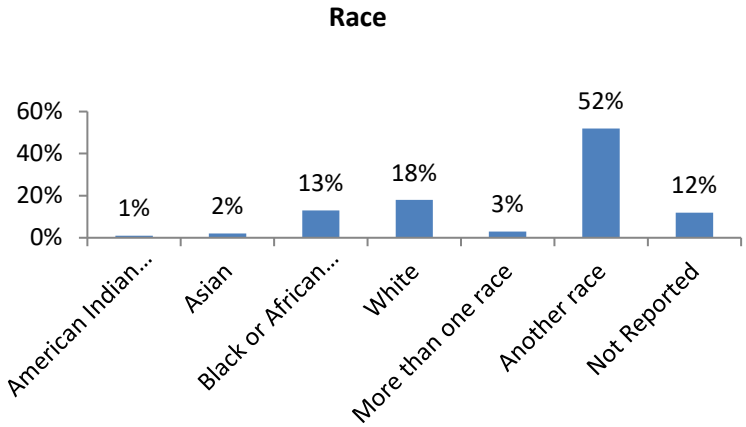
281
Services Request from Hospital Discharges Adults

76
Services Request from Hospital Discharges Childrens

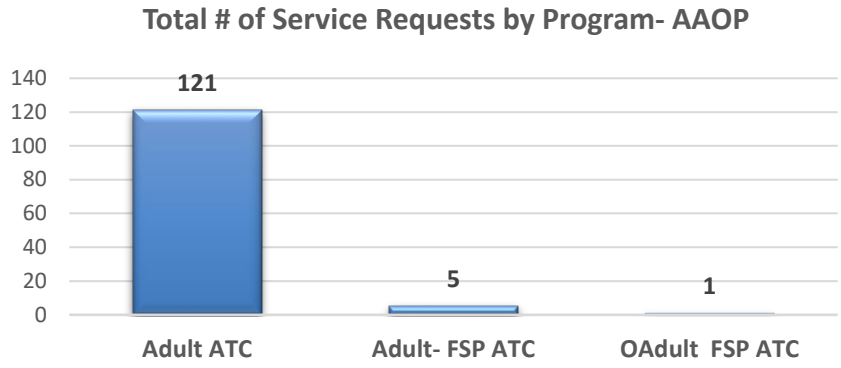
1,942
Intake Appointments Given to Client

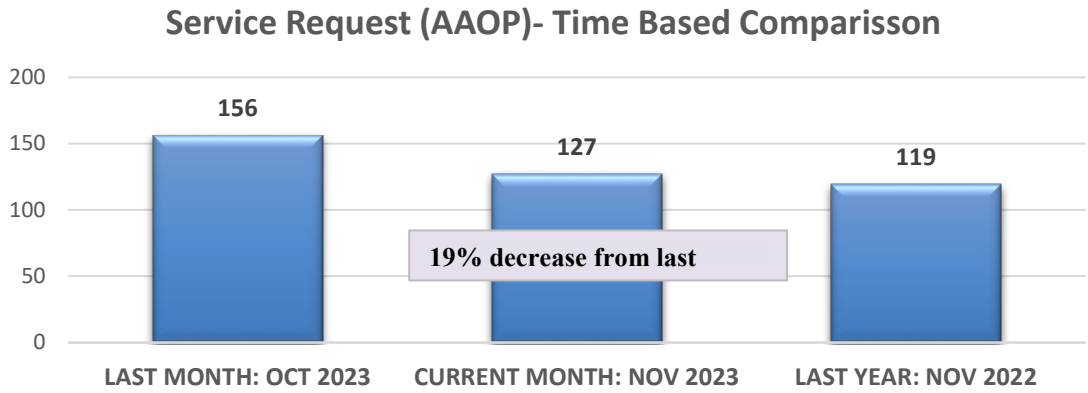


ADULT PROGRAM SUMMARY



Total Number of completed Adult Service Requests
127





This graph above compares the number of services requests from last month, October 2023 and last year, November 2022 to the current month, November 2023. There was an 19% decrease in the number of service requests from last month.

