



# HOPE. WELLNESS. COMMUNITY.

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Founded in 1960  
by the residents

of Pomona,  
Claremont and La  
Verne.

## TRI-CITY MENTAL HEALTH AUTHORITY

### AGENDA

#### GOVERNING BOARD REGULAR MEETING

WEDNESDAY, APRIL 17, 2024 AT 5:00 P.M.  
MHSA ADMINISTRATION BUILDING  
2001 NORTH GAREY AVENUE, POMONA, CA 91767

#### GOVERNING BOARD

Jed Leano, Chair  
(Claremont)

John Nolte, Vice-Chair  
(Pomona)

Carolyn Cockrell,  
Member (La Verne)

Paula Lantz, Member  
(Pomona)

Wendy Lau, Member  
(La Verne)

Elizabeth Ontiveros-Cole,  
Member (Pomona)

Ronald T. Vera, Member  
(Claremont)

#### **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 & Fam**

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

To join the meeting on-line click on the following link:

[https://tricitymhs-org.zoom.us/j/87982750463?pwd=Z\\_GspLAVfXq1f1DNsNvni-gpLN6URdKb.aKsIwwPKveuuMEM8](https://tricitymhs-org.zoom.us/j/87982750463?pwd=Z_GspLAVfXq1f1DNsNvni-gpLN6URdKb.aKsIwwPKveuuMEM8)

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](mailto:molmos@tricitymhs.org). All email messages received by 3:00 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 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.

**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.

**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 TCMHA's website: <http://www.tricitymhs.org>

**CONSENT CALENDAR****1. APPROVAL OF MINUTES FROM THE MARCH 20, 2024 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of March 20, 2024.”

**NEW BUSINESS****2. CONSIDERATION OF RESOLUTION NO. 737 AWARDING THE CONTRACT TO BRIDGEROCK CONSTRUCTION, INC. FOR THE OFFICE REMODEL PROJECT OF THE MHSA BUILDING LOCATED AT 2001 N. GAREY AVE. IN POMONA, CALIFORNIA IN THE AMOUNT OF \$303,059.48; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE CONTRACT**

Recommendation: “A motion to adopt Resolution No. 737 awarding the contract for the Office Remodel Project in the amount of \$303,059.48 to Bridgerock Construction, Inc.; authorizing the Executive Director to execute the agreement; and authorizing an additional amount of 15% for contingencies.

**3. CONSIDERATION OF RESOLUTION NO. 738 ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2024-25**

**Recommendation:** “A motion to adopt Resolution No. 738 approving the Authority’s MHSA Annual Update For Fiscal Year 2024-25, as recommended by the TCMHA Mental Health Commission.”

### MONTHLY STAFF REPORTS

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

### **GOVERNING BOARD COMMENTS**

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

### **PUBLIC COMMENT**

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

### **ADJOURNMENT**

The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on **Wednesday, May 15, 2024 at 5:00 p.m.** in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS  
JPA ADMINISTRATOR/CLERK



**1. APPROVAL OF MINUTES FROM THE MARCH 20, 2024 GOVERNING BOARD REGULAR MEETING**

This Agenda Item will be distributed by Monday, April 15, 2024.



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

**DATE:** April 17, 2024

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

**FROM:** Rimmi Hundal, Executive Director

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

**SUBJECT:** Consideration of Resolution No. 737 Awarding the Contract to Bridgerock Construction, Inc. for the Office Remodel Project of the MHSA Building located at 2001 N. Garey Ave. in Pomona, California in the Amount of \$303,059.48; and Authorizing the Executive Director to Execute the Contract

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Summary:

Staff is seeking Governing Board approval to award a contract to Bridgerock Construction, Inc. for the Office Remodel Project in the amount of \$303,059.48. Staff is also seeking approval to authorize a contingency up to 15% above the awarded amount (\$45,459); and to authorize the Executive Director to execute the agreement with Bridgerock Construction, Inc.

Background:

On March 18, 2020, the Governing Board approved Resolution No. 524 authorizing a plan for expenditure of Capital Facilities and Technology Needs (CFTN) funds in the amount of \$970,968, which included two main projects: 1) the Electrical Upgrade and Office Space Remodel at the 2001 N. Garey Ave building in Pomona; and 2) the Capital Improvements to Therapeutic Community Garden Project located at 2008 N. Garey Ave, also in Pomona. The electrical project is now complete and management is ready to proceed with the office remodel portion of the project.

In 2019, Tri-City began its engagement with Sisson Design Group to design office space and conference rooms in Tri-City property located at 2001 N. Garey Avenue. Lee Ann Sisson met with Tri-City staff to discuss the design and needs of the staff. A proposed design with estimated construction costs was developed which was included in the Capital Facilities and Technological Needs Project Proposal on January 8, 2020. The Mental Health Commission endorsed the Electrical Upgrade and Office Remodel Project on March 10, 2020 and the Governing Board approved and adopted the plan on March 18, 2020. Immediately after this approval in March of 2020, everything came to a complete halt as a result of the pandemic, and as well known, resulted in the shutdown and delay in kicking off these projects.

**Consideration of Resolution No. 737 Awarding the Contract to Bridgerock Construction, Inc. for the Office Remodel Project of the MHSA Building Located at 2001 N. Garey Ave. in Pomona, California in the Amount of \$303,059.48; and Authorizing the Executive Director to Execute the Contract**

**April 17, 2024**

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After temporarily placing this project on hold, and after the completion of the electrical project, Tri-City management proceeded to re-engage with Sisson Design Group for the production of the plans and completion of the RFP process.

In June of 2022, Tri-City entered into an agreement with Sisson Design Group for engineering design and construction phase services for the Office Remodel Project. Sisson Design Group is responsible for project construction management, inspection services, and the bid document development. As indicated above, Lee Ann Sisson met with various Tri-City Staff to review the original design and discuss the current needs of the staff. After several meetings and revisions, a layout was approved by the group and was submitted to the City of Pomona for approvals. The Office Remodel Project will include two supervisor offices, two large offices for up to 15 staff, one conference room and the ability to split the large activity room into two separate conference rooms allowing Tri-City to hold multiple large meetings simultaneously.

After completing the design (which was approved by the Governing Board on October 18, 2023) and developing the appropriate plans working with Sisson Design Group and working with the City to obtain the appropriate approval of the plans, staff is now seeking to move forward with the completion of this project. On August 4, 2023, a Request for Bids (RFB) was issued and posted on Tri-City's Website and emailed to various contractors. The deadline to submit a bid was on August 31, 2023 and the bid opening occurred on August 31, 2023 with only one proposal received. Unfortunately, the advertising of the RFB did not meet the requirements under the bid process and the RFB had to be reissued. The RFB was updated and re-posted on February 2, 2024 and again on February 9, 2024. The deadline for submitting a bid was February 27, 2024 at which time they were opened with only one proposal having been received.

Staff is recommending that Bridgerock Construction, Inc be selected for this project noting they were the only qualified and responsive bidder. Bridgerock Construction, Inc. is appropriately licensed in General Building and Electrical among other licenses held. Tri-City staff has verified references of past projects and based on information available, Bridgerock Construction, Inc. has successfully completed projects of similar scope and scale for public agencies. Sisson Design Group has completed analysis of the bid and has confirmed Bridgerock Construction, Inc. is not listed on the Department of Industrial Relations Division of Labor Standards Enforcement (DLSE) debarment list.

Fiscal Impact:

This project will be utilizing CFTN funds in the amount of \$303,059.48 for the Office Remodel project. This project was accounted for in the Fiscal 2023-24 Operating Budget.

**Consideration of Resolution No. 737 Awarding the Contract to Bridgerock Construction, Inc. for the Office Remodel Project of the MHSA Building Located at 2001 N. Garey Ave. in Pomona, California in the Amount of \$303,059.48; and Authorizing the Executive Director to Execute the Contract**

**April 17, 2024**

**Page 3**

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 737 awarding the contract for the Office Remodel Project to Bridgerock Construction, Inc.; authorizing the Executive Director to execute the agreement in the amount of \$303,059.48; and authorizing an additional amount of 15% for contingencies.

Attachments

*Attachment 2-A:* Resolution No. 737- DRAFT

*Attachment 2-B:* Proposed Contract with Bridgerock Construction, Inc.

*Exhibit A:* Contractor's Proposal for the Office Remodel Project

*Exhibit B:* RFB for the Office Remodel Project

*Exhibit C:* Bid Opening Results

*Exhibit D:* Contractor's Attestation

## RESOLUTION NO. 737

### A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AWARDING A CONTRACT TO BRIDGEROCK CONSTRUCTION, INC. FOR THE OFFICE REMODEL PROJECT OF THE MHSA BUILDING LOCATED AT 2001 N. GAREY AVE. IN POMONA, CALIFORNIA IN THE AMOUNT OF \$303,059.48; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE CONTRACT

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) desires to award a contract to Bridgerock Construction, Inc. in the amount of \$303,059.48, for the Office Remodel Project of the MHSA Building located at 2001 N. Garey Avenue, in Pomona, California, effective April 17, 2024, under the terms and conditions as set forth in the Contract.

B. On March 18, 2020, the Governing Board adopted Resolution No. 524 authorizing a plan for expenditure of Capital Facilities and Technology Needs (CFTN) funds for two main projects, which included the Office Remodel Project at the 2001 N. Garey Avenue in Pomona.

C. A Request for Bids (RFB) for the Office Remodel Project was advertised on February 2, 2024, and on February 9, 2024. The Bid Opening took place on February 27, 2024 and only one Bid was received.

D. The Authority affirms that Bridgerock Construction, Inc. is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. The Agreement does not create or establish the relationship of employee and employer between Contractor and TCMHA.

**2. Action**

The Governing Board hereby awards the contract for the Office Remodel Project in the amount of \$303,059.48 to Bridgerock Construction, Inc.; authorizes the Executive Director to execute the agreement; and authorizes an additional amount of 15% for contingencies.

[Continued on page 2]



**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 17, 2024, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:

ATTEST:

\_\_\_\_\_  
STEVEN L. FLOWER, GENERAL COUNSEL

\_\_\_\_\_  
MICAELA P. OLMOS, RECORDING SECRETARY



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[www.tricitymhs.org](http://www.tricitymhs.org)

## CONTRACT

FOR THE

### TCHMA OFFICE REMODEL PROJECT

Identification Number: 2024-2001-01

BETWEEN THE

**TRI-CITY MENTAL HEALTH AUTHORITY**

AND

**BRIDGEROCK CONSTRUCTION, INC.**

DATED

**APRIL 17, 2024**

**Administrative Office**

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

**Clinical Office / Adult**

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Phone (909) 623-6131  
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**Clinical Office / Child & Family**

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Phone (909) 766-7340  
Fax (909) 865-0730

**MHSA Administrative Office**

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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

**ATTACHMENT 2-B**

## CONTRACT

THIS CONTRACT (“Contract”) is made and entered this 17th day of April, 2024 (“Effective Date”), by and between the TRI-CITY MENTAL HEALTH AUTHORITY (“TCMHA”), a California joint powers authority having its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, CA 91711, and BRIDGEROCK CONSTRUCTION, INC. (“Contractor”), a California corporation, having its principal place of business at 524 S. 4th Avenue, La Puente, CA 91746, whose Contractor’s California State Contractor’s License Number is 1094028, Class B, and Contractor’s DIR registration number is 1001130724.

In consideration of the mutual covenants hereinafter set forth, the parties hereto agree as follows:

1. Contract Documents. The Contract Documents consist of this Contract, the Notice Inviting Bids, Instructions to Bidders, Bid (including documentation accompanying the Bid and any post-Bid documentation submitted before the Notice of Award), the Bonds, permits from regulatory agencies with jurisdiction, General Provisions, Special Provisions, Plans, Standard Plans, Standard Specifications, Reference Specifications, Addenda, Change Orders, and Supplemental Agreements. The Contract Documents are attached hereto and incorporated herein by reference.
2. Scope of Services. Contractor shall perform the Work in a good and workmanlike manner for the project identified as “TCHMA OFFICE REMODEL” (“Project”), as described in this Contract and in the Contract Documents.
3. Compensation. In consideration of the services rendered hereunder, TCMHA shall pay Contractor a not to exceed amount of Three Hundred Three Thousand Fifty-Nine dollars and Forty-Eight cents (\$303,059.48) in accordance with the prices as submitted in the Bid.
4. Incorporation by Reference. All of the following documents are attached hereto and incorporated herein by this reference: Workers’ Compensation Certificate of Insurance, Additional Insured Endorsement (Comprehensive General Liability), Additional Insured Endorsement (Automobile Liability), and Additional Insured Endorsement (Excess Liability).
5. Antitrust Claims. In entering into this Contract, Contractor offers and agrees to assign to TCMHA all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. § 15) or under the Cartwright Act (Business and Professions Code Section 16700 *et seq.*) arising from purchases of goods, services, or materials pursuant to the Contract. This assignment shall be made and become effective at the time TCMHA tenders final payment to Contractor without further acknowledgment by the parties.
6. Prevailing Wages. TCMHA and Contractor acknowledge that the Project is a public work to which prevailing wages apply.
7. Workers’ Compensation. Labor Code Sections 1860 and 3700 provide that every contractor will be required to secure the payment of compensation to its employees. In accordance with the provisions of Labor Code Section 1861, by signing this Contract, the

Contractor certifies as follows:

“I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers’ compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of the Work of this Contract.”

- 8. Titles. The titles used in this Contract are for convenience only and shall in no way define, limit or describe the scope or intent of this Contract or any part of it.
- 9. Authority. Any person executing this Contract on behalf of Contractor warrants and represents that he or she has the authority to execute this Contract on behalf of Contractor and has the authority to bind Contractor to the performance of its obligations hereunder.
- 10. Entire Agreement. This Contract, including the Contract Documents and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between TCMHA and Contractor. This Contract supersedes all prior oral or written negotiations, representations or agreements. This Contract may not be modified or amended, nor any provision or breach waived, except in a writing signed by both parties that expressly refers to this Contract.
- 11. Counterparts. This Contract may be executed in counterpart originals, duplicate originals, or both, each of which is deemed to be an original for all purposes.

IN WITNESS WHEREOF, the parties hereto have executed this Contract the day and year first above written.

**TRI-CITY MENTAL HEALTH AUTHORITY**

**BRIDGEROCK CONSTRUCTION, INC.**

By: \_\_\_\_\_  
Rimmi Hundal, Executive Director

By: \_\_\_\_\_  
Austin Heng, Principal

**Attest:**

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

**Approved as to Form:**  
**RICHARDS WATSON & GERSHON LAW**

By: \_\_\_\_\_  
Steven L. Flower, General Counsel

**EXHIBIT A**

**CONTRACTOR'S PROPOSAL  
FOR THE OFFICE REMODEL PROJECT**

# BID

TRI-CITY MENTAL HEALTH AUTHORITY

## TCHMA OFFICE REMODEL

[PROJECT]

Identification number: 2024-2001-01

TO THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY:

The undersigned, as Bidder, declares that: (1) this Bid is made without collusion with any other person and that the only persons or parties interested as principals are those named herein; (2) the undersigned has carefully examined the Contract Documents (including all Addenda) and the Project site; and (3) the undersigned has investigated and is satisfied as to the conditions to be encountered, the character, quality and quantities of Work to be performed, and the materials to be furnished. Furthermore, the undersigned agrees that submission of this Bid shall be conclusive evidence that such examination and investigation have been made and agrees, in the event the Contract be awarded to it, to execute the Contract with the Tri-City Mental Health Authority ("TCMHA") to perform the Project in accordance with the Contract Documents in the time and manner therein prescribed, and to furnish or provide all materials, labor, tools, equipment, apparatus and other means necessary so to do, except as may otherwise be furnished or provided under the terms of the Contract Documents, for the following stated unit prices or lump-sum price as submitted on the Bid herein.

Bidder acknowledges receipt of all addenda, as follows:

Addendum No. <u>N/A</u>	Date: <u>2/25/24</u>
Addendum No. _____	Date: _____
Addendum No. _____	Date: _____
Addendum No. _____	Date: _____

The undersigned submits as part of this Bid a completed copy of its Industrial Safety Record. This Safety Record includes all construction Work undertaken in California by the undersigned and any partnership, joint venture or corporation that any principal of the undersigned participated in as a principal or owner for the last five (5) calendar years and the current calendar year before the date of Bid submittal. Separate information is being submitted for each such partnership, joint venture, or corporate or individual Bidder. The undersigned may attach any additional information or explanation of data that it would like to be taken into consideration in evaluating the Safety Record. An explanation of the circumstances surrounding any and all fatalities is attached.

Accompanying this Bid is cash, a cashier's check, a certified check or a Bid Bond in an amount equal to at least ten percent (10%) of the total aggregate Bid price based on the quantities shown and the unit prices quoted. The undersigned further agrees that, should it be awarded the Contract and thereafter fail or refuse to execute the Contract and provide the required evidence of insurance and Bonds within fifteen (15) Days after delivery of the Contract to the undersigned, then the cash, check or Bid Bond shall be forfeited to TCMHA to the extent permitted by law.

The undersigned certifies to have a minimum of three (3) consecutive years of current experience in the type of Work related to the Project and that this experience is in actual operation of the firm with permanent employees performing a part of the Work as distinct from a firm operating entirely by subcontracting all phases of the Work. The undersigned also certifies to be properly licensed by the State as a contractor to perform this type of Work. The undersigned possesses California Contractor's License Number 1094028, Class B, which expires on 12/31/25.

Bidder's Name: Bridgerock Construction Inc

Signature:  Title: Austin Henig Principal Date: 2/25/24

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# BID SHEETS

TRI-CITY MENTAL HEALTH AUTHORITY

## TCHMA OFFICE REMODEL

[PROJECT]

Identification number: 2024-2001-01

Bidder's Name: Bridgerock Construction inc

TO THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY:

In compliance with the Notice Inviting Bids, the undersigned hereby agrees to execute the Contract to furnish all labor, materials, equipment and supplies for the Project in accordance with the Contract Documents to the satisfaction and under the direction of the Project Manager, at the following prices:

### AMOUNT:

ITEM NO.	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICES	EXTENDED AMOUNT
1.	Mobilization, Overhead, GC Profit		1	\$ 67,673.48	\$ 67,673.48
2.	Demolition, Trenching, Pourback		1	\$ 8,000	\$ 8,000
3.	Framing, Drywall, Insulation, T BAR, Paint, Flooring		1	\$ 84,156	\$ 84,156
4.	Doors, Hardware, Structural scope of work for Wall System		1	\$ 79,100	\$ 79,100
5.	Casework		1	\$ 12,000	\$ 12,000
6.	Mechanical		1	\$ 7,700	\$ 7,700
7.	Electrical		1	\$ 44,430	\$ 44,430




ITEM NO.	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICES	EXTENDED AMOUNT
TOTAL AMOUNT					\$ <u>303,059.48</u>

Note: Items may be adjusted or deleted. Therefore, regardless of total actual volume (percentage) compared to estimated quantities, the unit prices provided above by the Bidder shall be applied to the final quantity when payment is calculated for these items. No adjustment in the unit prices will be allowed. TCMHA reserves the right to not use any of the estimated quantities; and if this right is exercised, the Contractor will not be entitled to any additional compensation. Cost of all export of material shall be included in the above unit costs; no additional compensation will be granted for such expenses.

**TOTAL BID PRICE IN DIGITS:** \$ 303,059.48

**TOTAL BID PRICE IN WORDS:** Three Hundred and three thousand fifty nine dollars and forty eight cents

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Signature:  Title: Austin Herig / Principal Date: 2/25/24  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## QUESTIONNAIRE FORM

Fill out all of the following information. Attach additional sheets if necessary.

- (1) Bidder's Name: Bridgerock Construction Inc
- (2) If the Bidder's name is a fictitious name, who or what is the full name of the registered owner? If the Bidder's name is not a fictitious name, write "N/A" in the response to this question. If you are doing business under a fictitious name, provide a copy of the filed valid Fictitious Business Name Statement.  
N/A
- (3) Business Address: 524 S 4th Ave La Puente, CA 91746
- (4) Telephone: 951-531-3007 Facsimile: \_\_\_\_\_
- (5) Type of Firm – Individual, Partnership, LLC or Corporation: Corporation
- (6) Corporation organized under the laws of the State of: California
- (7) California State Contractor's License Number and Class: 1094028  
Original Date Issued: 7/18/22 Expiration Date: 12/31/24
- (8) DIR Contractor Registration Number: 1001130724
- (9) List the name and title of the person(s) who inspected the Project site for your firm:  
Joe Flores
- (10) List the name and title of the person(s) who attended the mandatory pre-Bid meeting for your firm, including the mandatory site visit (if any):  
Joe Flores
- (11) Number of years' experience the company has as a contractor in construction work: 2
- (12) List the names, titles, addresses and telephone numbers of all individuals, firm members, partners, joint venturers, and company or corporate officers having a principal interest in this Bid:  
Austin Henig / Principal / 951-531-3007 / 524 S 4th Ave. La Puente, CA 91746
- (13) List all current and prior D.B.A.'s, aliases, and fictitious business names for any principal having interest in this Bid:

N/A

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(14) List the dates of any voluntary or involuntary bankruptcy judgments against any principal having an interest in this Bid:

N/A

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(15) For all arbitrations, lawsuits, settlements and the like (in or out of court) that the company or any principal having an interest in this Bid has been involved with in the past five (5) years:

a. List the names, addresses and telephone numbers of contact persons for the parties:

N/A

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b. Briefly summarize the parties' claims and defenses:

N/A

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c. State the tribunal (e.g., Superior Court, American Arbitration Association, etc.), the matter number, and the outcome:

N/A

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(16) Has the company or any principal having an interest in this Bid ever had a contract terminated by the owner or agency? If yes, explain.

No

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(17) Has the company or any principal having an interest in this Bid ever failed to complete a project? If yes, explain.

No

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(18) Has the company or any principal having an interest in this Bid ever been terminated for cause, even if it was converted to a "termination of convenience"? If yes, explain.

No

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(19) For projects that the company or any principal having an interest in this Bid has been involved with in the last five (5) years, did you have any claims or actions:

- a. By you against the owner? Circle one: Yes  No
- b. By the owner against you? Circle one: Yes  No
- c. By any outside agency or individual for labor compliance? Circle one: Yes  No
- d. By Subcontractors? Circle one: Yes  No
- e. Are any of these claims or actions unresolved or outstanding? Circle one: Yes  No

If your answer is "yes" to any part or parts of this question, explain.

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(20) List the last three (3) projects you have worked on or are currently working on for TCMHA:

NA

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Upon request of TCMHA , the Bidder shall furnish evidence showing a notarized financial statement, financial data, construction experience, or other additional information.

Failure to provide truthful answers to the questions above or in the following References Form may result in the Bid being deemed non-responsive.

The Bidder declares under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Company

Signature:  \_\_\_\_\_

Title: Austin Henig - Principal \_\_\_\_\_

Date: 2/25/24 \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## REFERENCES FORM

For all public agency projects in excess of \$15,000 that you are currently working on or have worked on in the past two (2) years, provide the following information:

**Project 1 Name/Number** Los Angeles County Disability Services

**Project Description** Tenant improvement - Flooring, demo, framing, painting, drywall, electrical, plumbing, casework, doors, and hardware

**Approximate Construction Dates** From: 6/15/23 To: 7/18/23

**Agency Name:** Valley coordinated Children's Service

**Contact Person:** Amy Jimenez **Telephone:** 626-733-5059

**Address:** 19231 Victory Blvd, Reseda, CA 91746

**Original Contract Amount:** \$ 85,000 **Final Contract Amount:** \$ 85,000

If final amount is different from original amount, please explain (change orders, extra work, etc.).

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Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  **No**

Did the Agency file any claims against you? Circle one: Yes  **No**

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 2 Name/Number** Santa Ana City Yard Fitness Room Improvements

**Project Description** Tenant Improvement - New floor plan, flooring, electrical, title 24, T bar, plumbing, doors, paint, drywall, glazing

**Approximate Construction Date** From: 8/9/23 To: 9/31/23

**Agency Name:** City of Santa Ana

**Contact Person:** Robert Aguirre **Telephone:** 714-647-5572

Address: 220 S Daisy Ave. Santa Ana, CA 92703

Original Contract Amount: \$ 165,000 Final Contract Amount: \$ 185,000

If final amount is different from original amount, please explain (change orders, extra work, etc.).

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Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  No

Did the Agency file any claims against you? Circle one: Yes  No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 3 Name/Number** 150 N Santa Anita 6th Floor Tenant Improvement

**Project Description** 4000 Square foot tenant improvement - Framing, electrical, plumbing, casework, doors, drywall, insulation, paint, t bar, flooring, fire suppression

Approximate Construction Dates From: 6/15/23 To: 1/15/24

Agency Name: Positive Investments

Contact Person: David Francis Telephone: 626-482-6002

Address: 150 N Santa Anita Arcadia, CA

Original Contract Amount: \$ 324,000 Final Contract Amount: \$ 324,000

If final amount is different from original amount, please explain (change orders, extra work, etc.).

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Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  No

Did the Agency file any claims against you? Circle one: Yes  No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 4 Name/Number** 1161 Parkview Ln #100

**Project Description** Tenant Improvement - New t bar ceiling tiles, flooring, framing, new electrical, hvac ducting, fire suppression, drywall, paint

**Approximate Construction Dates** From: 2/20/24 To: 4/10/24

**Agency Name:** Tryad Properties

**Contact Person:** Amy Jiminez **Telephone:** 626-733-6069

**Address:** 1161 Parkview Ln #200, Covina, CA

**Original Contract Amount:** \$ 73,500 **Final Contract Amount:** \$ 73,500

If final amount is different from original amount, please explain (change orders, extra work, etc.).

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Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  No

Did the Agency file any claims against you? Circle one: Yes  No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 5 Name/Number** City of Azusa 6 Bathroom Renovations

**Project Description** Bathroom Renovations at city hall - New tile, new plumbing, framing, electrical, casework, drywall, paint

**Approximate Construction Dates** From: 4/5/23 To: 7/5/23

**Agency Name:** City Of Azusa

**Contact Person:** Shan Thompson **Telephone:** 626-255-2982



Address: 320 N Orange Pl, Azusa, CA 91702

Original Contract Amount: \$ 200,000 Final Contract Amount: \$ 200,000

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_

\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  No

Did the Agency file any claims against you? Circle one: Yes  No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

\_\_\_\_\_

\_\_\_\_\_

Project 6 Name/Number 1321 Greenwood Ave. - Fire Damage Repair

Project Description Structural and restoration of fire apartments - Restore exterior and interior to original condition

Approximate Construction Dates From: 2/15/24 To: 4/15/24

Agency Name: Positive Investments

Contact Person: David Francis Telephone: 626-462-6002

Address: 1321 Greenwood Ave, Montebello

Original Contract Amount: \$ 69,000 Final Contract Amount: \$ 69,000

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_

\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes  No

Did the Agency file any claims against you? Circle one: Yes  No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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## **RESUME**

Attach to this Bid the experience resume of the person who will be designated as General Construction Superintendent or on-site Construction Manager for the Project.

## Bridgerock Construction Inc.

524 S 4<sup>th</sup> Ave.  
La Puente, CA 91746  
951-531-3007

### **Bridgerock Construction Inc.      Recent Projects      References**

*Tryad Properties – Amy Jiminez – [amy@tryadproperties.com](mailto:amy@tryadproperties.com) – (323)926-8544*  
*Positive Investments – David Francis – [d.francis@positiveinvestments.com](mailto:d.francis@positiveinvestments.com) – (626)321-4800*  
*City of Azusa – Shan Thompson – [sthompson@azusaca.gov](mailto:sthompson@azusaca.gov) – (626)255-2982*  
*City of Santa Ana – Robert Aguirre – [raguirre@santa-ana.org](mailto:raguirre@santa-ana.org) – (714) 647-3572*

Bowlero – West Covina  
Project Amount - \$95,000.00



City Of Azusa – Bathroom Renovations (6) Project Amount –  
\$200,000



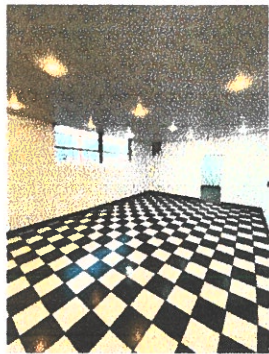
**Pathfinder #370 – Diamond Bar**  
**Project Amount - \$58,000**



**2101 E El Segundo Blvd 5<sup>th</sup> Floor – Framing**  
**Project Amount - \$60,000**



**123 E Gardena Warehouse Renovation**  
**Project Amount - \$22,000**



LASD – West Covina Sherrif's Dept  
Project Amount - \$215,000.00



City of Santa Ana - Santa Ana Fitness Room Improvements  
Project Amount - \$185,000.00



# INDUSTRIAL SAFETY RECORD FORM

Bidder's Name Bridgerock Construction Inc

	Current Year of Record	2023	2022	2021	2020	2019	Total
Number of contracts	2	4	6				
Total dollar amount of contracts (in thousands of dollars)	\$1,423,500	\$794,000	\$450,000				
Number of fatalities	0	0	0				
Number of lost workday cases	0	0	0				
Number of lost workday cases involving permanent transfer to another job or termination of employment	0	0	0				

The above information was compiled from the records that are available to me at this time and I declare under penalty of perjury under the laws of the State of California that the information is true and accurate within the limitations of those records.

Signature:  Signature: \_\_\_\_\_  
 Title: Austin Heng / Principal Title: \_\_\_\_\_  
 Date: 2/25/24 Date: \_\_\_\_\_

Bond No. N/A

**BID BOND**

KNOW ALL PERSONS BY THESE PRESENTS that:

WHEREAS the Tri-City Mental Health Authority ("TCMHA"), has issued an invitation for Bids for the Work described as follows: 2024-2001-01 TCHMA OFFICE REMODEL

WHEREAS BRIDGEROCK CONSTRUCTION INC 524 S 4TH AVE LA PUENTE, CA 91746  
*(Name and address of Bidder)*

("Principal"), desires to submit a Bid to TCMHA for the Work.

WHEREAS, Bidders are required to furnish a form of Bidder's security with their Bids.

NOW, THEREFORE, we, the undersigned Principal, and The Ohio Casualty Insurance Company

790 The City Dr S Suite 200. Orange, CA 92868  
*(Name and address of Surety)*

("Surety"), a duly admitted surety insurer under the laws of the State of California, as Surety, are held and firmly bound unto TCMHA in the penal sum of Ten Percent of Bid Amount

\_\_\_\_\_ Dollars

(\$ 10% of Bid), being not less than ten percent (10%) of the total Bid price, in lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, if the hereby bounded Principal is awarded the Contract for the Work by TCMHA and, within the time and in the manner required by the bidding specifications, enters into the written form of Contract included with the bidding specifications, furnishes the required Bonds (one to guarantee faithful performance and the other to guarantee payment for labor and materials), and furnishes the required insurance coverage, then this obligation shall become null and void; otherwise, it shall be and remain in full force and effect.

In case suit is brought upon this instrument, Surety further agrees to pay all court costs incurred by TCMHA in the suit and reasonable attorneys' fees in an amount fixed by the court. Surety hereby waives the provisions of Civil Code Section 2845.



IN WITNESS WHEREOF, this instrument has been duly executed by Principal and Surety, on the date set forth below, the name of each corporate party being hereto affixed and these presents duly signed by its undersigned representative(s) pursuant to authority of its governing body.

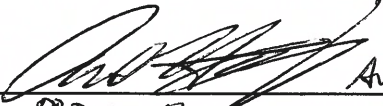
Dated: 02/22/2024


“Principal”

“Surety”

BRIDGEROCK CONSTRUCTION INC

The Ohio Casualty Insurance Company

By:  Austin Nevins  
Its: Principal

By:  Michael Melshenker  
Its: Attorney in Fact

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

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

Note: *This Bond must be dated, all signatures must be notarized, and evidence of the authority of any person signing as attorney-in-fact must be attached.*

## ACKNOWLEDGMENT

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 Ventura )

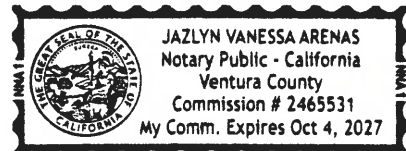
On 02/22/2024 before me, Jazlyn Vanessa Arenas, Notary Public  
(insert name and title of the officer)

personally appeared Michael Melsheaker,  
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 person(s) 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 Jazlyn Vanessa Arenas (Seal)





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8208216-992821

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Michael Melshenker

all of the city of Ventura state of CA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 27th day of June, 2022.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey

David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 27th day of June, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of February, 2024.



By: Renee C. Llewellyn

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 }

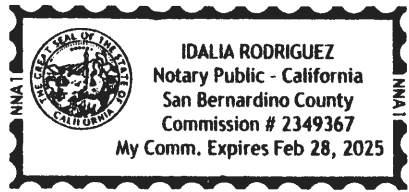
On 2/26/24 before me, Idalia Rodriguez (Notary Public)  
(Here insert name and title of the officer)

personally appeared Austin Henig,  
 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 person(s) 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.

Idalia Rodriguez  
 Notary Public Signature (Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
Bid Tri-city Mental Health Authority  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 20 Document Date 2/20/24

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer  
Austin Henig (Principal)  
(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_

**NONCOLLUSION DECLARATION FORM**

**TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID**  
[Public Contract Code Section 7106]

The undersigned declares:

I am the Principal of Bridgerock Construction Inc, the party making the foregoing Bid.

The Bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The Bid is genuine and not collusive or sham. The Bidder has not directly or indirectly induced or solicited any other Bidder to put in a false or sham Bid. The Bidder has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham Bid, or to refrain from bidding. The Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the Bid price of the Bidder or any other Bidder, or to fix any overhead, profit, or cost element of the Bid price, or of that of any other Bidder. All statements contained in the Bid are true. The Bidder has not, directly or indirectly, submitted his or her Bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, Bid depository, or to any member or agent thereof, to effectuate a collusive or sham Bid, and has not paid, and will not pay, any Person or entity for such purpose.

Any person executing this declaration on behalf of a Bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the Bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on La Puente [date], at 524 S 4th Ave [state]. California [city],

Signature: 

Signature: \_\_\_\_\_

Printed Name: Austin Henig

Printed Name: \_\_\_\_\_

Date: 2/25/24

Date: \_\_\_\_\_

**DESIGNATION OF SUBCONTRACTORS**  
**[Public Contract Code Section 4104]**

List all Subcontractors who will perform Work or labor or render service to the Contractor in or about the construction of the Work or improvement, or a Subcontractor licensed by the State of California who, under subcontract to the Contractor, specially fabricates and installs a portion of the Work or improvement according to detailed drawings contained in the Plans and Specifications, in an amount in excess of one-half percent (0.5%) of the Contractor's total Bid or, in the case of bids or offers for the construction of streets or highways, including bridges, in excess of one-half percent (0.5%) of the Contractor's total Bid or \$10,000, whichever is greater. If all Subcontractors do not fit on this page, attach another page listing all information for all other Subcontractors.

Name under which Subcontractor is Licensed and Registered	CSLB License Number(s) and Class(es)	DIR Contractor Registration Number	Address and Phone Number	Type of Work (e.g., Electrical)	Percentage of Total Bid (e.g., 10%)*
<i>Eino Worke Inc</i>	<i>764949</i>	<i>1000058004</i>	<i>907 Bryant St STE X Redwood, CA 92065</i>	<i>Casework</i>	<i>3%</i>
<i>PACIFIC SOUND CONTROL</i>	<i>647465</i>	<i>1000097590</i>	<i>2677 N. MADON ST. STE 230 SANTA ANA, CA 92705</i>	<i>OPERABLE PARTITION</i>	<i>13%</i>

\* The percentage of the total Bid shall represent the "portion of the work" for the purposes of Public Contract Code Section 4104(b).

**EXHIBIT B**

**REQUEST FOR BIDS (RFB)  
FOR THE OFFICE REMODEL PROJECT**



**TRI-CITY MENTAL HEALTH AUTHORITY**  
**PUBLIC WORKS**  
**&**  
**CONTRACT DOCUMENTS**  
**FOR**  
**TCHMA OFFICE REMODEL**  
**[PROJECT]**

**Identification number: 2024-2001-01**



# NOTICE INVITING BIDS

TRI-CITY MENTAL HEALTH AUTHORITY

## TCHMA OFFICE REMODEL

Identification number: 2024-2001-01

**NOTICE IS HEREBY GIVEN** that the Tri-City Mental Health Authority (“TCMHA”) invites sealed Bids for the Project. TCMHA will receive such Bids c/o Sisson Design Group, 3100 E. Cedar St. Suite 26 Ontario, CA 91761, up to **[10:00 A.M.]** on **[Tuesday February 27, 2024]**. At **[12:00 P.M.]** the same day, they will be publicly opened and read aloud at TCMHA Administrative Offices, 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711.

**PROJECT MANAGER.** TCMHA has designated **[SISSON DESIGN GROUP]** to be the Project Manager for the Project.

**SCOPE OF WORK.** The Project includes, without limitation, furnishing all necessary labor, materials, equipment and other incidental and appurtenant Work necessary to satisfactorily complete the Project, as more specifically described in the Contract Documents. This Work will be performed in strict conformance with the Contract Documents, permits from regulatory agencies with jurisdiction, and applicable regulations. The quantity of Work to be performed and materials to be furnished are approximations only, being given as a basis for the comparison of Bids. Actual quantities of Work to be performed may vary at the discretion of the Project Manager.

**OBTAINING BID DOCUMENTS.** Bidders may obtain free copies of the Plans, Specifications and other Contract Documents online by visiting [\[https://www.tricitymhs.org\]](https://www.tricitymhs.org). Potential Bidders may also obtain the Contract Documents for the Project at Sisson Design Group’s office located at 3100 E. Cedar St. Suite 26 Ontario, CA 91761 for a non-refundable fee of **[\$80.00]** per set, or **[\$100.00]** per set if mailed. Sisson Design Group must receive payment before the Contract Documents will be provided.

**OPTIONAL PRE-BID MEETING AND SITE VISIT.** An optional pre-bid meeting will be held on **[Tuesday February 13, 2024]** at **[9:00 A.M.]** at **[2001 N. Garey Ave. Pomona, CA]**, followed by an optional site visit. Bidders are not required to attend the on-site meeting and site visit in order to submit a bid. No allowances for cost adjustments will be made if a Bidder fails to adequately examine the Project site before submitting a Bid.

**REGISTRATION WITH THE DEPARTMENT OF INDUSTRIAL RELATIONS.** In accordance with Labor Code Sections 1725.5 and 1771.1, no contractor or subcontractor shall be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, unless currently registered and qualified to

perform public work pursuant to Section 1725.5 [with limited exceptions for bid purposes only under Labor Code Section 1771.1(a)].

**PREVAILING WAGES.** In accordance with Labor Code Section 1770 *et seq.*, the Project is a “public work.” The selected Bidder (Contractor) and any Subcontractors shall pay wages in accordance with the determination of the Director of the Department of Industrial Relations (“DIR”) regarding the prevailing rate of per diem wages. Copies of those rates are on file with the JPA Administrator/Clerk, and are available to any interested party upon request. The Contractor shall post a copy of the DIR’s determination of the prevailing rate of per diem wages at each job site. This Project is subject to compliance monitoring and enforcement by the DIR.

**BONDS.** Each Bid must be accompanied by a cash deposit, cashier’s check, certified check or Bidder’s Bond issued by a Surety insurer, made payable to TCMHA and in an amount not less than ten percent (10%) of the total Bid submitted. Personal or company checks are not acceptable. Upon Contract award, the Contractor shall provide faithful performance and payment Bonds, each in a sum equal to the Contract Price. All Bonds must be issued by a California admitted Surety insurer using the forms set forth in the Contract Documents, or in any other form approved by TCMHA General Counsel. Failure to enter into the Contract with TCMHA, including the submission of all required Bonds and insurance coverages, within fifteen (15) Days after the date of the mailing of written notice of contract award to the Bidder, shall subject the Bid security to forfeiture to the extent provided by law.

**LICENSES.** Each Bidder shall possess a valid Class B Contractor’s license issued by the California State Contractors License Board at the time of the Bid submission, unless this Project has any federal funding, in which case the successful Bidder must possess such a license at the time of Contract award. The successful Contractor must also possess a current business license for the municipality in which the Project is located.

**RETENTION SUBSTITUTION.** Five percent (5%) of any progress payment will be withheld as retention. In accordance with Public Contract Code Section 22300, and at the request and expense of the Contractor, securities equivalent to the amount withheld may be deposited with TCMHA or with a State or federally chartered bank as escrow agent, which shall then pay such moneys to the Contractor. Upon satisfactory completion of the Project, the securities shall be returned to the Contractor. Alternatively, the Contractor may request that TCMHA make payments of earned retentions directly to an escrow agent at the Contractor’s expense. No such substitutions shall be accepted until all related documents are approved by the TCMHA General Counsel.

**BIDDING PROCESS.** TCMHA reserves the right to reject any Bid or all Bids, and to waive any irregularities or informalities in any Bid or in the bidding, as deemed to be in its best interest.



# INSTRUCTIONS TO BIDDERS

**FORM OF BID.** Bids shall be made on the Bid forms found herein. Bidders shall include all forms and fill in all blank spaces, including inserting “N/A” (for not applicable) where necessary. Each Bid must be submitted in a sealed envelope bearing the Bidder’s name and addressed to the TCMHA JPA Administrator/Clerk with the Project name and identification number (as described in the Notice Inviting Bids) typed or clearly printed on the lower left corner of the envelope.

**DELIVERY OF BIDS.** The Bid shall be delivered by the time and date, and to the place specified in the Notice Inviting Bids. No oral, faxed, emailed, or telephonic Bids or alternatives will be considered. The time of delivery shall be conclusively determined by the time-stamping clock located at Sisson Design Group’s Office. Bidders are solely responsible for ensuring that their Bids are received in proper time, and Bidders assume all risks arising out of their chosen means of delivery. Any Bid received after the Bid submission deadline shall be returned unopened. Bidders are invited to be present for Bid opening. Accepted Bids shall become the property of TCMHA.

**AMENDED BIDS.** Unauthorized conditions, limitations or provisos attached to a Bid may cause the Bid to be deemed incomplete and non-responsive.

**WITHDRAWAL OF BID.** A Bid may be withdrawn without prejudice upon written request by the Bidder filed with the JPA Administrator/Clerk before the Bid submission deadline. Bids must remain valid and shall not be subject to withdrawal for sixty (60) Days after the Bid opening date.

**BIDDER’S SECURITY.** Each Bid shall be accompanied by cash, a certified or cashier’s check payable to TCMHA, or a satisfactory Bid Bond in favor of TCMHA executed by the Bidder as principal and an admitted surety insurer as Surety, in an amount not less than ten percent (10%) of the amount set forth in the Bid. The cash, check or Bid Bond shall be given as a guarantee that, if selected, the Bidder will execute the Contract in conformity with the Contract Documents, and will provide the evidence of insurance and furnish the specified Bonds, within fifteen (15) Days after the date of delivery of the Contract Documents to the Bidder. In case of the Bidder’s refusal or failure to do so, TCMHA may award the Contract to the next lowest responsible bidder, and the cash, check, or Bond (as applicable) of the lowest Bidder shall be forfeited to TCMHA to the extent permitted by law. No Bid Bond will be accepted unless it conforms substantially to the form provided in these Contract Documents.

**QUANTITIES APPROXIMATE.** Any quantities shown in the Bid form or elsewhere herein shall be considered as approximations listed to serve as a general indication of the amount of Work or materials to be performed or furnished, and as basis for the Bid comparison. TCMHA does not guarantee that the actual amounts required will correspond with those shown. As deemed necessary or convenient, TCMHA may increase or decrease the amount of any item or portion of Work or material to be performed or furnished or omit any such item or portion, in accordance with the Contract Documents.

**ADDENDA.** The Project Manager may, from time to time, issue Addenda to the Contract Documents. Bidders are responsible for ensuring that they have received any and all Addenda. Each Bidder is responsible for verifying that it has received all Addenda issued, if any. Bidders must acknowledge receipt of all Addenda, if any, in their bids. Failure to acknowledge receipt of all Addenda may cause a Bid to be deemed incomplete and non-responsive.

**FACSIMILE NUMBER AND EMAIL ADDRESS.** Bidders shall supply the Project Manager with a facsimile number and email address to facilitate transmission of Addenda and other information related to these Contract Documents. If the Addenda and other information are emailed, TCMHA shall also send all documents by facsimile or U.S. Mail. Failure to provide such a facsimile number and email address may result in late notification. TCMHA does not guarantee that it will provide any information by facsimile, email, or both. A Bidder shall be responsible for all Addenda regardless of whether Bidder received any such fax or email, and a Bidder shall have no recourse due to not receiving such facsimile, email or both.

**DISCREPANCIES IN BIDS.** Each bidder shall set forth as to each item of Work, in clearly legible words and figures, a unit or line item Bid amount for the item in the respective spaces provided for this purpose.

In case of discrepancy between the unit price and the extended amount set forth for the item, the unit price shall prevail. However, if the amount set forth as a unit price is ambiguous, unintelligible or uncertain for any cause, or is omitted, or if the unit price is the same amount as the entry in the "extended amount" column, then the amount set forth in the "extended amount" column for the item shall prevail in accordance with the following:

- (1) As to lump sum items, the amount set forth in the "extended amount" column shall be the unit price.
- (2) As to unit price items, the amount set forth in the "extended amount" column shall be divided by the estimated quantity for the item set forth in the Bid documents, and the price thus obtained shall be the unit price.

In case of discrepancy between words and figures, the words shall prevail.

**COMPETENCY OF BIDDERS.** In evaluating Bidder responsibility, consideration will be given not only to the financial standing, but also to the general competency of the Bidder for the performance of the Project. Each Bidder shall set forth in the designated area of the Bid form a statement of its experience. No Contract will be executed with a Bidder that is not licensed and registered with the DIR in accordance with State law, and with any applicable specific licensing requirements specified in these Contract Documents. These licensing and registration requirements for Contractors shall also apply to all Subcontractors.

**BIDDER'S EXAMINATION OF SITE AND CONTRACT DOCUMENTS.** Each Bidder must carefully examine the Project site and the entirety of the Contract Documents.

Upon submission of a Bid, it will be conclusively presumed that the Bidder has thoroughly investigated the Work and is satisfied as to the conditions to be encountered and the character, quality, and quantities of Work to be performed and materials to be furnished. Upon Bid submission, it also shall be conclusively presumed that the Bidder is familiar with and agrees to the requirements of the Contract Documents, including all Addenda. No information derived from an inspection of records or investigation will in any way relieve the Contractor from its obligations under the Contract Documents nor entitle the Contractor to any additional compensation. The Contractor shall not make any claim against TCMHA based upon ignorance or misunderstanding of any condition of the Project site or of the requirements set forth in the Contract Documents. No claim for additional compensation will be allowed which is based on a lack of knowledge of the above items. Bidders assume all risks in connection with performance of the Work in accordance with the Contract Documents, regardless of actual conditions encountered, and waive and release TCMHA with respect to any and all claims and liabilities in connection therewith, to the extent permitted by law.

**TRADE NAMES OR EQUALS.** Requests to substitute an equivalent item for a brand or trade name item must be made by written request submitted no later than the date specified in Section 4-6 of the General Provisions. Requests received after this time shall not be considered. Requests shall clearly describe the product for which approval is requested, including all data necessary to demonstrate acceptability.

**DISQUALIFICATION OF BIDDERS.** No Person shall be allowed to make, file or be interested in more than one Bid for the Project, unless alternate Bids are specifically called for. A Person that has submitted a sub-bid to a Bidder, or that has quoted prices of materials to a Bidder, is not thereby disqualified from submitting a sub-proposal or quoting prices to other Bidders or from making a prime Bid. If there is a reason to believe that collusion exists among the Bidders, all affected Bids will be rejected.

**RETURN OF BID SECURITY.** The successful Bidder's Bid security shall be held until the Contract is executed. Bid security shall be returned to the unsuccessful Bidders within a reasonable time, which in any case shall not exceed sixty (60) Days after the successful Bidder has signed the Contract.

**AWARD OF CONTRACT.** TCMHA reserves the right to reject any or all Bids or any parts thereof or to waive any irregularities or informalities in any Bid or in the bidding. The Contract award, if made, will be to the lowest responsible, responsive Bidder and is anticipated to occur within sixty (60) Days after the Bid opening. The Contract award may be made after that period if the selected Bidder has not given TCMHA written notice of the withdrawal of its Bid.

**DETERMINATION OF LOWEST BID.** In accordance with Public Contract Code Section 20103.8, if additive or deductive items are included in this bid solicitation, the lowest Bid shall be determined as indicated below:

The lowest bid shall be the lowest bid price on the base contract without consideration of the prices on the additive or deductive items.

[ ] The lowest bid shall be the lowest total of the bid prices on the base contract and those additive or deductive items that were specifically identified in the bid solicitation as being used for the purpose of determining the lowest bid price.

[ ] The lowest bid shall be the lowest total of the bid prices on the base contract and those additive or deductive items that when taken in order from a specifically identified list of those items in the solicitation, and added to, or subtracted from, the base contract, are less than, or equal to, a funding amount publicly disclosed by the local agency before the first bid is opened.

[Selection approved by Project Manager:

  
\_\_\_\_\_  
Signature

**TRENCHING.** If the Project involves the construction of a pipeline, sewer, sewage disposal system, boring and jacking pits, or similar trenches or open excavations, which are five (5) feet deep or more, then each Bidder must submit, as a Bid item, adequate sheeting, shoring, and bracing, or an equivalent method, for the protection of life or limb, which shall conform to applicable safety orders. This final submission must be accepted by TCMHA in advance of excavation and must include a detailed plan showing the design of shoring, bracing, sloping, or other provisions to be made for worker protection from caving ground during the excavation Work. If such plan varies from the shoring system standards, the plan shall be prepared by a registered civil or structural engineer.

**LISTING SUBCONTRACTORS; SELF-PERFORMANCE.** Each Bidder shall submit a list of the proposed Subcontractors on the Project, as required by the Subletting and Subcontracting Fair Practices Act (Public Contract Code Section 4100, *et seq.*). Contractor shall self-perform not less than 50% of the Work, in accordance with Section 3-2 of the Standard Specifications.

**EXECUTION OF CONTRACT.** The selected Bidder shall execute the Contract in the form included in these Contract Documents within fifteen (15) Days from the date of delivery of the Contract Documents to the Bidder. Additionally, the selected Bidder shall also secure all insurance and Bonds as herein specified, and provide copies to TCMHA, within fifteen (15) Days from the date of delivery of the Contract Documents to the Bidder. Failure or refusal to execute the Contract or to conform to any of the stipulated requirements shall be just cause for the annulment of the award and forfeiture of the Bidder's security. In such event, TCMHA may declare the Bidder's security forfeited to the extent permitted by law, and TCMHA may award the Contract to the next lowest responsible Bidder or may reject all bids.

**NO COMPENSATION FOR COSTS INCURRED PRIOR TO CONTRACT EXECUTION.** All costs incurred by the selected Bidder prior to Contract award and execution of the Contract by TCMHA shall be at the Bidder's sole risk. TCMHA shall have no liability for costs incurred prior to its execution of the Contract.

**SIGNATURES.** The Bidder shall execute all documents requiring signatures, and shall cause to be notarized all documents that indicate such a requirement. Bids submitted as joint ventures must so state and be signed by each joint venturer. The Bidder shall provide evidence satisfactory to TCMHA, such as an authenticated resolution of its board of directors, a certified copy of a certificate of partnership acknowledging the signer to be a general partner, or a power of attorney, indicating the capacity of the person(s) signing the Bid to bind the Bidder to the Bid and any Contract arising therefrom. Alternatively, Bids submitted by corporations must be executed as specified in Corporations Code Section 313, and Bids submitted by partnerships must be executed by all partners comprising the partnership.

**INSURANCE AND BONDS.** The Contractor shall not begin Work until it has given TCMHA evidence of all required insurance coverage (including all additional insured endorsements), a Bond guaranteeing the Contractor's faithful performance of the Contract, and a Bond securing the payment of claims for labor and materials.

**TELEPHONES.** Bidders are hereby notified that TCMHA will not provide telephones for their use at the time of Bid submission.

**INTERPRETATION OF CONTRACT DOCUMENTS.** Any Bidder that is in doubt as to the intended meaning of any part of the Contract Documents, or that finds discrepancies in or omissions from the Contract Documents, may submit to the Project Manager a written request for an interpretation or correction not later than ten (10) Days before the Bid submission deadline. Requests for clarification received after this date will be disregarded. Please indicate the Project and identification number in the request for clarification. Telephonic requests will not be taken. Any interpretation or correction of the Contract Documents will be made only by a written Addendum. No oral interpretation of any provision in the Contract Documents shall be binding.

**TAXES.** Except as may be otherwise specifically provided herein, all sales and/or use taxes assessed by federal, State or local authorities on materials used or furnished by the Contractor in performing the Work shall be paid by the Contractor. The Bidder shall calculate payment for all sales, unemployment, pension and other taxes imposed by federal, State, and local law and shall include these payments in computing the Bid.



# CHECKLIST FOR BIDDERS

The following information is required of all Bidders at the time of Bid submission:

- \_\_\_\_\_ Completed and Signed Bid Cover Form
- \_\_\_\_\_ Completed and Signed Bid Sheets
- \_\_\_\_\_ Completed and Signed Questionnaire
- \_\_\_\_\_ Completed References Form
- \_\_\_\_\_ Resume of General Construction Superintendent/On-Site Construction Manager
- \_\_\_\_\_ Completed Subcontractor Designation Form
- \_\_\_\_\_ Completed and Signed Industrial Safety Record Form
- \_\_\_\_\_ Completed, Signed and Notarized Bid Bond or Other Security Form
- \_\_\_\_\_ Signed Noncollusion Declaration Form
- \_\_\_\_\_ Evidence satisfactory to TCMHA indicating the capacity of the person(s) signing the Bid to bind the Bidder

Failure of the Bidder to provide all required information in a complete and accurate manner may cause the Bid to be considered non-responsive.

# BID

TRI-CITY MENTAL HEALTH AUTHORITY

## TCHMA OFFICE REMODEL [PROJECT]

Identification number: 2024-2001-01

TO THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY:

The undersigned, as Bidder, declares that: (1) this Bid is made without collusion with any other person and that the only persons or parties interested as principals are those named herein; (2) the undersigned has carefully examined the Contract Documents (including all Addenda) and the Project site; and (3) the undersigned has investigated and is satisfied as to the conditions to be encountered, the character, quality and quantities of Work to be performed, and the materials to be furnished. Furthermore, the undersigned agrees that submission of this Bid shall be conclusive evidence that such examination and investigation have been made and agrees, in the event the Contract be awarded to it, to execute the Contract with the Tri-City Mental Health Authority ("TCMHA") to perform the Project in accordance with the Contract Documents in the time and manner therein prescribed, and to furnish or provide all materials, labor, tools, equipment, apparatus and other means necessary so to do, except as may otherwise be furnished or provided under the terms of the Contract Documents, for the following stated unit prices or lump-sum price as submitted on the Bid herein.

Bidder acknowledges receipt of all addenda, as follows:

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned submits as part of this Bid a completed copy of its Industrial Safety Record. This Safety Record includes all construction Work undertaken in California by the undersigned and any partnership, joint venture or corporation that any principal of the undersigned participated in as a principal or owner for the last five (5) calendar years and the current calendar year before the date of Bid submittal. Separate information is being submitted for each such partnership, joint venture, or corporate or individual Bidder. The undersigned may attach any additional information or explanation of data that it would like to be taken into consideration in evaluating the Safety Record. An explanation of the circumstances surrounding any and all fatalities is attached.

Accompanying this Bid is cash, a cashier's check, a certified check or a Bid Bond in an amount equal to at least ten percent (10%) of the total aggregate Bid price based on the quantities shown and the unit prices quoted. The undersigned further agrees that, should it be awarded the Contract and thereafter fail or refuse to execute the Contract and provide the required evidence of insurance and Bonds within fifteen (15) Days after delivery of the Contract to the undersigned, then the cash, check or Bid Bond shall be forfeited to TCMHA to the extent permitted by law.

The undersigned certifies to have a minimum of three (3) consecutive years of current experience in the type of Work related to the Project and that this experience is in actual operation of the firm with permanent employees performing a part of the Work as distinct from a firm operating entirely by subcontracting all phases of the Work. The undersigned also certifies to be properly licensed by the State as a contractor to perform this type of Work. The undersigned possesses California Contractor's License Number \_\_\_\_\_, Class \_\_\_\_\_, which expires on \_\_\_\_\_.

Bidder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# BID SHEETS

TRI-CITY MENTAL HEALTH AUTHORITY

## TCHMA OFFICE REMODEL

[PROJECT]

Identification number: 2024-2001-01

Bidder's Name: \_\_\_\_\_

TO THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY:

In compliance with the Notice Inviting Bids, the undersigned hereby agrees to execute the Contract to furnish all labor, materials, equipment and supplies for the Project in accordance with the Contract Documents to the satisfaction and under the direction of the Project Manager, at the following prices:

### AMOUNT:

ITEM NO.	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICES	EXTENDED AMOUNT
1.				\$	\$
2.				\$	\$
3.				\$	\$
4.				\$	\$
5.				\$	\$
6.				\$	\$
7.				\$	\$

ITEM NO.	DESCRIPTION	UNIT	ESTIMATED QUANTITY	UNIT PRICES	EXTENDED AMOUNT
TOTAL AMOUNT					\$ _____

Note: Items may be adjusted or deleted. Therefore, regardless of total actual volume (percentage) compared to estimated quantities, the unit prices provided above by the Bidder shall be applied to the final quantity when payment is calculated for these items. No adjustment in the unit prices will be allowed. TCMHA reserves the right to not use any of the estimated quantities; and if this right is exercised, the Contractor will not be entitled to any additional compensation. Cost of all export of material shall be included in the above unit costs; no additional compensation will be granted for such expenses.

**TOTAL BID PRICE IN DIGITS:** \$ \_\_\_\_\_

**TOTAL BID PRICE IN WORDS:** \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## QUESTIONNAIRE FORM

Fill out all of the following information. Attach additional sheets if necessary.

- (1) Bidder's Name: \_\_\_\_\_
- (2) If the Bidder's name is a fictitious name, who or what is the full name of the registered owner? If the Bidder's name is not a fictitious name, write "N/A" in the response to this question. If you are doing business under a fictitious name, provide a copy of the filed valid Fictitious Business Name Statement.  
\_\_\_\_\_
- (3) Business Address: \_\_\_\_\_
- (4) Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- (5) Type of Firm – Individual, Partnership, LLC or Corporation: \_\_\_\_\_
- (6) Corporation organized under the laws of the State of: \_\_\_\_\_
- (7) California State Contractor's License Number and Class: \_\_\_\_\_  
Original Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (8) DIR Contractor Registration Number: \_\_\_\_\_
- (9) List the name and title of the person(s) who inspected the Project site for your firm:  
\_\_\_\_\_
- (10) List the name and title of the person(s) who attended the mandatory pre-Bid meeting for your firm, including the mandatory site visit (if any):  
\_\_\_\_\_
- (11) Number of years' experience the company has as a contractor in construction work: \_\_\_\_\_
- (12) List the names, titles, addresses and telephone numbers of all individuals, firm members, partners, joint venturers, and company or corporate officers having a principal interest in this Bid:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (13) List all current and prior D.B.A.'s, aliases, and fictitious business names for any principal having interest in this Bid:

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(14) List the dates of any voluntary or involuntary bankruptcy judgments against any principal having an interest in this Bid:

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(15) For all arbitrations, lawsuits, settlements and the like (in or out of court) that the company or any principal having an interest in this Bid has been involved with in the past five (5) years:

a. List the names, addresses and telephone numbers of contact persons for the parties:

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b. Briefly summarize the parties' claims and defenses:

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c. State the tribunal (e.g., Superior Court, American Arbitration Association, etc.), the matter number, and the outcome:

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(16) Has the company or any principal having an interest in this Bid ever had a contract terminated by the owner or agency? If yes, explain.

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(17) Has the company or any principal having an interest in this Bid ever failed to complete a project? If yes, explain.

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(18) Has the company or any principal having an interest in this Bid ever been terminated for cause, even if it was converted to a "termination of convenience"? If yes, explain.

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(19) For projects that the company or any principal having an interest in this Bid has been involved with in the last five (5) years, did you have any claims or actions:

- a. By you against the owner? Circle one: Yes No
- b. By the owner against you? Circle one: Yes No
- c. By any outside agency or individual for labor compliance? Circle one: Yes No
- d. By Subcontractors? Circle one: Yes No
- e. Are any of these claims or actions unresolved or outstanding? Circle one: Yes No

If your answer is "yes" to any part or parts of this question, explain.

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(20) List the last three (3) projects you have worked on or are currently working on for TCMHA:

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Upon request of TCMHA , the Bidder shall furnish evidence showing a notarized financial statement, financial data, construction experience, or other additional information.

Failure to provide truthful answers to the questions above or in the following References Form may result in the Bid being deemed non-responsive.

The Bidder declares under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Company

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**REFERENCES FORM**

For all public agency projects in excess of \$15,000 that you are currently working on or have worked on in the past two (2) years, provide the following information:

**Project 1 Name/Number** \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$\_\_\_\_\_ Final Contract Amount: \$\_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: YesNo

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

\_\_\_\_\_  
\_\_\_\_\_

**Project 2 Name/Number** \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Date From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$\_\_\_\_\_ Final Contract Amount: \$\_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: YesNo

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

\_\_\_\_\_  
\_\_\_\_\_

**Project 3 Name/Number** \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$\_\_\_\_\_ Final Contract Amount: \$\_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: YesNo

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 4** Name/Number \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

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Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: Yes No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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**Project 5** Name/Number \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$\_\_\_\_\_ Final Contract Amount: \$\_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: YesNo

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

\_\_\_\_\_  
\_\_\_\_\_

**Project 6** Name/Number \_\_\_\_\_

Project Description \_\_\_\_\_

Approximate Construction Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Original Contract Amount: \$\_\_\_\_\_ Final Contract Amount: \$\_\_\_\_\_

If final amount is different from original amount, please explain (change orders, extra work, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Did you or any Subcontractor, file any claims against the Agency?  
Circle one: Yes No

Did the Agency file any claims against you? Circle one: Yes No

If you answered yes to either of the above two questions, please explain and indicate outcome of claims.

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## **RESUME**

Attach to this Bid the experience resume of the person who will be designated as General Construction Superintendent or on-site Construction Manager for the Project.

**DESIGNATION OF SUBCONTRACTORS**  
**[Public Contract Code Section 4104]**

List all Subcontractors who will perform Work or labor or render service to the Contractor in or about the construction of the Work or improvement, or a Subcontractor licensed by the State of California who, under subcontract to the Contractor, specially fabricates and installs a portion of the Work or improvement according to detailed drawings contained in the Plans and Specifications, in an amount in excess of one-half percent (0.5%) of the Contractor's total Bid or, in the case of bids or offers for the construction of streets or highways, including bridges, in excess of one-half percent (0.5%) of the Contractor's total Bid or \$10,000, whichever is greater. If all Subcontractors do not fit on this page, attach another page listing all information for all other Subcontractors.

Name under which Subcontractor is Licensed and Registered	CSLB License Number(s) and Class(es)	DIR Contractor Registration Number	Address and Phone Number	Type of Work (e.g., Electrical)	Percentage of Total Bid (e.g., 10%)*

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\* The percentage of the total Bid shall represent the "portion of the work" for the purposes of Public Contract Code Section 4104(b).



## INDUSTRIAL SAFETY RECORD FORM

Bidder's Name \_\_\_\_\_

	Current Year of Record	2023	2022	2021	2020	2019	Total
Number of contracts							
Total dollar amount of contracts (in thousands of dollars)							
Number of fatalities							
Number of lost workday cases							
Number of lost workday cases involving permanent transfer to another job or termination of employment							

The above information was compiled from the records that are available to me at this time and I declare under penalty of perjury under the laws of the State of California that the information is true and accurate within the limitations of those records.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Bond No. \_\_\_\_\_

**BID BOND**

KNOW ALL PERSONS BY THESE PRESENTS that:

WHEREAS the Tri-City Mental Health Authority ("TCMHA"), has issued an invitation for Bids for the Work described as follows: \_\_\_\_\_

WHEREAS \_\_\_\_\_  
*(Name and address of Bidder)*

("Principal"), desires to submit a Bid to TCMHA for the Work.

WHEREAS, Bidders are required to furnish a form of Bidder's security with their Bids.

NOW, THEREFORE, we, the undersigned Principal, and \_\_\_\_\_  
*(Name and address of Surety)*

("Surety"), a duly admitted surety insurer under the laws of the State of California, as Surety, are held and firmly bound unto TCMHA in the penal sum of \_\_\_\_\_ Dollars

(\$ \_\_\_\_\_), being not less than ten percent (10%) of the total Bid price, in lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, if the hereby bounded Principal is awarded the Contract for the Work by TCMHA and, within the time and in the manner required by the bidding specifications, enters into the written form of Contract included with the bidding specifications, furnishes the required Bonds (one to guarantee faithful performance and the other to guarantee payment for labor and materials), and furnishes the required insurance coverage, then this obligation shall become null and void; otherwise, it shall be and remain in full force and effect.

In case suit is brought upon this instrument, Surety further agrees to pay all court costs incurred by TCMHA in the suit and reasonable attorneys' fees in an amount fixed by the court. Surety hereby waives the provisions of Civil Code Section 2845.

IN WITNESS WHEREOF, this instrument has been duly executed by Principal and Surety, on the date set forth below, the name of each corporate party being hereto affixed and these presents duly signed by its undersigned representative(s) pursuant to authority of its governing body.

Dated: \_\_\_\_\_

“Principal”

“Surety”

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

*Note: This Bond must be dated, all signatures must be notarized, and evidence of the authority of any person signing as attorney-in-fact must be attached.*

**NONCOLLUSION DECLARATION FORM**

**TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID**

[Public Contract Code Section 7106]

The undersigned declares:

I am the \_\_\_\_\_ of \_\_\_\_\_, the party making the foregoing Bid.

The Bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The Bid is genuine and not collusive or sham. The Bidder has not directly or indirectly induced or solicited any other Bidder to put in a false or sham Bid. The Bidder has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham Bid, or to refrain from bidding. The Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the Bid price of the Bidder or any other Bidder, or to fix any overhead, profit, or cost element of the Bid price, or of that of any other Bidder. All statements contained in the Bid are true. The Bidder has not, directly or indirectly, submitted his or her Bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, Bid depository, or to any member or agent thereof, to effectuate a collusive or sham Bid, and has not paid, and will not pay, any Person or entity for such purpose.

Any person executing this declaration on behalf of a Bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the Bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on \_\_\_\_\_ [date], at \_\_\_\_\_ [city], \_\_\_\_\_ [state].

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## CHECKLIST FOR EXECUTION OF CONTRACT

### TO BE SUBMITTED BY SUCCESSFUL BIDDER:

- Two (2) executed copies of the Contract
- Evidence satisfactory to TCMHA indicating the capacity of the person(s) signing the Contract to bind the Contractor
- Payment Bond in amount of the Contract
- Performance Bond in amount of the Contract
- Workers' Compensation Certificate
- Liability insurance certificate in the amounts specified in Section 5-4.2 of the General Provisions, naming TCMHA, et al as additional insureds
- Automobile insurance certificate in the amount specified in Section 5-4.4 of the General Provisions, naming TCMHA, et al as additional insureds
- Copy of business license for the municipality in which the project is located
- Additional insured endorsement – comprehensive general liability
- Additional insured endorsement – automobile liability
- Additional insured endorsement – excess liability

# CONTRACT

TRI-CITY MENTAL HEALTH AUTHORITY  
CONTRACT FOR

## TCHMA OFFICE REMODEL [PROJECT]

Identification number: 2024-2001-01

THIS CONTRACT ("Contract") is made and entered this \_\_\_\_\_, 20\_\_  
("Effective Date"), by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a  
California municipal corporation ("TCMHA") and

\_\_\_\_\_

a \_\_\_\_\_ [Legal Form of Entity and state of formation,  
e.g., California corporation, limited partnership, limited liability company] ("Contractor"),  
whose Contractor's California State Contractor's license number is  
\_\_\_\_\_; Class \_\_\_\_\_, and Contractor's DIR registration number is  
\_\_\_\_\_.

In consideration of the mutual covenants hereinafter set forth, the parties hereto agree  
as follows:

1. Contract Documents. The Contract Documents consist of this Contract, the Notice Inviting Bids, Instructions to Bidders, Bid (including documentation accompanying the Bid and any post-Bid documentation submitted before the Notice of Award), the Bonds, permits from regulatory agencies with jurisdiction, General Provisions, Special Provisions, Plans, Standard Plans, Standard Specifications, Reference Specifications, Addenda, Change Orders, and Supplemental Agreements. The Contract Documents are attached hereto and incorporated herein by reference.
2. Scope of Services. Contractor shall perform the Work in a good and workmanlike manner for the project identified as TCHMA OFFICE REMODEL ("Project"), as described in this Contract and in the Contract Documents.
3. Compensation. In consideration of the services rendered hereunder, TCMHA shall pay Contractor a not to exceed amount of \_\_\_\_\_ dollars (\$\_\_\_\_\_) in accordance with the prices as submitted in the Bid.
4. Incorporation by Reference. All of the following documents are attached hereto and incorporated herein by this reference: Workers' Compensation Certificate of Insurance, Additional Insured Endorsement (Comprehensive General Liability), Additional Insured Endorsement (Automobile Liability), and Additional Insured Endorsement (Excess Liability).

5. Antitrust Claims. In entering into this Contract, Contractor offers and agrees to assign to TCMHA all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. § 15) or under the Cartwright Act (Business and Professions Code Section 16700 *et seq.*) arising from purchases of goods, services, or materials pursuant to the Contract. This assignment shall be made and become effective at the time TCMHA tenders final payment to Contractor without further acknowledgment by the parties.

6. Prevailing Wages. TCMHA and Contractor acknowledge that the Project is a public work to which prevailing wages apply.

7. Workers' Compensation. Labor Code Sections 1860 and 3700 provide that every contractor will be required to secure the payment of compensation to its employees. In accordance with the provisions of Labor Code Section 1861, by signing this Contract, the Contractor certifies as follows:

“I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers’ compensation or to undertake self-insurance in accordance with the provisions of that Code, and I will comply with such provisions before commencing the performance of the Work of this Contract.”

8. Titles. The titles used in this Contract are for convenience only and shall in no way define, limit or describe the scope or intent of this Contract or any part of it.

9. Authority. Any person executing this Contract on behalf of Contractor warrants and represents that he or she has the authority to execute this Contract on behalf of Contractor and has the authority to bind Contractor to the performance of its obligations hereunder.

10. Entire Agreement. This Contract, including the Contract Documents and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between TCMHA and Contractor. This Contract supersedes all prior oral or written negotiations, representations or agreements. This Contract may not be modified or amended, nor any provision or breach waived, except in a writing signed by both parties that expressly refers to this Contract.

11. Counterparts. This Contract may be executed in counterpart originals, duplicate originals, or both, each of which is deemed to be an original for all purposes.

IN WITNESS WHEREOF, the parties hereto have executed this Contract the day and year first above written.

**TRI-CITY MENTAL HEALTH AUTHORITY**

**CONTRACTOR**

By:

By:

\_\_\_\_\_  
Rimmi Hundal, Executive Director

\_\_\_\_\_  
[PRINT NAME]  
[TITLE]

By:

\_\_\_\_\_  
[PRINT NAME]  
[TITLE]

**Attest:**

By:

\_\_\_\_\_  
Micaela P. Olmos, JPA  
Administrator/Clerk

**Approved as to Form:**

RICHARDS WATSON GERSHON LAW

By:

\_\_\_\_\_  
Steven L. Flower, General Counsel



Bond No. \_\_\_\_\_

**PAYMENT BOND  
(LABOR AND MATERIALS)**

KNOW ALL PERSONS BY THESE PRESENTS that:

WHEREAS the Tri-City Mental Health Authority ("TCMHA"), State of California, has awarded to:

\_\_\_\_\_  
\_\_\_\_\_  
*(Name and address of Contractor)* ("Principal")

a contract (the "Contract") for the Work described as follows:

\_\_\_\_\_  
*(Project name)*

WHEREAS, under the terms of the Contract, the Principal is required before entering upon the performance of the Work, to file a good and sufficient payment Bond with TCMHA to secure the claims to which reference is made in Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code.

NOW, THEREFORE, we, the undersigned Principal, and:

\_\_\_\_\_  
\_\_\_\_\_  
*(Name and address of Surety)* ("Surety")

a duly admitted surety insurer under the laws of the State of California, as Surety, are held and firmly bound unto TCMHA and all contractors, subcontractors, laborers, material suppliers, and other persons employed in the performance of the Contract and referred to in Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code in the penal sum of:

\_\_\_\_\_ Dollars (\$\_\_\_\_\_),

for materials furnished or labor thereon of any kind, or for amounts due under the Unemployment Insurance Act with respect to this Work or labor, that the Surety will pay the same in an amount not exceeding the amount hereinabove set forth, and also in case suit is brought upon this Bond, will pay, in addition to the face amount thereof, costs and reasonable expenses and fees, including reasonable attorneys' fees, incurred by TCMHA in successfully enforcing this obligation, to be awarded and fixed by the court, and to be taxed as costs and to be included in the judgment therein rendered.

It is hereby expressly stipulated and agreed that this Bond shall inure to the benefit of any and all persons, companies, and corporations entitled to file claims under Title 3 (commencing with Section 9000) of Part 6 of Division 4 of the Civil Code, so as to give a right of action to them or their assigns in any suit brought upon this Bond.

Upon expiration of the time within which the California Labor Commissioner may serve a civil wage and penalty assessment against the principal, any of its subcontractors, or both the principal and its subcontractors pursuant to Labor Code Section 1741, and upon expiration of the time within which a joint labor management committee may commence an action against the principal, any of its subcontractors, or both the principal and its subcontractors pursuant to Labor Code Section 1771.2, if the condition of this Bond be fully performed, then this obligation shall become null and void; otherwise, it shall be and remain in full force and effect.

The Surety hereby stipulates and agrees that no change, extension of time, alteration, or addition to the terms of the Contract or the Specifications accompanying the same shall in any manner affect its obligations on this Bond, and it does hereby waive notice of any such change, extension, alteration, or addition.

IN WITNESS WHEREOF, two (2) identical counterparts of this instrument, each of which shall for all purposes be deemed an original hereof, have been duly executed by Principal and Surety, on the date set forth below, the name of each corporate party being hereto affixed and these presents duly signed by its undersigned representative(s) pursuant to authority of its governing body.

Dated: \_\_\_\_\_

“Principal”

“Surety”

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

(Seal)

(Seal)

*Note: This Bond must be executed in duplicate and dated, all signatures must be notarized, and evidence of the authority of any person signing as attorney-in-fact must be attached. **DATE OF BOND MUST NOT BE BEFORE DATE OF CONTRACT.** Surety companies executing Bonds must appear on the Treasury Department’s most current list (Circular 570 as amended) and be authorized to transact business in the State where the project is located.*

# PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENTS that:

WHEREAS the Tri-City Mental Health Authority ("TCMHA"), State of California, has awarded to:

\_\_\_\_\_  
\_\_\_\_\_  
*(Name and address of Contractor)* ("Principal")

a contract (the "Contract") for the Work described as follows:

\_\_\_\_\_  
*(Project name)*

WHEREAS, Principal is required under the terms of the Contract to furnish a Bond for the faithful performance of the Contract.

NOW, THEREFORE, we, the undersigned Principal, and:

\_\_\_\_\_  
\_\_\_\_\_  
*(Name and address of Surety)* ("Surety")

("Surety") a duly admitted surety insurer under the laws of the State of California, as Surety, are held and firmly bound unto TCMHA in the penal sum of:

\_\_\_\_\_ Dollars (\$\_\_\_\_\_),  
this amount being not less than the total Contract Price, in lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, successors executors and administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, if the hereby bounded Principal, his, her or its heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by, and well and truly keep and perform the covenants, conditions and provisions in the Contract and any alteration thereof made as therein provided, on the Principal's part, to be kept and performed at the time and in the manner therein specified, and in all respects according to their true intent and meaning, and shall indemnify and save harmless the TCMHA, its officers, agents and employees, as therein stipulated, then this obligation shall become null and void; otherwise, it shall be and remain in full force and effect.

As a part of the obligation secured hereby and in addition to the face amount specified therefor, there shall be included costs and reasonable expenses and fees, including reasonable attorneys' fees, incurred by TCMHA in successfully enforcing such

obligation, all to be taxed as costs and included in any judgment rendered. Surety hereby waives any statute of limitations as it applies to an action on this Bond.

The Surety hereby stipulates and agrees that no change, extension of time, alteration or addition to the terms of the Contract or of the Work to be performed thereunder or the specifications accompanying the same shall in anywise affect its obligations under this Bond, and it does hereby waive notice of any such change, extension of time, alteration or addition to the terms of the Contract or to the Work or to the specifications. Surety hereby waives the provisions of California Civil Code Sections 2845 and 2849. TCMHA is the principal beneficiary of this Bond and has all rights of a party hereto.

IN WITNESS WHEREOF, two (2) identical counterparts of this instrument, each of which shall for all purposes be deemed an original hereof, have been duly executed by Principal and Surety, on the date set forth below, the name of each corporate party being hereto affixed and these presents duly signed by its undersigned representative(s) pursuant to authority of its governing body.

Dated: \_\_\_\_\_

“Principal”

“Surety”

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

(Seal)

(Seal)

*Note: This Bond must be executed in duplicate and dated, all signatures must be notarized, and evidence of the authority of any person signing as attorney-in-fact must be attached. **DATE OF BOND MUST NOT BE BEFORE DATE OF CONTRACT.** Surety companies executing Bonds must appear on the Treasury Department’s most current list (Circular 570 as amended) and be authorized to transact business in the State where the project is located.*

# CERTIFICATE OF INSURANCE

## WORKERS' COMPENSATION

WHEREAS, the Tri-City Mental Health Authority ("TCMHA") has required certain insurance to be provided by:

---

NOW THEREFORE, the undersigned insurance company does hereby certify that it has issued the policy or policies described below to the following named insureds and that the same are in force at this time:

1. This certificate is issued to:

Tri-City Mental Health Authority  
Administrative Offices  
1717 N. Indian Hill Blv, Suite #B  
Claremont, California 91711

The insureds under such policy or policies are:

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2. Workers' Compensation Policy or Policies in a form approved by the Insurance Commissioner of California covering all operations of the named insureds as follows:

<u>Policy Number</u>	<u>Effective Date</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

By: \_\_\_\_\_  
Its Authorized Representative

# **GENERAL PROVISIONS**

## **SECTION 0. GENERAL PROVISIONS DEFINED**

### **0-1 STANDARD SPECIFICATIONS**

The 2021 edition of “Standard Specifications for Public Works Construction” (“Standard Specifications”), as amended by the Contract Documents, is incorporated into the Contract Documents by this reference. The Work described herein shall be done in accordance with the provisions of the Standard Specifications, as amended by the Contract Documents.

### **0-2 NUMBERING OF SECTIONS**

The number of sections and subsections in these General Provisions are compatible with the numbering in the Standard Specifications.

### **0-3 SUPPLEMENTATION OF STANDARD SPECIFICATIONS**

The Sections that follow supplement, but do not replace, the corresponding provisions in Part 1 (General Provisions) of the Standard Specifications, except as otherwise indicated herein. In the event of any conflict between the Standard Specifications and these General Provisions, these General Provisions shall control.

## **SECTION 1. GENERAL, TERMS, DEFINITIONS, ABBREVIATIONS, UNITS OF MEASURE, AND SYMBOLS**

### **1-2 TERMS AND DEFINITIONS**

Whenever in the Standard Specifications or in the Contract Documents the following terms are used, they shall be understood to mean the following:

Agency – Tri-City Mental Health Authority.

Board – The Governing Board of the Tri-City Mental Health Authority.

Contract Documents – As defined in Standard Specifications Section 1-2, but also including these General Provisions.

Project Manager – The Project Manager, acting either directly or through properly authorized agents. Such agents shall act within the scope of the particular duties entrusted to them.

Inspector – An authorized representative of TCMHA, assigned by TCMHA to make inspections of Work performed by or materials supplied by the Contractor.

Laboratory – A laboratory authorized by TCMHA to test materials and Work involved in the Contract.

Notice of Completion – The notice authorized by Civil Code Section 9204.

Project – See Work.

Submittal – Any drawing, calculation, specification, product data, samples, manuals, requests for substitutes, spare parts, photographs, survey data, traffic control plans, record drawings, Bonds or similar items required to be submitted to TCMHA under the terms of the Contract.

### 1-3.3 Institutions

The institutions listed in Section 1-3.3 of Part 1 of the Standard Specifications shall be supplemented by the list below:

<b><u>Abbreviation</u></b>	<b><u>Word or Words</u></b>
AAN .....	American Association of Nurserymen
AGCA .....	Associated General Contractors of America
APWA .....	American Public Works Association
CRSI .....	Concrete Reinforcing Steel Institute
CSI .....	Construction Specifications Institute
NEC .....	National Electric Code
NFPA .....	National Fire Protection Association
SSS .....	State of California Standard Specifications, Latest edition, Department of Transportation
SSP .....	State of California Standard Plans, Latest edition, Department of Transportation

### 1-7.2 CONTRACT BONDS

The Faithful Performance Bond shall remain in force until the date of recordation of the Notice of Completion and the end of all warranty periods set forth in the Contract Documents. The Material and Labor Bond shall remain in force until expiration of the time within which the California Labor Commissioner may serve a civil wage and penalty assessment against the principal, any of its subcontractors, or both the principal and its subcontractors pursuant to Labor Code Section 1741, and until the expiration of the time within which a joint labor management committee may commence an action against the principal, any of its subcontractors, or both the principal and its subcontractors pursuant to Labor Code Section 1771.2.

All Bonds must be submitted using the required forms, which are in the Contract Documents, or on any other form approved by the General Counsel.

## **SECTION 2. SCOPE OF THE WORK**

### **2.2 PERMITS**

Before starting any construction work, the Contractor will be required to obtain any and all necessary municipal permits, which may include obtaining a no fee encroachment permit for Work within the public right-of-way, as well as all other permits required from all other agencies. Should this Project require construction of trenches or excavations which are five (5) feet or deeper and into which a person is required to descend, the Contractor shall obtain a Cal/OSHA permit and furnish TCMHA with a copy before Work can commence on this Project. Contractor shall bear all cost for fees for all agencies.

### **2.4 COOPERATION AND COLLATERAL WORK**

The Contractor shall be responsible for coordinating all Work with the municipality in which the Project is located for street sweeping, trash pick-up, and street maintenance contractors, emergency services departments, utility companies' crews, and others when necessary. Payment for conforming to these requirements shall be included in other items of Work, and no additional payment shall be made thereof.

#### **2-5.4 Haul Routes**

Subsection 2-5.4 of Part 1 of the Standard Specifications shall be deleted and replaced as follows:

The Contractor must obtain the Project Manager's approval before using any haul routes. Further detail requirements for haul traffic are delineated in the Special Provisions.

### **2-7 CHANGES INITIATED BY THE AGENCY**

#### **2-7.1 General.**

TCMHA reserves the right, without notice to the Surety, to increase or decrease the quantity of any item or portion of the Work described in the Contract Documents or to alter or omit portions of the Work so described, as may be deemed necessary or expedient by the Project Manager, without in any way making the Contract void. Such increases, alterations or decreases of Work shall be considered and treated as though originally contracted for, and shall be subject to all the terms, conditions and provisions of the original Contract. The Contractor shall not claim or bring suit for damages, whether for loss of profits or otherwise, on account of any decrease, alteration or omission of any kind of Work to be done.

### **2-8 EXTRA WORK**

New and unforeseen work will be classified as Extra Work only when the Work is not covered and cannot be paid for under any of the various items or combination of items



for which a Bid price appears on the Bid. The Contractor shall not do any Extra Work except upon written order from the Project Manager.

### **SECTION 3. CONTROL OF THE WORK**

#### **3-1 ASSIGNMENT**

Any purported assignment without written consent of TCMHA shall be null, void, and of no effect, and the Contractor shall hold harmless, defend and indemnify TCMHA and its officers, officials, employees, agents and representatives with respect to any claim, demand or action arising from or relating to any unauthorized assignment.

If TCMHA opts to consent to assignment, TCMHA's consent shall be contingent upon: (1) a letter from the Surety agreeing to the assignment and assigning all of the Bonds to the assignee without any reduction, or the assignee supplying all new Bonds in the amounts originally required under the Contract Documents; and (2) the assignee supplying all of the required insurance in the amounts required in the Contract Documents. Until the Surety assigns all of the Bonds or the assignee supplies all of the new Bonds, and until the assignee supplies all of the required insurance, an assignment otherwise consented to in writing by TCMHA shall not be effective. Even if TCMHA consents to assignment, no assignment shall relieve the Contractor of liability under the Contract.

#### **3-5 INSPECTION**

The Contractor shall arrange and pay for all off-site inspection of the Work required by any ordinance or governing authorities. The Contractor shall also arrange and pay for other inspections, including tests in connection therewith, as may be assigned or required.

#### **3.7 CONTRACT DOCUMENTS**

##### **3-7.1 General**

In addition to the requirements under Section 3-7.1 in the Standard Specifications, the Contractor shall maintain a control set of Plans and Specifications on the Project site at all times. All final locations determined in the field, and any deviations from the Plans and Specifications, shall be marked in red on the control set to show the as-built conditions. This control set of Plans shall also be edited for all Addenda, Requests for Information, Change Orders, field changes not involving cost, and any other variation that occurred during construction. Upon completion of all Work, the Contractor shall return the control set to the Project Manager. Final payment will not be made until this requirement is met.

Where a work feature is shown on the drawings or identified in the Specifications but is not specifically indicated as an item in the Bid sheets, and there is no ambiguity regarding the requirement to construct, install, or construct and install that work feature, the Contractor is required to complete the work feature. All costs to the Contractor for

constructing, installing, or both constructing and installing such a work feature shall be included in the Bid.

### 3-7.2 Precedence of the Contract Documents

With regard to Section 3-7.2 in the Standard Specifications, the order of precedence shall be as follows:

1. Permits issued by regulatory agencies with jurisdiction.
2. Change Orders and Supplemental Agreements, whichever occurs last.
3. Contract/Agreement.
4. Addenda.
5. Notice Inviting Bids.
6. Instructions to Bidders.
7. Bid/Proposal.
8. Special Provisions.
9. General Provisions.
10. Plans.
11. Standard Plans.
12. Standard Specifications.
13. Reference Specifications.

### 3-9 SUBSURFACE DATA

If TCMHA or its consultants have made investigations of subsurface conditions in areas where the Work is to be performed, such investigations shall be deemed made only for the purpose of study and design. If a geotechnical or other report has been prepared for the Project, the Contractor may inspect the records pertaining to such investigations subject to and upon the conditions hereinafter set forth. The inspection of the records shall be made in the office of the Project Manager. It is the Contractor's sole responsibility to determine whether such investigations exist, and the TCMHA makes no affirmative or negative representation concerning the existence of such investigations.

The records of any such investigations are made available solely for the convenience of the Contractor. It is expressly understood and agreed that TCMHA, the Project Manager, their agents, consultants or employees assume no responsibility whatsoever with respect to the sufficiency or accuracy of any investigations, the records thereof, and the interpretations set forth therein. No warranty or guarantee is expressed or implied that the conditions indicated by any such investigations or records are representative of those existing in the Project area. The Contractor agrees to make such independent investigations and examination as necessary to be satisfied of the conditions to be encountered in the performance of the Work.

The Contractor represents that it has studied the Plans, Specifications and other Contract Documents, and all surveys and investigation reports of subsurface and latent physical conditions, has made such additional surveys and investigations as necessary

for the performance of the Work at the Contract Price in accordance with the requirements of the Contract Documents, and that it has correlated the results of all such data with the requirements of the Contract Documents. No claim of any kind shall be made or allowed for any error, omission or claimed error or omission, in whole or in part, of any geotechnical exploration or any other report or data furnished or not furnished by TCMHA.

### 3-10 SURVEYING

#### 3-10.1 General

The Contractor shall verify all dimensions on the drawings and shall report to TCMHA any discrepancies before proceeding with related Work. The Contractor shall perform all survey and layout Work per the benchmark information on the Project Plans. All surveying Work must conform to the Professional Land Surveyors' Act (Business and Professions Code Section 8700 *et seq.*). All Project surveying notes and "cut-sheets" are to be provided to TCMHA after the completion of each surveying activity and all final surveying notes shall be provided before final payment to the Contractor.

Construction stakes shall be set and stationed by Contractor at its expense. Unless otherwise indicated in the Special Provisions, surveying costs shall be included in the price of items bid. No separate payment will be made. Re-staking and replacement of construction survey markers damaged as a result of the Work, vandalism, or accident shall be at the Contractor's expense.

### 3-11 CONTRACT INFORMATION SIGNS

The names, addresses and specialties of the Contractor, Subcontractors, architects or engineers may not be displayed on any signage within the public right-of-way. This signage prohibition includes advertising banners hung from truck beds or other equipment.

### 3-12 WORKSITE MAINTENANCE

#### 3-12.1 General.

Clean-up shall be done as Work progresses at the end of each day and thoroughly before weekends. The Contractor shall not allow the Work site to become littered with trash and waste material, but shall maintain the same in a neat and orderly condition throughout the construction operation. Materials which need to be disposed shall not be stored at the Project site, but shall be removed by the end of each Working Day. If the job site is not cleaned to the satisfaction of the Project Manager, the cleaning will be done or contracted by TCMHA and shall be back-charged to the Contractor and deducted from the Contract Price.

The Contractor shall promptly remove from the vicinity of the completed Work, all rubbish, debris, unused materials, concrete forms, construction equipment, and temporary structures and facilities used during construction. Final acceptance of the

Work by TCMHA will be withheld until the Contractor has satisfactorily complied with the foregoing requirements for final clean-up of the Project site.

### 3.12.4 Storage of Equipment and Materials.

#### 3-12.4.1 General

The Contractor shall make arrangements for storing its equipment and materials. The Contractor shall make its own arrangements for any necessary off-site storage or shop areas necessary for the proper execution of the Work. Approved areas within Work site may be used for temporary storage; however, the Contractor shall be responsible for obtaining any and all necessary municipal permits. In any case, the Contractor's equipment and personal vehicles of the Contractor's employees shall not be parked on the traveled way or on any section where traffic is restricted at any time.

The Contractor shall deliver, handle, and store materials in accordance with the manufacturer's written recommendations and by methods and means that will prevent damage, deterioration, and loss including theft. Delivery schedules shall be controlled to minimize long-term storage of products at the Project site and overcrowding of construction spaces. In particular, the Contractor shall provide delivery and installation coordination to ensure minimum holding or storage times for materials recognized to be flammable, hazardous, easily damaged, or sensitive to deterioration, theft, and other sources of loss.

Storage shall be arranged to provide access for inspection. The Contractor shall periodically inspect to assure materials are undamaged and are maintained under required conditions.

All costs associated with the clean-up and storage required to complete the Project shall be the sole responsibility of the Contractor.

#### 3-12.4.2 Storage in Public Streets

The first sentence of Section 3-12.4.2 shall not be incorporated and shall instead be replaced with the following:

Construction materials and equipment shall not be stored in Streets, roads, or highways unless otherwise specified in the Special Provisions or approved by the Project Manager.

### 3-13 COMPLETION, ACCEPTANCE, AND WARRANTY

#### 3-13.1 Completion.

The Contractor shall complete all Work under the Contract within \_\_\_\_\_ (\_\_\_\_) Working Days from the Notice to Proceed.

### 3-13.2 Acceptance

The Project will not be considered complete and ready for Governing Board direction to staff regarding recordation of the Notice of Completion until all required Work is completed, the Work site is cleaned up in accordance with Section 3-12 of Part 1 of the Standard Specifications and the Special Provisions, and all of the following items have been received by the Project Manager:

1. A form of Notice of Completion, with all information required by the California Civil Code;
2. All written guarantees and warranties;
3. Evidence that the Performance Bond has been extended and will remain in effect for the period specified in Section 1-7.2 of the Standard Specifications, as modified by these General Provisions;
4. All "as-builts";
5. Duplicate copies of all operating instructions and manufacturer's operating catalogs and data, together with such field instructions as necessary to fully instruct TCMHA personnel in correct operation and maintenance procedures for all equipment installed listed under the electrical, air conditioning, heating, ventilating and other trades. This data and instructions shall be furnished for all equipment requiring periodic adjustments, maintenance or other operation procedures.

The Contractor shall allow at least seven (7) Working Days' notice for final inspection. Such notice shall be submitted to the Project Manager in writing.

### 3-13.3 Warranty

For the purposes of the calculation of the start of the warranty period, the Work shall be deemed to be completed upon the date of recordation of the Notice of Completion. If that direction is contingent on the completion of any items remaining on a punchlist, the Work shall be deemed to be completed upon the date of the Project Manager's acceptance of the final item(s) on that punchlist.

The Contractor shall repair or replace defective materials and workmanship as required in this Section 3-13.3 at its own expense. Additionally, the Contractor agrees to defend, indemnify and hold TCMHA harmless from claims of any kind arising from damage, injury or death due to such defects.

The parties agree that no certificate given shall be conclusive evidence of the faithful performance of the Contract, either in whole or in part, and that no payment shall be construed to be in acceptance of any defective Work or improper materials. Further, the certificate or final payment shall not terminate the Contractor's obligations under the warranty herein. The Contractor agrees that payment of the amount due under the

Contract and the adjustments and payments due for any Work done in accordance with any alterations of the same, shall release TCMHA, the TCMHA Governing Board and its officers and employees from any and all claims or liability on account of Work performed under the Contract or any alteration thereof.

## **SECTION 4. CONTROL OF MATERIALS**

### **4-1 GENERAL**

The Contractor and all Subcontractors, suppliers, and vendors shall guarantee that the Work will meet all requirements of this Contract as to the quality of materials, equipment, and workmanship.

### **4-4 TESTING**

Except as elsewhere specified, TCMHA shall bear the cost of testing materials and workmanship that meet or exceed the requirements indicated in the Standard Specifications and the Special Provisions. The cost of all other tests, including the retesting of material or workmanship that fails to pass the first test, shall be borne by the Contractor.

### **4-6 TRADE NAMES**

If the Contractor requests to substitute an equivalent item for a brand or trade name item, the burden of proof as to the comparative quality and suitability of alternative equipment or articles or materials shall be upon the Contractor, and the Contractor shall furnish, at its own expense, all information necessary or related thereto as required by the Project Manager. All requests for substitution shall be submitted, together with all documentation necessary for the Project Manager to determine equivalence, no later than TEN (10) Days after the award of Contract, unless a different deadline is listed in the Special Provisions.

## **SECTION 5. LEGAL RELATIONS AND RESPONSIBILITIES**

### **5-3 LABOR**

#### **5-3.1 Public Work**

The Contractor acknowledges that the Project is a “public work” as defined in Labor Code Section 1720 *et seq.* (“Chapter 1”), and that this Project is subject to (a) Chapter 1, including without limitation Labor Code Section 1771 and (b) the rules and regulations established by the Director of Industrial Relations (“DIR”) implementing such statutes. The Contractor shall perform all Work on the Project as a public work. The Contractor shall comply with and be bound by all the terms, rules and regulations described in (a) and (b) as though set forth in full herein.

### 5-3.2 Copies of Wage Rates

Pursuant to Labor Code Section 1773.2, copies of the prevailing rate of per diem wages for each craft, classification, or type of worker needed to perform the Project are on file at the TCMHA Administrative Offices and will be made available to any interested party on request. By initiating any Work, the Contractor acknowledges receipt of a copy of the DIR determination of such prevailing rate of per diem wages, and the Contractor shall post such rates at each job site covered by these Contract Documents.

The Contractor shall comply with and be bound by the provisions of Labor Code Sections 1774 and 1775 concerning the payment of prevailing rates of wages to workers and the penalties for failure to pay prevailing wages. The Contractor shall, as a penalty paid to TCMHA, forfeit two hundred dollars (\$200) for each calendar day, or portion thereof, for each worker paid less than the prevailing rates as determined by the DIR for the work or craft in which the worker is employed for any public work done pursuant to these Contract Documents by the Contractor or by any Subcontractor.

### 5-3.3 Payroll Records

The Contractor shall comply with and be bound by the provisions of Labor Code Section 1776, which requires the Contractor and each Subcontractor to (1) keep accurate payroll records and verify such records in writing under penalty of perjury, as specified in Section 1776, (2) certify and make such payroll records available for inspection as provided by Section 1776, and (3) inform TCMHA of the location of the records. The Contractor has ten (10) days in which to comply subsequent to receipt of a written notice requesting these records, or as a penalty to TCMHA, the Contractor shall forfeit one hundred dollars (\$100) for each Day, or portion thereof, for each worker, until strict compliance is effectuated. Upon the request of the Division of Labor Standards Enforcement, these penalties shall be withheld from progress payments then due.

The Contractor and each Subcontractor shall comply with and be bound by the provisions of Labor Code Section 1771.4(a)(3), which requires that each Contractor and each Subcontractor shall furnish the records specified in Section 1776 directly to the Labor Commissioner at least monthly, in a format prescribed by the Labor Commissioner.

### 5-3.4 Hours of Labor

The Contractor acknowledges that eight (8) hours labor constitutes a legal day's work. The Contractor shall comply with and be bound by Labor Code Section 1810. The Contractor shall comply with and be bound by the provisions of Labor Code Section 1813 concerning penalties for workers who work excess hours. The Contractor shall, as a penalty paid to TCMHA, forfeit twenty-five dollars (\$25) for each worker employed in the performance of this Project by the Contractor or by any Subcontractor for each calendar day during which such worker is required or permitted to work more than eight (8) hours in any one (1) calendar day and forty (40) hours in any one calendar week in violation of the provisions of Division 2, Part 7, Chapter 1, Article 3 of the Labor Code.

Pursuant to Labor Code Section 1815, work performed by employees of the Contractor in excess of eight (8) hours per day, and forty (40) hours during any one week shall be permitted upon public work upon compensation for all hours worked in excess of eight (8) hours per day at not less than one and one-half (1-1/2) times the basic rate of pay.

### 5-3.5 Apprentices

The Contractor shall comply with and be bound by the provisions of Labor Code Sections 1777.5, 1777.6 and 1777.7 and California Code of Regulations Title 8, Section 200 *et seq.* concerning the employment of apprentices on public works projects. The Contractor shall be responsible for compliance with these Sections for all apprenticeable occupations. Before commencing Work on this Project, the Contractor shall provide the TCMHA with a copy of the information submitted to any applicable apprenticeship program. Within sixty (60) Days after concluding Work, Contractor and each of its Subcontractors shall submit to TCMHA a verified statement of the journeyman and apprentice hours performed under this Contract.

### 5-3.6 Debarment or Suspension

The Contractor shall not perform Work with any Subcontractor that has been debarred or suspended pursuant to California Labor Code Section 1777.1 or any other federal or State law providing for the debarment of contractors from public works. The Contractor and Subcontractors shall not be debarred or suspended throughout the duration of this Contract pursuant to Labor Code Section 1777.1 or any other federal or State law providing for the debarment of contractors from public works. If the Contractor or any Subcontractor becomes debarred or suspended during the duration of the Project, the Contractor shall immediately notify TCMHA.