THERAPEUTIC COMMUNITY GARDEN

Joslyn Senior Center Highlight

TCG Team joined with the Joslyn Center to provide a workshop to revitalize and refresh some planters with new plants that the attendees at the center can watch grow and benefit from over time. The participants engaged in learning about how engaging in a variety of activities helps the brain continue to produce neurons and create more neural pathways to assist in maintaining function as we age. This was connected to how nature can also benefit from refreshing every now and then. Such as refreshing the soil to assist plants in growing healthier. The participants could not wait to garden and the results were beautiful.

Above: *Two pictures on the left are the photos of the planter before the participants refreshed the soil and added new plants. The two pictures on the right are the newly revitalized planters with aloe and mint.*

Fall in the Farm Highlight

Pomona Fairplex had their annual Fall in the Farm on Saturday, November 18th. TCG team set up an interactive resource booth where individuals who stopped by at TCG booth had the opportunity to use their sense of smell to guess the different herbs hidden inside each jar. If individuals guessed three out of five correct, they were provided a Teddy Bear Sunflower seed packet or a Poppy Flower seed packet, to attract pollinators in their garden and be Pollinator Heros. Through this wonderful interactive booth, the TCG team received various visitors, where 136 seed packets were dispersed, and 197 individuals connected with the TCG team. Additionally, Kyra Saegusa, Community Gardener and Elizabeth Fajardo, Behavioral Health Specialist promoted the TCG program thoroughly for community members.

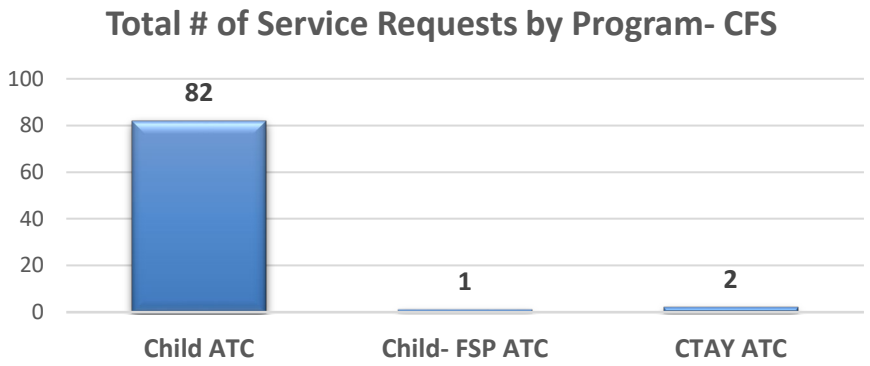
Harrison Elementary School Highlight

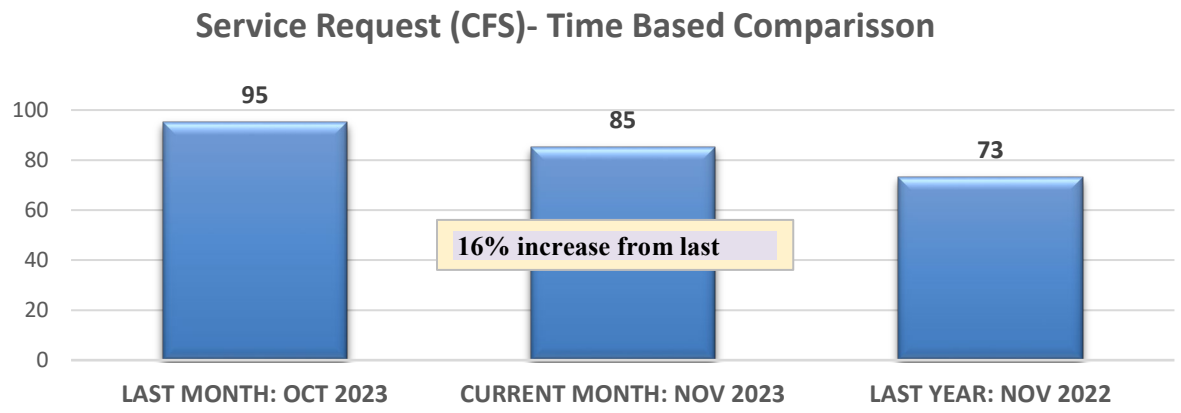
Finding your calm was the main objective through Harrison Elementary workshop on Thursday, November 30th. Students were able to learn about mindfulness through creating mindfulness sachets with their parents or guardians and connect with herbs (lavender, mint, lemon balm, and roses) with their sense of smell, touch, and sight. Students can often experience stressors due to the responsibilities of completing assignments, projects or preparing for an exam; through the mindfulness guide of creating their sachet with parent or guardian the students were able to enhance their communication skills and learn how to regulate their emotions. In total we had 3 families for a total of 9 participants for the Harrison Elementary workshop.