### 5-3.7 Registration with the DIR

In accordance with Labor Code Sections 1725.5 and 1771.1, no contractor or subcontractor shall be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, unless currently registered and qualified to perform public work pursuant to Section 1725.5.

### 5-3.8 Compliance Monitoring and Posting Job Sites

This Project is subject to compliance monitoring and enforcement by the DIR. The Contractor shall post job site notices, as prescribed by regulation.

### 5-3.9 Subcontractors

For every Subcontractor who will perform Work on the Project, the Contractor shall be responsible for such Subcontractor's compliance with Chapter 1 and Labor Code Sections 1860 and 3700, and the Contractor shall include in the written Contract between it and each Subcontractor a copy of the provisions in this Section 5-3 of the General Provisions and a requirement that each Subcontractor shall comply with those



provisions. The Contractor shall be required to take all actions necessary to enforce such contractual provisions and ensure Subcontractor's compliance, including without limitation, conducting a periodic review of the certified payroll records of the Subcontractor and upon becoming aware of the failure of the Subcontractor to pay its workers the specified prevailing rate of wages. The Contractor shall diligently take corrective action to halt or rectify any failure.

#### 5-3.10 Prevailing Wage Indemnity

To the maximum extent permitted by law, the Contractor shall indemnify, hold harmless and defend (at the Contractor's expense with counsel reasonably acceptable to TCMHA) TCMHA, its officials, officers, employees, agents and independent contractors serving in the role of TCMHA officials, and volunteers from and against any demand or claim for damages, compensation, fines, penalties or other amounts arising out of or incidental to any acts or omissions listed in Section 5-3 of the General Provisions by any Person (including the Contractor, its Subcontractors, and each of their officials, officers, employees and agents) in connection with any Work undertaken or in connection with the Contract Documents, including without limitation the payment of all consequential damages, attorneys' fees, and other related costs and expenses. All duties of the Contractor under this Section 5-3.10 shall survive expiration or termination of the Contract.

### 5-4 INSURANCE

#### 5-4.1 General

The first paragraph of Section 5-4.1 of Part 1 of the Standard Specifications shall not be incorporated and shall instead be replaced with the following:

The Contractor shall provide and maintain insurance naming TCMHA, its appointed officials, officers, employees, attorneys, agents, volunteers, and independent contractors in the role of TCMHA officials as insureds or additional insureds regardless of any inconsistent statement in the policy or any subsequent endorsement whether liability is attributable to the Contractor or TCMHA. The insurance provisions shall not be construed to limit the Contractor's indemnity obligations contained in the Contract. TCMHA will not be liable for any accident, loss or damage to the Work prior to completion, except as otherwise specified in Section 6-5.

#### 5-4.2 General Liability Insurance

The Contractor shall at all times during the term of the Contract carry, maintain, and keep in full force and effect the insurance referenced in Section 5-4 of Part 1 of the Standard Specifications, as modified below.

#### 5-4.2.1 Additional Insureds

TCMHA, its elected and appointed officials, officers, employees, attorneys, agents, volunteers, and independent contractors in the role of TCMHA officials, shall be the insured or named as additional insureds covering the Work, regardless of any inconsistent statement in the policy or any subsequent endorsement, whether liability is attributable to the Contractor or TCMHA.

#### 5-4.2.2 No Limitation on Indemnity

The insurance provisions shall not be construed to limit the Contractor's indemnity obligations contained in these Contract Documents.

#### 5-4.2.3 Replacement Insurance

The Contractor agrees that it will not cancel, reduce or otherwise modify the insurance coverage required by this Section 5-4 during the term of the Contract. The Contractor agrees that if it does not keep the required insurance in full force and effect, and such insurance is available at a reasonable cost, TCMHA may take out the necessary insurance and pay the premium thereon, and the repayment thereof shall be deemed an obligation of the Contractor and the cost of such insurance may be deducted, at the option of TCMHA, from payments due the Contractor. This shall be in addition to all other legal options available to TCMHA to enforce the insurance requirements.

#### 5-4.2.4 Certificates of Insurance with Original Endorsements

The Contractor shall submit to TCMHA certificates of insurance with the original endorsements, both of which reference the same policy number, for each of the insurance policies that meet the insurance requirements, not less than one (1) day before beginning of performance under the Contract. The endorsements are to be signed by a person authorized by that insurer to bind coverage on its behalf. Endorsements must be executed on forms approved by the TCMHA. The endorsements must specifically name the Tri-City Mental Health Authority and its elected and appointed officials, officers, employees, attorneys, agents, volunteers, and independent contractors in the role of TCMHA officials as insureds or additional insureds. Current insurance certificates and endorsements shall be kept on file with TCMHA at all times during the term of this Contract. TCMHA reserves the right to require complete, certified copies of all required insurance policies at any time.

#### 5-4.2.5 Subcontractors

The Contractor shall require each of its Subcontractors that perform services under the Contract to maintain insurance coverage that meets all of the requirements of this Section 5-4.

#### 5-4.5 Insurance Requirements not Limiting

If the Contractor maintains broader coverage and/or higher limits than the minimums required in this Section 5-4, TCMHA requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to TCMHA. No representation is made that the minimum insurance requirements of this Contract are sufficient to cover the obligations of the Contractor under this Contract.

### 5.7 SAFETY

#### 5-7.8 Steel Plate Covers

##### 5-7.8.1 General

The Contractor shall cover all openings, trenches and excavations at the end of each Work Day with steel plate covers.

Section 5-8 is hereby added to Section 5 of Part 1 of the Standard Specifications, as follows:

### 5-8 INDEMNIFICATION

The following indemnity provisions shall supersede the indemnity in Section 5-4.1 of the Standard Specifications.

#### 5-8.1 Contractor's Duty.

To the fullest extent permitted by law, the Contractor shall, at its sole cost and expense, defend, hold harmless and indemnify TCMHA and its elected officials, officers, attorneys, agents, employees, volunteers, successors, assigns and those TCMHA agents serving as independent contractors in the role of TCMHA officials (collectively "Indemnitees"), from and against any and all damages, costs, expenses, liabilities, claims, demands, causes of action, proceedings, expenses, judgments, penalties, stop payment notices, liens, and losses of any nature whatsoever, including fees of accountants, attorneys, or other professionals and all costs associated therewith and the payment of all consequential damages (collectively "Liabilities"), in law or equity, whether actual, alleged or threatened, which arise out of, are claimed to arise out of, pertain to, or relate to the acts or omissions of the Contractor, its officers, agents, servants, employees, Subcontractors, materialmen, contractors or their officers, agents, servants or employees (or any entity or individual for whom the Contractor bears legal liability) in the performance of the Contract, including the Indemnitees' active or passive negligence, except for Liabilities arising from the sole negligence or willful misconduct of the Indemnitees, as determined by court decision or by the agreement of the Parties. The Contractor shall defend the Indemnitees in any action or actions filed in connection with any Liabilities with counsel of the Indemnitees' choice, and shall pay all costs and expenses, including all attorneys' fees and experts' costs actually incurred in connection

with such defense. The Contractor shall reimburse the Indemnitees for any and all legal expenses and costs incurred by Indemnitees in connection therewith. TCMHA shall not be liable for any accident, loss, or damage to the Work prior to completion, except as otherwise specified in Section 6-5.

#### 5-8.1.1 Taxes and Workers' Compensation.

The Contractor shall pay all required taxes on amounts paid to the Contractor under the Contract, and indemnify and hold TCMHA harmless from any and all taxes, assessments, penalties, and interest asserted against TCMHA by reason of the independent contractor relationship created by the Contract. The Contractor shall fully comply with the Workers' Compensation law regarding the Contractor and the Contractor's employees. The Contractor shall indemnify and hold TCMHA harmless from any failure of the Contractor to comply with applicable Workers' Compensation laws. TCMHA may offset against the amount of any fees due to the Contractor under the Contract any amount due to TCMHA from the Contractor as a result of the Contractor's failure to promptly pay to TCMHA any reimbursement or indemnification arising under this Subsection 5-8.1.1.

#### 5-8.1.2 Subcontractor Indemnity Agreements.

The Contractor shall obtain executed indemnity agreements with provisions identical to those in this Section 5-8 from each and every Subcontractor or any other person or entity involved by, for, with or on behalf of the Contractor in the performance of the Contract. If the Contractor fails to obtain such indemnity obligations, the Contractor shall be fully responsible and indemnify, hold harmless and defend the Indemnitees from and against any and all Liabilities at law or in equity, whether actual, alleged or threatened, which arise out of, are claimed to arise out of, pertain to, or relate to the acts or omissions of the Contractor's Subcontractor, its officers, agents, servants, employees, Subcontractors, materialmen, contractors or their officers, agents, servants or employees (or any entity or individual for whom the Contractor's Subcontractor bears legal liability) in the performance of the Contract, including the Indemnitees' active or passive negligence, except for Liabilities arising from the sole negligence or willful misconduct of the Indemnitees, as determined by final court decision or by the agreement of the Parties.

#### 5-8.2 Workers' Compensation Acts not Limiting.

The Contractor's indemnifications and obligations under this Section 5-8, or any other provision of the Contract, shall not be limited by the provisions of any Workers' Compensation act or similar act. The Contractor expressly waives its statutory immunity under such statutes or laws as to TCMHA, its officers, agents, employees and volunteers.

#### 5-8.3 Insurance Requirements not Limiting.

TCMHA does not, and shall not, waive any rights that it may possess against the Contractor because of the acceptance by TCMHA, or the deposit with TCMHA, of any

insurance policy or certificate required pursuant to the Contract. The indemnities in this Section 5-8 shall apply regardless of whether or not any insurance policies are determined to be applicable to the Liabilities, tax, assessment, penalty or interest asserted against TCMHA.

#### 5-8.4 Civil Code Exception.

Nothing in this Section 5-8 shall be construed to encompass Indemnitees' sole negligence or willful misconduct to the limited extent that the underlying Contract is subject to Civil Code Section 2782(a) or TCMHA's active negligence to the limited extent that the underlying Contract Documents are subject to Civil Code Section 2782(b), provided such sole negligence, willful misconduct or active negligence is determined by agreement between the parties or by the findings of a court of competent jurisdiction.

#### 5-8.5 Nonwaiver of Rights.

Indemnitees do not and shall not waive any rights that they may possess against the Contractor because the acceptance by TCMHA or the deposit with TCMHA, of any insurance policy or certificate required pursuant to these Contract Documents. This indemnity provision is effective regardless of any prior, concurrent, or subsequent active or passive negligence by Indemnitees and shall operate to fully indemnify Indemnitees against any such negligence.

#### 5-8.6 Waiver of Right of Subrogation.

The Contractor, on behalf of itself and all parties claiming under or through it, hereby waives all rights of subrogation and contribution against the Indemnitees, while acting within the scope of their duties, from all Claims arising out of or incident to the activities or operations performed by or on behalf of the Contractor regardless of any prior, concurrent or subsequent active or passive negligence by Indemnitees.

#### 5-8.7 Survival of Terms.

The Contractor's indemnifications and obligations under this Section 5-8 shall survive the expiration or termination of the Contract, are intended to be as broad and inclusive as is permitted by the law of the State, and are in addition to any other rights or remedies that Indemnitees may have under the law. Payment is not required as a condition precedent to an Indemnitee's right to recover under this indemnity provision, and an entry of judgment against the Contractor shall be conclusive in favor of the Indemnitee's right to recover under this indemnity provision.

## **SECTION 6. PROSECUTION AND PROGRESS OF THE WORK**

### **6-1 CONSTRUCTION SCHEDULE AND COMMENCEMENT OF THE WORK**

#### **6-1.1 Construction Schedule**

One (1) week before the scheduled pre-construction meeting, the Contractor must submit to the Project Manager for review and approval the construction schedule required by the first paragraph of Section 6-1.1. The Contractor shall make revisions as required by the Project Manager. The schedule must account for all subcontract work, as well as the work of the Contractor, submittals, coordination with the other contractors performing concurrent work and the Traffic Control Plan. The Contractor shall update this Construction Schedule when directed by the Project Manager, or when:

- a. A Change Order significantly affects the Contract completion date or the sequence of construction approach or activities; or
- b. The actual sequence of the Work, or the planned sequence of the Work, is changed and does not conform to the Contractor's current accepted Project construction schedule.

The Contractor shall submit an updated construction schedule with its monthly invoice every month. Progress payments shall be contingent upon the receipt of monthly updated construction schedules.

#### **6-1.1.1 Pre-Construction Conference**

Approximately SEVEN ( 7 ) Days before the commencement of Work at the site, a pre-construction conference will be held at TCMHA and shall be attended by the Contractor's Project manager, its on-site field superintendent, and any Subcontractors that the Contractor deems appropriate. Attendance by the Contractor and any Subcontractors designated is mandatory.

Contractor shall submit its twenty-four (24) hour emergency telephone numbers to the Project Manager for approval a minimum of two (2) Working Days before the pre-construction conference. Unless previously submitted to the Project Manager, the Contractor shall bring to the pre-construction conference copies of each of the following:

- 1) Construction Schedule.
- 2) Procurement schedule of major equipment and materials and items requiring long lead time.
- 3) Shop drawing/sample submittal schedule.
- 4) Preliminary schedule of values (lump sum price breakdown) for progress payment purposes.
- 5) Written designation of the on-site field superintendent and the Project manager. Both daytime and emergency telephone numbers shall be included in the written designation.

The purpose of the conference is to designate responsible personnel and establish a working relationship. The parties will discuss matters requiring coordination and establish procedures for handling such matters. The complete agenda will be furnished to the Contractor before the meeting date. The Contractor shall be prepared to discuss all of the items listed below.

- 1) The Contractor's construction schedule.
- 2) Notification of local residents before starting any Work and keeping them informed throughout the Project.
- 3) Procedures for transmittal, review, and distribution of the Contractor's submittals.
- 4) Processing applications for payment.
- 5) Maintaining record documents.
- 6) Critical Work sequencing.
- 7) Maintaining sewage service during construction, including proposed by-passes.
- 8) NPDES requirements, if any.
- 9) Field decisions and Change Orders.
- 10) Use of Project site, office and storage areas, security, housekeeping, and TCMHA's needs.
- 11) Major equipment deliveries and priorities.
- 12) Traffic control.
- 13) Any other item that TCMHA representative states is relevant to the meeting.

#### 6-1.1.2 Weekly Progress Meetings

Progress meetings will be held each week during the course of the Project. The meeting location, day of the week and time of day will be mutually agreed to by TCMHA and the Contractor. The Contractor shall provide a two (2) week "look ahead" schedule for each meeting. The construction manager will preside at these meetings and will prepare the meeting agenda, meeting minutes and will distribute minutes to all persons in attendance. As the Work progresses, if it is determined by agreement of the attendees, that weekly meetings are not necessary, the weekly progress meetings may be changed to bi-weekly progress meetings.

#### 6-1.2 Commencement of the Work

The Contractor shall not begin any construction activity at the site before the issuance of the Notice to Proceed. Any Work that is done by the Contractor in advance of the Notice to Proceed shall be considered as being done at the Contractor's own risk and responsibility, and as a consequence will be subject to rejection.

Section 6-1.3 is hereby added to Section 6 of Part 1 of the Standard Specifications, as follows:

### 6-1.3 Working Days And Hours

The Contractor shall do all Work between the hours of 7 a.m. to 5 p.m., Monday through Friday. No Work will be allowed on Weekends, After-hours or TCMHA holidays, which are as follows: standard Federal holidays. Without scheduling with TCMHA.

A permit may have other hours or Days for the Contractor to do the Work, and those hours and Days shall supersede any hours and Days written in this Section.

Whenever the Contractor is permitted or directed to perform night Work or to vary the period during which Work is performed during the Working Day, the Contractor shall give twelve (12) hours' notice to the Project Manager so that inspection may be provided. A charge may be made to the Contractor for approved overtime or weekend inspections requested by the Contractor.

## 6-4 DELAYS AND EXTENSIONS OF TIME

### 6-4.1 General.

Unless otherwise agreed in writing, an adjustment to the Contract time by reason of a Change Order shall be agreed to at the time the Change Order is issued and accepted by Contractor. If the Change Order does not reserve the right of the parties, or either of them, to seek an adjustment to the Contract time, then the parties forever relinquish and waive such right and there shall be no further adjustments to the Contract time.

No extension of time will be granted for any event, including pandemics, leading to the issuance of a "stay at home" or similar kind of order by any local, State, or federal governmental authority, if the Work has been deemed, either by emergency order or proclamation, or operation of law, to be an essential service that is exempt from such stay at home or similar order.

### 6-4.2 Extensions of Time

In the event it is deemed appropriate by TCMHA to extend the time for completion of the Work, any such extension shall not release any guarantee for the Work required by the Contract Documents, nor shall any such extension of time relieve or release the Sureties on the Bonds executed. In executing such Bonds, the Sureties shall be deemed to have expressly agreed to any such extensions of time. The amount of time allowed by an extension of time shall be limited to the period of the delay giving rise to the same as determined by TCMHA. Notwithstanding any dispute which may arise in connection with a claim for adjustment of the Contract time, the Contractor shall promptly proceed with the Work.



### 6-4.3 Payment for Delays

Notwithstanding any other terms and conditions of the Contract Documents, TCMHA shall have no obligation whatsoever to increase the Contract Price or extend the time for delays.

Unless compensation and/or markup is agreed upon by TCMHA, the Contractor agrees that no payment of compensation of any kind shall be made to the Contractor for damages or increased overhead costs caused by any delays in the progress of the Contract, whether such delays are avoidable or unavoidable or caused by any act or omission of TCMHA or its agents. Any accepted delay claim shall be fully compensated for by an extension of time to complete the performance of the Work.

This Section shall not apply to compensable delays caused solely by TCMHA. If a compensable delay is caused solely by TCMHA, the Contractor shall be entitled to a Change Order that: (1) extends the time for completion of the Contract by the amount of delay caused by TCMHA; and (2) provides equitable adjustment, as determined by TCMHA, to the Contractor.

### 6-8 TERMINATION OF THE CONTRACT FOR CONVENIENCE

The following sentence is added to Section 6-8:

In no event (including termination for impossibility or impracticability, due to conditions or events beyond the control of TCMHA, for any other reason or for no reason) shall the total amount of money to Contractor exceed the amount which would have been paid to Contractor for the full performance of the services described in the Contract.

### 6-9 LIQUIDATED DAMAGES

For the purposes of the calculation of the start of the liquidated damages, the Work shall be deemed to be completed when the same has been completed in accordance with the Plans and Specifications therefor and to the satisfaction of the Project Manager, and the Project Manager has certified such completion in accordance with Section 3-13.1 of Part 1 of the Standard Specifications.

## **SECTION 7. MEASUREMENT AND PAYMENT**

### 7.3 PAYMENT

#### 7.3.1 General

The unit and lump sum prices to be paid shall constitute full compensation for all labor, equipment, materials, tools and incidentals required to complete the Project as outlined in these Contract Documents and as directed by the Project Manager. In accordance with Public Contract Code Section 7107, if no claims have been filed and are still pending, the amount deducted from the final estimate and retained by TCMHA will be paid to the Contractor except such amounts as are required by law to be withheld by

properly executed and filed notices to stop payment, or as may be withheld for any other lawful purposes.

## 7-3.2 Partial and Final Payment

### 7-3.2.1 Monthly Closure Date and Invoice Date

For purposes of Section 7-3.2, the monthly closure date shall be the last Day of each month. A measurement of Work performed and a progress estimate of the value thereof based on the Contract and of the monthly payment shall be prepared by the Contractor and submitted to the Project Manager before the tenth (10th) Day of the following month for verification and payment consideration.

### 7-3.2.2 Payments

TCMHA shall make payments within thirty (30) Days after receipt of the Contractor's undisputed and properly submitted payment request, including an updated construction schedule pursuant to Section 6-1.1 of the General Provisions. TCMHA shall return to the Contractor any payment request determined not to be a proper payment request as soon as practicable, but not later than seven (7) Days after receipt, and shall explain in writing the reasons why the payment request is not proper.

### 7-3.2.3 Retention

TCMHA shall withhold not less than five percent (5%) from each progress payment. However, at any time after fifty percent (50%) of the Work has been completed, if the TCMHA Governing Board finds that satisfactory progress is being made, it may, at its discretion, make any of the remaining progress payments in full for actual Work completed. TCMHA shall withhold not less than five percent (5%) of the Contract Price from the Final Payment Amount (defined in Section 7-3.2.4) until at least thirty-five (35) days after recordation of the Notice of Completion, or recordation of a notice of acceptance or cessation, but not later than the period permitted by Public Contract Code Section 7107.

### 7-3.2.4 Final Invoice and Payment

Whenever the Contractor shall have completely performed the Contract in the opinion of the Project Manager, the Project Manager shall notify the JPA Administrator/Clerk that the Contract has been completed in its entirety. The Contractor shall then submit to the Project Manager a written statement of the final quantities of Contract items for inclusion in the final invoice. Upon receipt of such statement, the Project Manager shall check the quantities included therein and shall authorize a payment amount, which in the Project Manager's opinion shall be just and fair, covering the value of the total amount of Work done by the Contractor, less all previous payments and all amounts to be retained under the provisions of the Contract Documents ("Final Payment Amount"). The Project Manager shall then request that TCMHA accept the Work and that the JPA Administrator/Clerk be authorized to file, on behalf of TCMHA in the office of the County Recorder, a Notice of Completion of the Work herein agreed to be done by the

Contractor. In addition, the final payment will not be released until the Contractor returns the control set of Plans and Specifications showing the redlined as-built conditions.

#### 7-3.2.5 Substitute Security

In accordance with Public Contract Code Section 22300, the Contractor may request that it be permitted to substitute securities in lieu of having retention withheld by TCMHA from progress payments when such payments become due or, in the alternative, the Contractor may request that TCMHA make payments of earned retentions directly to an agreed upon designated escrow agent at the Contractor's expense. If the Contractor selects either one of these alternatives, the following shall control.

##### 7.3.2.5.1 Substitution of Securities for Performance Retention

At some reasonable time before any progress payment would otherwise be due and payable to the Contractor in the performance of Work under these Contract Documents, the Contractor may submit a request to TCMHA in writing to permit the substitution of retentions with securities equivalent to the amount estimated by TCMHA ("estimated amount of retention") to be withheld. The Contractor shall deposit such securities with TCMHA or may, in the alternative, deposit such securities in escrow with a State or federally chartered bank in California, as the escrow agent, at the Contractor's expense. Such securities will be the equivalent or greater in value of the estimated amount of retention. If the Contract is modified by written Modifications or Change Orders or the Contractor otherwise becomes entitled to receive an amount more than the Contract Price at the time the securities are deposited, the Contractor shall, at the request of TCMHA, deposit with TCMHA or escrow agent, whichever is applicable, additional securities within a reasonable time so that the amount of securities on deposit with TCMHA or escrow agent is equivalent or greater in value than the amount of retention TCMHA would otherwise be entitled to withhold from progress payments due or to become due to the Contractor as the Work progresses. TCMHA shall withhold any retention amount that exceeds the security amount until the additional securities are deposited and, if the deposit is with an escrow agent, TCMHA has confirmation from that escrow agent of the new total value of securities. Upon satisfactory completion of the Contract, which shall mean, among other things, that TCMHA is not otherwise entitled to retain proceeds from progress payments as elsewhere provided in the Contract or under applicable law, the securities shall be returned to the Contractor. TCMHA shall, within its sole discretion, determine whether the amount of the securities on deposit with TCMHA or escrow agent is equal to or greater than the amount of estimated retention of progress payments that could otherwise be held by TCMHA if the Contractor had not elected to substitute same with securities.

##### 7-3.2.5.2 Deposit of Retention Proceeds with an Escrow Agent

As an alternative to the substitution of securities, as provided above, or TCMHA otherwise retaining and holding retention proceeds from progress payments, the Contractor may request TCMHA to make payments of retentions earned directly to an

escrow agent with the same qualifications as required in Section 7-3.2.5.1 above and at the expense of the Contractor. At its sole expense, the Contractor may direct the investment of such retention payments into only such securities as mentioned in Section 7-3.2.5.4 below and shall be entitled to interest earned on such investments on the same terms provided for securities deposited by the Contractor. Upon satisfactory completion of the Contract, which shall mean when TCMHA would not otherwise be entitled to withhold retention proceeds from progress payments had the Contractor not elected to have such proceeds deposited into escrow, the Contractor shall be allowed to receive from the escrow agent all securities, interest and payments deposited into escrow pursuant to the terms of this Section. The Contractor shall pay to each Subcontractor, not later than ten (10) Days of receipt of payment, the respective amount of interest earned, net of costs attributed to retention withheld from each Subcontractor, on the amount withheld to ensure performance of the Contractor.

#### 7-3.2.5.3 Subcontractor Entitlement to Interest

If the Contractor elects to receive interest on any moneys withheld in retention by TCMHA, then the Subcontractor shall receive the identical rate of interest received by the Contractor on any retention moneys withheld from the Subcontractor by the Contractor, less any actual pro rata costs associated with administering and calculating that interest. In the event that the interest rate is a fluctuating rate, the rate for the Subcontractor shall be determined by calculating the interest rate paid during the time that retentions were withheld from the Subcontractor. If the Contractor elects to substitute securities in lieu of retention, then, by mutual consent of the Contractor and the Subcontractor, the Subcontractor may substitute securities in exchange for the release of moneys held in retention by the Contractor. The Contractor shall pay each Subcontractor, not later than ten (10) Days after receipt of escrow moneys, the amount owed to each Subcontractor from the moneys plus the respective amount of interest earned, net of costs attributed to the retention held from each Subcontractor, on the amount of retention withheld to ensure performance of the Subcontractor.

#### 7-3.2.5.4 Securities Eligible for Investment

Securities eligible for investment shall include those listed in Government Code Section 16430, bank or savings and loan certificates of deposit, interest-bearing demand deposit accounts, standby letters of credit, or any other security mutually agreed upon between the Contractor and TCMHA. The Contractor shall be the beneficial owner of any securities substituted for any monies withheld and shall receive any interest thereon.

#### 7-3.2.5.5 Escrow Agreement for Security Deposits in Lieu of Retention

The escrow agreement that shall be used for the deposit of securities in lieu of retention shall substantially conform to the form prescribed in Public Contract Code Section 22300(f).

#### 7-3.2.5.6 Inconsistencies with Prevailing Statutory Requirements

If there is any inconsistency between or differences in Public Contract Code Section 22300 and the terms of this provision, or any future amendments thereto, Section 22300 shall control.

Section 7-3.9 is hereby added to Section 7-3 of Part 1 of the Standard Specifications, as follows:

#### 7-3.9 AUDIT

TCMHA or its representative shall have the option of inspecting and/or auditing all records and other written materials used by the Contractor in preparing its billings to TCMHA as a condition precedent to any payment to the Contractor or in response to a construction claim or a Public Records Act (Government Code Section 6250 *et seq.*) request. The Contractor will promptly furnish documents requested by TCMHA at no cost. Additionally, the Contractor shall be subject to State Auditor examination and audit at the request of TCMHA or as part of any audit of TCMHA, for a period of three (3) years after final payment under the Contract. The Contractor shall include a copy of this Section 7-3.9 in all contracts with its Subcontractors, and the Contractor shall be responsible for immediately obtaining those records or other written material from its Subcontractors upon a request by the State Auditor or TCMHA. If the Project includes other auditing requirements, those additional requirements will be listed in the Special Provisions.

### **SECTION 8 FACILITIES FOR AGENCY PERSONNEL**

#### 8-1 General

No field offices TCMHA personnel shall be required; however, TCMHA personnel shall have the right to enter upon the Project at all times and shall be admitted to the offices of the Contractor to use the telephone, desk and sanitary facilities provided by the Contractor for its own personnel.

Section 9 is hereby added to Part 1 of the Standard Specifications, as follows:

### **SECTION 9. ADDITIONAL TERMS**

#### 9-1 NONDISCRIMINATORY EMPLOYMENT

The Contractor shall not unlawfully discriminate against any individual based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation or military and veteran status. The Contractor understands and agrees that it is bound by and will comply with the nondiscrimination mandates of all statutes and local ordinances and regulations.

### 9-3 CONTRACTOR'S RESPONSIBILITY FOR WORK

Until the final acceptance of the Work by the TCMHA Governing Board in accordance with Section 3-13.2 of the General Provisions, the Contractor shall have the charge and care thereof and shall bear the risk of injury or damage to any part of the Work by the action of the elements, criminal acts, or any other cause. The Contractor shall rebuild, repair, restore and make good all injuries or damages to any portion of the Work occasioned by any cause before its completion and acceptance and shall bear the expense thereof, except for such injuries or damages arising from the sole negligence or willful misconduct of TCMHA, its officers, agents or employees. In the case of suspension of Work from any cause whatever, the Contractor shall be responsible for all materials and the protection of Work already completed, shall properly store and protect them if necessary, and shall provide suitable drainage and erect temporary structures where necessary.

### 9-4 PROCEDURE IN CASE OF DAMAGE TO PUBLIC PROPERTY

Any portions of curb, gutter, sidewalk or any other public improvement damaged by the Contractor during the course of construction shall be replaced by the Contractor at its own cost. The Contractor is responsible for any damage to any public improvement caused by the Contractor during the course of construction and must notify the proper municipal agency of any damage that may occur to such public improvements.

### 9-5 REMOVAL OF INTERFERING OBSTRUCTIONS

The Contractor shall remove and dispose of all debris, abandoned structures, tree roots and obstructions of any character encountered during the process of excavation. It is understood that the cost of any such removals are made a part of the unit price bid by the Contractor under the item for excavation or removal of existing Work.

### 9-6 SOILS ENGINEERING AND TESTING

A certified materials testing firm may be retained by TCMHA to perform materials tests during the Contractor's entire operation to ascertain compliance with the Contract requirements. TCMHA shall be responsible for the first series of tests. If the initial tests do not meet the Contract requirements, the Contractor shall bear the cost of all subsequent tests.

If TCMHA requires other tests or more specific requirements for testing regarding this Project, those details will be included in the Special Provisions.

### 9-7 ACCESS TO PRIVATE PROPERTY

Unless otherwise stated in the Special Provisions, the Contractor shall be responsible for all fees and costs associated with securing permission to access private property for any portion of the Project.

## 9-9 CLAIM DISPUTE RESOLUTION

In the event of any dispute or controversy with TCMHA over any matter whatsoever, the Contractor shall not cause any delay or cessation in or of Work, but shall proceed with the performance of the Work in dispute. The Contractor shall retain any and all rights provided that pertain to the resolution of disputes and protests between the parties. The disputed Work will be categorized as an “unresolved dispute” and payment, if any, shall be as later determined by mutual agreement or a court of law. The Contractor shall keep accurate, detailed records of all disputed Work, claims and other disputed matters.

All claims arising out of or related to the Contract Documents or this Project, and the consideration and payment of such claims, are subject to Public Contract Code Section 9204 and Public Contract Code Section 20104 et seq. (Article 1.5), where applicable. This Contract hereby incorporates those provisions as though fully set forth herein. For purposes of this Section, “claim” means a separate demand by the Contractor sent by registered mail or certified mail with return receipt requested, for (i) a time extension, including, without limitation, for relief from damages or penalties for delay assessed by TCMHA, (ii) payment by TCMHA of money or damages arising from work done by, or on behalf of, the Contractor pursuant to the Contract Documents, payment for which is not otherwise expressly provided or to which the claimant is not otherwise entitled, or (iii) payment of an amount that is disputed by TCMHA. The Contractor or any Subcontractor must file a claim in accordance with Section 9204 and Article 1.5 (if applicable), and must then adhere to Section 9204 and Article 1.5 (as applicable)

In addition to compliance with Public Contract Code Section 9204 and Article 1.5, filing a claim in accordance with the Government Claims Act (Government Code Section 810 et seq.) is a prerequisite to filing any lawsuit against TCMHA relating to this Contract.

## 9-10 THIRD PARTY CLAIMS

TCMHA shall have full authority to compromise or otherwise settle any claim relating to the Project at any time. TCMHA shall timely notify the Contractor of the receipt of any third-party claim relating to the Project. TCMHA shall be entitled to recover its reasonable costs incurred in providing this notice.

## 9-11 COMPLIANCE WITH LAWS

The Contractor shall comply with all applicable federal, State and local laws, ordinances, codes and regulations in force at the time the Contractor performs pursuant to the Contract Documents.

9-12 REQUIREMENT TO MITIGATE THE SPREAD OF COVID-19. The Contractor and all subcontractors for the Work shall comply with all applicable Federal, State, Los Angeles County (as applicable), and City statutes, regulations, orders, and ordinances regarding COVID-19 Infection Prevention.

Prior to the pre-construction meeting, the Contractor shall submit to TCMHA a “COVID-19 Mitigation Program” implementing these requirements and shall post the COVID-19 Mitigation Program on the project site in a manner designated by the City’s Project Manager. The failure of employees or workers of the Contractor and all subcontractors on the Work to comply with these requirements shall be a default per Section 6-7.1, and may also result in a suspension of the Work pursuant to Section 6-6. Contractor acknowledges that, in the event that the Engineer suspends the Work as a result of such failure by Contractor or one of its subcontractors to comply with these requirements, TCMHA is not responsible for the delay, and that pursuant to Section 6-6.1 the Contractor is not entitled to compensation. The Contractor shall also pay to TCMHA the costs and expenses incurred by TCMHA resulting from the failure of employees of the Contractor and all subcontractors on the Work to comply with these requirements including, but not limited to, the salaries and benefits for TCMHA employees who are unable to work due to exposure to COVID-19 as a result of such failure, and workers compensation benefits and expenses. Delays in the Work resulting from Contractor’s or its subcontractor’s failure to comply with these regulations shall not be considered an unforeseen event entitling Contractor to an extension of time or payment for delay pursuant to Section 6-4 of the Standard Specifications.

### 9-13 CONTRACTOR’S REPRESENTATIONS

By signing the Contract, the Contractor represents, covenants, agrees, and declares under penalty of perjury under the laws of the State of California that: (a) the Contractor is licensed, qualified, and capable of furnishing the labor, materials, and expertise necessary to perform the services in accordance with the terms and conditions set forth in the Contract Documents; (b) there are no obligations, commitments, or impediments of any kind that will limit or prevent its full performance under the Contract Documents; (c) there is no litigation pending against the Contractor that could adversely affect its performance of the Contract, and the Contractor is not the subject of any criminal investigation or proceeding; and (d) to the Contractor’s actual knowledge, neither the Contractor nor its personnel have been convicted of a felony.

### 9-14 CONFLICTS OF INTEREST

The Contractor agrees not to accept any employment or representation during the term of the Contract or within twelve (12) months after acceptance as defined in Section 3-13.2 of the General Provisions that is or may likely make the Contractor “financially interested,” as provided in Government Code Sections 1090 and 87100, in any decisions made by TCMHA on any matter in connection with which the Contractor has been retained pursuant to the Contract Documents.

### 9-15 APPLICABLE LAW

The validity, interpretation, and performance of these Contract Documents shall be controlled by and construed under the laws of the State of California, excluding California’s choice of law rules. Venue for any such action relating to the Contract shall be in the Superior Court with geographic jurisdiction over TCMHA.



## 9-16 TIME

Time is of the essence in these Contract Documents.

## 9-17 INDEPENDENT CONTRACTOR

The Contractor and Subcontractors shall at all times remain, as to TCMHA, wholly independent contractors. Neither TCMHA nor any of its officials, officers, employees or agents shall have control over the conduct of the Contractor, Subcontractors, or any of their officers, employees, or agents, except as herein set forth, and the Contractor and Subcontractors are free to dispose of all portions of their time and activities that they are not obligated to devote to TCMHA in such a manner and to such Persons that the Contractor or Subcontractors wish except as expressly provided in these Contract Documents. The Contractor and Subcontractors shall have no power to incur any debt, obligation, or liability on behalf of TCMHA, bind TCMHA in any manner, or otherwise act on behalf of TCMHA as agents. The Contractor and Subcontractors shall not, at any time or in any manner, represent that they or any of their agents, servants or employees, are in any manner agents, servants or employees of TCMHA. The Contractor and Subcontractors agree to pay all required taxes on amounts paid to them under the Contract, and to indemnify and hold TCMHA harmless from any and all taxes, assessments, penalties, and interest asserted against TCMHA by reason of the independent contractor relationship created by the Contract Documents. The Contractor shall include this provision in all contracts with all Subcontractors.

## 9-18 CONSTRUCTION

In the event of any asserted ambiguity in, or dispute regarding the interpretation of any matter herein, the interpretation of these Contract Documents shall not be resolved by any rules of interpretation providing for interpretation against the party who causes the uncertainty to exist or against the party who drafted the Contract Documents or who drafted that portion of the Contract Documents.

## 9-19 NON-WAIVER OF TERMS, RIGHTS AND REMEDIES

Waiver by either party of any one (1) or more of the conditions of performance under these Contract Documents shall not be a waiver of any other condition of performance under these Contract Documents. In no event shall the making by TCMHA of any payment to the Contractor constitute or be construed as a waiver by TCMHA of any breach of covenant, or any default that may then exist on the part of the Contractor, and the making of any such payment by TCMHA shall in no way impair or prejudice any right or remedy available to TCMHA with regard to such breach or default.

## 9-20 TERM

The Contract is effective as of the Effective Date listed, and shall remain in full force and effect until the Contractor has fully rendered the services required by the Contract Documents or the Contract has been otherwise terminated by TCMHA. However, some provisions may survive the term listed within this Section, as stated in those provisions.

## 9-21 NOTICE

Except as otherwise required by law, any notice or other communication authorized or required by these Contract Documents shall be in writing and shall be deemed received on (a) the day of delivery if delivered by hand or overnight courier service during TCMHA's regular business hours or (b) on the third (3rd) business day following deposit in the United States mail, postage prepaid, to the addresses listed on the Contractor's Bid and TCMHA's Administrative Office, or at such other address as one party may notify the other.

## 9-22 SEVERABILITY

If any term or portion of these Contract Documents is held to be invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions of these Contract Documents shall continue in full force and effect.

# SPECIAL PROVISIONS

The Sections that follow supplement, but do not replace, the corresponding provisions in Part 3 (Construction Methods) and Part 4 (Existing Improvements) of the Standard Specifications, except as otherwise indicated herein. In the event of any conflict between the Standard Specifications and these Special Provisions, these Special Provisions shall control.

## SECTION 306 - OPEN TRENCH CONDUIT CONSTRUCTION

### 306-3.1 GENERAL

Pursuant to Public Contract Code Section 7104, if the project involves trenching more than four (4) feet deep, Contractor shall promptly and before the following conditions are disturbed notify the TCMHA in writing of any:

a. Material that Contractor believes may be material that is hazardous waste, as defined in California Health and Safety Code Section 25117, that is required to be removed to a Class I, Class II, or Class III disposal site in accordance with provisions of existing law; and/or

b. Subsurface or latent physical conditions at the site differing from those indicated; and/or

c. Unknown physical conditions at the site of any unusual nature, different materially from those ordinarily encountered and generally recognized as inherent in work of the character provided for in the Contract.

TCMHA shall promptly investigate the conditions, and if it finds that the conditions do materially so differ, or do involve hazardous waste, and cause a decrease or increase in the Contractor's cost of, or the time required for, performance of any part of the Work shall issue a change order under the procedures described in the Contract. In the event that a dispute arises between TCMHA and the Contractor whether the conditions materially differ, or involve hazardous waste, or cause a decrease or increase in the Contractor's cost of, or time required for, performance of any part of the Work, the Contractor shall not be excused from any scheduled completion date provided for by the Contract, but shall proceed with all work to be performed under the Contract. The Contractor shall retain any and all rights provided either by contract or by law which pertain to the resolution of disputes and protests between the parties.

As required by Labor Code Section 6705 and in addition thereto, whenever work under the Contract that involves an estimated expenditure in excess of twenty-five thousand dollars (\$25,000) for the excavation of any trench or trenches five (5) feet or more in depth, Contractor shall submit for acceptance by TCMHA in advance of excavation, a detailed plan showing the design of shoring, bracing, sloping, or other provisions to be made for worker protection from the hazard of caving ground during the excavation of such trench or trenches. If such plan varies from the shoring system standards

established by the Construction Safety Orders of the Division of Industrial Safety, the plan shall be prepared by a registered civil or structural engineer employed by Contractor, and all costs therefor shall be included in the price of the Contract. Nothing in this provision shall be deemed to allow the use of a shoring, sloping, or other protective system less effective than that required by the Construction Safety Orders. Nothing in this provision shall be construed to impose tort liability on TCMHA or on any TCMHA officer, agent, consultant, representative, or employee. All plans, processing and shoring costs are Contractor's responsibility and must be included in Contractor's bid.

## **SECTION 400 - PROTECTION AND RESTORATION**

### **400-1 GENERAL**

All costs to the Contractor for protecting, removing, restoring, relocating, repairing, replacing, or reestablishing existing improvements shall be included in the Bid.

## **SECTION 402 - UTILITIES**

### **402-1 LOCATION**

Except as shown in the Plans or specified in the Special Provisions, the location and existence of underground utilities or substructures has not been obtained. Subject to Gov't Code Section 4215, the methods used and costs involved to locate existing elements, points of connection and all construction methods are the Contractor's sole responsibility. Accuracy of information furnished, as to existing conditions, is not guaranteed by TCMHA. The Contractor, at its sole expense, must make all investigations necessary to determine locations of existing elements, which may include contacting Underground Service Alert and other private underground locating firm(s), utilizing specialized locating equipment, hand trenching, or both. For every Dig Alert Identification Number issued by Underground Service Alert during the course of the Project, the Contractor must submit to TCMHA the following form. The Contractor shall be responsible for preserving the integrity of the existing underground utilities at the site.

## UNDERGROUND SERVICE ALERT IDENTIFICATION NUMBER FORM

No excavation will be permitted until this form is completed and returned to TCMHA.

Government Code Section 4216 *et seq.* requires a Dig Alert Identification Number to be issued before a permit to excavate will be valid.

To obtain a Dig Alert Identification Number, call Underground Service Alert at **811** a minimum of three (3) Working Days before scheduled excavation. For best response, provide as much notice as possible up to ten (10) Working Days.

***Dig Alert Identification Number:***

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
("CONTRACTOR")

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

Printed Name: \_\_\_\_\_

-

Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

-

Title: \_\_\_\_\_

Note: This form is required for every Dig Alert Identification Number issued by Underground Service during the course of the Work. Additional forms may be obtained from the TCMHA upon request.

### 402-1.3 Entry by Utility Owners

The right is reserved to the owners of public Utilities or franchises to enter the Project site for the purpose of making repairs or changes in their property that may be necessary as a result of the Work as well as any other reason authorized by TCMHA. When the Contract Documents provide for the Utility owners to alter, relocate or reconstruct a Utility, or when the Contract Documents are silent in this regard and it is determined by the Project Manager that the Utility owners must alter, relocate or reconstruct a Utility, the Contractor shall schedule and allow adequate time for those alterations, relocations or reconstructions by the respective Utility owners. TCMHA employees and agents shall likewise have the right to enter upon the Project site at any time and for any reason or no reason at all.

### 402-2 PROTECTION

If Contractor damages or breaks the Utilities, it will be the Contractor's responsibility to repair the Utility at no cost to the Utility or TCMHA.

### 402-3 REMOVAL

Facilities encountered during the prosecution of the Work that are determined to be abandoned shall be removed by the Contractor as required for the Work, unless directed otherwise by the Project Manager. The remaining portion of the existing Utility which is left in place shall be accurately recorded, in elevation and plan, on the control set of Contract Drawings.

### 402-4 RELOCATION

The Contractor shall cooperate fully with all Utility forces of TCMHA or forces of other public or private agencies engaged in the relocation, altering, or otherwise rearranging of any facilities that interfere with the progress of the Work. The Contractor shall schedule the Work so as to minimize interference with the relocation, altering, or other rearranging of facilities.

### 402-6 COOPERATION

The Contractor's attention is directed to the fact that Work may be conducted at or adjacent to the site by other contractors during the performance of the Work under this Contract. The Contractor shall conduct its operations so as to cause a minimum of interference with the work of such other contractors, and shall cooperate fully with such contractors to provide continued safe access to their respective portions of the site, as required to perform work under their respective contracts. Compensation for compliance shall be included in the various items of the Work, and no additional compensation shall be allowed therefor.

402-7 NOTIFICATION

The Contractor shall notify the Project Manager and the owners of all Utilities and substructures not less than forty-eight (48) hours before starting construction. The following list of names and telephone numbers is intended for the convenience of the Contractor and is not guaranteed to be complete or accurate:

Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Agency: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**EXHIBIT C**

**BID RESULTS  
FOR THE OFFICE REMODEL PROJECT**





**EXHIBIT D**

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

BRIDGEROCK CONSTRUCTION, INC

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

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

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

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

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

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

Austin Heng, Principal

Date	Contractor or Vendor’s Name	Contractor or Vendor’s Signature
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Rimmi Hundal, Executive Director

Date	TCMHA Executive Official’s Name	TCMHA Executive Official’s Signature
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**DISTRIBUTION:**

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

**DATE:** April 17, 2024

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

**FROM:** Rimmi Hundal, Executive Director

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

**SUBJECT:** Consideration of Resolution No. 738 Adopting the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024-25 as Recommended by the TCMHA Mental Health Commission

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Summary:

The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures. The MHSA Projects Manager presented an overview of the MHSA Annual Update for Fiscal Year 2024-25 for the Tri-City Mental Health Commission during the Public Hearing held on April 9, 2024.

Background:

This MHSA Annual Update for Fiscal Year 2024-25 was posted on March 8, 2024, and the required minimum 30-day review process ended on April 9, 2024. Staff circulated a draft of the Annual Update by making electronic copies available on TCMHA's website as well as circulating hard copies throughout the community. The plan was also promoted on social media including Facebook, Twitter, and Instagram. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. All comments received regarding this plan were shared during the Public Hearing on April 9, 2024.

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

Fiscal Impact:

The Agency has funds available under MHSA to support the MHSA Annual Update for Fiscal Year 2024-25.

**Governing Board of Tri-City Mental Health Authority  
Consideration of Resolution No. 738 Adopting the Mental Health Services Act (MHSA)  
Annual Update for Fiscal Year 2024-25 as Recommended by the TCMHA Mental Health  
Commission  
April 17, 2024  
Page 2**

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 738 approving the Authority's Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024-25 as recommended by the TCMHA Mental Health Commission.

Attachments:

*Attachment 3-A:* Resolution No. 738 - DRAFT

*Attachment 3-B:* TCMHA Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024 – 2025.

**RESOLUTION NO. 738**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FY 2024-25**

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) wishes to adopt the Authority’s Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024-25, as recommended by the Authority’s Mental Health Commission.

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

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

**2. Action**

The Governing Board approves the Authority’s MHSA Annual Update for Fiscal Year 2024-25; and authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 17, 2024, by the following vote:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

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JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

---

STEVEN L. FLOWER, GENERAL COUNSEL

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MICAELA P. OLMOS, RECORDING SECRETARY

**ATTACHMENT 3-A**

Mental Health Services Act (MHSA)

# ANNUAL UPDATE

FY 2024-25



ATTACHMENT 3-B



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# MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

<p><b>Local Mental Health Director</b>  Rimmi Hundal, Executive Director  Telephone Number: (909) 623-6131  E-mail: <a href="mailto:rhundal@tricitymhs.org">rhundal@tricitymhs.org</a></p>	<p><b>Program Lead</b>  Dana Barford, Director of MHSA and Ethnic Services  Telephone Number: (909) 326-4641  E-mail: <a href="mailto:dbarford@tricitymhs.org">dbarford@tricitymhs.org</a></p>
<p><b>County Mental Health Mailing Address</b>  1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711</p>	

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

This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The MHSA Annual Update FY 2024-25, attached hereto, was adopted by the Tri-City Governing Board on \_\_\_\_\_.

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

All documents in the attached MHSA Annual Update FY 2024-25 are true and correct.

**Rimmi Hundal, Executive Director**  
\_\_\_\_\_  
Local Mental Health Director/Designee  
County: TRI-CITY MENTAL HEALTH AUTHORITY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# MHSA County Fiscal Accountability Certification

County/City: TRI-CITY MENTAL HEALTH AUTHORITY  
\_\_\_ Three-Year Program and Expenditure Plan    X Annual Update    \_\_\_ Annual Revenue and Expenditure Report

<p><b>Local Mental Health Director</b>  Rimmi Hundal, Executive Director  Telephone Number: (909) 623-6131  E-mail: <a href="mailto:rhundal@tricitymhs.org">rhundal@tricitymhs.org</a></p>	<p><b>County Auditor-Controller/ City Financial Officer</b>  Diana Acosta, Chief Financial Officer  Telephone Number: (909) 451-6434  E-mail: <a href="mailto:dacosta@tricitymhs.org">dacosta@tricitymhs.org</a></p>
<p><b>Local Mental Health Mailing Address</b>  1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711</p>	

I hereby certify that the MHSA Annual Update FY 2024-25 is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

Rimmi Hundal, Executive Director \_\_\_\_\_

Local Mental Health Director/Designee County: TRI-CITY MENTAL HEALTH AUTHORITY	Signature	Date
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I hereby certify that for the fiscal year ended June 30, 2023, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/ City's financial statements are audited annually by an independent auditor and the most recent audit report is dated November 4, 2022 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2023, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.


Diana Acosta, Chief Financial Officer \_\_\_\_\_

County Auditor Controller / City Financial Officer	Signature	Date
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# Executive Summary

## Community Planning Process

The community planning process began in the fall of 2023 and continued throughout the fiscal year utilizing both in person and virtual platforms. Community members were invited to attend multiple stakeholder meetings and the MHSA Public Hearing. In addition, the community was presented with the annual Community Planning Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.



MHSA Event	Dates
Community Planning Process Survey	Fall 2023
MHSA Community Forums (i.e. Stakeholder Meetings)	10/17/2023
	10/19/2023
	11/28/2023
	11/29/2023
	12/5/2023
	12/20/2023
	1/18/2024
	1/22/2024
2/22/2024 (2)	
30-Day Posting of the MHSA Annual Update 2024-25	3/8/2024 – 4/9/2024
MHSA Public Hearing and Meeting of the Tri-City Mental Health Commission	4/9/2024
Tri-City Governing Board Approval and Adoption	5/15/2024

# MHSA Plan Highlights & Actions Since Previous Annual Update

## Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2022-23
Full-Service Partnerships	490
Full-Service Partnerships Projection for FY 2023-24	436
Community Navigators	969
Wellness Center	1,009
Supplemental Crisis Services	916
Field Capable Clinical Services for Older Adults	37
Permanent Supportive Housing	226
Access to Care	2,517

## Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2022-23
Community Wellbeing	10,809
Community Mental Health Trainings	489
Stigma Reduction and Suicide Prevention	404
Older Adult and Transition Age Youth Wellbeing (Peer Mentor Program)	40
Wellness Center PEI /TAY and Older Adults	1,439
Family Wellbeing	522
NAMI: Community Capacity Building/Ending the Silence	359
Housing Stability Program	87
Therapeutic Community Gardening	85
Early Psychosis Program	19
School-Based Services	377

# Introduction to Tri-City Mental Health Authority

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

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

## Demographics

The total population for the Tri-City area is approximately 219,327 residents. Pomona has more than twice the population of the other two cities combined.

TOTAL POPULATION BY CITY				
	La Verne	Claremont	Pomona	Tri-City Area
<b>Total population</b>	31,423	36,312	151,592	<b>219,327</b>

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

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

TOTAL POPULATION BY AGE GROUP					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age group:					
0-14	5,272	4,953	30,725	40,950	18.70%
15-24	6,978	4,110	25,030	36,118	16.50%
25-59	14,474	13,027	69,702	97,203	44.30%
60+	9,588	9,333	26,135	45,056	20.50%
<b>Totals</b>	<b>36,312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>

Source: U.S. Census data from 2021 ACS 5-Year Estimates

TOTAL POPULATION BY RACE/ETHNICITY					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Ethnicity
<b>Race:</b>					
African American	2,116	1,141	8,862	12,219	5.60%
Asian Pacific Islander	5,631	3,133	16,413	25,177	11.50%
Native American	190	270	3,745	4,205	1.90%
White	20,910	20,073	51,051	92,034	41.90%
Other	2,406	2,425	51,441	56,272	25.70%
Two or more races	5,059	4,381	19,980	29,420	13.40%
<b>Race Totals:</b>	<b>36, 312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>
<b>Ethnicity:</b>					
Hispanic/Latino/a/x	8,691	12,067	108,216	128,974	59.00%
Another Ethnicity	27,621	19,356	43,376	90,353	41.00%
<b>Ethnicity Totals:</b>	<b>36,312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>

Source: U.S. Census data from 2021 ACS 5-Year Estimates

## Mental Health Service Act (MHSA)

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

## Five Components of the Mental Health Services Act

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

## MHSA Community Planning Process

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

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

Stakeholder involvement regarding specific areas of the community planning process is listed below:

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

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

Stakeholder perspectives include individuals who receive services; consumers with serious mental illness and/or serious emotional disturbance; family members; community providers, leaders of community groups in unserved and underserved communities, persons recovering from severe mental illness, seniors, adults and families with children with serious mental illness; representatives from the three cities of Claremont, La Verne and Pomona; veterans; representatives from the local school districts, colleges and universities; primary health care providers; law enforcement representatives, mental health, physical health, and drug/alcohol treatment providers; faith-based community representatives; representatives from the LGBTQIA+ community; representatives from the Los Angeles County Department of Mental Health (LACDMH) and other county agencies as well as others.

Opportunities for collaboration include the following stakeholder engagement activities:

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



The following table reflects specific community planning activities and collaboration impacting the development of this MHSA Annual Update FY 2024-25:

MHSA Event	Dates	Purpose
<b>MHSA Community Forum</b> (i.e. Stakeholder Meetings)	10/17/2023	Orientation to MHSA and introduction to current programs, evaluations, and budgets (in-person)
	10/19/2023	Orientation to MHSA and introduction to current programs, evaluation, and budgets (virtual)
	11/28/2023	Meeting aimed at TAY, families, law enforcement, veterans, and school districts in the service area
	11/29/2023	This stakeholder meeting focused on service providers in our community
	12/5/2023	MHSA orientation and introduction as well as program overview was presented to college students and professors
	12/20/2023	Orientation to MHSA and introduction to current programs, evaluation, and budgets
	1/18/2024	Meeting presented to community partners including law enforcement, local churches, non-profits, k-12 school employees and colleges
	1/22/2024	Meeting presented to community partners via a non-profit community group
	2/22/2024 (2)	During this mid-year stakeholder update, attendees were provided with an update on the potential fiscal impact of Proposition 1 (AB 531 and SB 326). In addition, they were presented with a proposed transfer of CSS funds to WET and CFTN. Lastly, attendees learned about proposal to replace the Supplemental Crisis Services program with the new Mobile Crisis Care (MCC) Pilot Program. Two virtual meetings were held, in the afternoon and evening.
<b>30-Day Posting for MHSA Annual Update FY 2024-25</b>	3/8/2024 through 4/9/2024	The MHSA Annual Update FY 2024-2025 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
<b>MHSA Public Hearing/ Mental Health Commission Meeting</b>	4/9/2024	The Tri-City Mental Health Commission will host the MHSA Public Hearing where community members are invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update FY 2024-25. Feedback from participants will be reviewed and incorporated into this plan. The Mental Health Commission will be asked to endorse the plan for submission to the Tri-City Governing Board.
<b>Tri-City Governing Board Approval</b>	5/15/2024	The Tri-City Governing Board will meet to approve and adopt the MHSA Annual Update FY 2024-25.

## Update on Transfer of Community Services and Support (CSS) Funds to the Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET) Plans

During the MHSA Community Forums held on February 24, 2022, stakeholders approved the transfer of \$2.7 million to the Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET) Plans (\$1.7 million to CFTN and \$1 million to WET) as part of the FY 2022-23 annual Community Planning Process. The \$2.7 million was an estimated amount based on projections of revenue at that time. Once the year is over the estimates are re-reviewed and as a result of lower actual receipts, the maximum amount that could be transferred in fiscal year 2022-23 was \$2.6 million. In accordance with WIC 5892(b) the maximum amount of CSS Plan dollars that can be transferred out to CFTN or WET Plans is 20% of the average amount of funds allocated to that county for the previous five fiscal years. As a result, the amount that was transferred was \$2.6 million (\$1,650,000 to the CFTN Plan and \$950,000 to the WET Plan, dividing the difference of \$100,000 between the two plans).

## Proposals Approved During the FY 2023-24 Community Planning Process

On February 22, 2024, stakeholders met to review and provide feedback on MHSA program updates. Afternoon and evening meeting options were available in order to increase accessibility and accommodate all schedules.

- 1. A request to stakeholders was presented to utilize Supplemental Crisis Support Services dollars in the amount of \$1,760,000 to fund the Mobile Crisis Care (MCC) pilot program for 2 years.**

Some supporting rationale for the request included:

- Centralizing Tri-City efforts to meet specific crisis-related needs of our clients;
- Creation of the MCC program would enable Tri-City to establish a dedicated crisis team equipped to respond to client and community crisis 24/7;
- The MCC program will absorb the responsibilities of both the current Supplemental Crisis Support Services and internal crisis.

The establishment of the MCC would streamline how crisis situations are approached in our community. While Tri-City has historically had proficient and responsive staff manage crisis situations, these staff represent various departments and have other duties such as managing large caseloads, providing psychotherapy services, and administering medication monitoring services. With a dedicated crisis team, crisis response will be the sole focus of staff. Furthermore, the vehicles utilized to respond to a crisis in the community will be equipped for that specific service and fully stocked with items deemed necessary when responding to an array of crisis that an individual may be experiencing.

### Voting Results

Seventy-three percent of participants voted in favor of replacing the Supplemental Crisis Services program with the new Mobile Crisis Care (MCC) Pilot Program and reallocating funds in the amount of \$1,760,000.00 to fund the MCC. This funding, in part, will support new staff hires necessary to sustain the program.

Position	Number of Staff
Peer Support Specialist II	2
Clinical Therapist II	1
Licensed Psychiatric Technician (LPT)	2
Program Manager (.25 FTE)	.25
Clinical Supervisor II	1
Office Specialist	1

### **2. A request to transfer up to \$500,000 from the Community Services and Support (CSS) Plan to the Workforce Education and Training (WET) Plan.**

During these meetings, a second request was made for stakeholder support for the transfer of up to \$3,000,000 from the Community Services and Supports Plan (CSS) to Workforce Education and Training (WET) Plan and Capital Facilities and Technological Needs (CFTN) Plan.

In February 2024, Tri-City's Chief Financial Officer presented an opportunity to transfer funds from CSS to WET. These excess CSS funds, if not reallocated, are subject to reversion. During the stakeholder meetings in February, attendees were reminded of the function of WET and how reallocation of funds could support Tri-City efforts and the community. Attendees were provided information on how WET supports recruitment, retention, education, and training of current and future members of the community mental health workforce.

### Voting Results

Seventy-five percent of stakeholders voted in favor of transferring \$500,000 to support Workforce Education and Training (WET). These funds will be used to contribute to the proficiency, efficiency, and effectiveness of our Tri-City staff, as well as communities and student populations who are considering pursuing a career in the mental health field.

### **3. A request to transfer up to \$2,500,000 from the Community Services and Support (CSS) Plan to the Capital Facilities and Technological Needs (CFTN) Plan.**

A portion of the excess funds available from CSS was also proposed to be transferred to CFTN. While an effective and empathetic workforce is vital to the quality of services Tri-City can provide, staff must also have the necessary tools to complete various roles. CFTN funds provide services and supports such as: The computer lab at the Wellness Center for free public use, purchases and renovations of buildings, Health Insurance Portability and Accountability Act (HIPPA) compliant electronic health records, and strong firewalls for record protection.

## Voting Results

Seventy-one percent of stakeholders supported the transfer of up to \$2.5 million from the Community Services and Support (CSS) plan to the Capital Facilities and Technological Needs (CFTN) plan. These funds will be utilized to strengthen the infrastructure and technology that Tri-City needs to perform its duties securely, as well as improve the spaces available to our staff and our community.

The following chart provides a visual breakdown of the CSS transfer to both WET and CFTN. It is also important to note that the final amount to be transferred will be *up to* \$3,000,000 and is subject to available funds at the time of the transfer:

Workforce Education and Training (WET)	\$500,000
Capital Facilities and Technological Needs (CFTN)	\$2,500,000
<b>Proposed transfer of funds from CSS to WET and CFTN</b>	<b>\$3,000,000</b>

## MHSA Community Planning Survey

Beginning in September 2023, stakeholders and community partners were invited to complete Tri-City's MHSA Planning Process Survey which provides an opportunity for stakeholders to share their thoughts and concerns regarding the availability of support services. This annual community planning survey is used to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Survey results were then incorporated into this MHSA Annual Update FY 2024-25. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the communities.

This survey is available in both English and Spanish and sent via email to stakeholders based on a distribution list which is updated throughout the year. In addition, a flyer was created with a QR code and distributed throughout the three cities which allowed participants to complete the survey online. The survey was also presented to specific advocacy groups including four cultural wellness advisory groups and community grant recipients. Lastly, printed versions of the survey are available for those who may not be comfortable or experienced with the virtual platforms.

## Survey Results

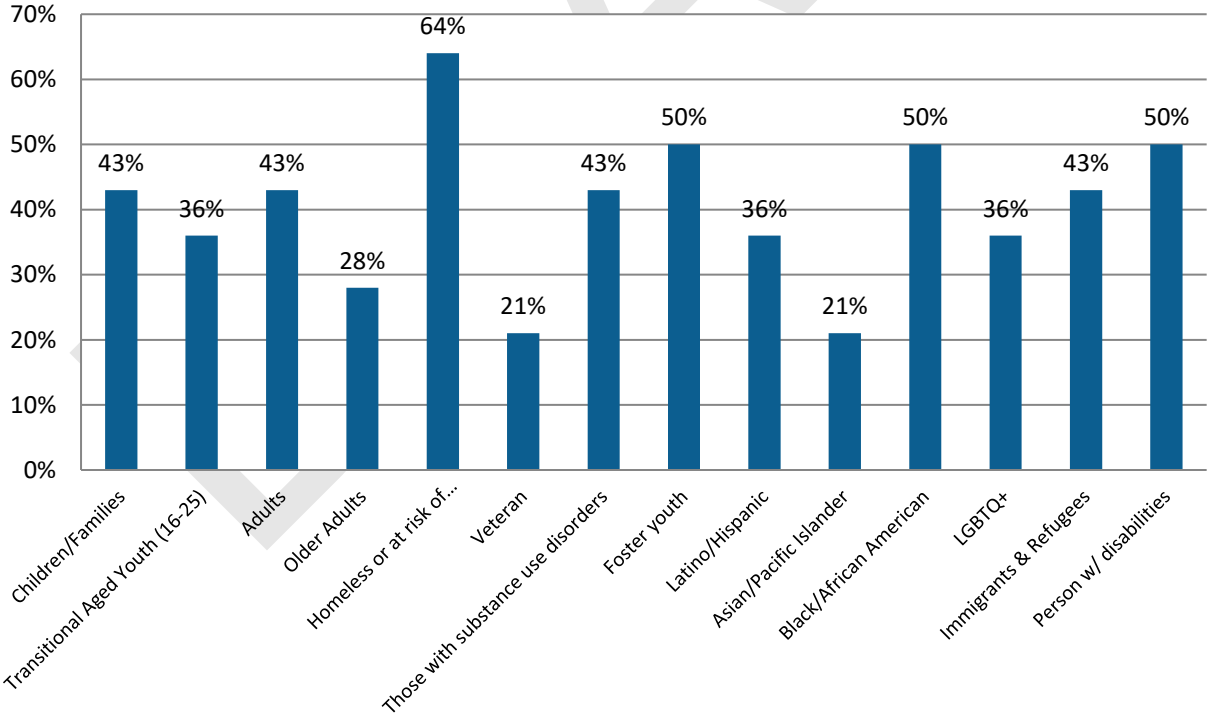
**The following are a few examples of comments made by survey participants regarding how they would like to see future MHSA funds used to continue or secure more efficient programming to the community:**

- *You need visibility in a positive way. Partner with on the ground organizations in impactful, significant, and sustainable ways.*
- *I would like more emphasis on building trust with all communities and the understanding that all communities and cultures are better together rather*

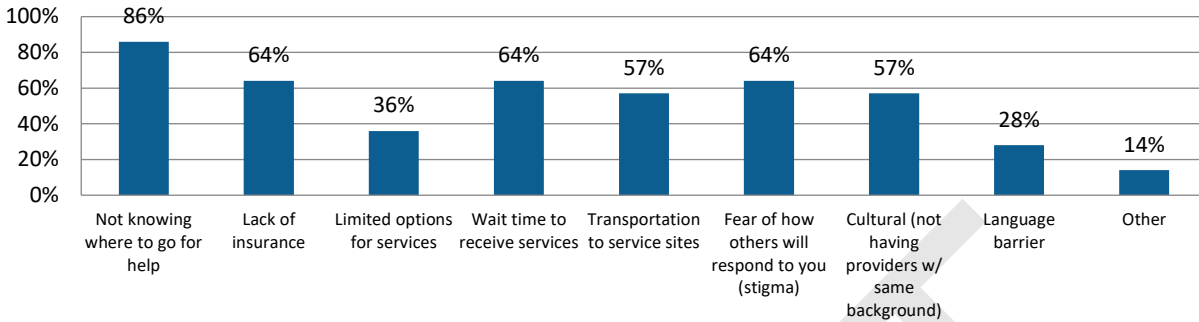
than apart. Those in the minority should have the same access and resources as those in the majority in our communities.

- Outreach, and more programs aimed at building community with the clients you serve. Keeping busy and active is important. Create and/or restart the meetings that had been previously hosted by the Wellness Center such as the peer groups, managing stress, recognizing triggers, coping skills, or day-to-day issues.
- Community events in the community rather than just wellness center.
- Housing for the unhoused, mental health services for people with severe mental health disorders and substance abuse disorders.
- Let the public know -advertise, advertise, advertise! Make sure information about who you are and what you are providing is available (everyone knows the building).
- More case managers, more funding for housing, emergency housing funding, funding for Lyft/Uber for clients to get to job and housing opportunities.

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



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



These comments will be addressed by staff in future MHSA stakeholder meetings and workgroups. **Complete survey results are included in the Appendix.**

**California Proposition 1:  
Behavioral Health Services Program and Bond Measure**

On March 5, 2024, California voters cast their ballots regarding Proposition 1, Governor Newsom’s attempt to Modernize the Mental Health Services Act (MHSA) and increase supportive housing and access to treatment facilities. This measure is designed to improve how California treats mental illness, substance abuse and the homeless by proposing significant revisions to the Mental Health Services Act, a 2004 tax on incomes over a million dollars. Additionally, it would modify how MHSA funds are allocated, and introduce changes related to oversight, accountability, and the community planning process. Proposition 1 also includes a \$6.4 billion bond that would create mental health and substance use treatment beds, and housing with supportive services for unhoused Californians with behavioral health challenges.

At the time of the posting of this document, the election results for this ballot measure were still pending and too close to call. The results will not be certified until April 12, 2024. Any projected impact on Tri-City programing will be addressed in future MHSA updates.

**30-Day Public Comment Period and Public Hearing**

The MHSA Annual Update FY 2024-25 to the Three-Year Program and Expenditure Plan for FY 2023-24—FY 2025-26 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2022-23. An electronic draft of this Annual Update was posted on Tri-City’s website on March 8, 2024 for a 30-day public comment period ending April 9, 2024. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. Tri-City also utilized social media to circulate the flyer on four different digital platforms.



## MHSA Programs

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

The services provided during Fiscal Year 2022-23 are highlighted in each program summary by age group, number of clients served, and average cost per person.

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# Community Services and Supports (CSS)

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

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

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# Full-Service Partnerships

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
<b>Number Served FY 2022-23</b>	107	118	228	37	<b>490</b>
<b>Projected Number to be Served FY 2023-24</b>	99	99	202	36	<b>436</b>
<b>Cost Per Person</b>	\$14,143	\$18,658	\$18,190	\$16,745	<b>N/A</b>

## Program Update

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

During FY 2022-23, a total of 490 individuals were served through the FSP programs with the majority of these being adults ages 26 to 59. This number reflects a slight decrease in numbers served in FY 2021-22, which was 485.

Most participants served through the FSP program reside in the city of Pomona and identify their race as Hispanic or Latino. Primary diagnosis for adult FSP clients includes schizophrenia and psychotic disorders followed by depressive disorders. For Child and Transitional Aged Youth (TAY), depressive disorders represented the primary diagnosis followed by Post Traumatic Stress Disorder (PTSD) and Trauma & Stress Related Disorders.

With the implementation of California Advancing and Innovating Medi-Cal (CalAIM), the FSP team has had to adapt to changes in documentation, process, and workflows to ensure that all services are captured in client's electronic health record (EHR). Concurrently, a new EHR was implemented in August 2022, requiring its own learning curve. With these two substantial changes, the FSP supervisors updated internal training and various meetings with the team to help staff adapt to changes and allow opportunity for feedback regarding new workflows.

The FSP team also experienced improvements in staff retention, allowing for increased client care hours and Targeted Case Management (TCM) support. Additional clinical group options were also provided to the community, leading to an increase in available resources for clients, opportunities for building on socialization skills, and peer support.

Lead Clinician and Senior Mental Health Specialist (MHS) positions were also developed as well as MHS group supervision facilitated by Senior MHS and FSP Supervisor. Group supervision for MHS roles increased the knowledge, efficacy, and problem-solving skills of MHS staff in providing effective and ethical services to our clients

## Challenges and Solutions

A notable challenge for FSP staff was learning how to utilize the new EHR, Cerner. Implementing the new system was a notable change that impacted workflow as individuals took time out of their day to familiarize themselves with the new system and document accurately. Solutions to this challenge included providing training on the Cerner system, allowing for practice time, increasing office hours for questions related to the EHR, and supervisors investing time to understand the system to better support staff. It was also helpful to allocate time to work on revisions and reduce errors on documentation to ensure that documentation was transcribed in the correct way within the EHR.

Another challenge faced by FSP staff was the changes related to reimbursement for services due to CalAIM reform, such as travel and documentation time no longer being claimable services. A solution to this challenge was to incorporate more collaborative documentation during sessions with clients as well as being more strategic about field visits. FSP staff in the field are encouraged to cluster their appointments to reduce drive time and increase billable services. Additionally, supervisors are assisting with non-billable tasks such as reactivation meetings and closing clients that were never engaged in treatment. Administrative surge dates were also implemented to complete corrections and quality assurance training and materials were disseminated to improve documentation and increase billing for FSP.

There was also a challenge of increased client no shows. Specifically, individuals struggled to attend in person appointments. Teams worked on identifying an appropriate mode of providing services and determining if in-home, office, virtual or telephone sessions would be the best fit on a case-by-case

basis. Training also focused on skills building related to having difficult conversations with clients and conversations about what to expect in treatment. Motivational interviewing skills were reviewed so staff can identify what stage of change their clients are in and provide appropriate interventions to move clients further through the stages of change. It was also helpful to have brainstorming sessions in team meetings to develop action plans that staff can utilize when a client misses their appointment as well as how to support unhoused client's schedule and needs.

## Diversity, Equity and Inclusion

Cultural barriers and challenges are regularly discussed in group supervision, individual supervision, and staff meetings. When conceptualizing cases, efforts are made to consider how culture may impact mental health. With the support of supervisors, staff are encouraged to educate themselves on the cultures that they are servicing and familiarize themselves with resources available. Staff are also encouraged to create safe spaces that affirm client identities and to have open, nonjudgmental discussions with consumers about how culture impacts mental health. Often, staff make referrals to Community Wellness Advocates (CWA) or Peer Mentors so that clients/families have a support person that is representative of their culture and background. Undocumented populations are also supported via targeted case management directed at immigration, legal and medical benefits.

In addition, the FSP program seeks to hire staff that are representative of the population we serve and provide services in our threshold languages. When this is not possible, we seek to identify support in the community or within other internal programs that are available to clients (i.e., language line, CWAs, Peer Mentors). This helps to reduce barriers to services.

Training continues to be an ongoing need, especially pertaining to supporting the LGBTQIA+ population. Likewise, plan development that includes community partners assists in supporting the unique needs of specialized populations. Staff ensure that electronic health records also reflect the clients' desires, culture, appropriate pronouns, and preferred name. FSP staff also regularly provide services in the field as barriers related to transportation, mobility or stigma may prevent individuals from coming into the clinic.

## Community Partners

The FSP team and Housing Division team communicate often to discuss available resources and how to provide for families who are insufficiently housed. Along with this, the clinical program often collaborates with external housing resources such as Youth Coordinated Entry System (YCES), Family Solutions, House of Ruth, Hope for Homes, Cedar Springs and more. In doing this, clinical teams can better understand resources available and the steps they may need to take to support clients and families obtain resources.

FSP collaborates regularly with internal and external substance use disorder (SUD) programs. The SUD provider joins FSP meetings to streamline communication and provide feedback when discussing high risk cases. Staff regularly hold treatment team meetings together, both with and without family, to make sure that everyone is efficiently and effectively supporting clients in their treatment goals. Internal SUD providers help the clinical team in enrolling clients in external SUD programs (AI-Anon,

Alcoholics Anonymous, American Recovery Center, Prototypes, etc.) and establishing lines of communication.

Treatment teams regularly collaborate with the Department of Child and Family Services (DCFS) and probation. The purpose of this collaboration is to highlight progress, strengths, and potential needs that clients/families may have that can impact meeting recovery goals. These teams come together to support clients/families remove barriers to meeting goals (i.e., needing SUD services). Collaboration is done through child and family team meetings, treatment team meetings, and regular collateral contact. FSP staff also collaborates with local law enforcement to bridge the gap between front-line police officers and community mental health support.

Lastly, when a developmental disability is indicated, the FSP teams collaborate with local regional centers to support the client and their goals.

## Success Story

### **Adult FSP**

An adult FSP client struggled with housing instability (moving from a shelter, to living out of their vehicle, to living on the street) and chronic complex medical issues. Ultimately the treatment team was able to support the client in locating permanent housing and paying the fees to recover their vehicle. The treatment team and client also worked together to set and maintain boundaries with others, follow through with medical appointments, link to In Home Supportive Services, and rebuild relationships with their family.

### **Child and Transition Age Youth (TAY) FSP**

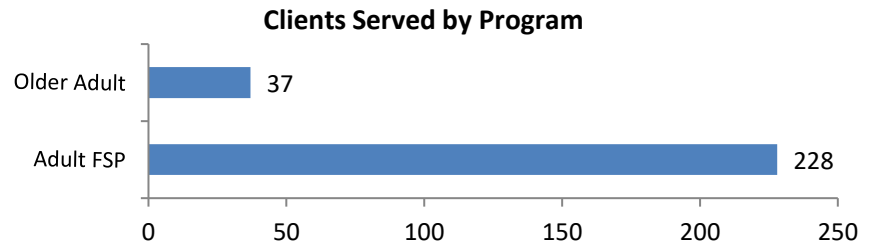
A TAY client began to struggle with mental health symptoms when their primary care physician was no longer able to prescribe medications. Client began to experience an increase in auditory hallucinations, increased irritability, and anger outbursts. Initially, there was resistance regarding treatment, however a persistent, skilled, and empathetic clinical team built the bridge to trust and positive change. The client ultimately was able to cease substance use through work with Tri-City's Co-occurring Support Team and enroll in employment assistance from Tri-City's Wellness Center to actively pursue employment.

# Program Summary

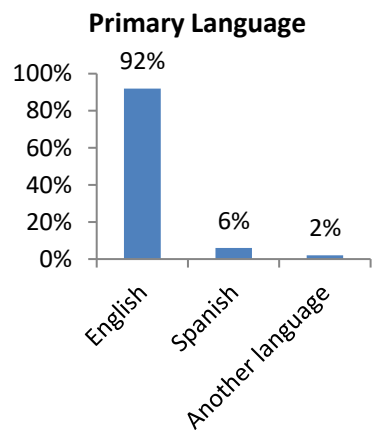
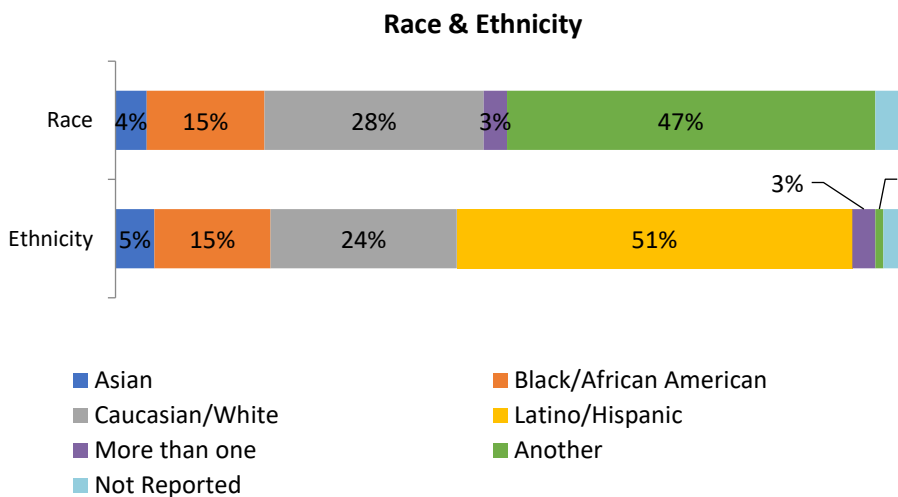
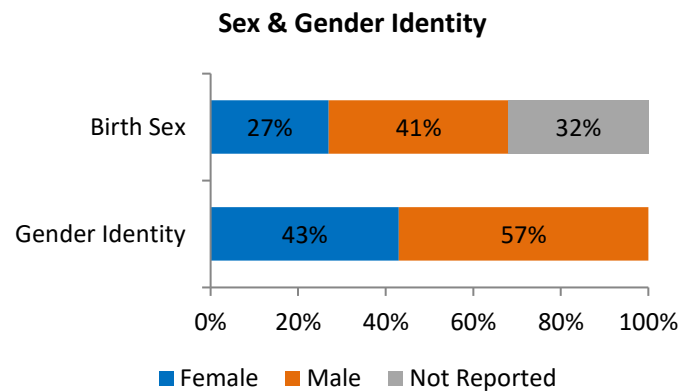
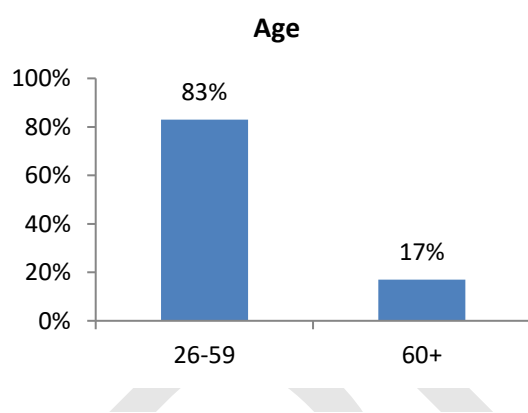
## How Much Did We Do?

### FSP Adult and Older Adult

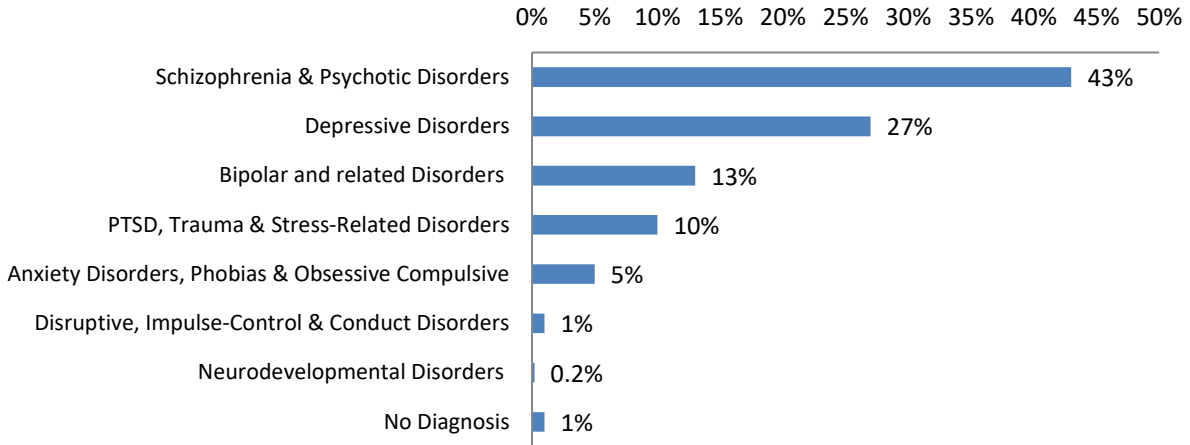
**265**  
Individuals  
Served



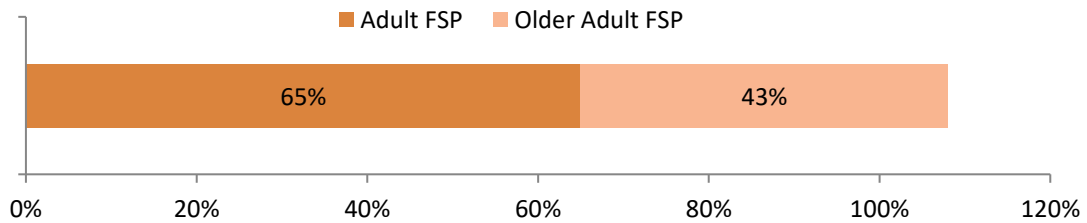
**88%** of Adult/Older Adult clients lived in Pomona, while **9%** of clients lived in Claremont, **8%** lived in La Verne, and **1%** of clients came from other cities.



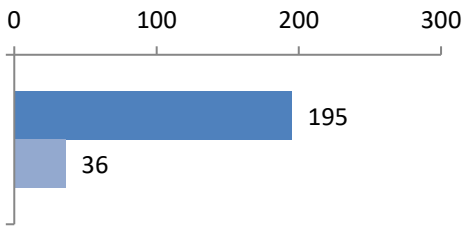
### Primary Diagnosis by FSP Adult/Older Adult Clients



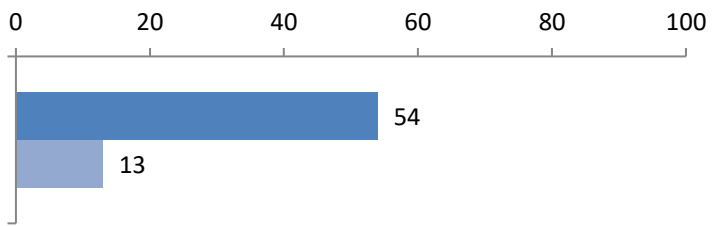
### Percent of Clients Receiving Medication Services by Program



### Number of Crisis Episodes



### Number of Unique Clients w/ at least 1 Crisis Episodes

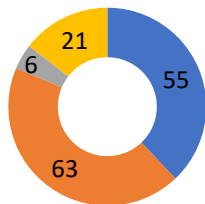


■ Adult FSP ■ Older Adult FSP

■ Adult FSP ■ Older Adult FSP

### Number of FSP Adult/Older Adult Clients Connected to Other Services

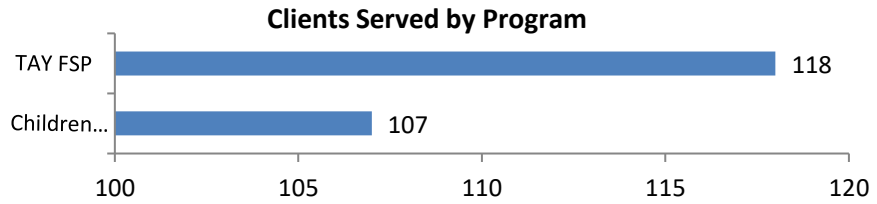
**55%**  
of FSP clients are connected  
to other Tri-City Services



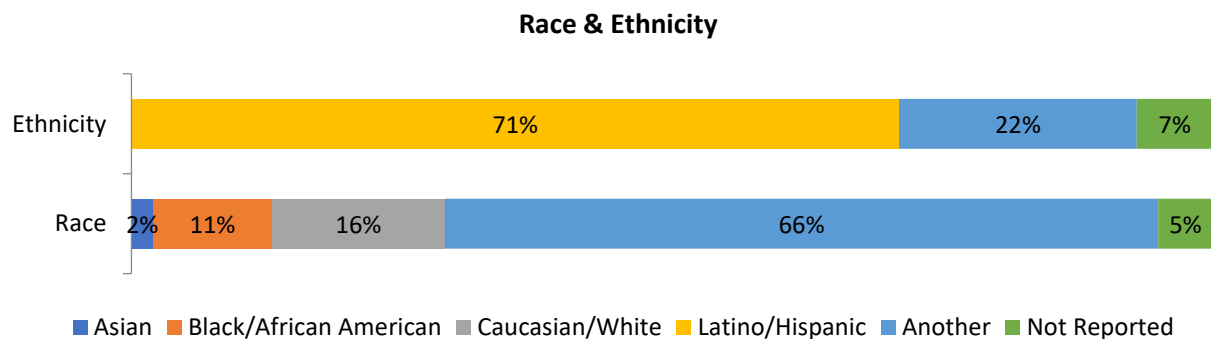
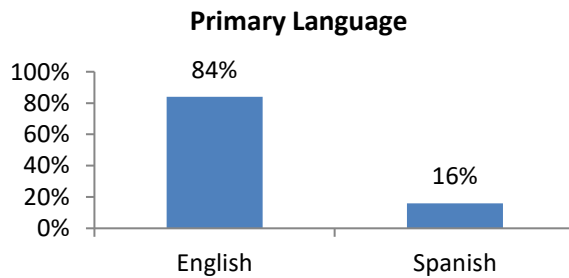
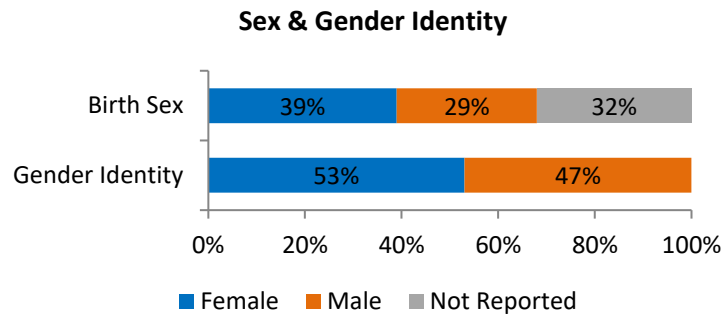
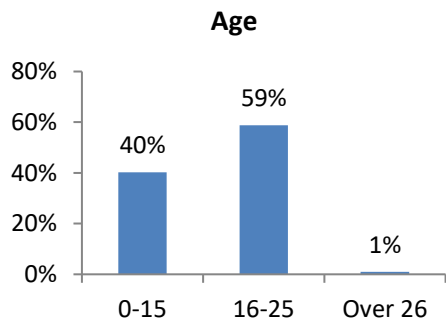
- Housing Services
- Co-Occurring Services
- Therapeutic Community Garden
- Clinical Wellness Advocates

## FSP Children and TAY

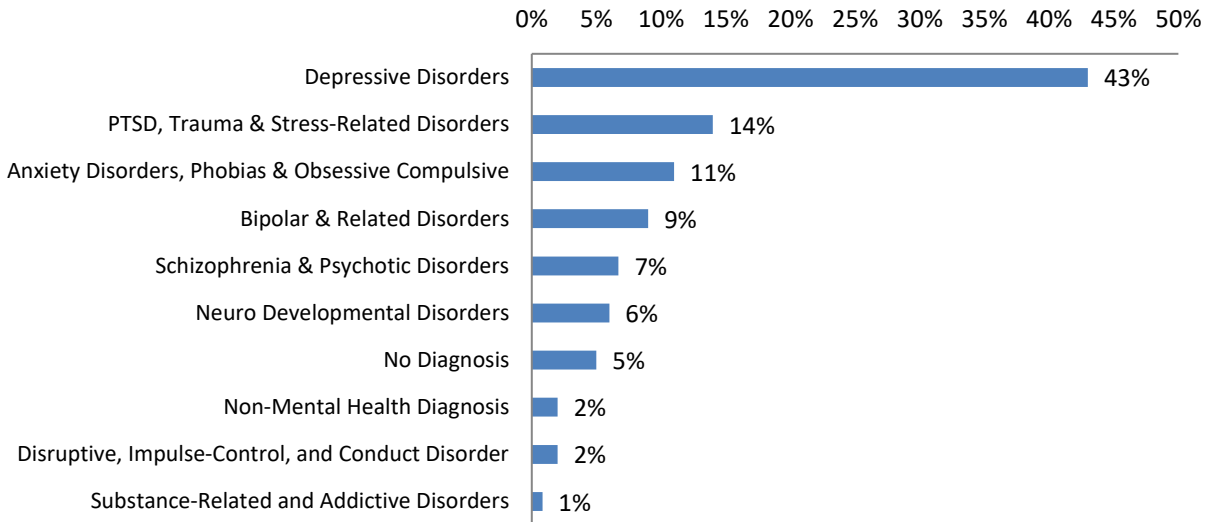
**225**  
Individuals  
Served



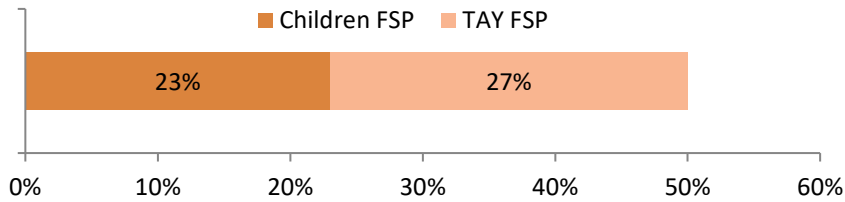
**81%** of Children/TAY clients lived in Pomona, while **9%** of clients lived in Claremont, **8%** lived in La Verne, and **1%** of clients came from other cities.



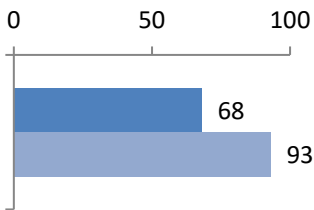
### Primary Diagnosis by FSP CTAY Clients



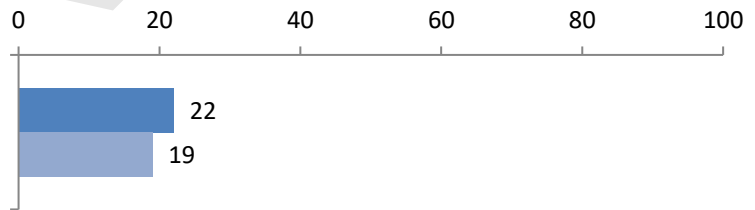
### Clients Receiving Medication Services by Program



### Number of Crisis Episodes



### Number of Unique Clients w/ at least 1 Crisis Episodes

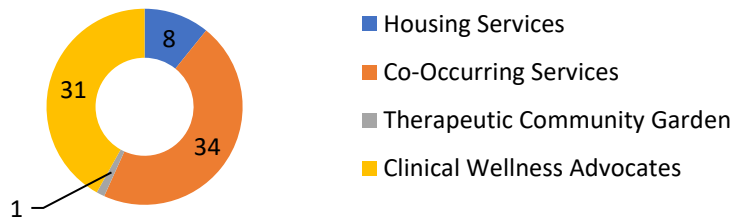


■ Children FSP ■ TAY FSP

■ Children FSP ■ TAY FSP

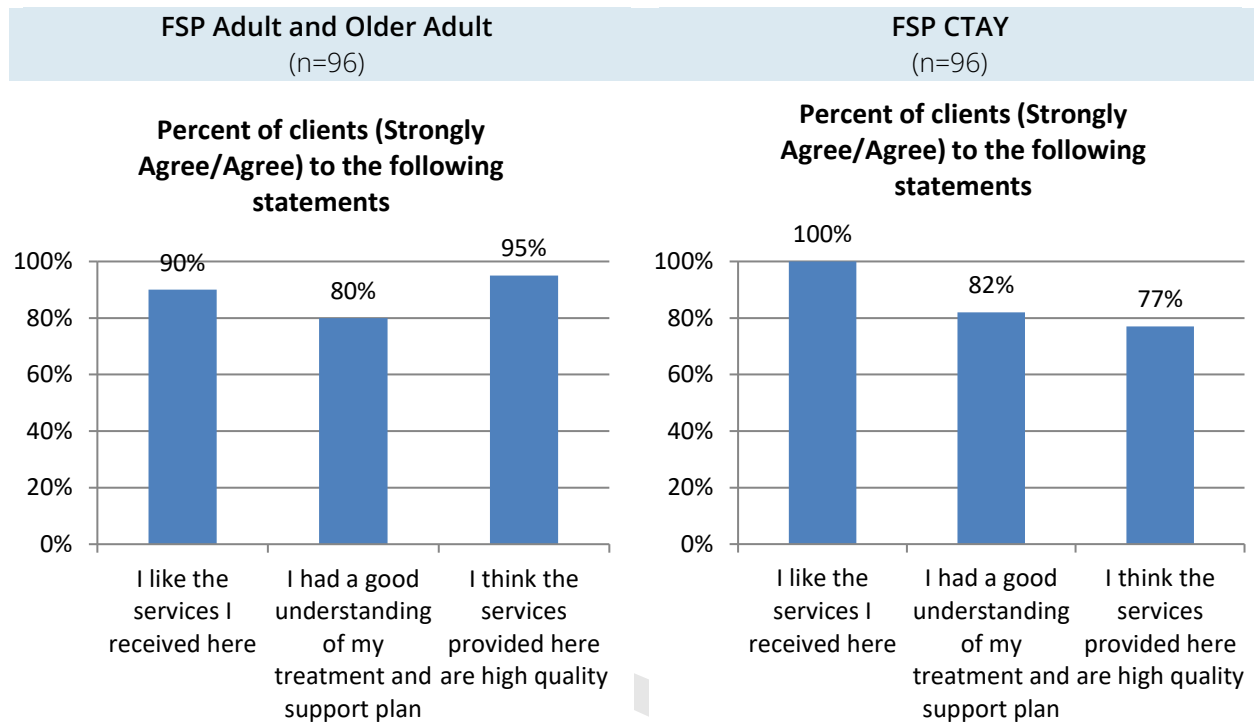
### Number of FSP CTAY Clients Connected to Other Services

**33%**  
of FSP clients are referred to  
other Tri-City Services.





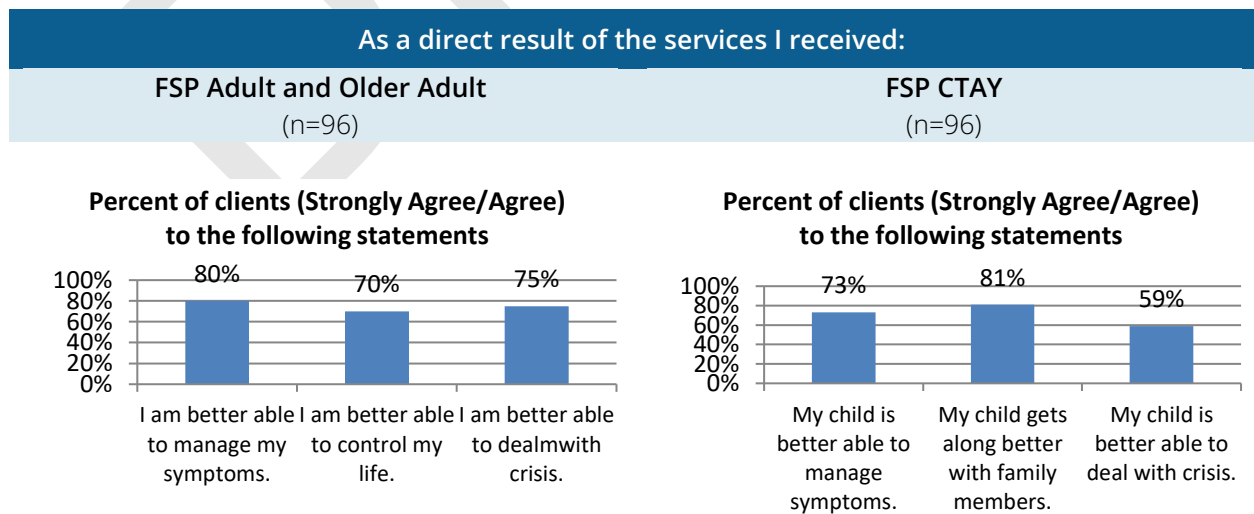
## How Well Did We Do It?



On average, FSP Adult/Older Adult clients were enrolled for **17 months.**

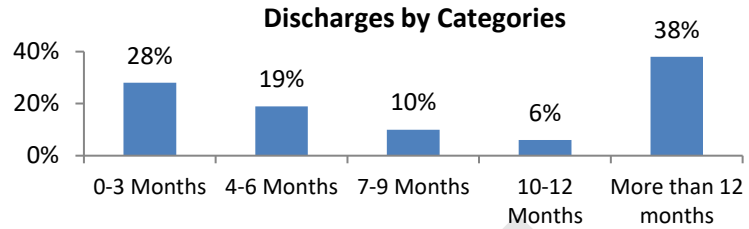
On average, FSP CTAY clients were enrolled for **9 months.**

## Is Anyone Better Off?



## FSP Adult and Older Adult

**123**  
Discharges during  
FY 2022-23



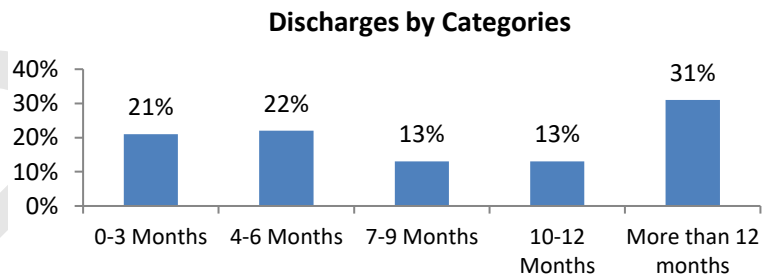
### Outcome Measures Application (OMA) Outcomes

FSP Adult/Older Adult (n=96)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	35% (n=34)	2% (n=2)	Yes
Hospitalizations	38% (n=36)	10% (n=10)	Yes
Homelessness	45% (n=43)	42% (n=41)	Yes

## FSP Children and TAY

**126**  
Discharges during  
FY 2022-23



### Outcome Measures Application (OMA) Outcomes

FSP CTAY (n=41)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	12% (n=5)	0% (n=0)	Yes
Hospitalizations	49% (n=20)	22% (n=9)	Yes
Homelessness	0% (n=0)	2% (n=1)	No
Expulsions/Suspensions from School	15% (n=6)	2% (n=1)	Yes

# Community Navigators

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Total Served
<b>Number Served FY 2022-23</b>	45	63	250	74	537	<b>969</b>
<b>Cost Per Person</b>	\$607	\$607	\$607	\$607	\$607	<b>\$607</b>

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

## Program Update

In FY 2022-23, the Community Navigators (CN) saw a slight decrease in the number of individuals served. In FY 2021-22, the CNs served 1,007 individuals and in FY 2022-23, 969 individuals were served.