Above: *Picture on the left is TCG resource booth at Future Forward event. Picture in the middle is TCG interactive booth at Fall in the Farm, Fairplex. Picture on the right is Harrison Elementary workshop materials for mindfulness sachet activity.*

CHILD AND FAMILY SERVICES

Total Number of completed Adult Service Requests
85





This graph above compares the number of services requests from last month, October 2023 and last year, November 2022 to the current month, November 2023. There was a 16% increase in the number of service requests from last year.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **December 20, 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**

SERVICES PROVIDED BY TRI-CITY INTENSIVE OUTREACH AND ENGAGEMENT TEAM (IOET), and PACT TEAMS IN NOVEMBER 2023

IOET Program

- Number of all new outreach= 55
- Number client given intake appointments= 19
- Number of clients opened= 12
- Total number of ALL clients outreached= 184
- Total number of homeless served= 113
- Percentage of clients outreached that are homeless= 61%
- Percentage of clients enrolled this month in formal services that are homeless= 17%

Service area:

- Laverne= 2
- Pomona= 172
- Claremont= 10
- Total= 184

Enrollments:

- FSP (Full-Service Partnership)-Older Adult= 2
- FSP-adult= 3
- FSP-TAY (Transition Age Youth) = 0
- AOP (Adult Outpatient Program) = 4
- COP (Children Outpatient Program) = 2
- FCCS (Field Capable Clinical Services) = 0
- FSP Children= 0

Health Issues:

- Number of initial health assessments completed= 25
- Number of clients linked to PCP appointments with IOET LPT= 9

P.A.C.T. (Psychiatric Assessment Care Team)

- Number of new individuals added for the month= 10
- Number of holds written for the month= 3 hold
- Number enrolled in formal services for the month= 0
- Number referred to Navigators this month= 3

Pop Up Clinic

- Total of attendees= 32
- Non-enrolled clients = 20
- Community Member = 2
- Total Rx written = 30

Psychiatric services

- Initial Medication Appointment Authorization-57
- Total Scheduled for October = 89 (To see a psychiatrist)

Tri-City Mental Health Authority
Monthly Staff Report

DATE: December 20, 2023

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

FROM: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

COMMUNITY PLANNING PROCESS

In November there was a focus on preparing and scheduling 'mini' stakeholder meetings for the community. Sara Rodriguez, MHSA Projects Manager, attended the La Verne Youth and Family Action Committee to provide a presentation on the Mental Health Services Act and the programming made available through this funding source. Attendees included school representatives, the La Verne police department and city government officials were able to learn more about Tri-City services, enhance their understanding of how to access different programming, and leave written and/or verbal feedback related to their local community mental health services. Future presentations based on current discussions with community partners include Pomona Valley Hospital Medical Center, Sustainable Claremont, and La Verne Veterans of Foreign Wars.

DIVERSITY, EQUITY, AND INCLUSION (DEI)

In the month of November, the DEI Coordinator posted a call-to-action Advertorial for La Nueva Voz Pomona "Supporting mental wellness in Indigenous communities during National Native American Heritage Month". Through this article, TCHM invites individuals, cultural groups, and organizations to join our Wellness Collaboratives. These community-led partnerships consist of community members, advocates, clients, family members, local service providers, and TCMH staff. TCMH aims to improve services that impact the holistic health and wellness of Native and Indigenous people. Through community involvement and advocacy, the hope is to collectively contribute and ensure that the mental health needs of individuals and families are acknowledged and met.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Trainings

For the month of December, staff is currently scheduled to provide a webinar in partnership with NAMI Pomona Valley called: "In Our Own Voice" which will be open to all residents, service providers, community groups and organizations in Pomona, Claremont, and La Verne. This free presentation provides a personal perspective of mental health conditions, as leaders with lived experience talk openly about what it's like

to have a mental health condition. Tri-City staff will continue to outreach and engage other community partners and provide training, workshops, and presentations per their request.

Stigma Reduction

Over the next few months, Tri-City's speakers bureau program, Courageous Minds will be recruiting for their next cohort. This will be a 5 week-long training that meets once a week and partakes in workshops that will help guide them with their storytelling and provide an opportunity to practice public speaking. To qualify, participants must reside in the Tri-City area, be at least 18+ years or older, and commit to attend all 5 workshops. Once participants complete the program, they will be given a platform during Green Ribbon Week (March 17-23, 2024) to share their mental health and recovery story.

COMMUNITY NAVIGATORS

The Community Navigator Program has been identifying and verifying different holiday resources that are being offered in the community. This includes places that are offering food or hot meals for the holidays, free toys, and free holiday events such as tree lighting in the community. Every year the Community Navigator program creates a holiday list of resources, and the list is shared with the community and the families that are served at Tri-City Mental Health.

Success Story: The Community Navigator program continues to work with families that were previously placed in the motel voucher program through the Homeless Implementation Grant. With the goal of finding permanent housing, one particular family of 3, continued to work with the Community Navigator who advocated for their Section 8 voucher to be reinstated after expiring. In collaboration with the City of Pomona, the Section 8 voucher was reinstated, and the family recently identified qualified housing and will now be permanently housed by Christmas.

WELLNESS CENTER

During the month of November, the Wellness Center continued its commitment to help the community with their holiday needs. With the understanding that many families struggle financially during the holidays, the Family Wellbeing Program stepped in to help. Ten families were identified as being in need and then with the support of the Wellness

Center received a turkey with a food basket to help provide a traditional Thanksgiving meal. All ten families expressed gratitude to the program and the support they received. The Center also again hosted the very popular tree lighting event on December 1st which was well attended.

WORKFORCE EDUCATION AND TRAINING

Training: WET staff hosted 12 training opportunities for staff during the month of November. These included the first training that focused on disabilities. Tri-City also held the first part of Reducing Revictimization Risk for Commercial Sexual Exploitation of Children (CSEC) Among Youth with Gaby Grant with the second part concluding in December.

Service Learners: Tri-City had several new inquiries and applications for Service Learners in the month of November. Two of them are in the process of completing background checks. Staff are working with Tri-City's Human Resource Department to create a path for 16/17-year-olds to volunteer year-round as there has been an increase in requests from local high schools and students who would like to volunteer and receive service hours towards graduation.

INNOVATIONS

Help@Hand: On November 11th the Innovation team attended the Help@Hand Collaborative Workshop in Sacramento. The workshop gave counties the opportunity to discuss their projects in more detail and provide feedback on what aspects of their project were successful. Focusing on the successes was key in creating the messaging for the close out of this project. Tri-City's Help@Hand project myStrength, concludes on December 5th.

Psychiatric Advance Directives (PADs): Staff are currently working with the PADs Project Manager and contractor Chorus on a date to present to the City of La Verne, La Verne Police Department, La Verne Crisis Teams, and the University of La Verne for further engagement and launch of PADs within La Verne. In addition, efforts are underway to establish a TAY focus group for the project. One community partner who is also a Tri-City grantee, Just Us 4 Youth, has expressed interest in hosting this focus group.

New Innovation Project: For the Community Planning Process Project internal brainstorming sessions are taking place to discuss what foundational aspects need to be established first, in order to create an organized timeline for the project. In addition, staff are in the process of identifying consultants to assist with the outreach, marketing and facilitation of focus groups.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **December 20, 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**

ELECTRONIC HEALTH RECORD - GROUP TREATMENT MODULE

Best Practices collaborated with the Revenue and Clinical Departments to further develop and optimize the functionality of the electronic health record's group treatment module. The following items were developed:

- Group claiming configuration
- Group billing accuracy
- Group claiming procedures
- Group documentation procedures
- Group set-up & navigation procedures

Group treatment is an essential part of the mental health service array. Not only can group treatment have a positive impact on recovery, but group treatment can help with increasing access to services.

Training for all service providers will take place over the next few months, in order to maximize our group treatment effort and to ensure that agency providers can effectively use the group treatment module to manage and capture their group treatment services.

INCIDENT REPORTS: SUBMISSION AND TRACKING

Best Practices, Facilities and Human Resources have been working together to update our internal incident report submission and tracking process.

Internal incident reporting is essential to agency operations and is part of our legal responsibility and commitment to safety. The purpose of this process update is to simplify and streamline incident reporting.

Additionally, the new process will help improve incident report tracking and analysis.