The Community Navigators received a high volume of calls related to rental and utility assistance. In collaboration with the City of Pomona, the program received a grant through the San Gabriel Valley Council of Governments (SGVCOG). With this grant, the CNs were able to assist multiple individuals and families with rent, security deposits, and utility assistance. Additionally, the program was also able to help prevent homelessness for many individuals and families within Pomona, Claremont, and La Verne. When funding for the SGVCOG grant ended, the CN Program received additional funds for homeless prevention funds, and short-term motel vouchers, through The Homeless Plan Implantation Grant.

The primary resources requested from the Community Navigators during this time period included mental health counseling, medication support and shelters.

## Challenges and Solutions

Limited housing and shelter resources continue to be an on-going challenge. There are a high number of individuals and families that continue to experience homelessness. The Cohort (cities of Pomona, Claremont, and La Verne) lost funding for the Hope for Home beds, a local shelter. In addition, emergency shelters, especially for families, are limited in the service area. Viable solutions include continued collaborations with the Cohort and accessing grant money that addresses homelessness. Placing families and individuals in motels can also allow the program more time to identify other options for long term crises housing, transitional housing, or permanent housing. In the future, the CN program also hopes to identify additional funding for the Cohort beds at Hope for Home to help shelter single adult individuals in a timely manner. The prevention funds will help assist families who need move-in assistance, rental assistance, and assistance with utility bills.

Additional challenges include issues with finding psychiatrists that take Medi-Cal health plans, identifying providers who offer medication support services only (as opposed to those who require simultaneous mental health support from a clinical therapist) and lower level of care clinicians with long wait lists. Possible solutions include CN staff providing assistance to clients with their insurance provider and then following up on linkage. The CN team is also able to refer to the Behavioral Health Urgent Center in the City of Industry, if clients need emergency medication, while they wait for an appointment with a psychiatrist or contact their primary care physician for a temporary prescription for medications. Another identified solution is collaborating with Community Translational Research Institute (CTRI), a community partner. Through a grant that they have received, CTRI can assist with lower-level care mental health services. CTRI may be incorporating a medication support component in the future which may be a helpful resource when clients need this type of support.

## Diversity, Equity and Inclusion

The CN program consists of highly trained individuals who are bilingual and can provide services in English, Spanish and Vietnamese. This has proved to be helpful since there is a high population of Spanish speaking individuals in Pomona as well as a Vietnamese population. In addition, some of the navigators identify with lived experience so they can better connect with clients they serve. Flyers and documents are also provided in both English and Spanish.

The CN staff receive ongoing cultural inclusion training to better assist the populations that they serve. In addition, CNs are trained to identify and research any resources that can help further support the mental well-being of individuals who may experience additional cultural barriers. Community Navigators also work closely with local senior centers in the three cities and community partners whose services are geared towards LGBTQIA+ individuals as well as monolingual Spanish speakers.

## Community Partners

The Community Navigators collaborate closely with agencies such as Hope for Home Service Center, Los Angeles Centers for Alcohol and Drug Abuse (LACADA), Volunteers of America, Family Solutions, and the Los Angeles Homeless Services Authority (LAHSA) to link individuals to an array of services and resources geared towards those who are experiencing homelessness or housing insecurity.

The CNs also collaborate with the three cities of Pomona, Claremont and La Verne, with a CN stationed in each city to address that community's needs. Additionally, the police departments regularly contact CNs when they encounter individuals in need of resources or homeless assistance.

When individuals are seeking lower level of care services, medical needs or services geared towards specialty populations, CNs collaborate with agencies such as Community Translational Research Institute (CTRI), East Valley Medical Center, Pomona Pride Center and Beinestar Human Services.

## Success Story

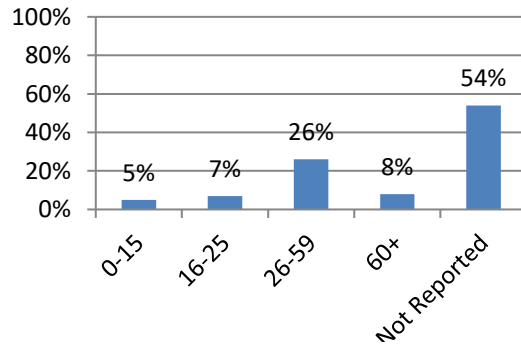
The Community Navigator for the city of La Verne connected with an unsheltered Veteran and began calling different agencies to help with housing. The Veteran, however, was not trusting of the help offered. The Navigator for La Verne continued to develop rapport with the veteran by maintaining weekly contact. After a couple weeks they were connected to LACADA who were able to transport the individual to the Veterans Affairs (VA) to get him registered. The veteran was then able to receive a military ID for the first time, was placed on a wait list for Veterans Affairs Supportive Housing (VASH), and ultimately was offered an opportunity for shared Veteran Transitional Housing. With some encouragement and support from the CN, the veteran agreed to try the shared housing. The individual maintained transitional living at this location as well as received assistance with obtaining DD214 military paperwork and a birth certificate. Now, all documentation is ready for when permanent supportive housing becomes available.

# Program Summary

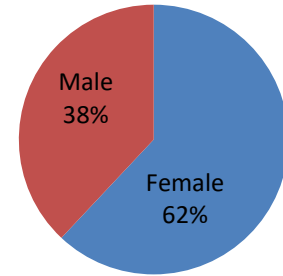
## How Much Did We Do?

**969**  
Individuals  
Served

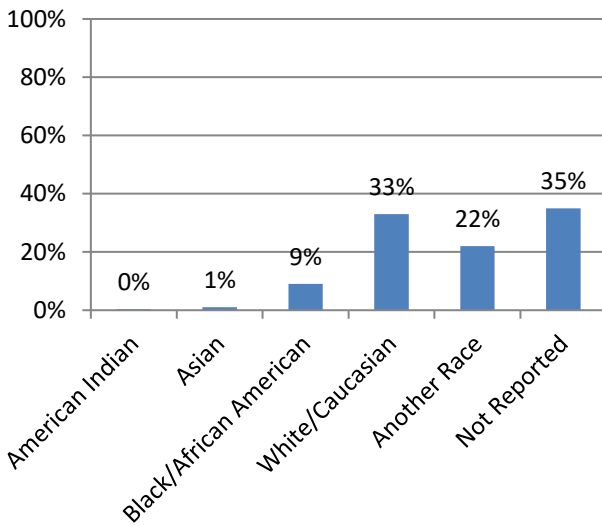
**Age**



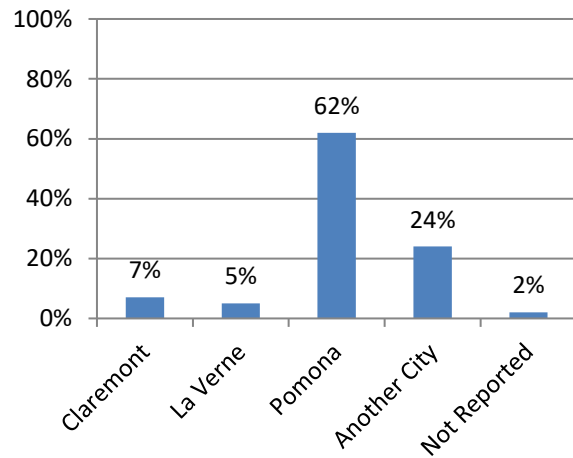
**Gender**



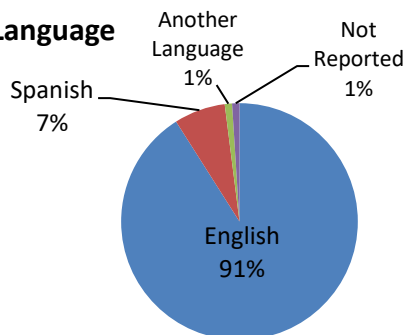
**Race**



**City**

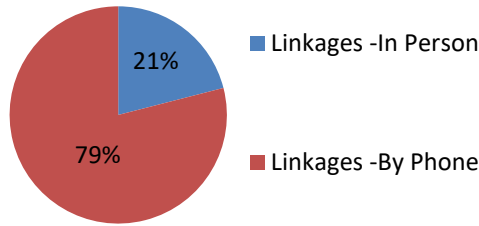


**Language**



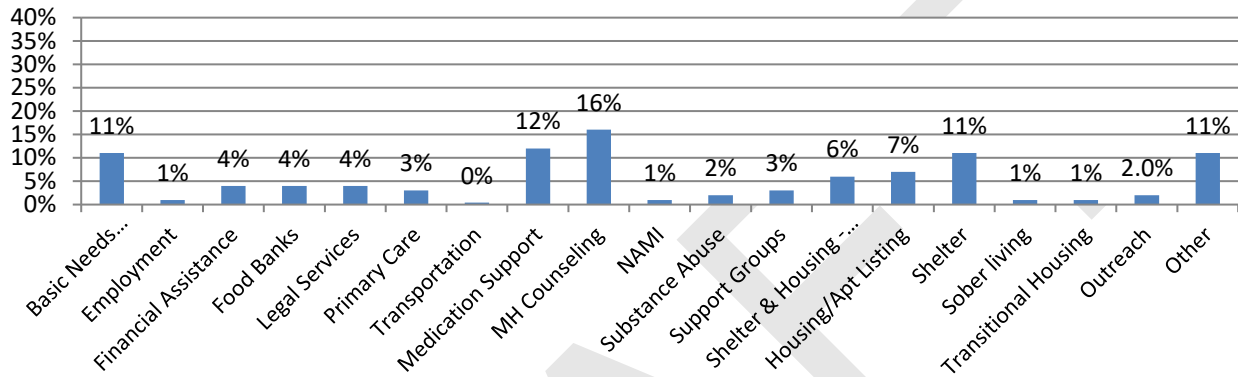
**240**  
Homeless Individuals

### Linkages by Type

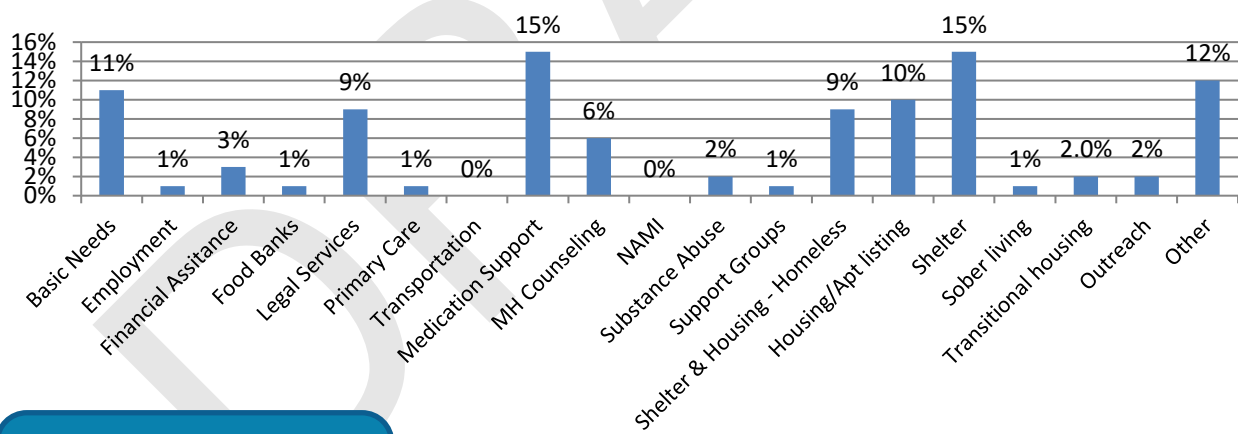


**1,371**  
Linkages made by  
Community Navigators

### All Linkages by Type



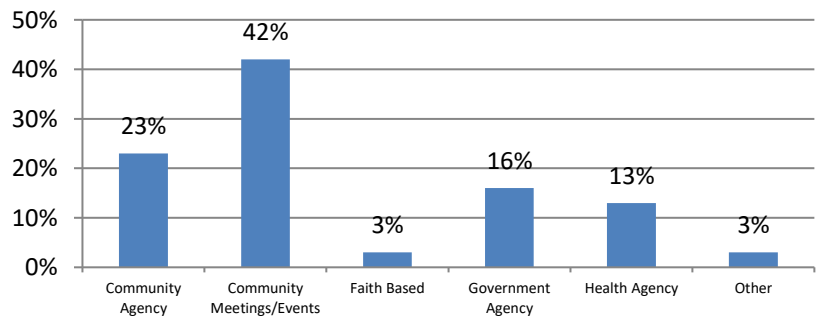
### In-Person Linkages by Type



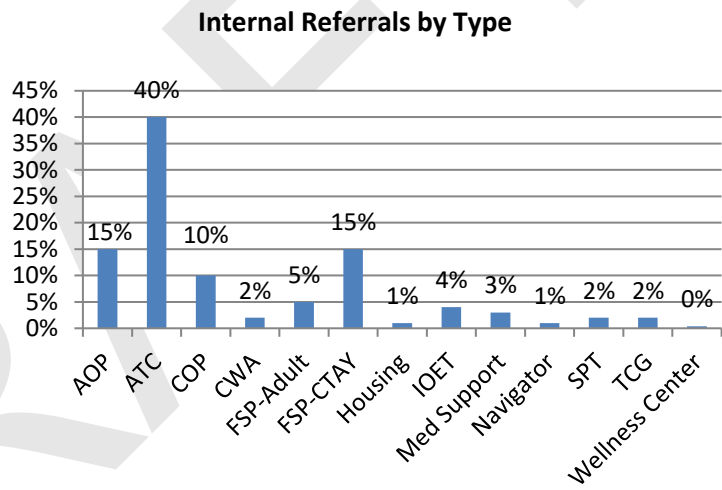
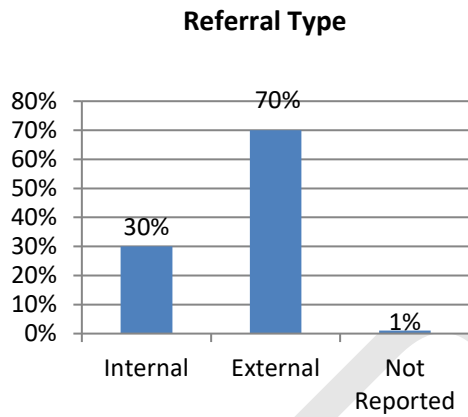
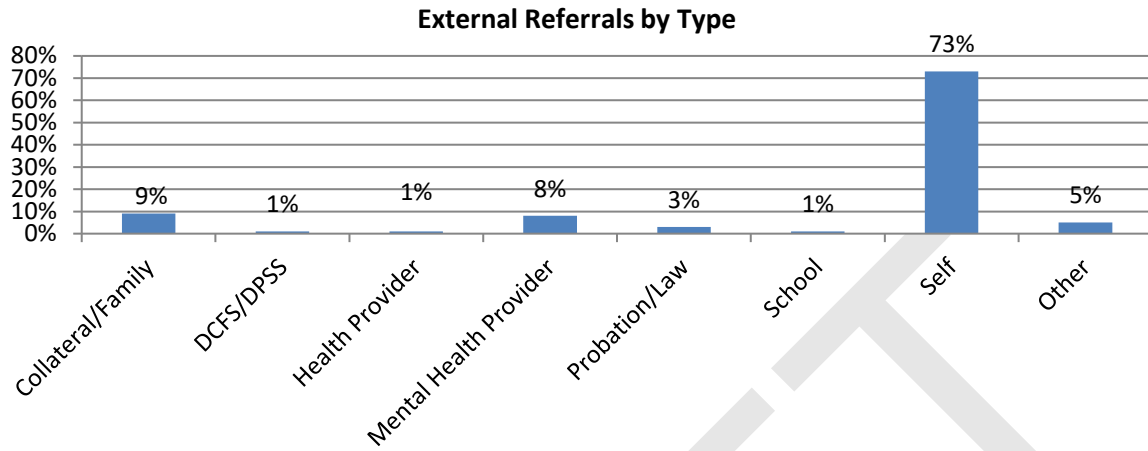
**31**  
Locations Outreached by  
Navigators

**670**  
Total Community Members  
engaged by Navigators  
through Outreach

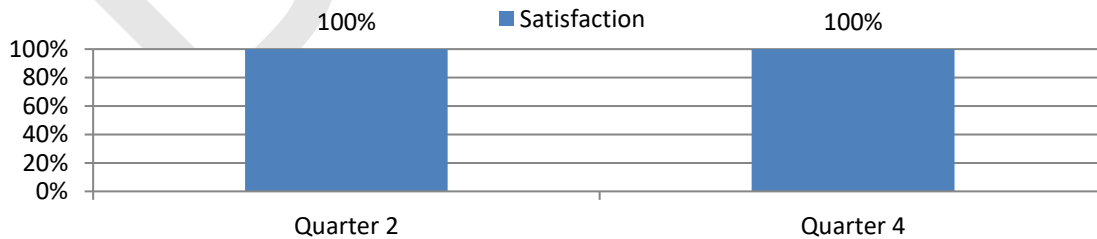
### Locations by Type



## How Well Did We Do It?



### Percentage of Participants Reporting Satisfaction with Services Provided Respondents (n=123)

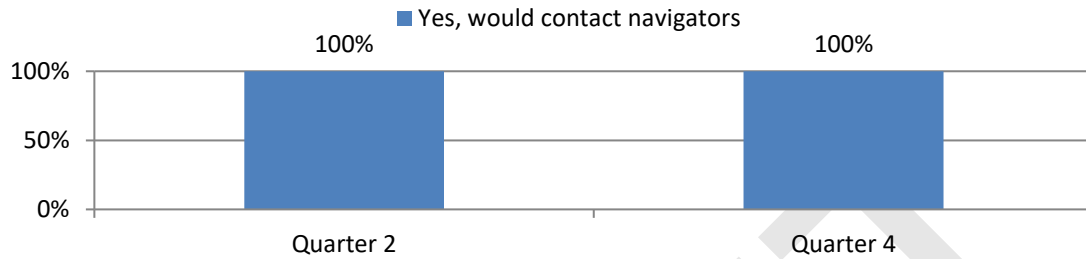




## Is Anyone Better Off?

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

Respondents (n=22)



### How did you benefit from talking with a navigator?

**The top three benefits were:**

1. Mental Health Counseling/Treatment Assistance (**39% of respondents**)
2. Housing Assistance (**25% of respondents**)
3. Social Service Assistance (**13% of respondents**)

# Wellness Center

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	29	180	656	103	41	<b>1,009</b>
<b>Cost Per Person</b>	\$584	\$584	\$584	\$584	\$584	<b>\$584</b>

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

## Program Update

The Wellness Center staff were able to offer 16 support groups utilizing primarily a virtual platform. In addition, 1,009 individuals utilized the services at the Wellness Center (groups, activities, employment support, etc.). Multiple hiring events were provided to the community to support those who are actively searching for employment and, combined with other employment supports, 62 individuals obtained employment.

## Challenges and Solutions

The biggest challenge faced by the staff during FY 2022-23 was continuing to provide services on a virtual platform. This was a particular barrier for those not familiar or comfortable with the technology, as well as individuals who did not have access to computers or smart phones. Additionally, while the Wellness Center has a computer lab that can fit up to 14 people at a time, the lab was only

able to allow 4 individuals due to social distancing. One solution to the reported challenges was the Wellness Center resuming in person services towards the end of the fiscal year in June 2023. This allowed for in person services such as groups, activities, employment, mock interviews, and budgeting workshops.

Another challenge was the pausing of the computer classes offered by the Wellness Center due to the capacity of the computer lab being reduced. The Wellness Center hopes to resume its computer classes in the future and bring back basic, intermediate, and advanced classes free for the community.

## Diversity, Equity and Inclusion

Cultural inclusion is critical to the success of the Wellness Center and groups have been implemented to target specialty populations such as LGBTQIA+, Spanish monolingual, older adults, children, and transition age youth. These services are free, include linguistic support offered in several languages, and are offered at a range of times throughout the day to increase accessibility. Materials are offered in threshold languages and the Wellness Center strives to create a space where individuals can feel safe and heard. Staff participates in ongoing training to increase cultural competence and gain knowledge about implicit bias.

## Community Partners

The Wellness Center works closely with outside community organizations to strengthen their network of support. Examples include: Generation Her, a teen parent support group, AlaNon for family AA support, MSW Consortium for workforce development and other local community-based organizations for specific age-related services. Additionally, the Wellness Center has partnered with several external businesses and organizations during Hiring Events such as San Gabriel Transit Inc., FedEx Ground, US Postal Service, Goodwill SoCal, OPARC, and the Pomona Fairplex.

## Success Story

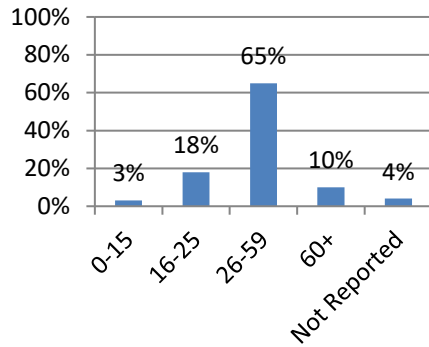
An individual called the Wellness Center seeking assistance with securing employment. Wellness Center staff supported the individual and partnered with them throughout the process of creating a professional resume, signing up for an email account to open communication routes with potential employers, and provided a job packet which contained several current businesses and organizations that were actively hiring. Wellness Center support also included job searching, application support, mock interviews, and designing an account on a job search website. The individual expressed gratitude and excitement related to being empowered with so many options to find employment. Ultimately, they interviewed for a job that was part-time, secured employment, and was subsequently offered a full-time position. The individual has maintained employment and as a result, has improved the overall quality of life and no longer faces housing insecurity.

# Program Summary

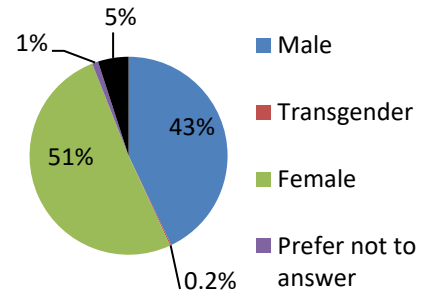
## How Much Did We Do?

**1,009**  
Individuals  
attending  
Wellness Center

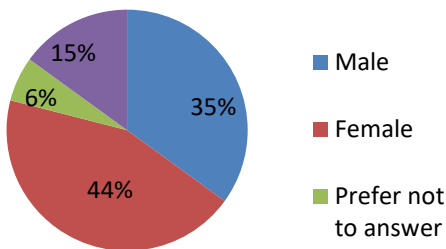
**Age Group**



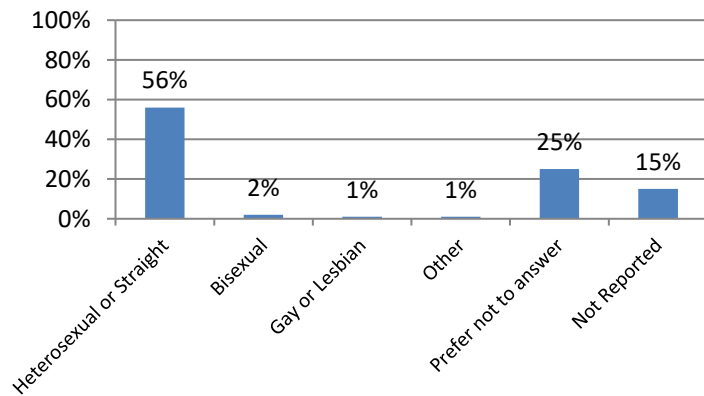
**Current Gender Identity**



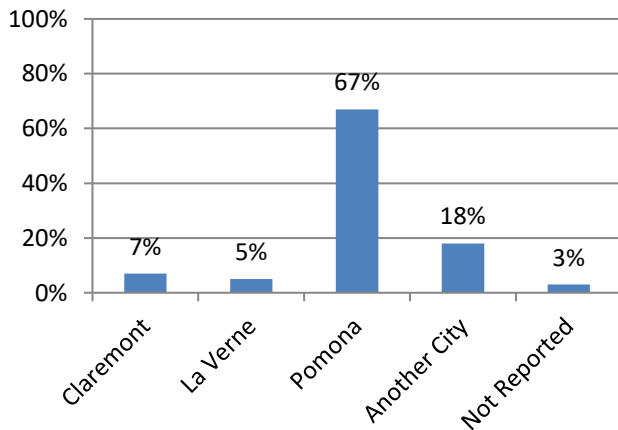
**Assigned Gender at Birth**



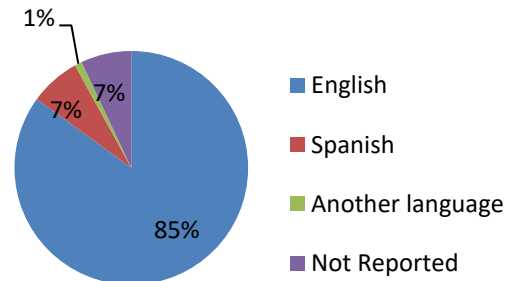
**Sexual Orientation**



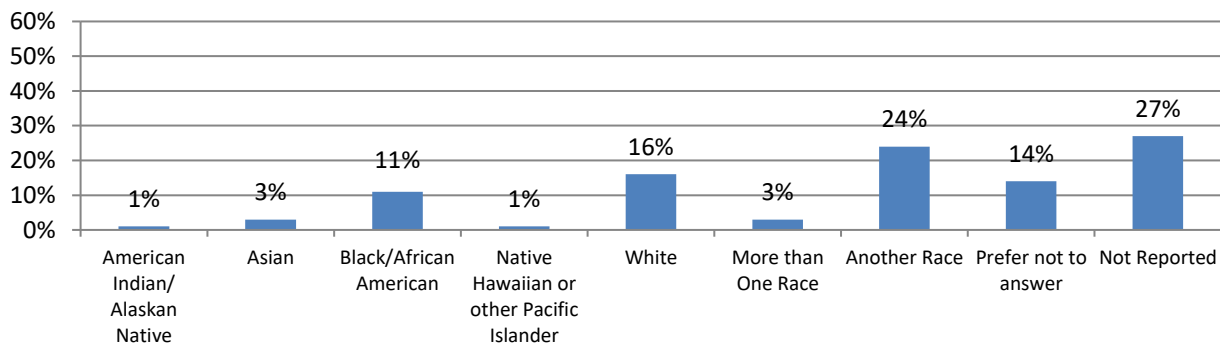
**City**



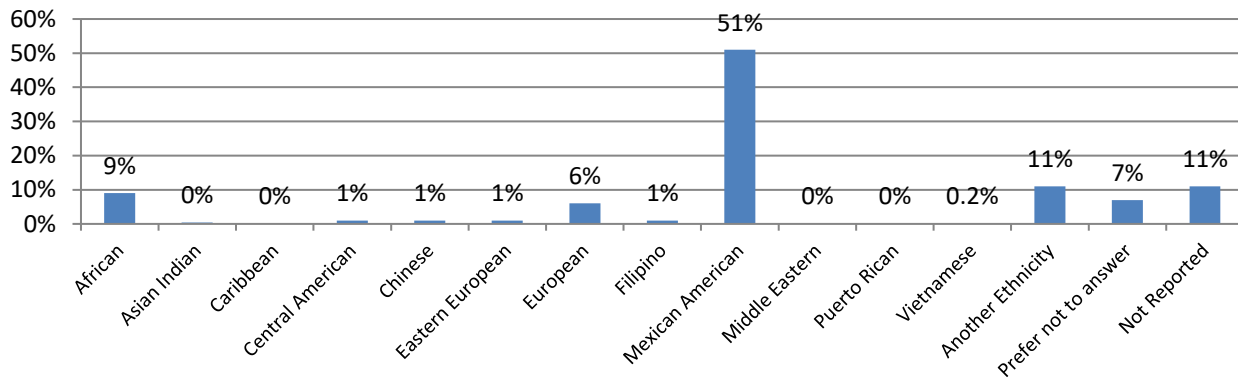
**Primary Language**



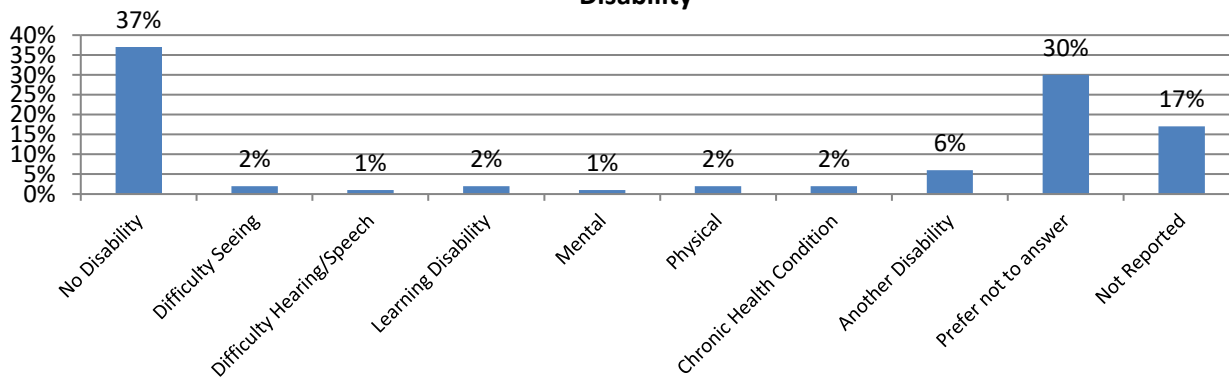
### Race



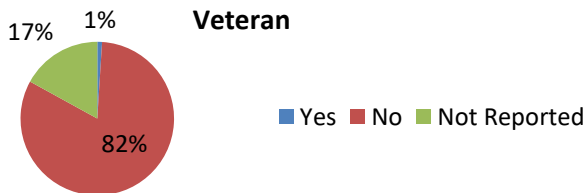
### Ethnicity



### Disability



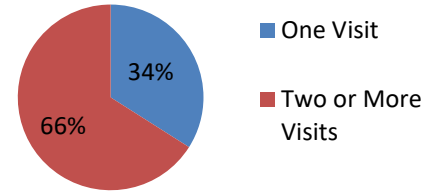
### Veteran



## How Well Did We Do It?

**16,498**  
Number of Wellness Center  
CSS Events  
(Duplicated Individuals)

Number of Times People Visited



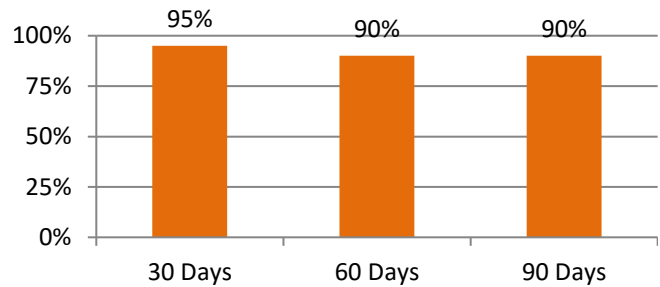
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Anger Management	71	11
Anxiety Relief	82	4
Bore No More	24	2
Dual Recovery Anonymous	50	4
Freedom Through Reality	58	4
Lose the Blues	46	4
Men's Depression	78	3
Socialization	49	3
Strong Women	63	5
Women's Self-Esteem	52	3
Español - Comadres y Compadres	51	3
Español - Sobrellevando La Ansiedad	42	3
Español - Corazón a Corazón	22	2
Español - Socialización	52	2
Vocational - Employment Workshop	41	1
Vocational - Literacy Group	38	2

Contacts by Type	Number of Times Contact was made
Attendance Letter	389
Other	604
PC Lab	588
Tour	153
Phone Call/Email - Wellness Calls	1,894
Adult Orientation	7
Vocational - Job Search	1,044
Vocational - Resume/Interview	74
Vocational - Work Maintenance	9
Vocational - Hiring Event	31

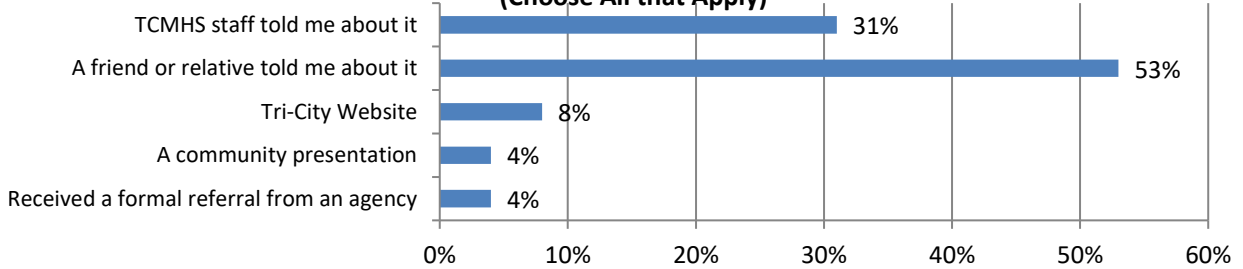
**60**  
Individuals Secured Employment

**96%**  
Satisfied with the help they get at Wellness Center Programs

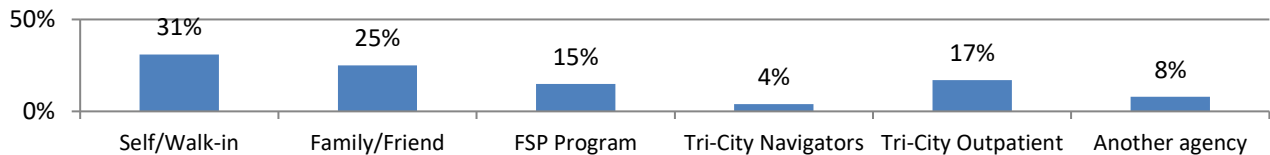
**Percent of Individuals who Maintain Employment at 30 Days • 60 Days • 90 Days**



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

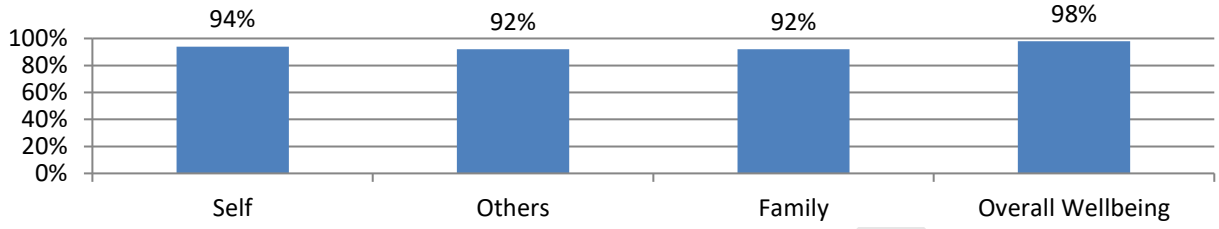


**Who referred you to the Wellness Center**



## Is Anyone Better Off?

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



DRAFT



# Supplemental Crisis Services & Intensive Outreach and Engagement Team

## Program Description

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

## Target Population

The SCS targets individuals in crisis and currently not enrolled in Tri-City for services. The program is geared towards serving those who are seeking mental health support after-hours and individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Supp Crisis Number Served FY 2022-23</b>	0	17	88	21	76	<b>202</b>
<b>Cost Per Person</b>	\$775	\$775	\$775	\$775	\$775	<b>\$775</b>
<b>IOET Number Served FY 2022-23</b>	36	63	416	81	118	<b>714</b>
<b>Cost Per Person</b>	\$775	\$775	\$775	\$775	\$775	<b>\$775</b>

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

## Program Update

During FY 2022-23, the Supplemental Crisis Services (SCS) received 202 after-hour crisis calls. Program staff regularly demonstrated the ability to decrease the level of stress for callers (1 mild and 10 severe). The mean level of caller distress decreased from 3.43 at the beginning of the call, to 2.12 at the end of the call. The reported primary reason for contacting the SCS was seeking resources/information, followed by experiencing symptoms/seeking support.

The Intensive Outreach and Engagement Team (IOET) was specifically designed to reach underserved populations. The IOET utilizes a field-based approach to outreach to known “hot spots” within the communities including encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home service center and home visits. They offer a whole-person system of care, in which staff address all aspects of the individual’s needs. This team of highly qualified staff receive the highest number of crisis referrals of all departments within Tri-City. In FY 2022-23, the IOET served 982 individuals with 342 cases opened for services within Tri-City Mental Health, primarily in adult outpatient services.

The 2022-23 fiscal year brought significant change to IOET as a trend of reintegration began. There was an overall increase in face-to-face encounters as people began to reduce the need/desire for virtual or telephone services. Multiple systems of care county-wide began to provide face-to-face services again which was extremely helpful for unsheltered individuals who did not have access to phones or email. These factors were a benefit to IOET in regard to engaging and providing services to individuals in our catchment area.

## Challenges and Solutions

A notable challenge experienced in FY 2022-23 was the lack of co-occurring services available in the catchment area. This made the referral process difficult as appropriate services needed to be identified and available for new clients. Additionally, lack of available and affordable housing continues to be a challenge. One solution that assisted IOET in supporting every individual was utilizing a whole-person care model that fully integrates family medicine, psychiatry, referrals, resources, and chemical dependency. It is also part of IOET’s approach to practice in accordance with an understanding that each individual in need of housing has unique needs. The IOET literally and figuratively meets every individual “where they are at.”

## Diversity, Equity and Inclusion

The IOET has multiple staff members that are bi-lingual. All IOET brochures are in both English and The IOET demonstrates a non-judgmental approach when working with individuals. Each person is treated on an individual basis and without the use of labels. The IOET incorporates literature regarding resources and referrals geared towards providing information that is culturally relevant on how to access both formal and informal services through several different avenues (traditional office, phone, or other electronic media). This allows for the individual to choose an entry point that is most comfortable and conducive to their specific needs.

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

## Community Partners

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

## Success Story

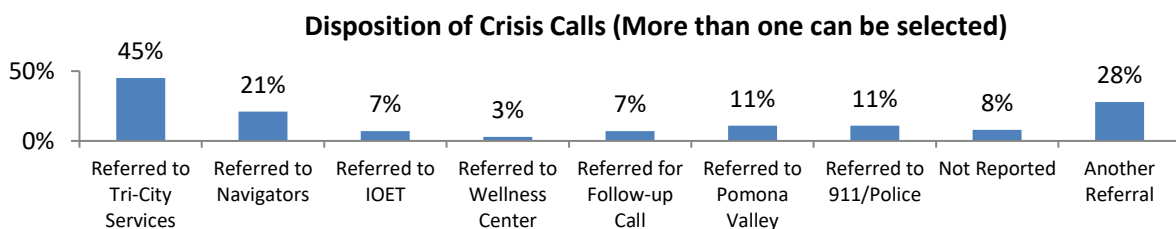
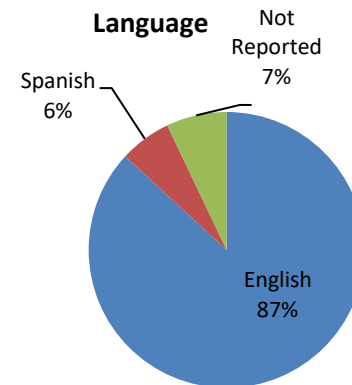
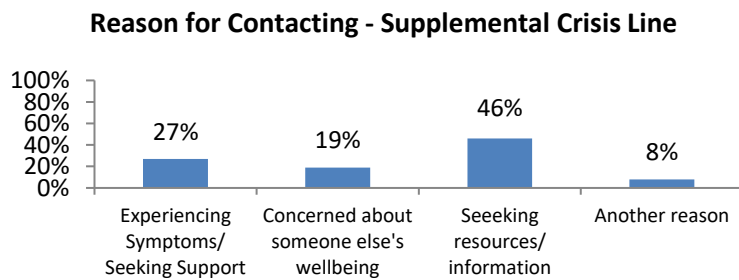
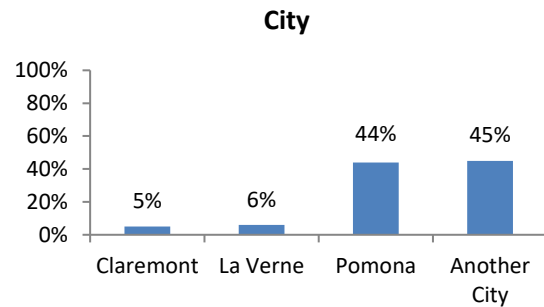
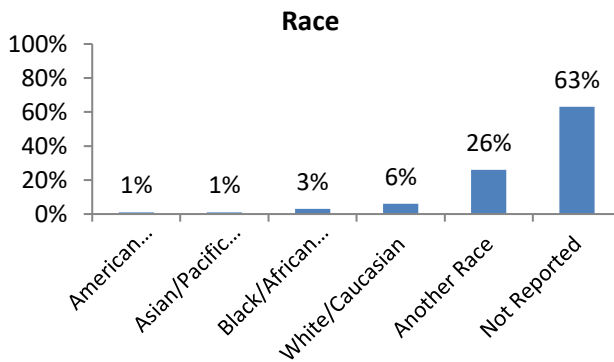
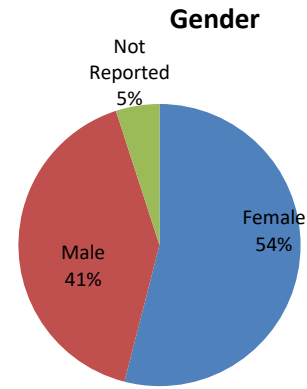
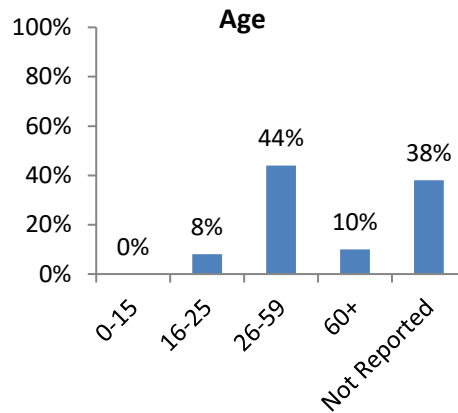
SCS encourage the celebration of any success, small or large, for individuals that are served through this program. Every milestone reached by the individual and the team is a victory. SCS consistently view any progress from this perspective, and when done so as a team, are given an opportunity to celebrate individual's successes no matter how large or small they may be. A notable achievement of SCS in FY 2022-23 is that a total of 961 individuals were served.

# Program Summary

## How Much Did We Do?

### Supplemental Crisis Calls

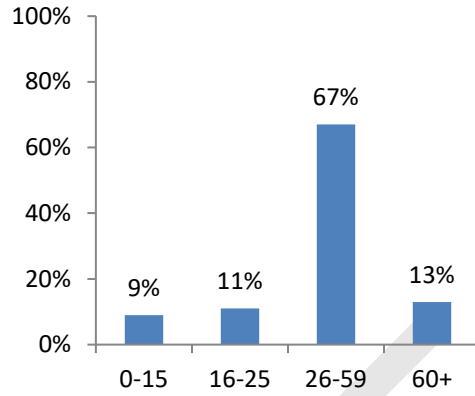
**202**  
Supplemental  
Crisis Calls



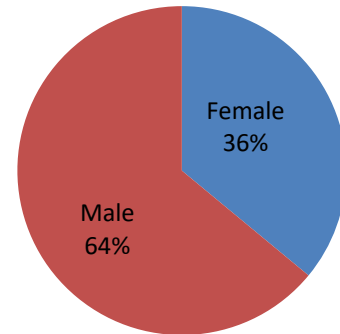
## Supplemental Crisis Walk-Ins

**45**  
Crisis Walk-ins

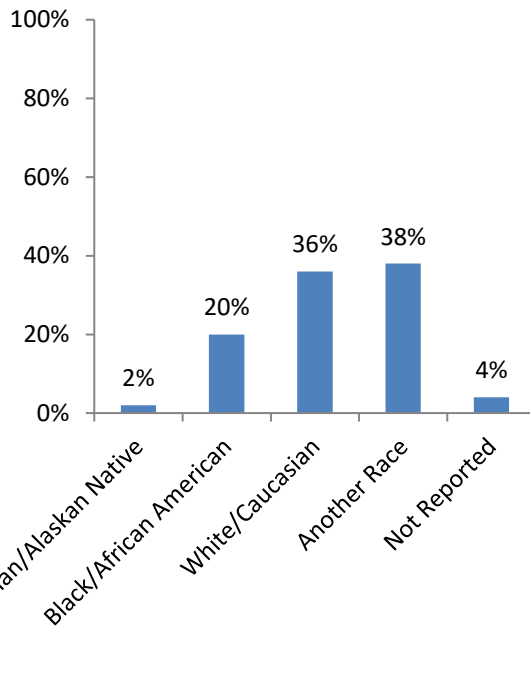
**Age**



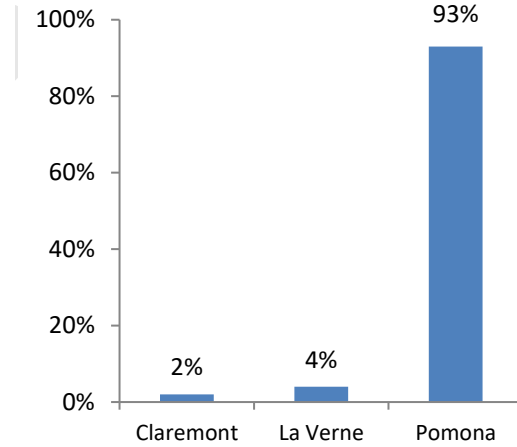
**Gender**



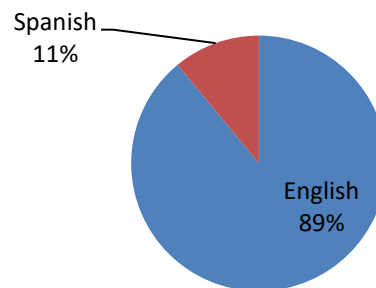
**Race**



**City**

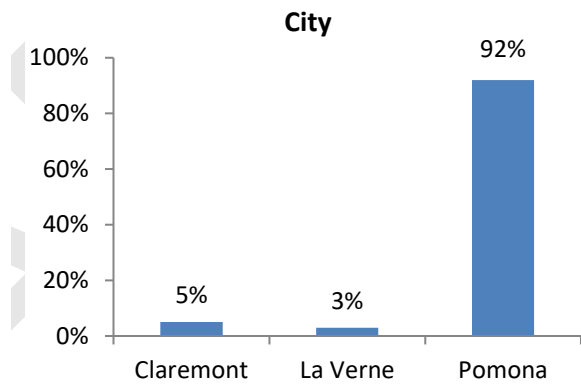
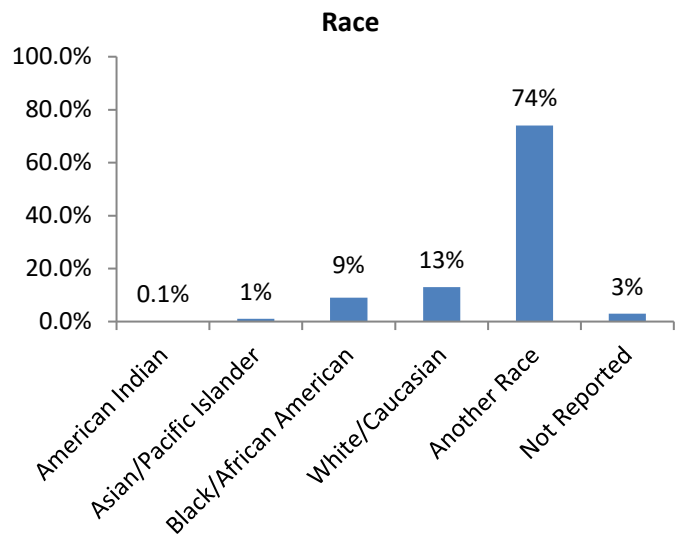
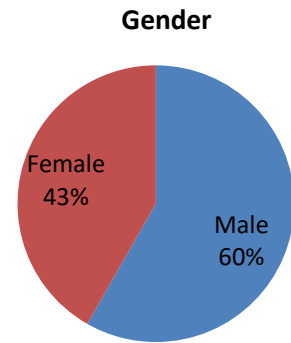
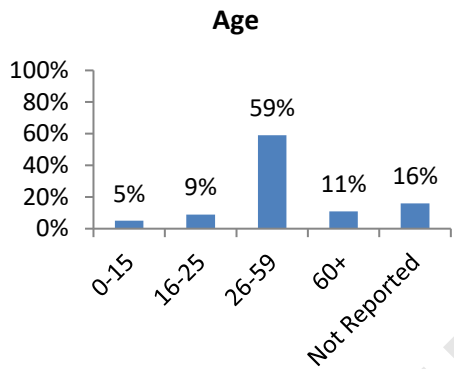


**Language**

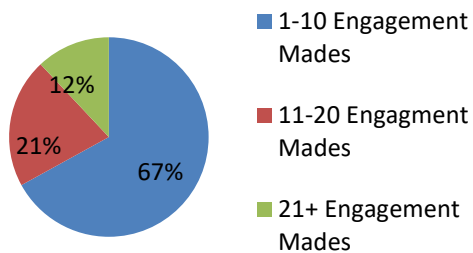


## Intensive Outreach and Engagement (IOET)

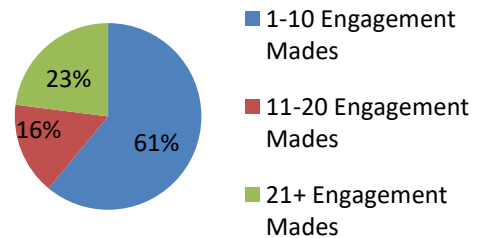
**714**  
Individuals  
Outreached



**Percent of Engagement Attempts Made by IOET for Closed Individuals**

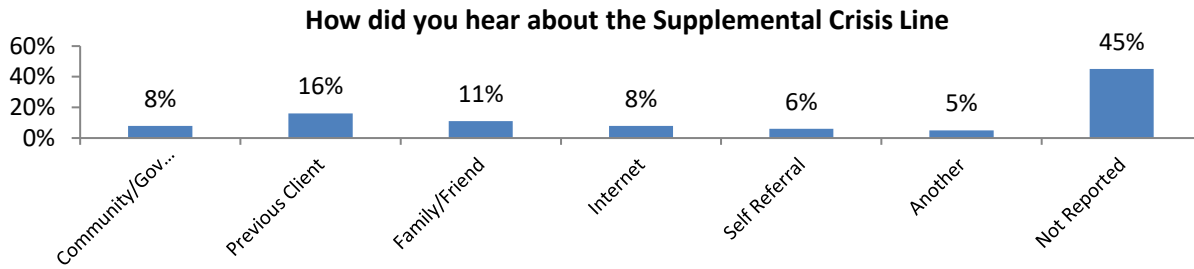


**Percent of Engagement Attempts Made by IOET for Individuals currently being Engaged:**



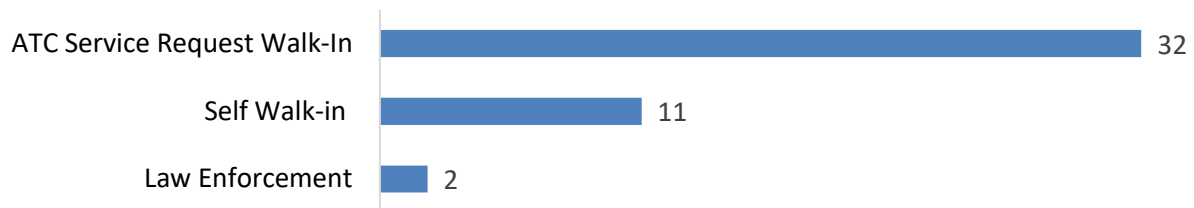
## How Well Did We Do It?

### Supplemental Crisis Calls



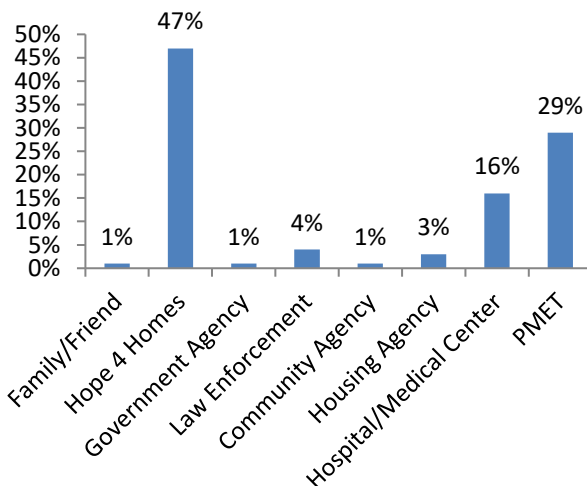
### Supplemental Crisis Walk-Ins

#### Crisis Walk-ins Brought In By Type

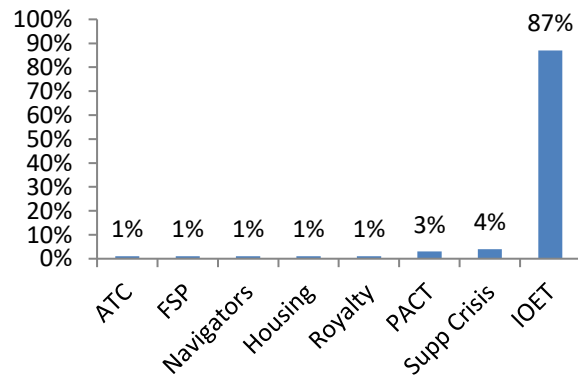


### Intensive Outreach and Engagement (IOET)

#### Percent of External Referrals Received by Type:



#### Percent of Internal TC Referrals by Department

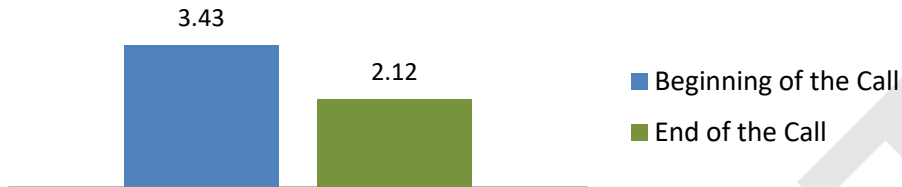


## Is Anyone Better Off?

### Supplemental Crisis Calls

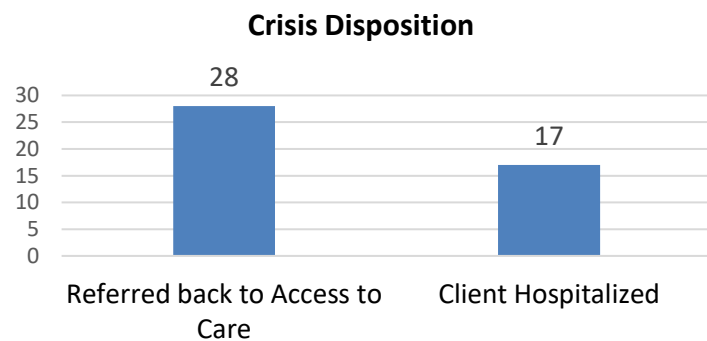
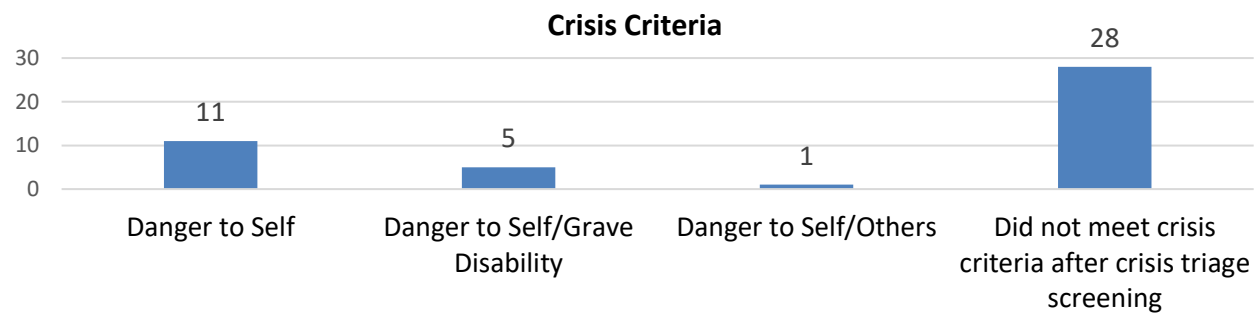
#### Level of Distress for Crisis Callers

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



### Supplemental Crisis Walk-Ins

Respondents (n=45)



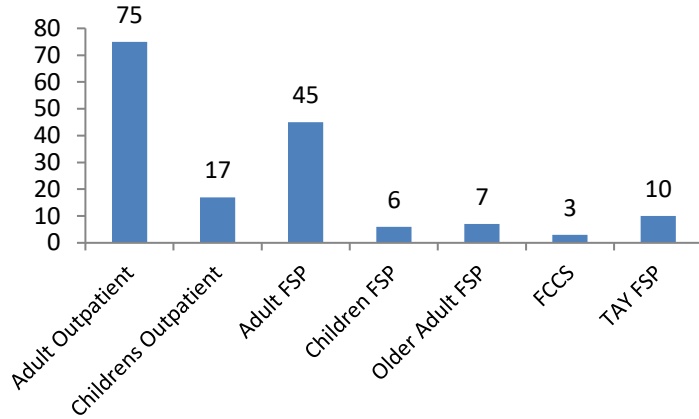
**47%**  
Crisis Walk-ins were  
scheduled for intake



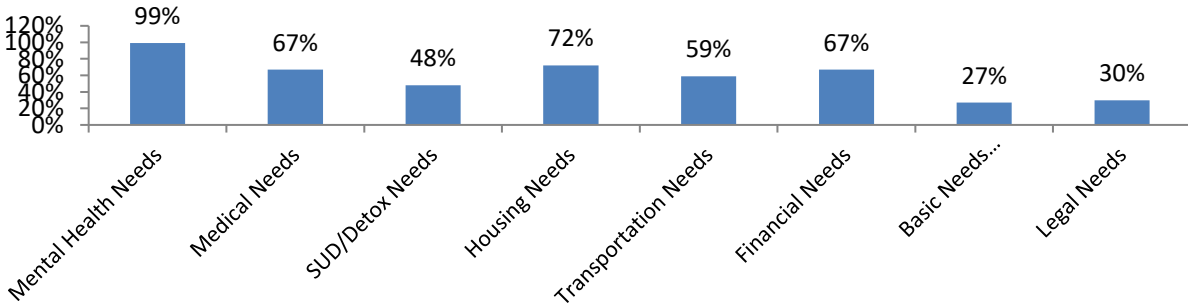
## Intensive Outreach and Engagement (IOET)

**163**  
IOET Individuals who  
were Enrolled for  
Services at Tri-City

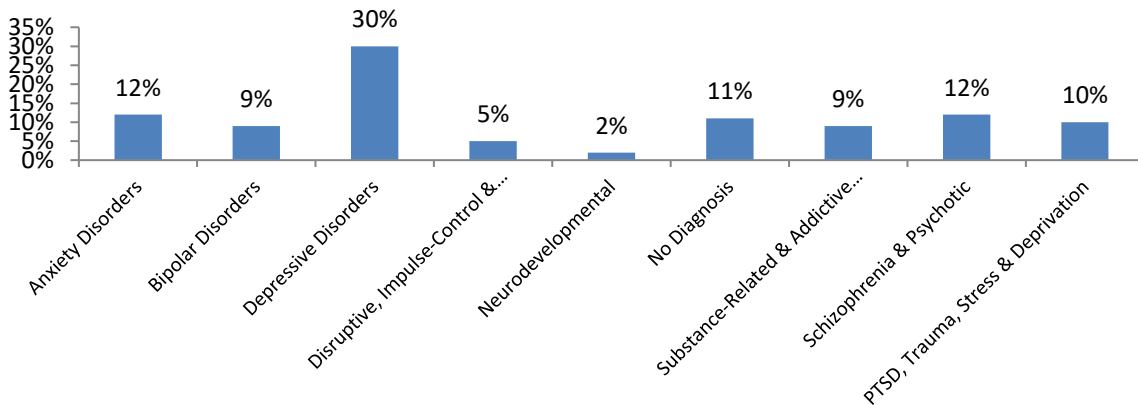
**Percent of IOET Individuals Enrolled for Services By Program**



**Percent of Individuals whose Needs were Addressed by Categories below: (Check all that apply)**



**Percent of IOET Individuals Enrolled for Services By Diagnosis**



# Field Capable Clinical Services for Older Adults

## Program Description

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

## Target Population

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

Age Group	Older Adults 60+
<b>Number Served FY 2022-23</b>	37
<b>Cost Per Person</b>	\$3,308

## Program Update

During FY 2022-23, Field Capable Clinical Services for Older Adults (FCCS) served 37 unique individuals. 84% of individuals served reside in the city of Pomona. The primary diagnosis seen for FY 2022-23 is depressive disorders followed by schizophrenia and psychotic disorders. The average length of enrollment is 14 months.

Overall, client care hours increased in FCCS. Interdepartmental meetings were also added in collaboration with Housing and Adult Clinical teams in order to promote client’s housing needs. Housing for this age group is a critical factor for recovery for this population. During this past fiscal year, 48% of enrolled individuals in FCCS were connected to other Tri-City services such as housing, co-occurring services, Clinical Wellness Advocates, and the Therapeutic Community Garden. This is evidence that individuals are being served with whole-person care approaches.

## Challenges and Solutions

A lack of understanding of substance use disorders (SUD) and their complexities was identified within the FCCS team. The FCCS team spent time completing additional trainings to learn about SUD treatment options. Specifically, staff set time aside to train in Medication-Assisted Treatment (MAT) and Vivitrol. With a better understanding of opioid use disorders and possible treatments, the FCCS team increased its ability to support clients appropriately.

## Diversity, Equity and Inclusion

The FCCS program continues to be led by a bilingual (Spanish speaking) clinician. In addition, all program brochures are available in both English and Spanish and an approved language line is also available. Community Navigators are available to provide culturally appropriate resources for clients as needed. The FCCS team also supports undocumented individuals in targeted case management, resource identification and linkage to services supporting issues related to immigration, legal support, and medical benefits. Ongoing training is provided to FCCS staff regarding cultural competence and implicit bias.

## Community Partners

Tri-City's FCCS team collaborates regularly with internal as well as external partners such as Los Angeles County Department of Health Services Medical Center (for referral purposes), Pomona Housing Authority, Park Tree (a local pop-up clinic), Police Departments in Pomona, Claremont and La Verne, Prototypes (substance use treatment center), American Recovery Center and Volunteers of America (VOA) homeless outreach.

## Success Story

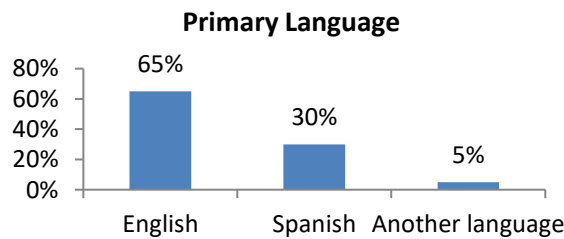
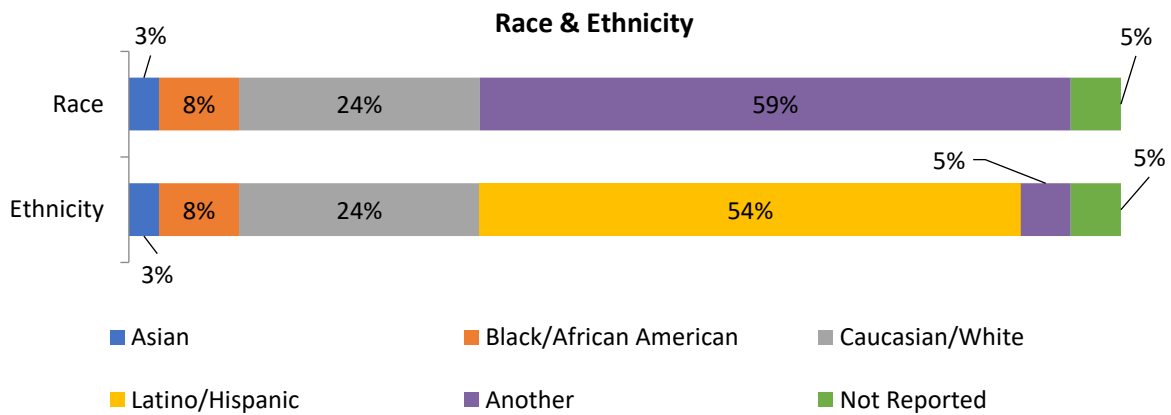
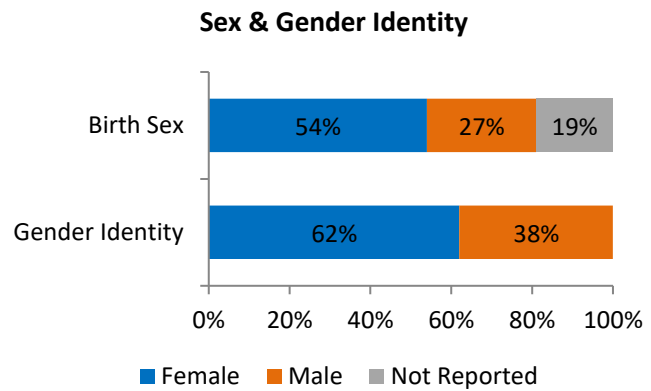
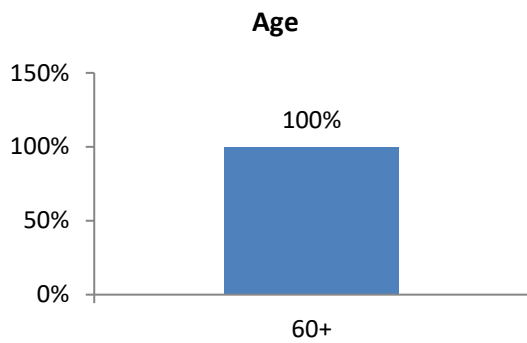
An FCCS client struggled with housing instability throughout enrollment. They resided at a local shelter for years and exhibited difficulty identifying a housing preference. The FCCS team was able to collaborate with client and staff at the shelter to determine the best placement options. The client was able to explore an array of living settings including independent living, transitional living, and assisted living. Ultimately, they were linked to a private apartment. The individual was able to process fears about independent living with their therapist, work on skills building with their mental health specialist, and link to In Home Supportive Services (IHSS) to assist with additional needs. The client continues to work with the treatment team on adjustments to independent living and still maintains their housing.

# Program Summary

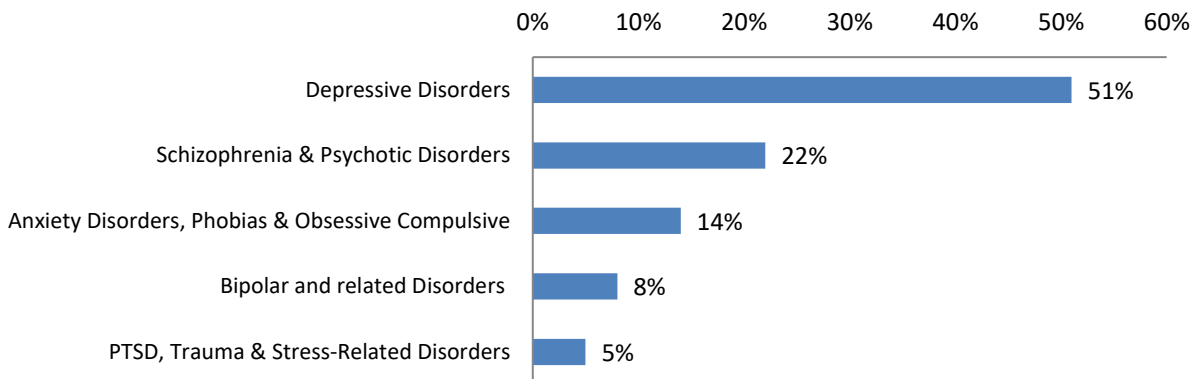
## How Much Did We Do?

**37**  
Individuals Served

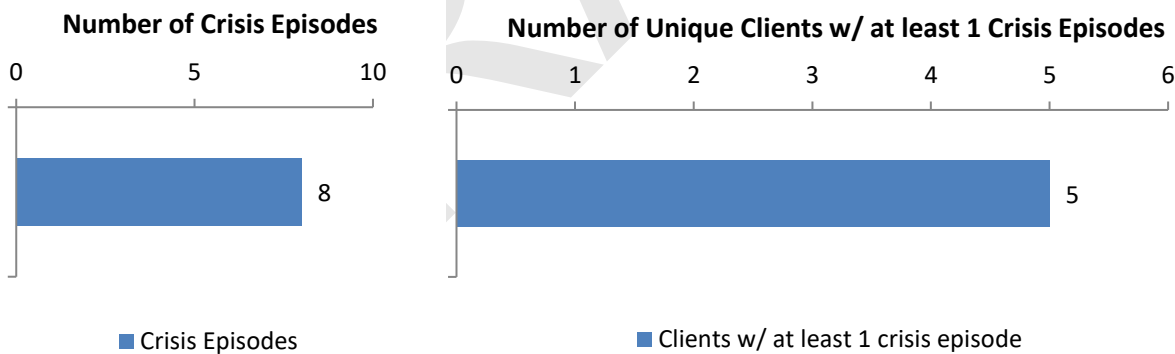
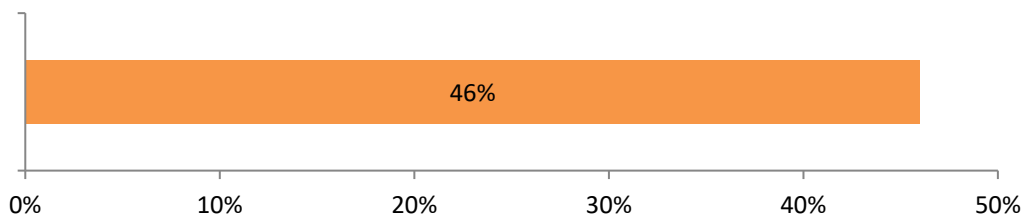
**84%** of FCCS clients lived in Pomona,  
while **16%** of clients lived in Claremont



### Primary Diagnosis by FCCS Clients

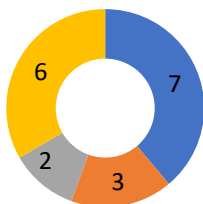


### Percent of FCCS Clients Receiving Medication Services



### Number of FCCS Clients Connected to Other Services

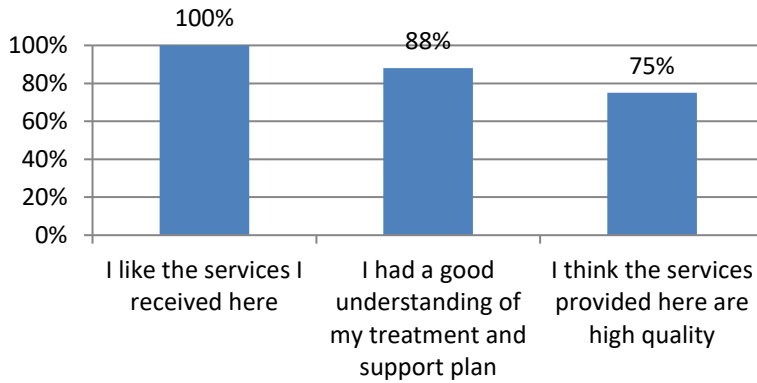
**48%** of FSP clients are connected to other Tri-City Services.



- Housing Services
- Co-Occurring Services
- Therapeutic Community Garden
- Clinical Wellness Advocates

## How Well Did We Do It?

Percent of clients (Strongly Agree/Agree) to the following statements (n=8)

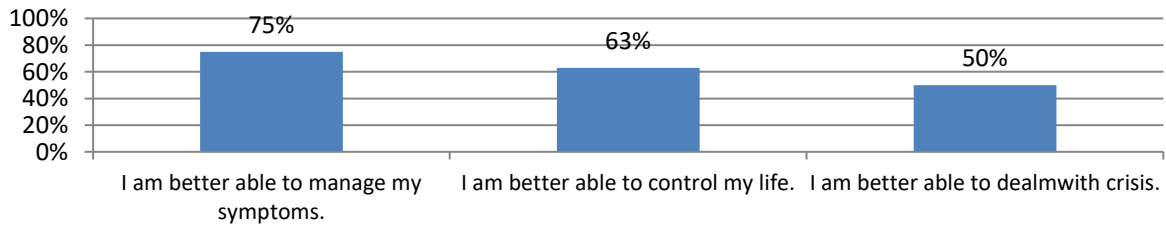


On average, FCCS clients were enrolled for **14 months**

## Is Anyone Better Off?

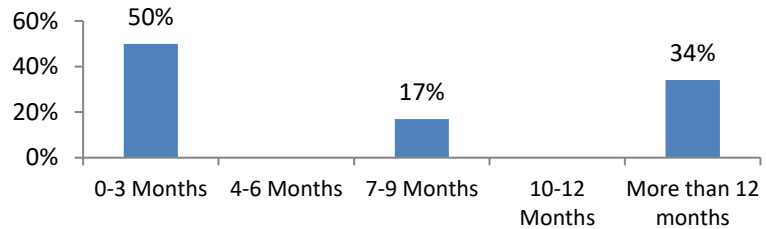
As a direct result of the services I received:

Percent of clients (Strongly Agree/Agree) to the following statements (n=8)



**6**  
Discharges during  
FY 2022-23

Discharges by Categories



# Permanent Supportive Housing

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
<b>Number Served FY 2022-23</b>	9	20	145	52	<b>226</b>

## Program Update

Permanent Supportive Housing experienced an increase in referrals during FY 2022-23. During the first half of the fiscal year 121 referrals were received, the number almost doubled in the second half of the fiscal year to 232 referrals. Of the 353 referrals, 192 identified as being homeless and 292 referrals reported having incomes at or below \$2,000.

Tri-City has partnered with Jamboree Housing Corporation and the City of Pomona on a new Permanent Supportive Housing site, Villa Esperanza (VE). FPI Management is the property management company that has been selected to oversee the property. The move-ins for VE were originally expected to start in November, however construction delays and obtaining a Certificate of Occupancy delayed the process. A temporary Certificate of Occupancy was obtained on March 25, 2023, which allowed tenants to begin to move in. Tri-City has 10 units at VE and by the end of the fiscal year, 4 of the 10 MHSA unit applicants were approved and moved into their new homes.

## Challenges and Solutions

Many clients request assistance with housing support, however barriers such as low income and high rent make it very difficult. Part of the multifaceted solution is linkage and referrals to internal and external agencies to support with enrolling in General Relief (GR), employment options through the

Wellness Center, and linkage to the Community Navigators. Additionally, as a future goal, Permanent Supportive Housing hopes to expand Roommate 101 training to focus on shared housing as an option to increase the likelihood of obtaining affording housing.

During FY 2022-23, the program experienced staff changes on the property management side. Parkside Family Apartments had a change in Regional Property Manager (PM) and a temporary Property Manager stepped in to replace the previous PM at Holt Family Apartments. Changes like these can be difficult for tenants as they must build a new working relationship with incoming staff. A promising solution to this challenge was a transitional period where the new RSC at Holt was able to train with the previous RSC. This supported building rapport with tenants and property management.

Villa Esperanza was met with constructions delays that pushed back when the building could be occupied. Solutions for the presented challenge was RSC staff availability. The RSC for Villa Esperanza, with the help of other team members from the Housing Division, ensured VE applicants had access to someone at Tri-City to help with the application process and ensure securing the necessary documents. By the end of the fiscal year 4 out of 10 MHSA units had been processed and approved.

## Diversity, Equity and Inclusion

Tri-City's Housing programs offer fair housing to clients and their families regardless of status, culture, ethnicity, sex, gender, religion, or otherwise. The Housing Division staff are trained in cultural competency and work with clients to help identify their rights regarding housing. For optimal accessibility, all activities at our sites are on the ground floor and have doors wide enough for wheelchairs. The Permanent Supportive Housing program is also flexible with outreach locations and times. RSCs provide in-home services for tenants and offer computer access/support which has been well received with older adults and Spanish speaking tenants. In addition, Pride Month is celebrated with monthly activities and stigma reduction is addressed through webinars.

Four of the seven Housing Division staff are bilingual in English and Spanish. The team has access to a language line. Also, communication is maintained with clients and the community by providing flyers and information in multiple languages.

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

## Community Partners

Every Tri-City department is highly involved and a source of referrals for Permanent Supportive Housing, especially the Community Navigators, Adult Outpatient, Full Service Partnership, Child and Family Services, Therapeutic Community Garden, Intensive Outreach and Engagement Team, Access to Care, Wellness Center, Employment Specialists, Clinical Wellness Advocates and the Co-Occurring Support Team.



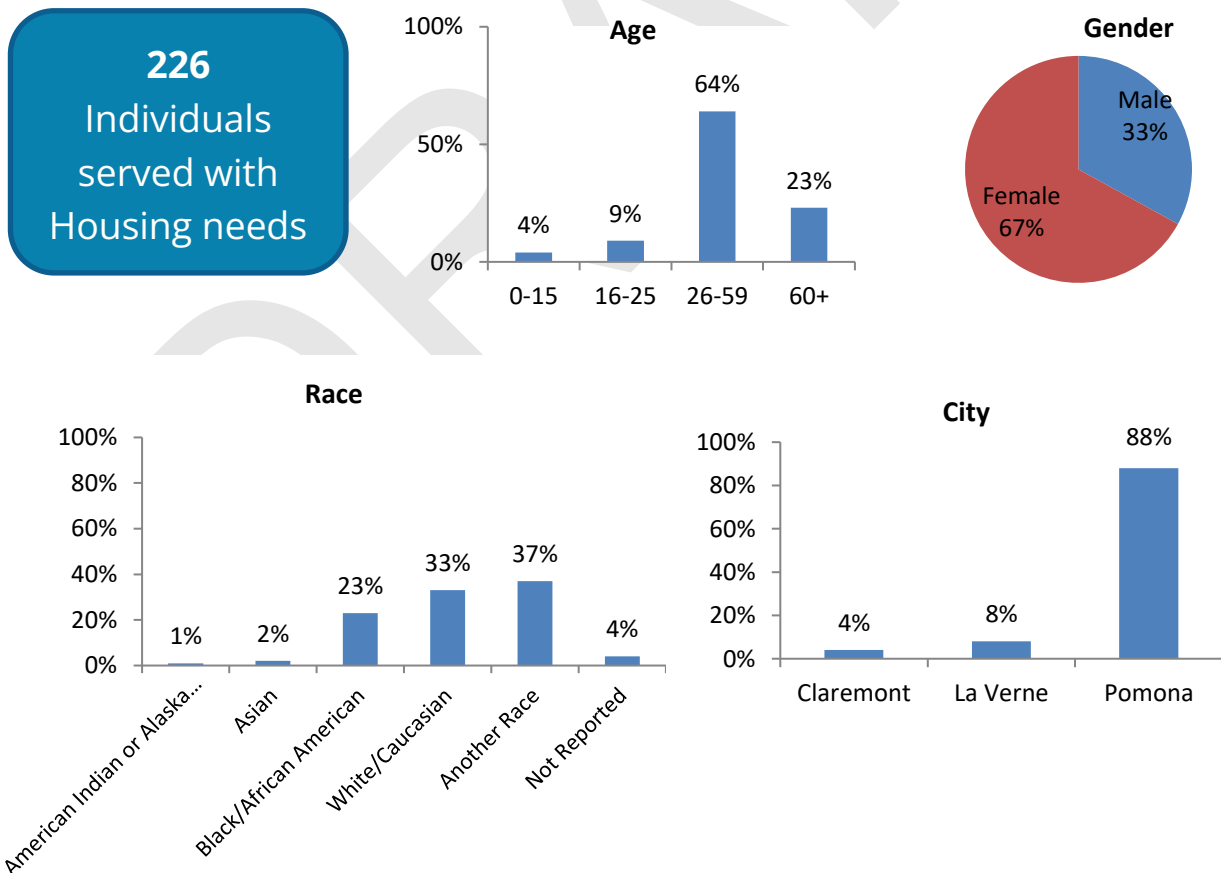
Additionally, several external agencies provide additional resources to clients to help them obtain and maintain housing, such as: Pomona Housing Authority, Family Solutions, Levine Management (property the RSC works with), owners/developers, David & Margaret Youth and Family Services, A Community of Friends, Neighborhood Legal Services Los Angeles, Los Angeles Homeless Services Authority, and Los Angeles County Development Authority.

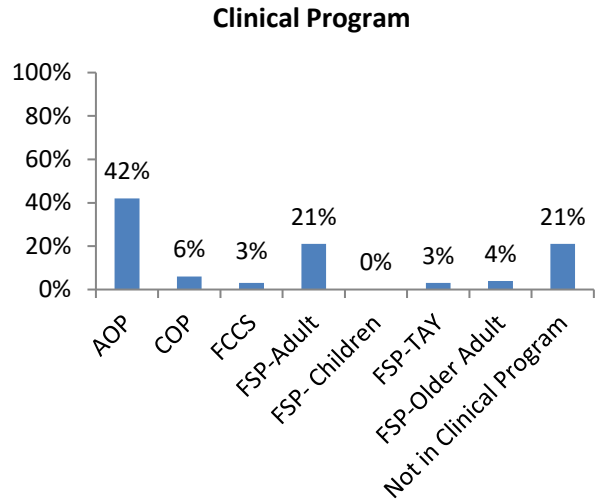
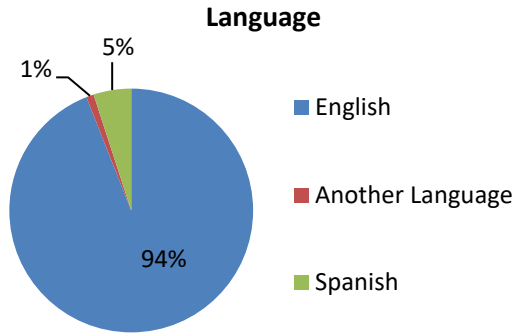
## Success Story

Permanent Supportive Housing engaged a new TAY client who was able to successfully move into youth housing. Following the move into the property, they immediately showed interest in some of the on-site activities. They inquired about the garden beds at the site, began planting flowers, and harvesting the many on-site fruit trees. Since moving in, the new tenant gained employment and enrolled in a community college to continue their education. Tenant actively engages with all team members and is thriving.

## Program Summary

### How Much Did We Do?

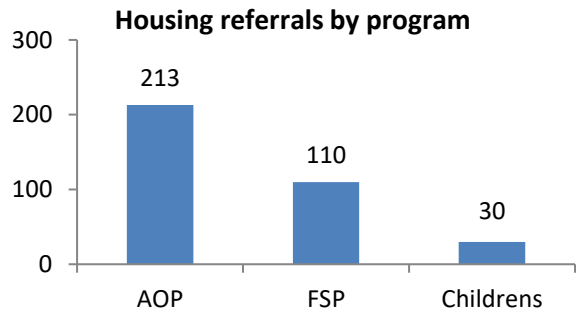




**34**  
Housing Clients Discharged due to "No Further Care Needed"

**28**  
Individuals with Continuum of Care Certificates

**353**  
Housing Referrals Received

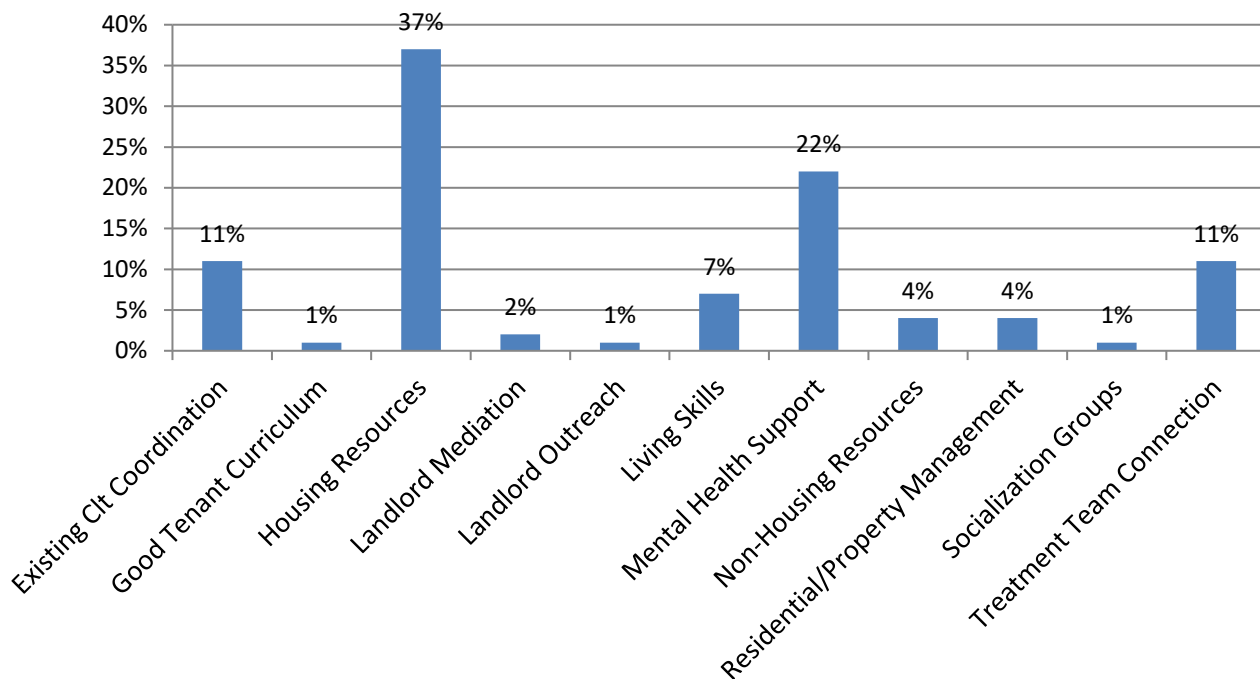


### How Well Did We Do It?

**886**  
Housing Actions

**3 years**  
Average Length of Time Clients Living in Housing Unit

### Additional Types of Services Provided



### Is Anyone Better Off?



# Access to Care

## Program Description

The Access to Care (ATC) serves as the main entry point for individuals interested in receiving specialty mental health services from Tri-City Mental Health. Individuals seeking services can access care either by calling, walk-in, or via referral. The inquiring individual will discuss the presenting problems and needs with a mental health professional before scheduling an intake appointment. If needs are better served through another Tri-City program, or with a community provider, ATC staff will provide referrals and a warm hand-off to ensure linkage to the services that are appropriate. ATC's overall goal is to support recovery and assist community members in accessing mental health services to best meet their needs.

## Target Population

The ATC serves community members seeking mental health services including children, TAY, adult, and older adults.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not reported	Total Served
<b>Number Served FY 2022-23</b>	323	446	1,557	191	0	<b>2,517</b>
<b>Cost Per Person</b>	\$457	\$457	\$457	\$457	N/A	<b>\$457</b>

## Program Update

FY 2022-23 was a time of growth for ATC. Two additional Mental Health Specialist (MHS) and one Program Support position were added to the program. Additionally, the number of non-Medi-Cal clients was reduced by supporting these individuals with linkage to insurance or affordable services, as opposed to processing these individuals as self-pay. This approach provided the individual or family with the appropriate services needed while being more cost effective as an agency.

Historically, the intake and assessment process used to diagnose and determine medical necessity is lengthy. In FY 2022-2023, ATC implemented a shorter intake assessment. This provided less time the prospective client would need to set aside for the intake, as well as decreased the administrative time needed for clinical staff to complete the entire intake assessment process.

## Challenges and Solutions

Access to Care experienced difficulty adhering to network adequacy timelines for intake appointments. At one point, the program fell out of compliance in offering timely appointments. However, within the same fiscal year were able to reduce delays and offer timely appointments once again.

A high rate of no-shows to intake assessment appointments was also a challenge in FY 2022-23. As a solution, express/back-up intakes, standby que, and waitlists were developed to assist with the high rate of no-shows and improve adherence to network adequacy guidelines. To further resolve this challenge, supervisors were added to the intake rotation.

## Diversity, Equity and Inclusion

Access to Care is equipped to link individuals, if needed, to resources related to transportation, food, clothing, shelter, phones, language services (bilingual staff, language line), as well as provide services offered via a variety of platforms (in-person, over the phone).

Staff complete training and webinars related to cultural competency and implicit bias. Barriers related to seeking/adhering to mental health services due to culture or stigma are regularly discussed in individual and group supervision. Staff also work with their supervisors to address issues relevant to the LGBTQ+ population during intake and service requests and are equipped to provide community supports geared towards the LGBTQ+ community.

ATC regularly collaborates with the Community Navigators and Field Capable Community Services regarding referrals and support for older adults and veterans in our community.

## Community Partners

While ATC collaborates with several internal departments, the highest amount of collaboration in relation to intakes and referrals is with the Adult Outpatient Team, Wellness Center, Co-Occurring Support Team, Full Service Partnership, Children and Family Department, Intensive Outreach and Engagement Team, Crisis Department, Community Navigators, and the School Partnership team. External partnerships are another source for referrals, resources, substance use and housing support. Some examples of external partnerships are: multiple local hospitals, Department of Public Social Services, local colleges, East Valley Community Clinic/Behavioral Department, Park Tree Community Clinic, Prototypes, Pacific Clinics, David & Margaret Youth and Family Services, Department of Child and Family Services, Five Acres, various Primary Care Physicians, Adult/child Protective Services, Crisis and Trauma Resource Institute, American Recovery Center, Hope for Homes and Volunteers of America.

## Success Story

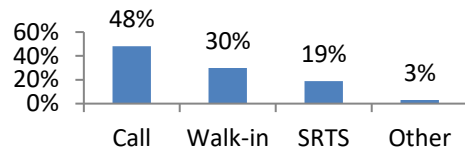
Often when people are feeling overwhelmed or in distress, they may not know who, or how, to reach out for support. Likewise, a concerned family member or friend may not know how to support their loved ones in getting the support and help they need. Recently, a concerned parent brought their child to ATC to access services. This parent was aware of the positive outcomes of seeking mental health treatment, and hoped their child would have the same experience. Someone referring a loved one for support is a strong testament to the services that Tri-City has to offer. ATC has received several positive reports about individuals self-referring or referring a friend/loved one due to hearing about the positive impact the services have had on others.

## Program Summary

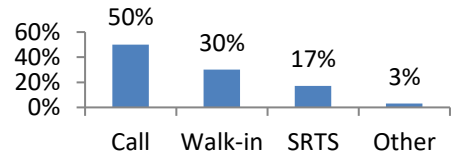
### How Much Did We Do?

**2,517**  
Service  
Requests

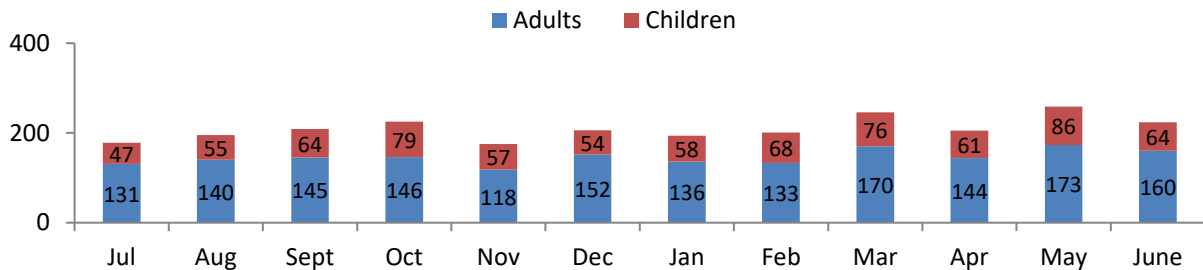
**Type of Service Request by Adults**



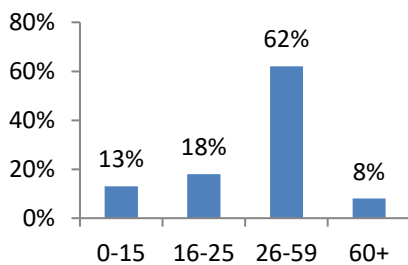
**Type of Service Request by Childrens**



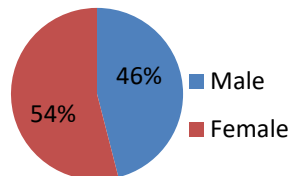
**Service Requests by Month**



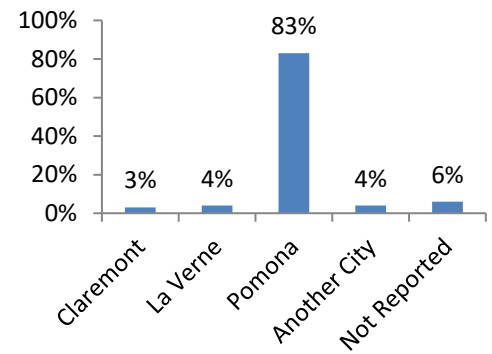
**Age Group**

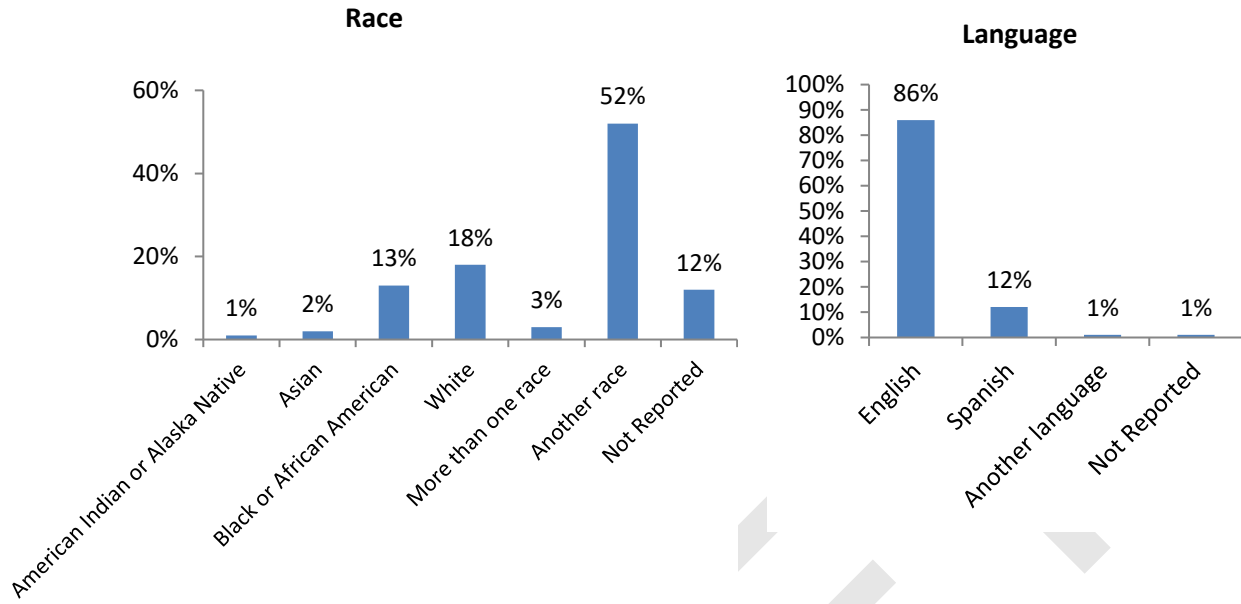


**Gender**



**City**





**281**  
 Services Request from  
 Hospital Discharges  
 Adults

**76**  
 Services Request from  
 Hospital Discharges  
 Children

**1,942**  
 Intake Appointments  
 Given to Client



# Prevention and Early Intervention (PEI)

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

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



## MHSA Regulations for Prevention and Early Intervention

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

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

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

### Prevention and Early Intervention Plan Required Categories/Programs

#### 1. Prevention Program

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

#### 2. Early Intervention Program

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

#### 3. Access and Linkage to Treatment Program

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

#### 4. Stigma and Discrimination Reduction

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

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

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

#### 6. Suicide Prevention

- a. Stigma Reduction/Suicide Prevention
- b. NAMI: Ending the Silence and NAMI 101
- c. TAY and Older Adult Wellbeing (Peer Mentor Program)

# Community Capacity Building Programs

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

## Community Capacity Building Community Wellbeing Program

### Program Description

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

### Target Population

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

Community Grants Awarded	Community Members Represented
13	10,809

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	2,176	4,311	1,131	531	N/A	<b>8,149</b>

## Program Update

In FY 2022-23, a total of 13 Community Wellbeing Grants were awarded. These communities represented 10,809 members who will have the opportunity to participate in these community-designed and led wellbeing projects. Notably, the communities being served by these projects provide services to underserved and unserved youth. In addition, many expressed gratitude regarding being a part of the CWB grant program and were eager to learn more about other Tri-City programs and services.

During this fiscal year, the CWB program staff utilized social media platforms such as Instagram and Facebook for Grantee Spotlights. The purpose of these Grantee Spotlights is to bring awareness to who the grantees are and increase their visibility in our community. Grantees reported an increase in community members inquiring about their programming as a result of increased visibility via social media.

Each quarter grantees provide financial reports to Tri-City which reflect their spending and verify that remaining funds are in line with their project's needs.

## Challenges and Solutions

Grantees were provided both joint meetings with all cohort representatives as well as one-on-one meetings to discuss individual needs, challenges and updates experienced. Grantees exhibited low attendance as many participants reported burn out from virtual meetings. Conversely, some grantees shared that their participants reported feeling fearful about meeting in-person and prefer to only meet virtually. A solution presented was offering the grantees hybrid options for meeting, this met the needs of all participants. Grantees also collaborated with other grantees in the cohort to plan events and build connections with their participants.

Outreach for the program was a challenge. It was difficult to spread the word about the Community Wellbeing Grant, with only virtual options at the time. The CWB staff increased their use of technology and social media to meet this challenge. Program staff utilized email, social media, and the Tri-City website to promote the grant. Program staff also utilized current grantees to help with spreading the word about the Community Wellbeing Grant program. Community members shared that they heard about the important meetings and deadlines for the grant via social media. Program staff also reached out to Tri-City Community Navigators to help promote the Community Wellbeing Grant.

## Diversity, Equity and Inclusion

CWB staff consists of a bilingual staff member and all materials and presentations are available in English and Spanish. The program works with community entities that provide services to underserved and unserved communities, focusing on ages 0-25. Grantees also network and collaborate with each other to serve marginalized populations. Trainings resources related to cultural competence are disseminated to grantees, and the grantees distribute them to their participants. The CWB program also works closely with the RAINBOW Wellness Collaborative and the Pomona Pride Center which support the LGBTQIA+ population.

## Community Partners

In addition to collaborating with several internal programs, CWB works in partnership with several agencies such as: Assistance League of Pomona Valley, Bithiah's Family Services, Bright Prospect, dA Center for the Arts, God's Pantry, Health Bridges, Just Us 4 Youth, La Verne Youth & Family Action Committee, Pomona Hope, Pomona Pride Center, Pomona Students Union, Pomona Youth Prevention Program/NCADD-ESGPV and Purpose Church. These organizations represent an array of services and supports for our community and the 0-25 population.

Program staff also connected various grantees to Tri-City's Community Mental Health Trainer to continue to promote mental health and wellbeing. Grantees also shared resources and events in their communities, and program staff shared these resources with the cohort as well as Tri-City staff. Some grantees also shared that they participated and collaborated with other grantees in the cohort. One example was Bithiah's Family Services and Just Us 4 Youth, who collaborated on a project and will apply for a grant next year.

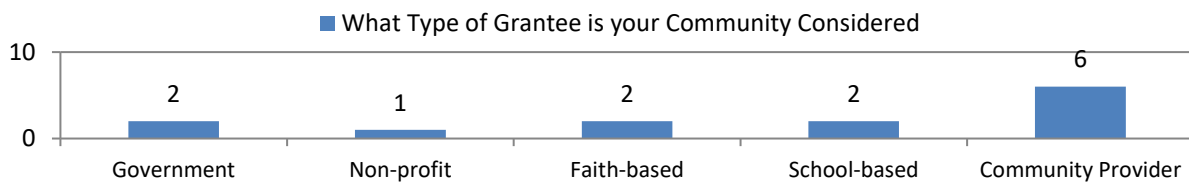
## Success Story

Grantee, Bright Prospect's Community Wellbeing Academy, is a series of workshops focused on mental health awareness and wellbeing for students ages 14-25 and their parents. Together, students and their parents or guardians had the opportunity to hear from mental health professionals and learn how to reinforce positive mental health habits at home. Through this project, students learned to support their own mental health while building community with each other to support their peers.

This is Bright Prospect's last year of receiving a Community Wellbeing Grant for their project Community Wellbeing Academy. Their project leader has been instrumental in making sure their project is successful and meeting all their project goals. CWB reached out to their project leader and invited her to be part of our selection committee for the next fiscal year. The selection committee is responsible for reading applications and interviewing potential grantees for the new fiscal year. Bright Prospect's project leader joined our selection committee and brought valuable insight, feedback, and knowledge to the selection committee from a grantee perspective.

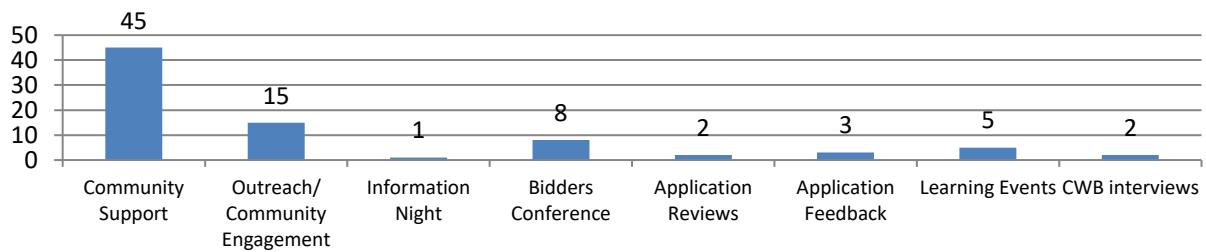
# Program Summary

## How Much Did We Do?



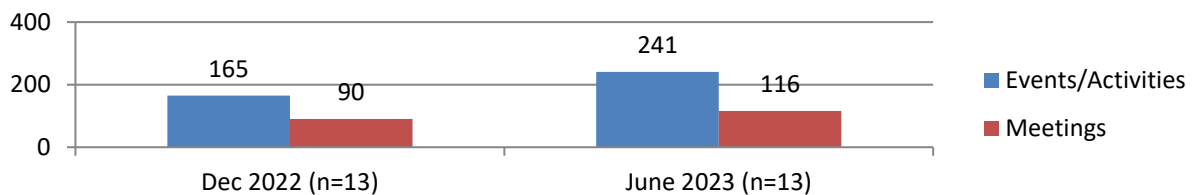
**295** Attendees for Events listed below

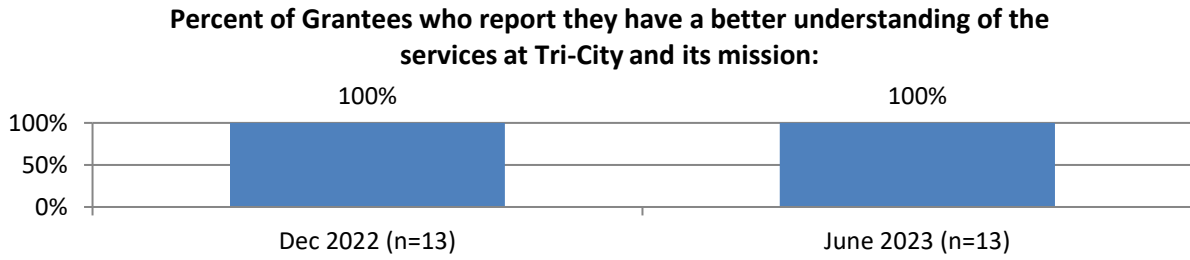
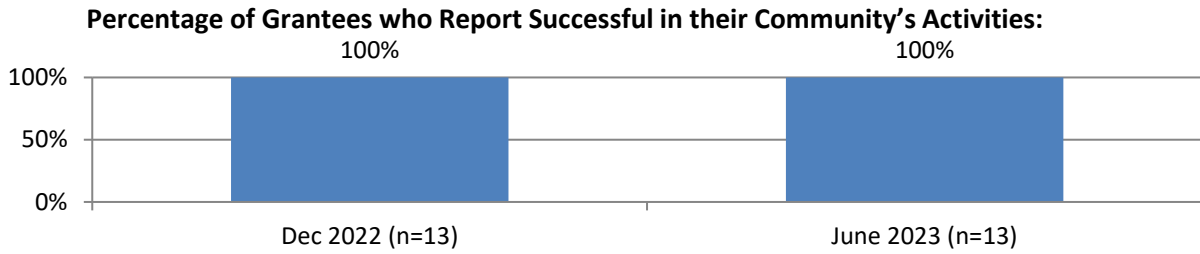
### Number of Events Held by Community Capacity Organizer



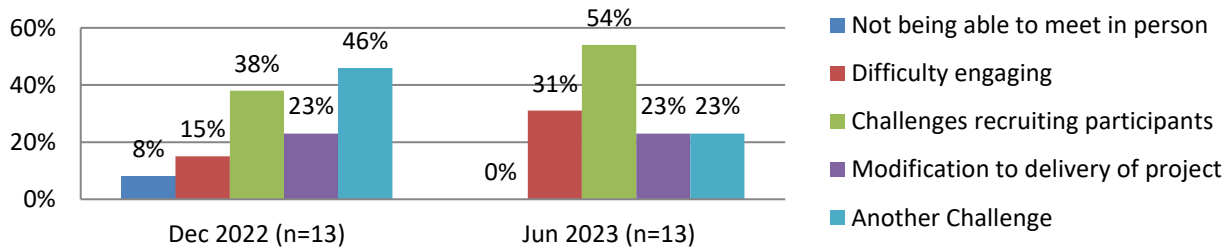
**12,874** Attendees for Events listed below:

### Number of Events/Activities and Meetings Hosted by Grantees

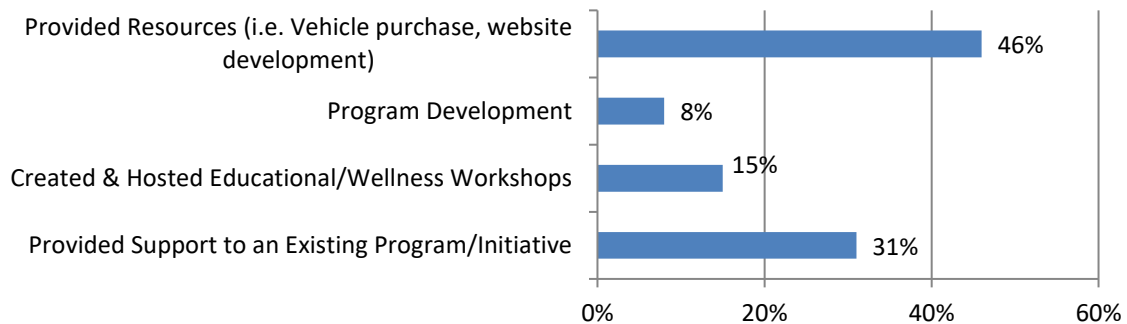




### How Well Did We Do It?

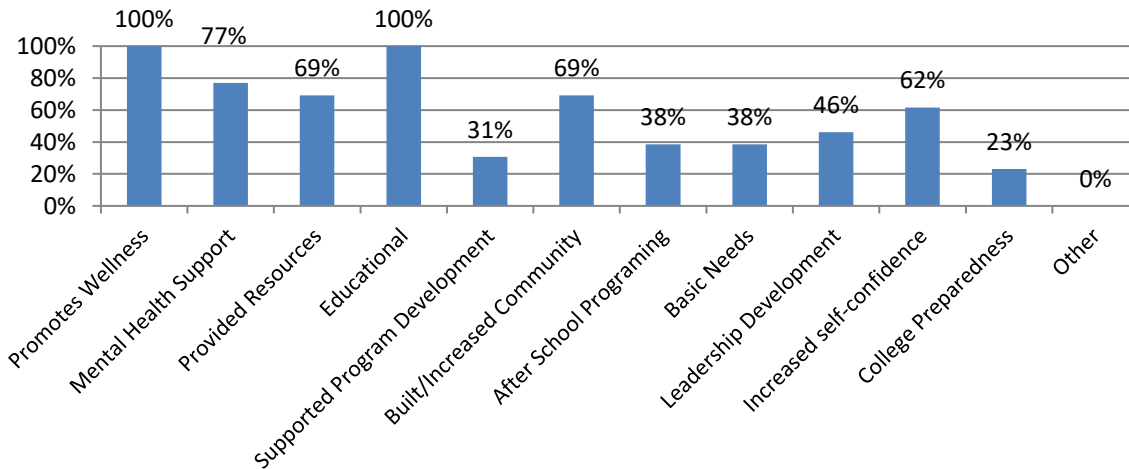


### How Grantees Utilized Funds - by Project Categories

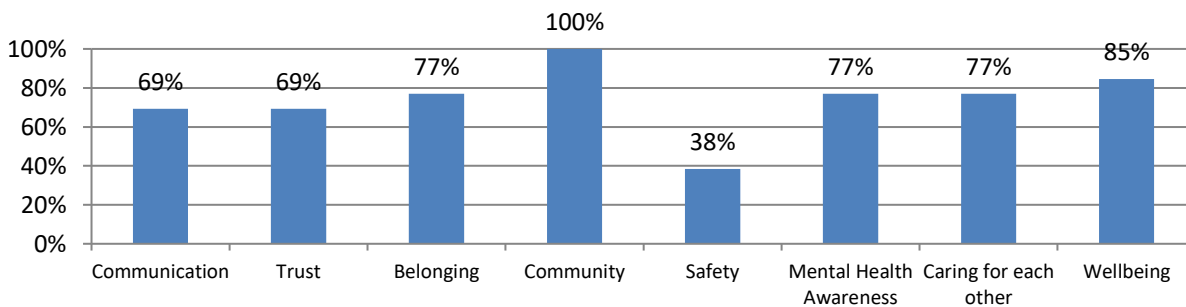


## Is Anyone Better Off?

**In what ways did your community benefit from this project?  
(Select all that apply)**



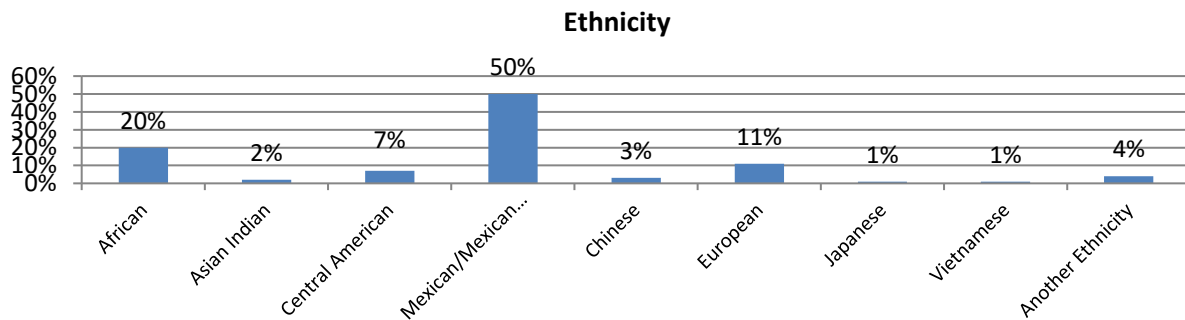
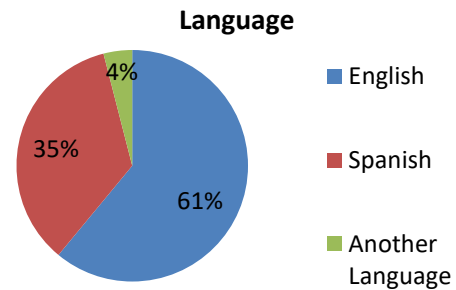
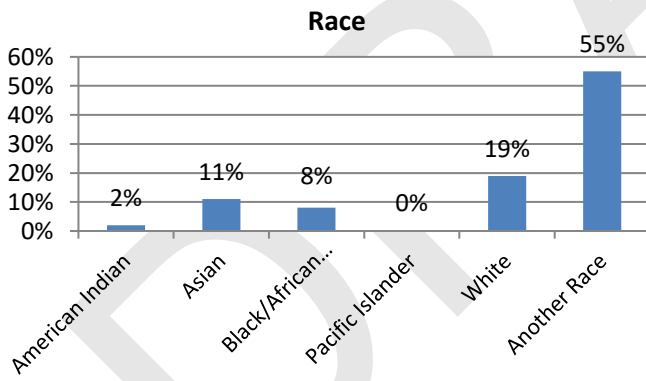
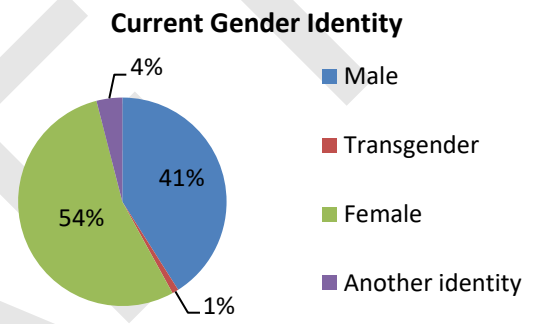
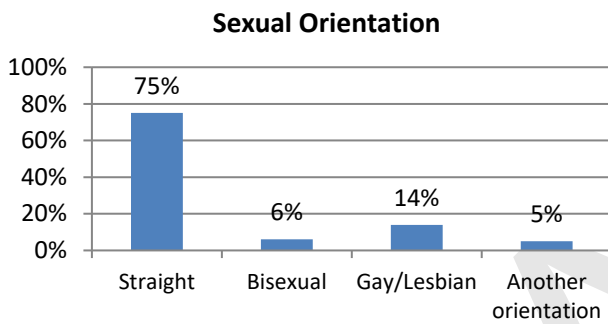
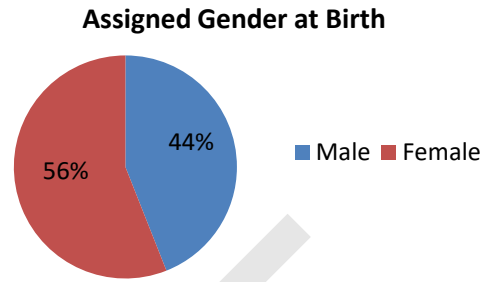
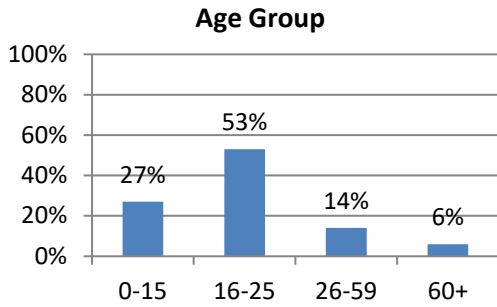
**As a result of your project efforts, members of the community now have a better sense of: (Select all that apply)**



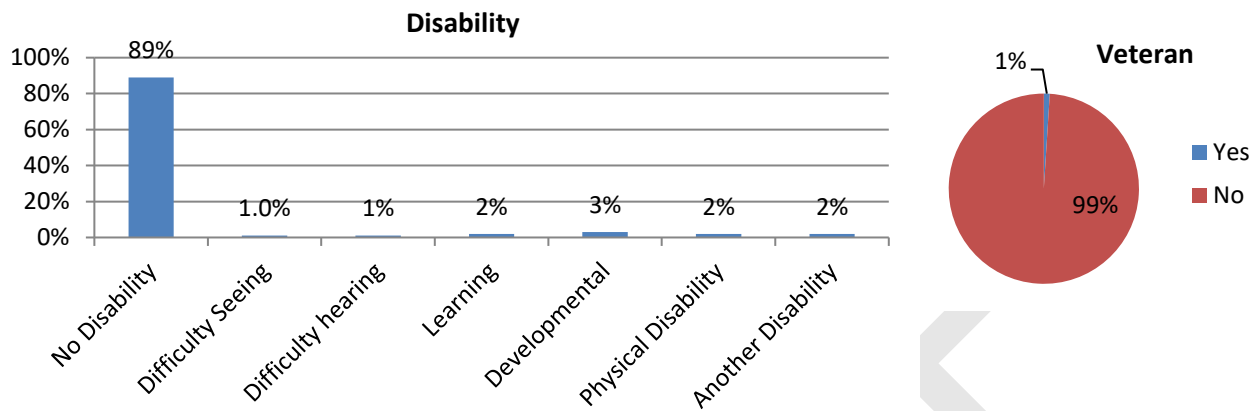
### What was the most successful outcome of this project:

- Built a sense of community.
- Empower participants about MH stigma in their communities.
- Providing resources to the summer lunch program.
- Participants have a sense of community and belonging.
- Providing resources to students and educating them about mental health and wellness.
- Seeing children and their families who were strangers at the start become friends.
- Students are showing improved self-esteem and self-care.
- That we exceeded the number of teens helped than originally projected.
- Improving youth wellness and mental health.
- building community through discussions around mental health through workshops.
- Educating students on the importance of confidence and responsibility.
- Implementing the mentorship program.
- Providing basic needs to women.

Grantee Community PEI Demographics (13 grantees completed December 2022 survey)







<b>Number of Potential Responders</b>	12,874
<b>Setting in Which Responders were Engaged</b>	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
<b>Type of Responders Engaged</b>	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

### Timely Access to Services for Underserved Populations Strategy

**There were 0 MHA referrals to Community Wellbeing Program**

# Community Capacity Building

## Community Mental Health Trainings

### Program Description

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

### Target Population

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

Community Mental Health Trainings		Number of Individuals Trained				
42		489				
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	29	37	5	418	<b>489</b>

### Program Update

The Community Mental Health Training (CMHT) program began to see an increase in individuals requesting in-person trainings as opposed to the virtual option used last fiscal year, due to COVID-19. In addition to the five primary trainings offered, CMHT also provided trainings related to nutrition and wellness, everyday mental health (covers basic information pertaining to general mental health and wellness), self-esteem, stress management, Black, Indigenous, People of Color (BIPOC) mental health, and the Wellness Recovery Action Plan (WRAP). The program also had new opportunities to present to the cities of La Verne and Claremont, via presentations to the La Verne City Services and Police Department as well as Claremont High School students interested in learning about Tri-City and opportunities in the field of behavioral health.

Significant ratings from participants include: 84% of participants reported feeling confident in using or applying the skills learned in the training. Additionally, 97% of participants reported that they would recommend the training to others.

## Challenges and Solutions

Challenges included transitioning from virtual to in-person platforms, while keeping hybrid options available. Solutions included reviewing Tri-City and CMHT documents/forms and consulting with MHSA PEI Program Supervisor about policy and procedures. This assisted CMHT to be better equipped when planning and setting up trainings for community and staff.

Challenges also included identifying potential attendee activators/triggers during in-person presentations and addressing how to keep a training environment safe and supportive for individuals who may be experiencing discomfort or stress during attendance. Solutions included having additional staff to support, provide disclaimers about activating content, and allow attendees to step away as often or needed before returning to the remainder of the training.

## Diversity, Equity and Inclusion

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, most materials and brochures are available in both English and Spanish. Continuing to offer trainings virtually also supports efforts in eliminating barriers related to lack of transportation or physical mobility. Additionally, trainers complete cultural competence trainings and these concepts are incorporated in the trainings provided to the community.

## Community Partners

Community engagement is key to the success of the CMHT. Partners include local colleges, school districts, law enforcement, community-based organizations, and faith-based organizations. Some examples of community partners include: David and Margaret Youth and Family Services, Youth Build Charter, Bright Prospect, Volunteers of America, Bonita Unified School District, Cal Poly Pomona Veterans Resource Center, and Community Wellbeing Grant recipients.

## Success Story

A community partner, Western University, provided a list of accomplishments to the CMHT program during FY 2022-23. The University included a list of accomplishments in their staff council newsletter and shared that through the assistance of the CMHT program, they were able to certify nineteen staff members in Mental Health First Aid.

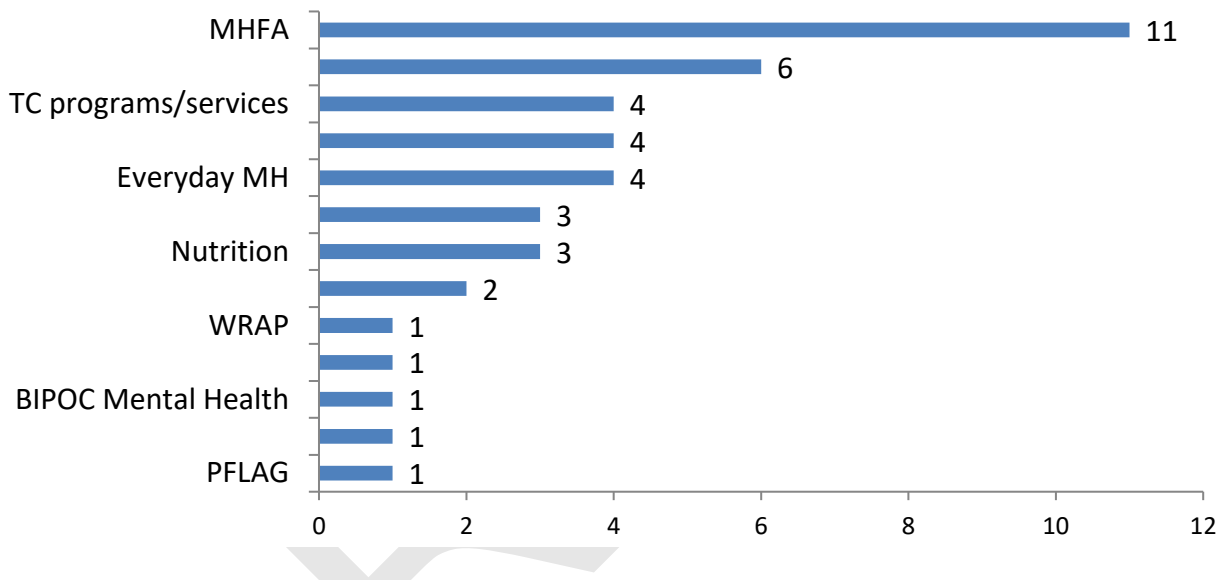
# Program Summary

## How Much Did We Do?

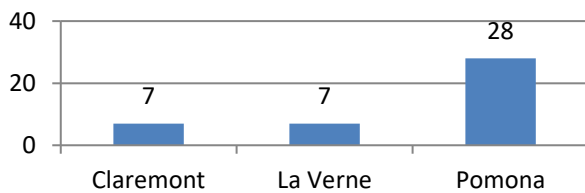
**489**  
Individuals attending  
Presentations

**42**  
Community Mental Health  
Presentations Conducted

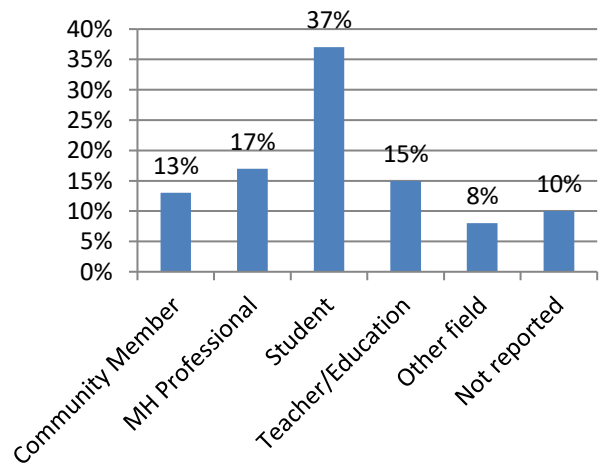
**Community Mental Health Presentations**



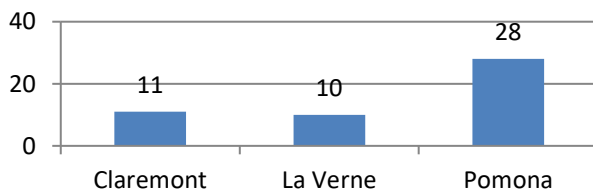
**City Requesting Presentation**



**What field/profession are you in:**

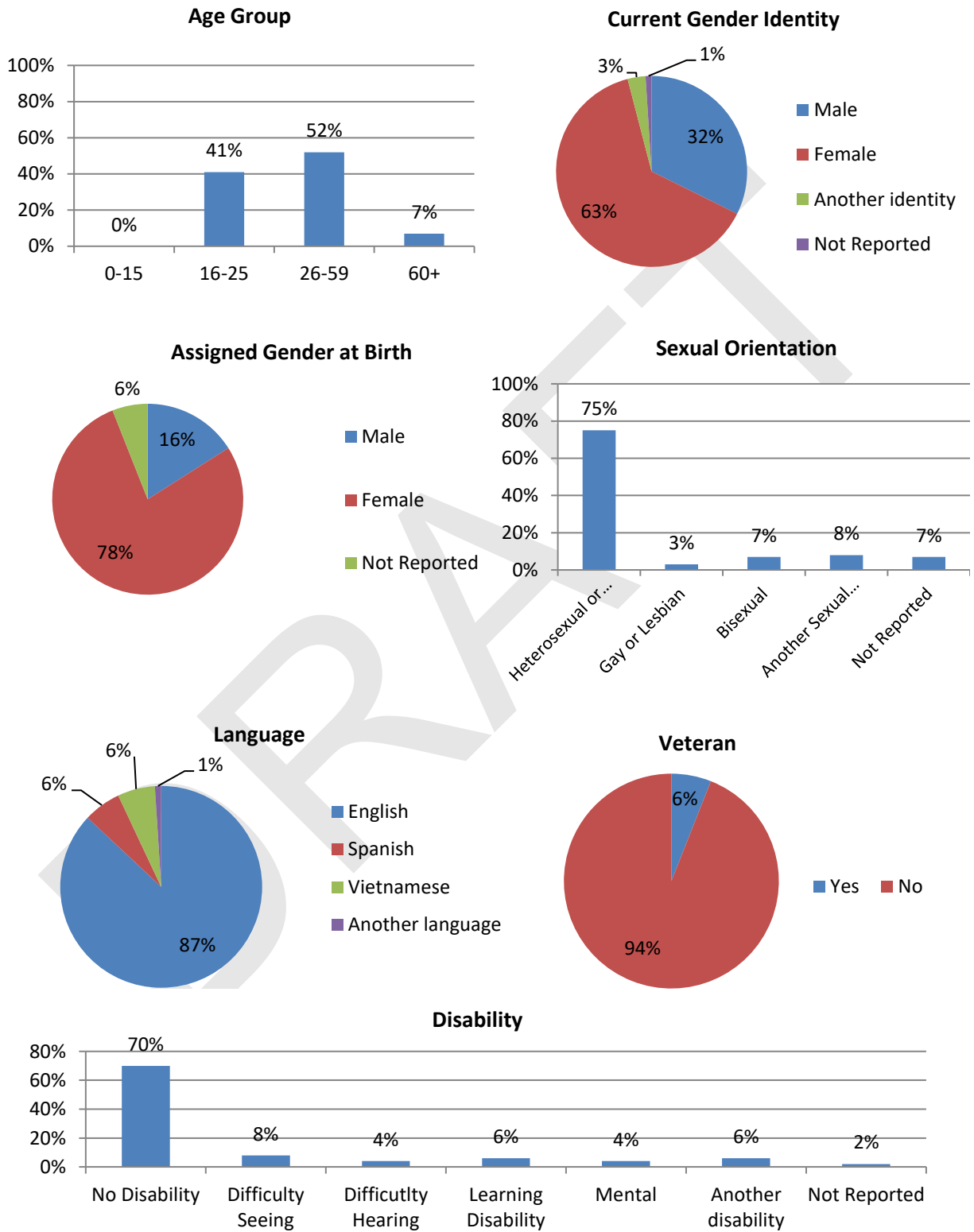


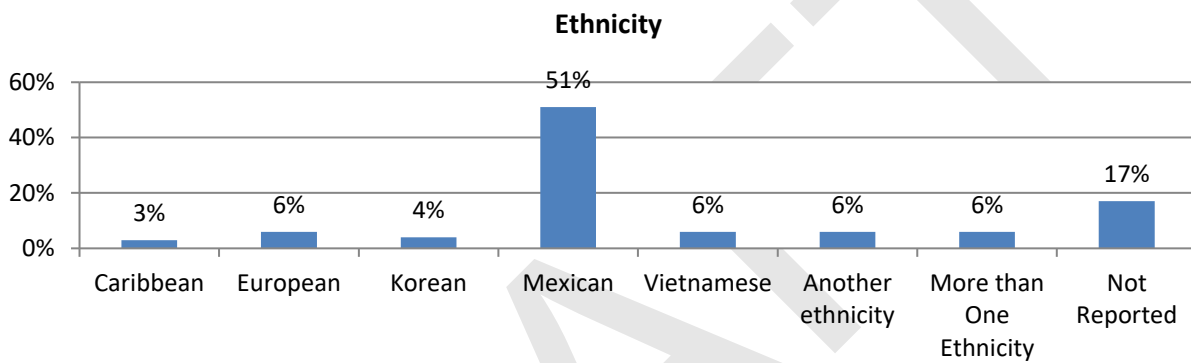
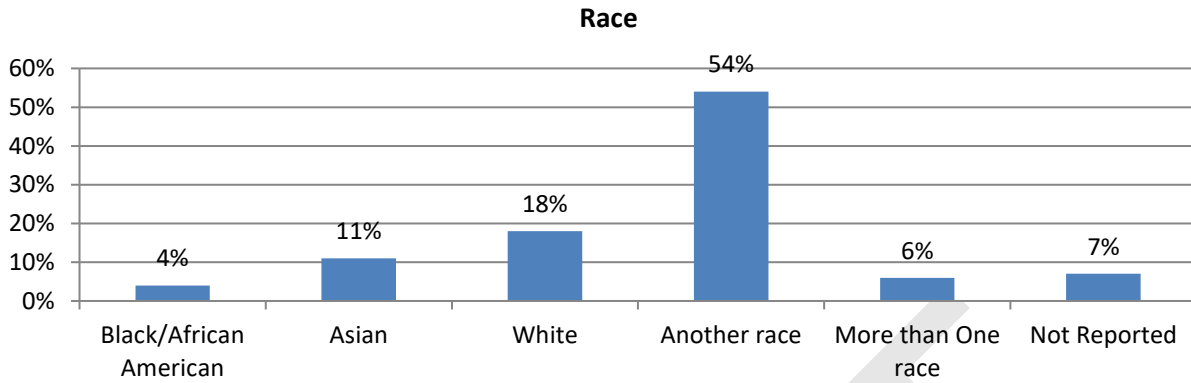
**Attendees Service Area/Affiliation**



## PEI Demographics from Surveys (Survey Responses = 72)

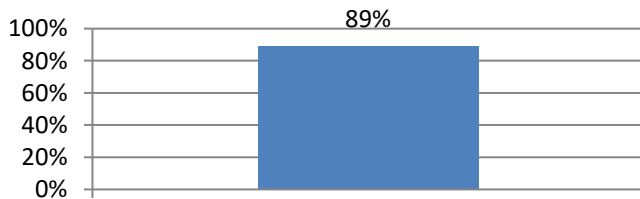
PEI Demographics only completed by Adults 18+



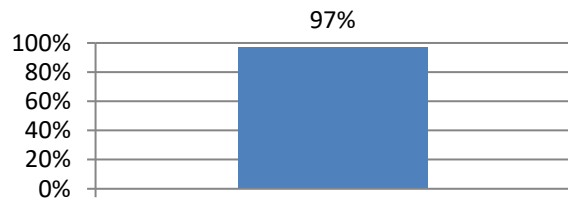


## How Well Did We Do It?

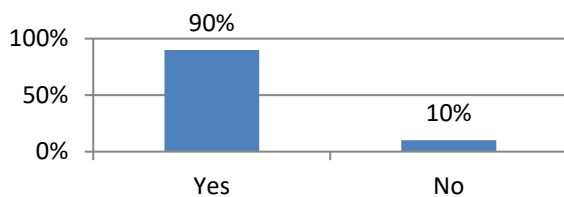
**Percentage of participants who report the presentation provided helpful information and can be utilized/shared with others**



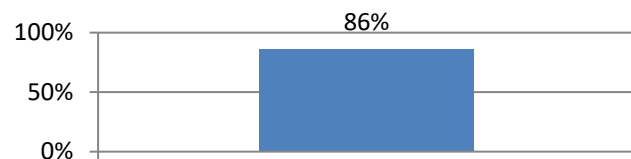
**Percentage of participants who rated the presentation as good or excellent:**



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

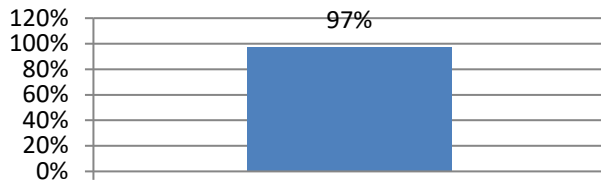


**If so, has this presentation provided the support to manage your wellness or recovery?**

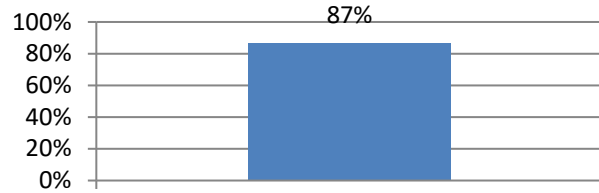


## Mental Health First Aid (MHFA)

**Percentage of participants who report increased knowledge about recognizing the signs and symptoms of mental health or substance use challenges**



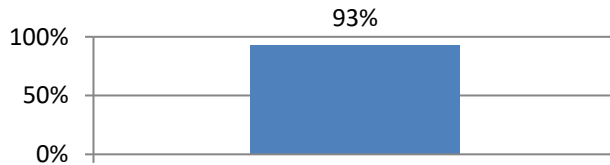
**Percentage of participants who can express concerns to any person about mental health signs and symptoms to help that person to seek timely support**



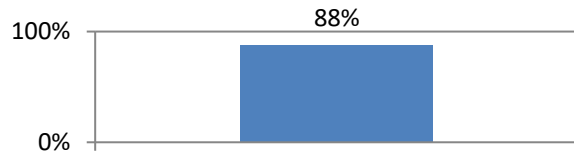
## Is Anyone Better Off?

### Mental Health First Aid (MHFA)

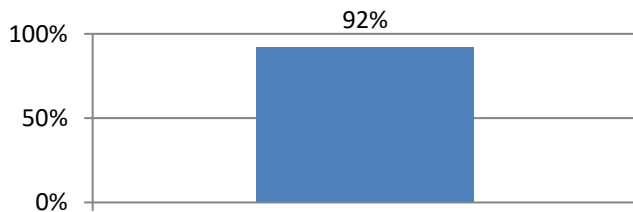
**Percentage of participants who report feeling confident in using or applying the information they learned in the presentation**



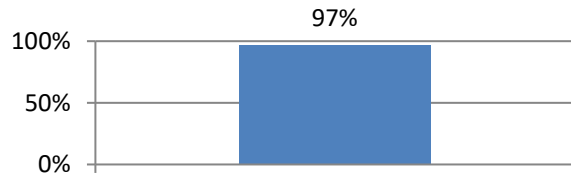
**Percent of participants who report feeling more confident reaching out to someone who may be dealing with a mental health /substance use...**



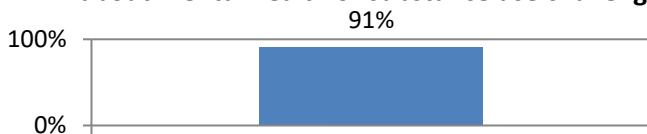
**Percentage of participants who would recommend presentation to someone else**



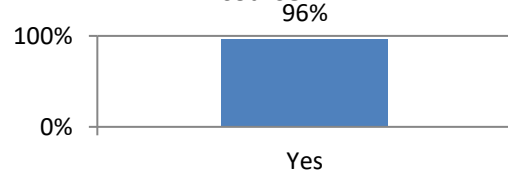
**Use ALGEE action plan to connect an adult experiencing signs and symptom(s) of a mental health or substance use challenge or crisis to...**



**Have a supportive conversation with anyone about mental health or substance use challenges.**



**Would you take another MHFA course**

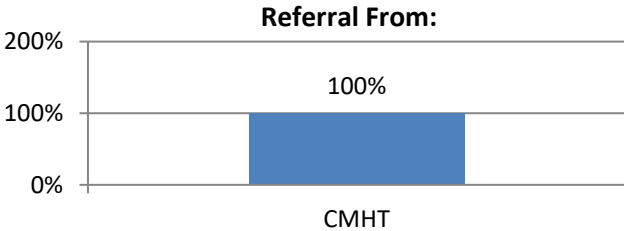


<b>Number of Potential Responders</b>	489
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
<b>Type of Responders Engaged</b>	TAYs, Adults, Seniors, Landlords, Parents, Residents, Consumers, Faith Based Organizations, Community Based Organizations, Service Providers and Students
<b>Underserved Population</b>	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

\*Individuals preferred not to answer for all 12 referral demographic responses

**There were 12 MHSA referrals to the CMHT Program**





# Community Capacity Building

## Stigma Reduction and Suicide Prevention

### Program Description

Tri-City is committed to supporting the strengths of each individual participant in their journey of recovery. Tri-City stigma reduction efforts on our website, via workshops and various community events are designed to empower individuals experiencing mental health challenges while generating awareness to the stigma associated with mental illness. Some efforts of the program include Green Ribbon Week, as well as state and nationally recognized campaigns including Mental Health Awareness Month, Black Indigenous and People of Color (BIPOC) Mental Health Awareness Month and Suicide Prevention Awareness Month.

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

These activities include:

1. **Courageous Minds Speakers Bureau:** Individuals with lived experience have the opportunity to share their personal stories of recovery through community presentations hosted throughout the year;
2. **Creative Minds:** Provides a unique opportunity for consumers and community members, both with and without a mental health condition, to create artwork that connects with their wellness, recovery and mental wellbeing. Art workshops and events are hosted virtually and in the community;
3. **Directing Change Program and Film Contest:** A statewide program with the mission to educate young people about suicide prevention, mental health and social justice through short films and art projects. Tri-City has a dedicated landing page where community members can view youth short film submissions from students in Pomona, Claremont and La Verne. Past award winners are listed here as well;
4. **Green Ribbon Week:** Each year, during the third week of March, Tri-City hosts stigma reduction presentations and collaborative community activities and distributes posters and green ribbons to promote mental health awareness in Pomona, Claremont and La Verne.

For each of these activities, consumer feedback is captured through program surveys which are administered several times per year as well as surveys specific to each event or presentation. In addition, Tri-City suicide prevention efforts include offering suicide awareness trainings which provide

participants with the skills needed to recognize the signs of suicide and connect individuals quickly and safely to appropriate resources and support services.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	18	44	14	475	<b>551</b>

## Program Update

During fiscal year 2022-23, the Stigma Reduction and Suicide Prevention program continued to host a variety of activities designed to continue to efforts to reduce the impact of mental health stigma and reduce the risk of suicide in our three cities. These activities included:

September is designated as Suicide Prevention Awareness Month and Suicide Prevention Week was held nationwide from September 5-11, 2022. Throughout the month and during this awareness week, program staff launched a social media campaign for suicide prevention awareness and distributed toolkits to local school sites, Tri-City, and community members.

Green Ribbon Week (GRW) is an annual recognition that aligns with Tri-City's stigma reduction efforts that encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educate community members, clients, and participants about stigma, the impact it has on our individual and collective mental health, and how to take action to fight against stigma in our community. The Courageous Minds Speakers Bureau was also featured during Green Ribbon Week where a community member shared their mental health journey and recovery.

During Mental Health Awareness Month, the Creative Minds Art Gallery was showcased at the dA Center for the Arts at Pomona's 2<sup>nd</sup> Saturday Art Walk. This year's art theme was "How do you take action for mental health for young people?" Thirty-six submissions of artwork were presented highlighting the valuable impact of this artistic channel for supporting an individual's wellbeing.

A partnership with the School of Art and Enterprise led to program staff facilitating thirty-two stigma reduction presentations during class periods. Program staff also re-launched Courageous Minds Speakers Bureau program and gained two new speakers. Lastly, the Directing Change landing page was launched online, where community members can view youth short film submissions, from the Tri-City service area and statewide, about suicide prevention and notable award winners.

## Challenges and Solutions

Program staff received a tremendous number of requests to attend events and facilitate activities related to stigma reduction. Due to staff capacity, several of these invitations were not possible to accept. A solution was for the Stigma Reduction and Suicide Prevention program to refer to other departments that could attend and support the community requests.

Another challenge was low attendance when hosting in-person Tri-City events. A solution to this concern was collaborating with community partners and hosting events in their space where community members feel more comfortable and inclined to attend.

## Diversity, Equity and Inclusion

The stigma reduction programming is designed to target underserved populations in the community. Program staff also collaborates with Tri-City's Diversity, Equity, and Inclusion program via workshops, events, and social media campaigns. The program strives to help reduce stigma in the community across all cultures, backgrounds, and identities. By increasing mental health literacy among the Tri-City community members, they are more likely to reach out for help when needed. Lastly, staff utilize translation support for presentations and documents when requested and regularly participate in cultural competence trainings.

## Community Partners

The Stigma Reduction and Suicide Prevention Program partners with several internal and external entities. Local school districts, colleges and universities are valuable partners in spreading the word regarding stigma awareness and reduction. Some schools the program partners with are Cal Poly Pomona, Claremont High School, Mt. View Elementary, University of La Verne, Pomona Unified School District, and School of Arts and Enterprise.

Other outside agencies include CalMHSAs, Directing Change, Tracks Activity Center (TAC), Youth Activity Center (YAC), La Verne Community Center, Hope through Housing, Pomona Public Library, Claremont Public Library, La Verne Public Library and several small businesses in the service area.

## Success Story

Program staff reached out to several school sites throughout September 2022 for Suicide Prevention Awareness Month in an effort to raise awareness and take action for suicide prevention. For the first time, Western University showed interest in working together to conduct a suicide prevention event for their graduate students. Following the event, the university reported to Stigma Reduction and Suicide Prevention staff that they would like to continue supporting efforts to reduce stigma and turn this into an annual event due to its success.

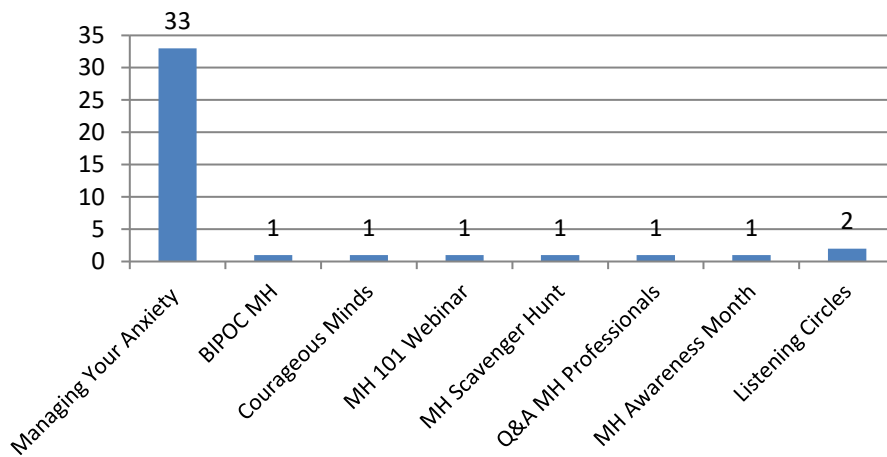
# Program Summary

## How Much Did We Do?

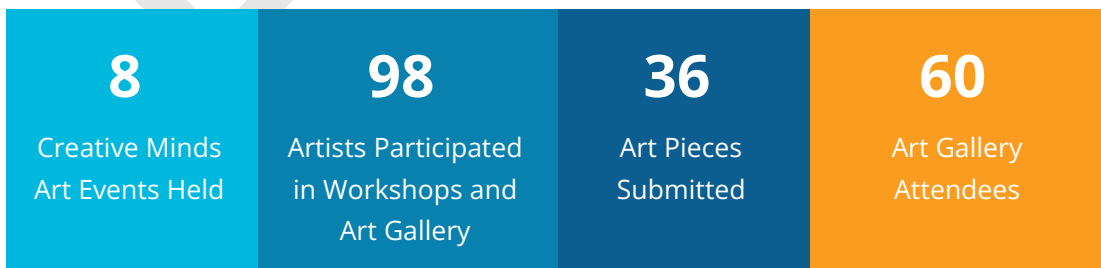
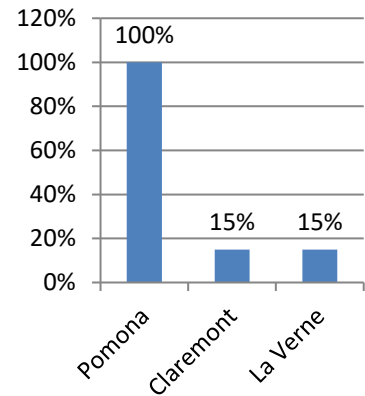
### Stigma Reduction (Courageous Minds/Creative Minds)



Type of Stigma Reduction Presentation



Presentations by City



PEI Demographics from Post-Test Stigma Reduction Surveys (Responses = 33)



## How Well Did We Do It?

**399**  
Individuals Outreached for  
Stigma Reduction

**158**  
Individuals Outreached for  
Art Gallery/Creative Minds

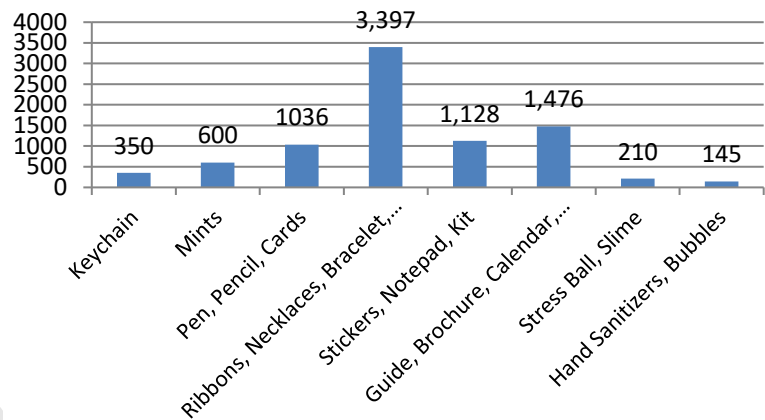
## Promotional Materials & Social Media Engagement for Stigma Reduction

**8,342**  
Promotional  
Materials

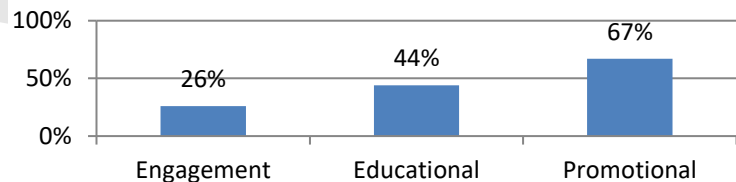
**1,404**  
People Engaged  
from Outreach

**9,766**  
Instagram accounts  
Reached for Social  
Media Engagement

Type of Promotional Materials

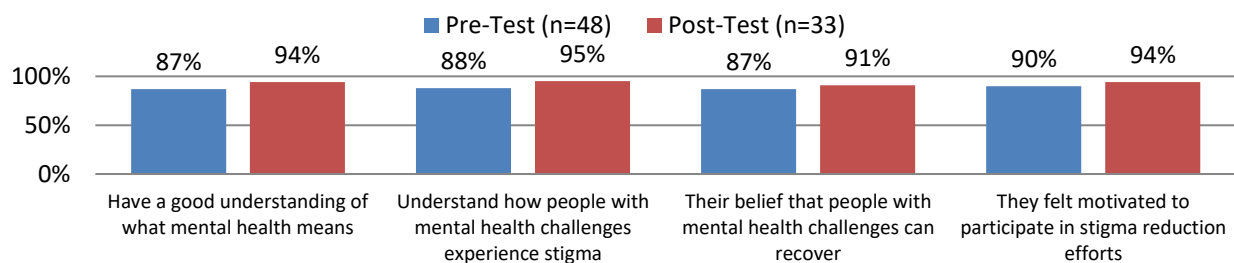


Type of Social Media Engagement



## Is Anyone Better Off?

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

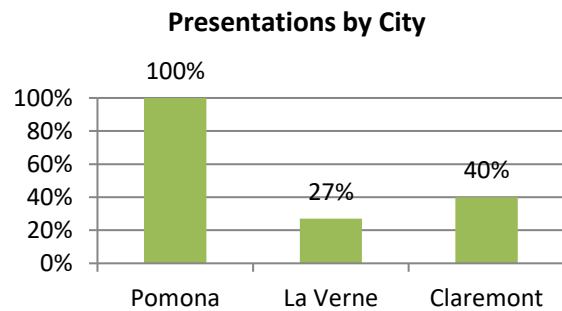
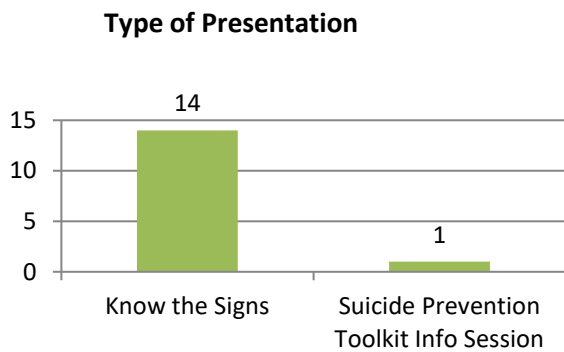


# Suicide Prevention

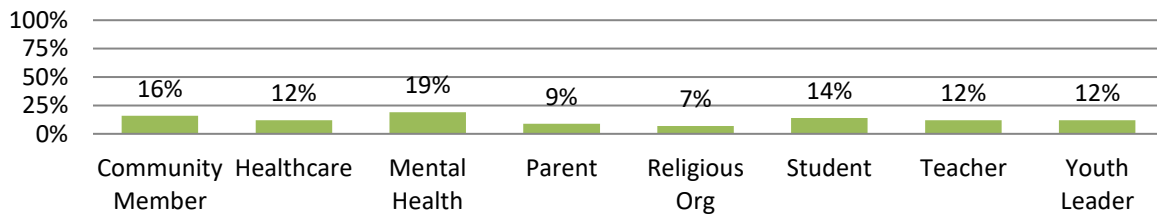
## How Much Did We Do?

**15  
Presentations**

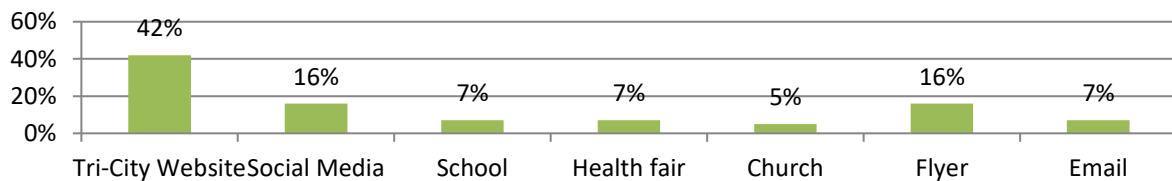
**152  
Attendees for Suicide  
Prevention Presentations**



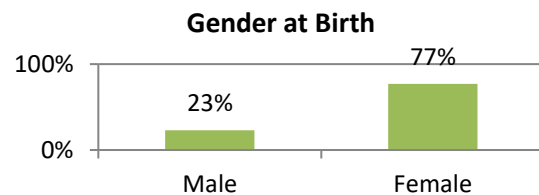
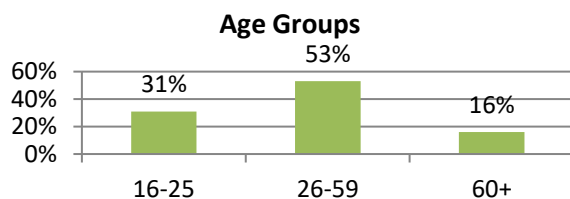
### What field/profession are you in:

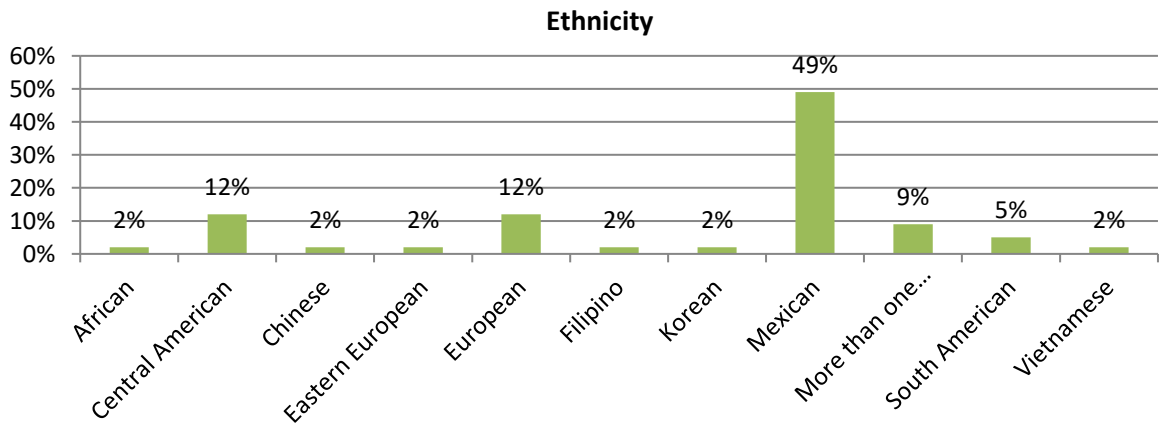
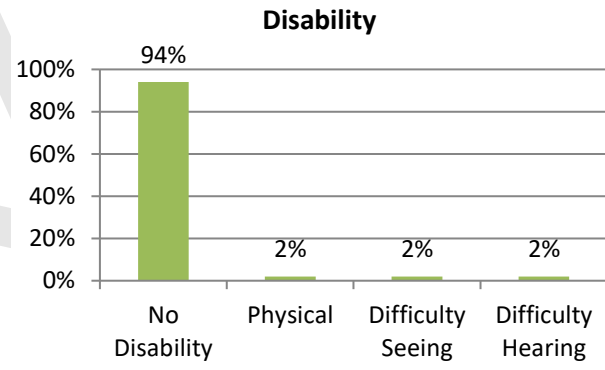
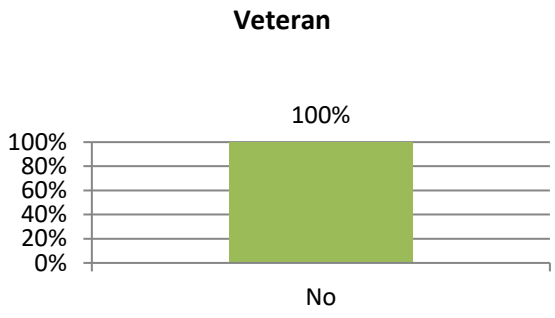
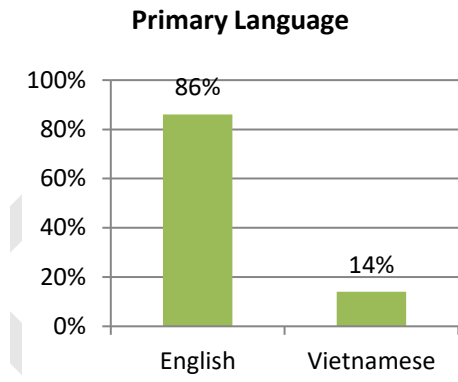
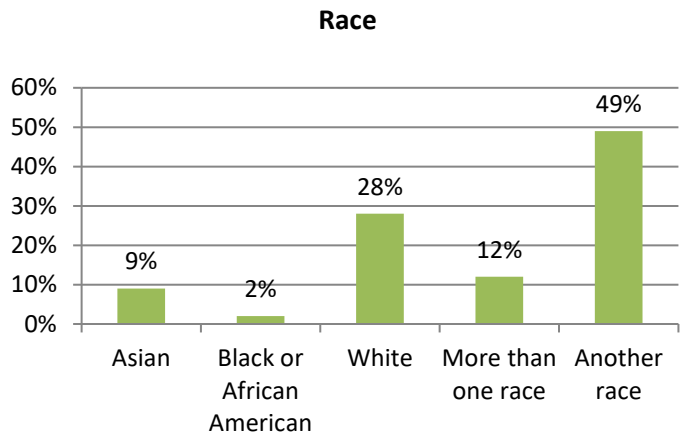
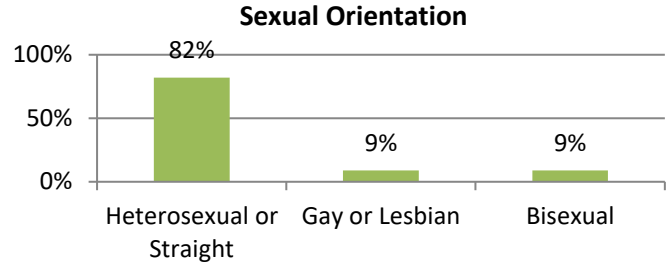
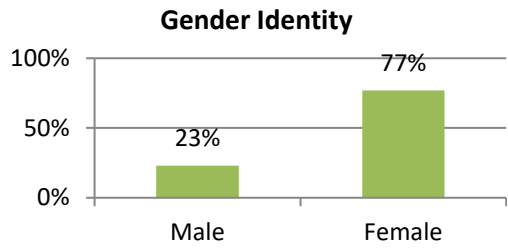


### How did you hear about Suicide Prevention Presentations



## PEI Demographics from Post-Test Suicide Prevention Surveys (Responses = 43)





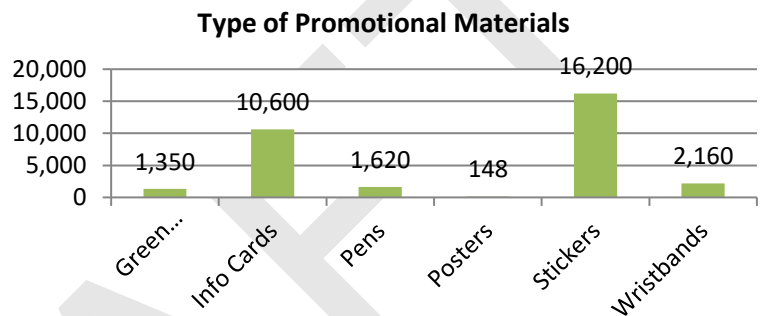


## How Well Did We Do It?

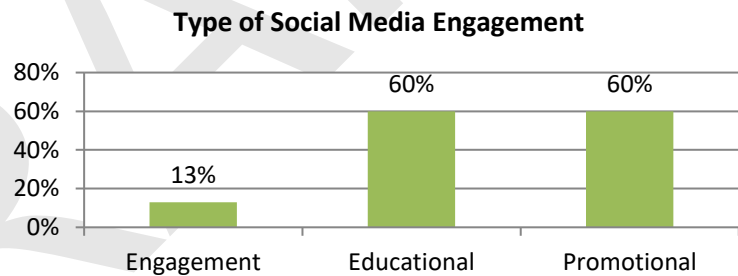
**152**  
**Individuals Outreached for**  
**Suicide Prevention**

## Promotional Materials & Social Media Engagement for Suicide Prevention

**32,078**  
**Promotional**  
**Materials**



**1,161**  
**People Engaged**  
**from Outreach**

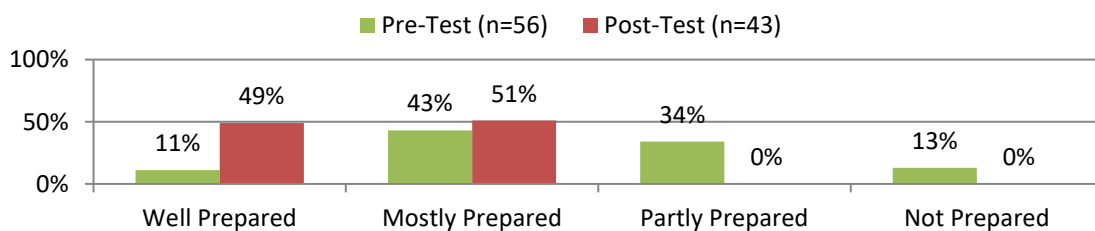


**1,662**  
**Instagram accounts**  
**Reached for Social**  
**Media Engagement**

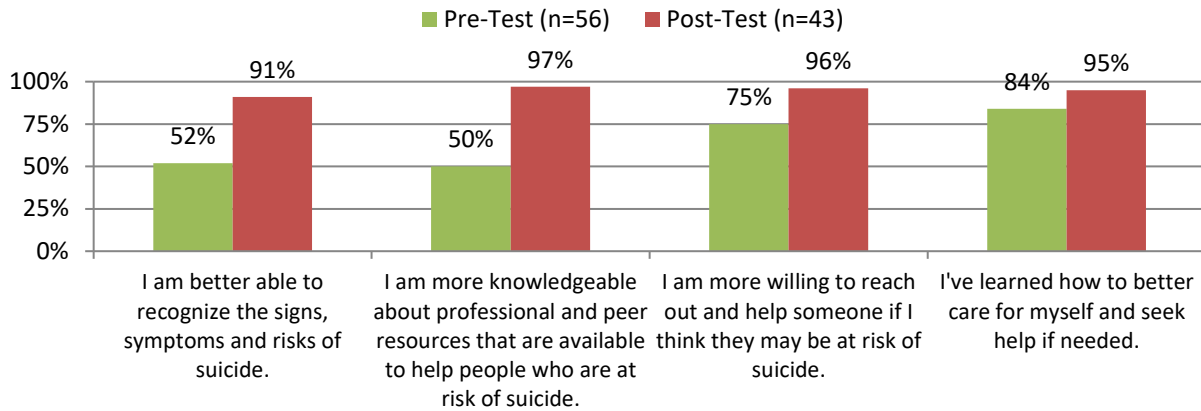
**15 post/stories**  
**in social media**

## Is Anyone Better Off?

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



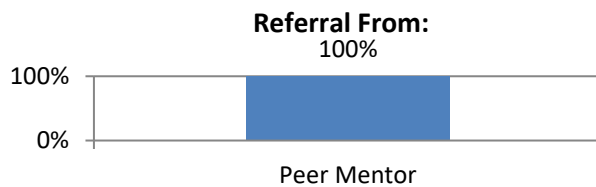
Percentage of Suicide Prevention Survey Respondents who reported, as a result of the presentations:



<b>Number of Potential Responders</b>	709
<b>Setting in Which Responders were Engaged</b>	Community, colleges, schools, health centers, workplace, shelters, online, and outdoors
<b>Type of Responders Engaged</b>	TAY, adults, older adults, teachers, LGBTQ, families, suicide attempters/survivors, religious leaders, and those with lived experience
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

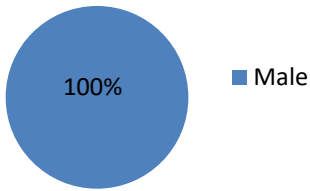
Timely Access to Services for Underserved Populations Strategy

**1 MHSA Referral to Stigma Reduction/ Suicide Prevention Programs**

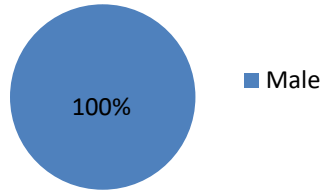


## PEI Demographics Based on MHSA Referrals

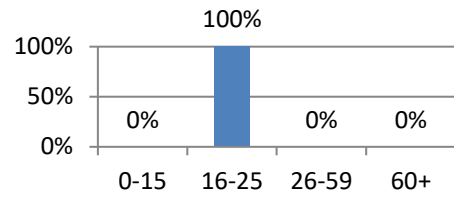
### Gender Identity



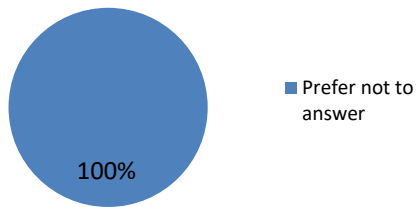
### Assigned Gender at Birth



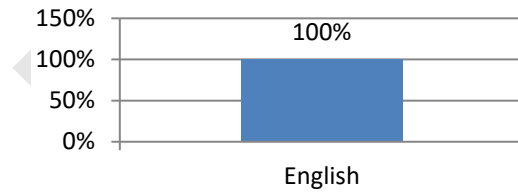
### Age Group



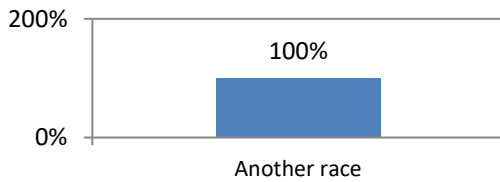
### Sexual Orientation



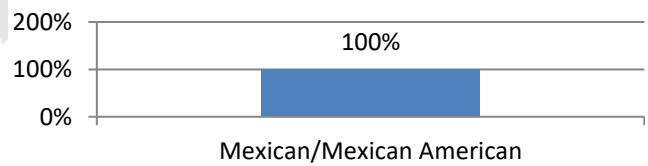
### Language



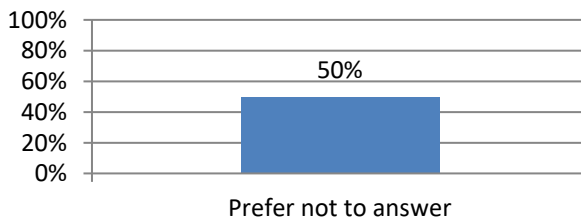
### Race



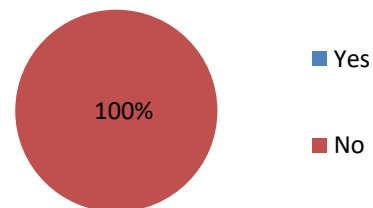
### Ethnicity



### Disability



### Veteran



# Peer Mentor and Wellness Center PEI Programs

## Older Adult and Transition Age Youth Wellbeing

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

### Peer Mentor Program

#### Program Description

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are in emotional distress. Through their own lived experiences, peer mentors are uniquely qualified to offer encouragement, guidance, and hope to their peers. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally relevant for each mentee.

#### Target Population

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

Mentors	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	6	5	3	0	<b>14</b>
<b>Cost Per Person</b>	\$2,853	\$2,853	\$2,853	\$2,853	N/A	<b>\$2,853</b>
Mentees	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	0	17	16	7	0	<b>40</b>

#### Program Update

During FY 2022-23, the Peer Mentor Program had 14 active mentors who provided one-on-one services to 40 mentees. Peer Mentors completed a total of 811 hours which included direct service with mentees, training, meetings, supervision, and community engagement events. These numbers

are an increase of almost double the service learner hours from the previous fiscal year and reflect the increased community engagement activities during FY 2022-23.

One hundred percent of mentors say that becoming a mentor has had a positive impact in their lives when surveyed. One hundred percent of mentees rate their overall experience with their Peer Mentors as good or excellent and felt their mentors adequately provided the support needed.

To outreach and engage community members, the Peer Mentor program utilized Tri-City's social media accounts to recruit new mentors and highlight existing mentors. The program also anticipates providing wellness activities and roundtables to the community to further increase the breadth of support.

## Challenges and Solutions

Due to various reasons such as finding employment, beginning graduate studies, and other life obligations the Peer Mentor program lost 15 mentors during FY 2022-23. To meet this challenge, outreach efforts to recruit more mentors were increased, including working closely with the Workforce Education and Training (WET) interim supervisor and the WET supervisor respectively. Program staff also attended community engagement events and used social media to promote the program. Ultimately, the program was able to gain 12 new mentors.

## Diversity, Equity and Inclusion

The Peer Mentor program strives to recruit members from underserved populations to be more accessible to mentees who come from similar backgrounds. Additionally, mentors attend multiple training courses each year that teach them how to support these individuals. Diversity within the mentor cohort helps to reduce stigma and helps participants feel more comfortable receiving services. Furthermore, 64% of mentors are either an older adult or are TAY; 28% of mentors say they have a disability.

Throughout the program year, peer mentors participate in over seventeen training courses that aim to reduce stigma surrounding mental health and increase knowledge and understanding of barriers to accessing mental health services. The program also provides training that assist mentors in learning how to support those who identify as LGBTQ+.

Program staff is bilingual in English and Spanish. Additionally, 36% of mentors speak Spanish and 7% of mentors speak Korean. The Peer Mentor program also actively recruits mentors who identify as an older adult or veteran as a crucial component to reducing stigma. In FY 2022-23, 18% of mentors identified as older adults.

## Community Partners

The Peer Mentor program has several interdepartmental collaborations to support the community, recruit mentors and enroll mentees. Some of the collaborations include Stigma Reduction, Workforce

Education and Training, clinical departments, Community Mental Health Trainers, Therapeutic Community Garden, Navigators, and the Wellness Center.

Through various events and activities, these collaborations provide opportunities for mentor recruitment, mentee referrals, trainings, and community resources. Mentors also gain knowledge about Tri-City services to refer, or provide resources to their mentees when necessary.

## Success Story

During FY 2022-23, a peer mentor who had been with the program for several years was able to achieve many personal and professional milestones in their life. The mentor was able to earn a college degree while they served as a mentor. Additionally, the mentor referenced their experience in the program to apply for post graduate programs. They were excited to share an acceptance letter to a graduate school and credited the Peer Mentor program in assisting them in identifying their career path.

DRAFT

# Program Summary

## How Much Did We Do?

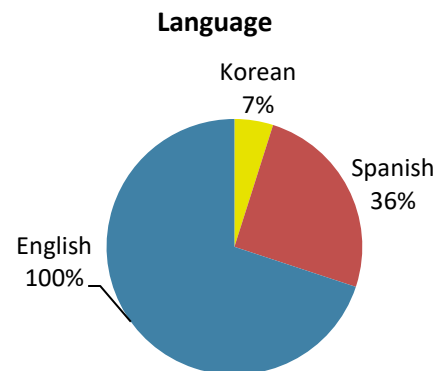
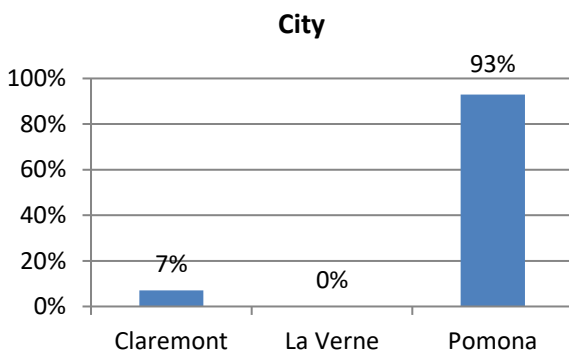
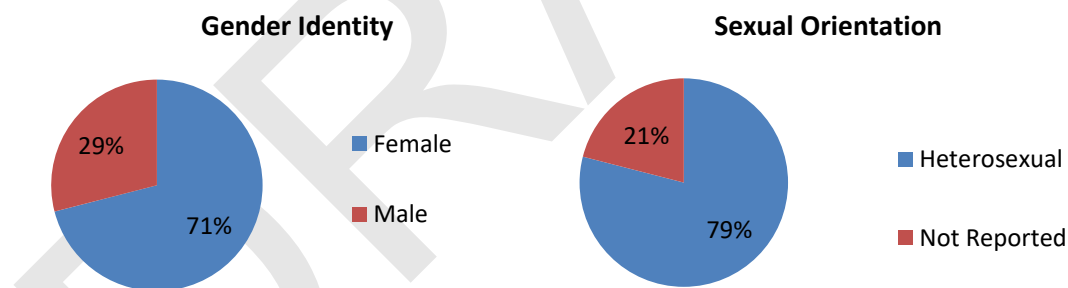
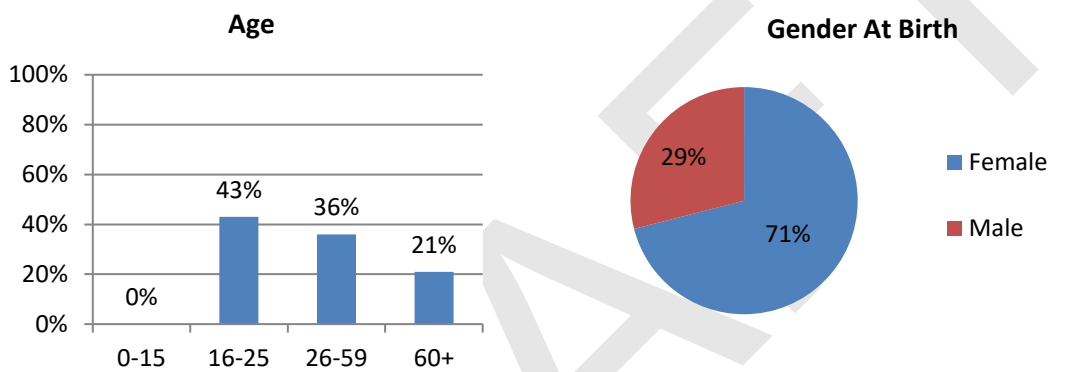
### Peer Mentors

## 14

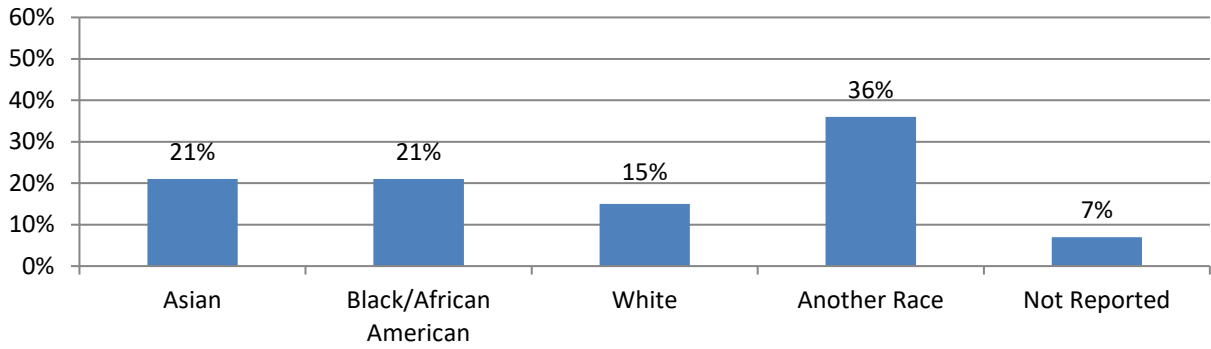
### Active Peer Mentors

## 17

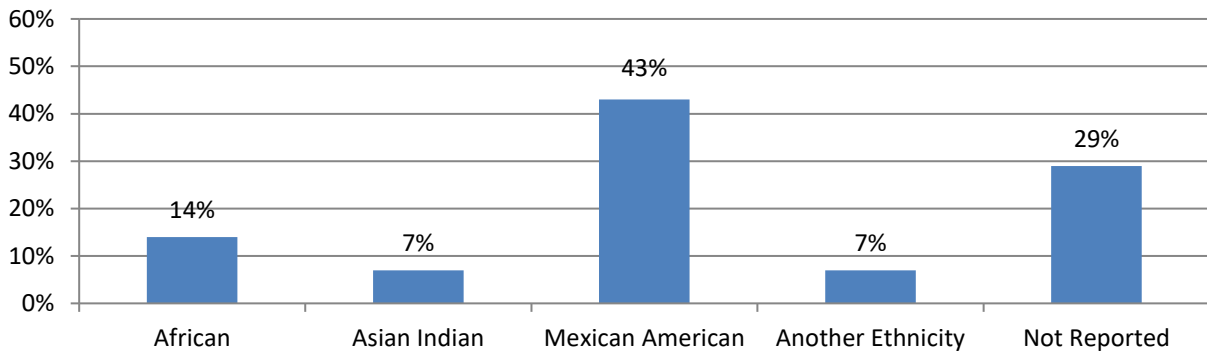
### Peer Mentor Meetings Trainings offered to Peer Mentors



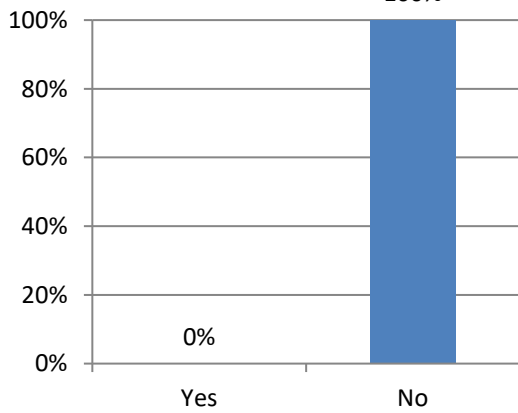
### Race



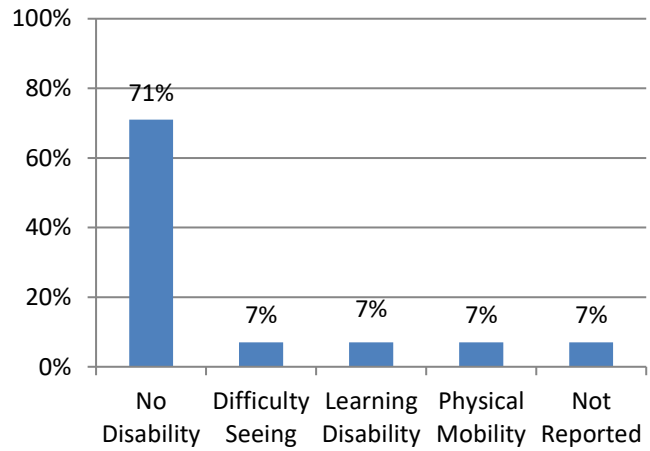
### Ethnicity



### Veteran



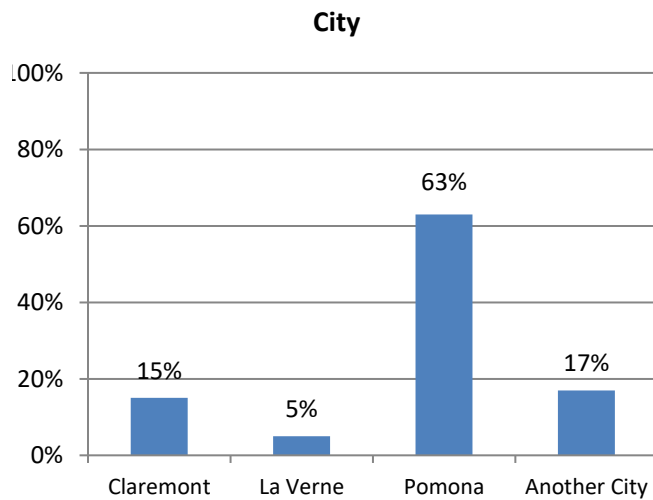
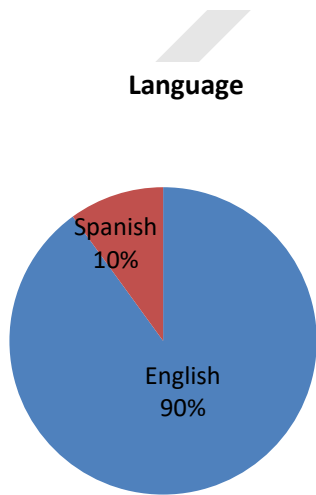
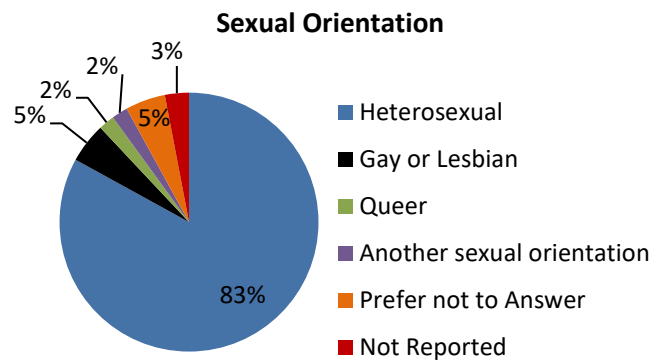
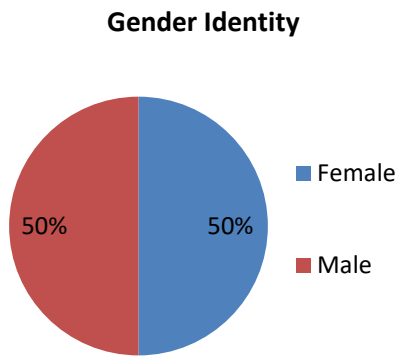
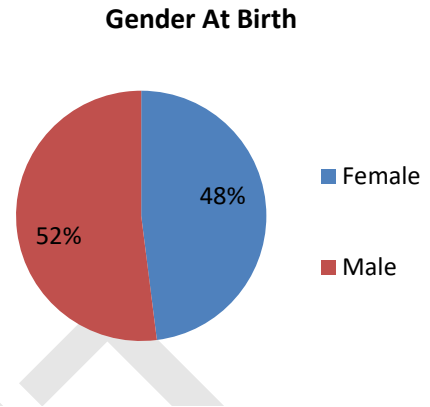
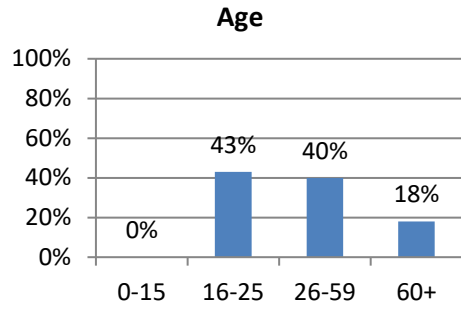
### Disability

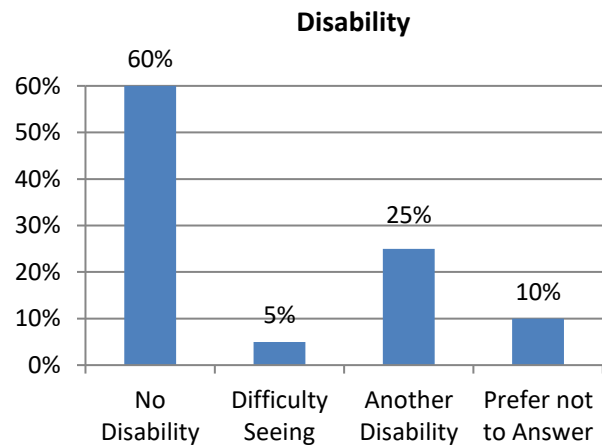
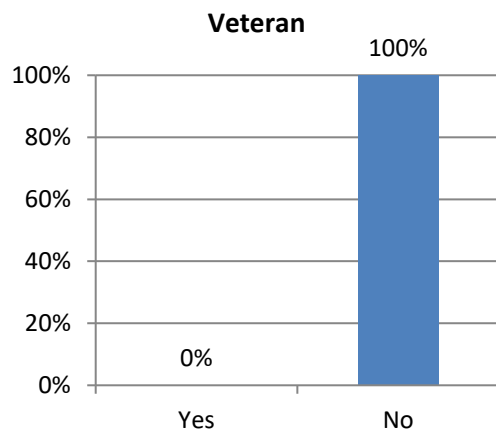
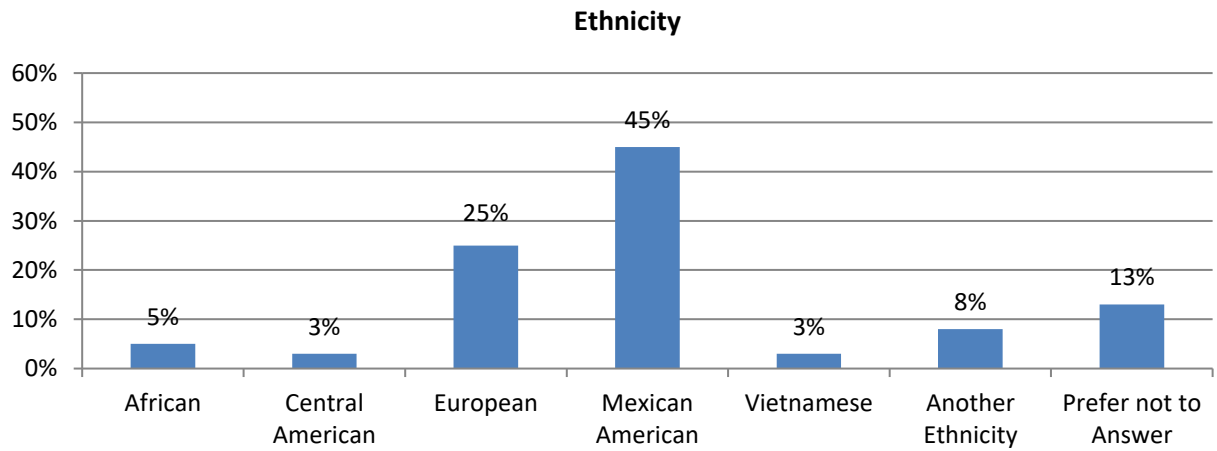
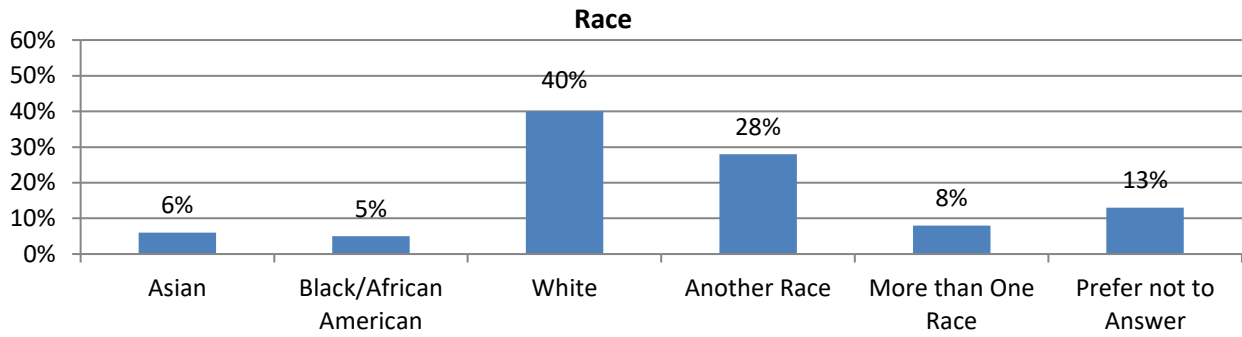




Peer Mentees

**40**  
Mentees  
Served

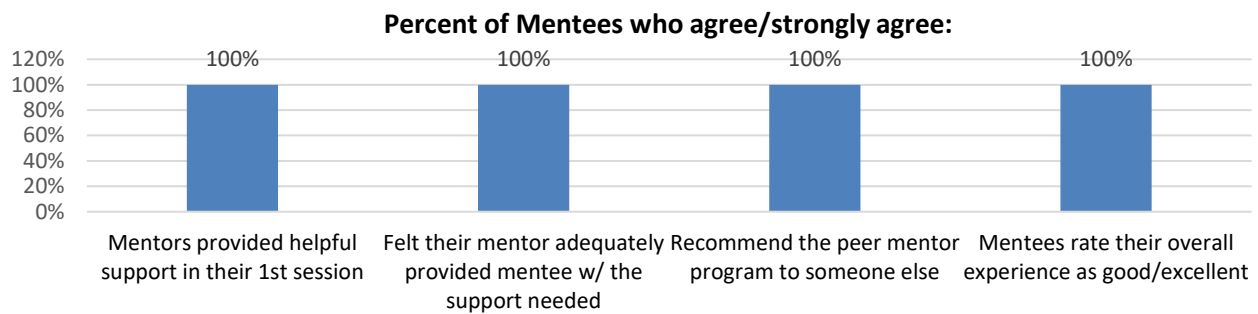
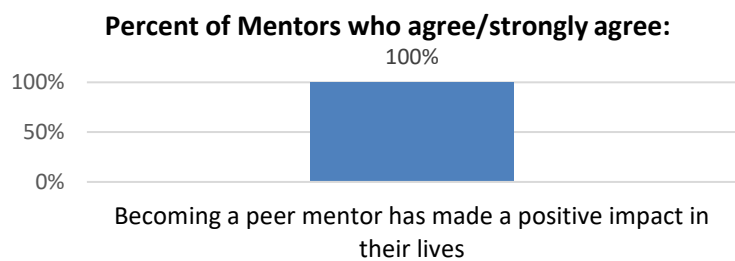




## How Well Did We Do It?



## Is Anyone Better Off?



## Peer Mentor Open-Ended Questions

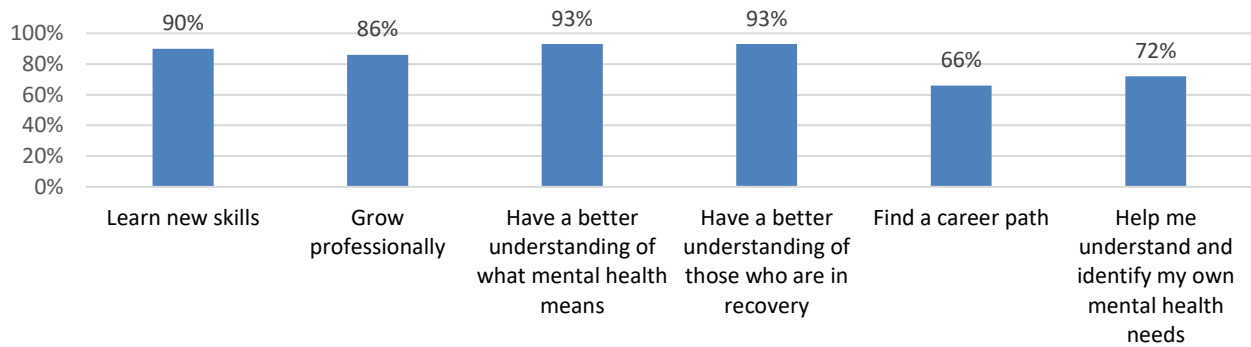
What was your favorite part of being a mentor? (24 total respondents)



List one thing from the peer mentor program you feel was most beneficial (21 total respondents)



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



### Mentee Open-Ended Questions

List one thing from the mentee program you feel was most beneficial (8 total respondents)



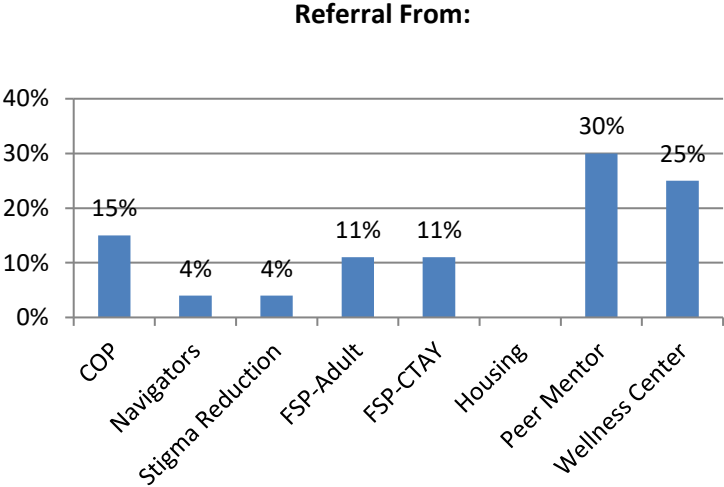
<b>Number of Potential Responders</b>	54
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Phone, Community,
<b>Type of Responders Engaged</b>	TAY, adults, seniors, and those with lived experience
<b>Underserved Population</b>	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

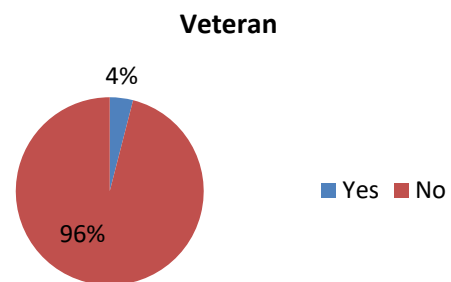
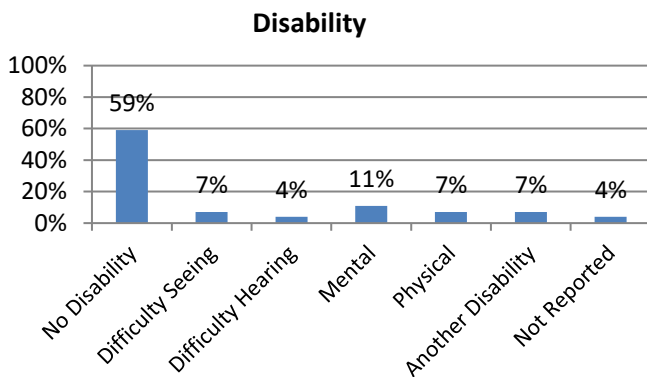
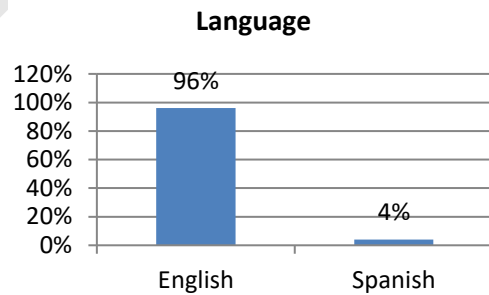
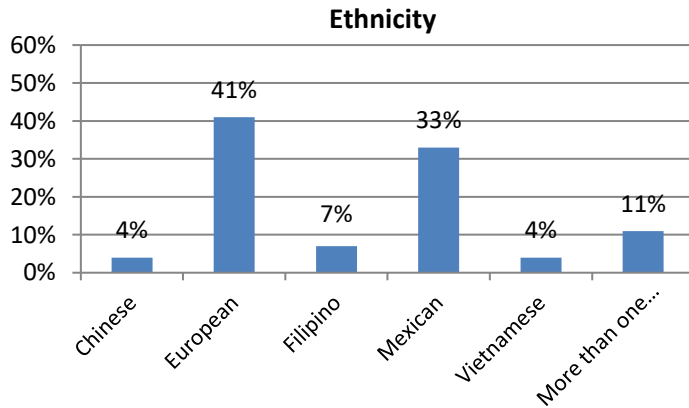
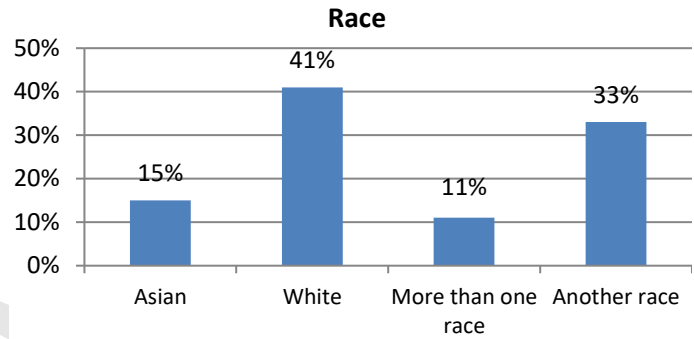
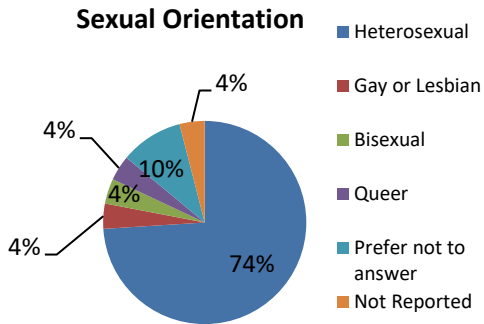
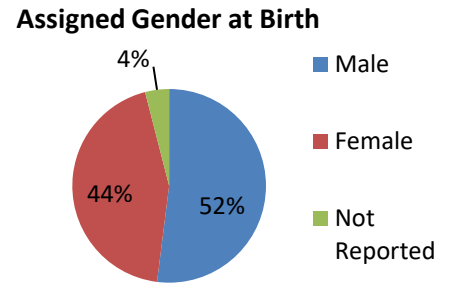
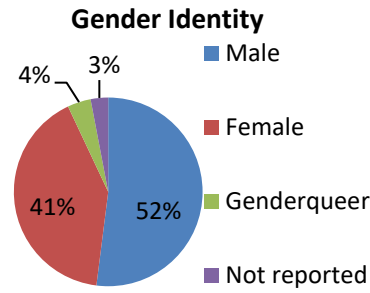
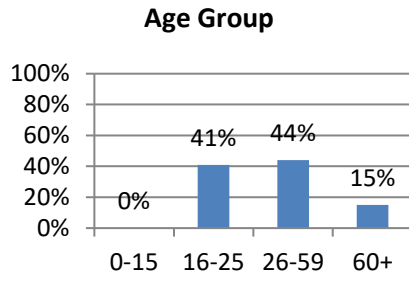
**26**  
MHA Referrals received by Peer Mentor program

**19 out of the 26**  
Referrals became mentee

**2.5 Days**  
Average Time between Referral and becoming a mentee



## PEI Demographics Based on Referrals



# Wellness Center PEI Programs

## Transition Age Youth and Older Adults

### Program Description

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

### Target Population

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

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	4	1,376	20	39	0	<b>1,439</b>
<b>Cost Per Person</b>	\$584	\$584	\$584	\$584	N/A	<b>\$584</b>

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

### Program Update

The transition age youth (TAY) and older adult programming at the Wellness Center transitioned from virtual groups to in person support groups. Additionally, there were several events held at the Wellness Center and in the community.

Tri-City, in partnership with Pomona Youth Prevention Council (PYPC) and local community partners such as the Western University of Health Sciences, Project Sister, Prototypes, and the National Council on Alcoholism and Drug Dependence (NCADD) of East San Gabriel and Pomona Valleys, hosted A Happy Me, A Happy We: Learn to Thrive on April 29, 2023. Hosted at the Western University of Health Sciences, this free half-day symposium provided a safe and supportive space to empower youth and young adults ages 12 to 18 in Pomona, Claremont and La Verne to develop and identify sustainable wellness practices and knowledge to thrive in their respective life paths. This youth symposium

connected the TAY Wellbeing program, as well as other Tri-City PEI programs, to educators, students, parents, and communities with a focus on mental health and wellness.

Another large event held for the community was the annual TAY talent show. Members of the community were able to share their talents at the Wellness Center through music, art, and poetry. The Wellness Center also hosted the Senior Season of Giving event in December 2022. This was the first in person winter holiday event since COVID 2020. The participants were able to reconnect with old friends and socialize with each other. The participants reported feeling happier now that the Wellness Center was open to facilitate in person events.

The TAY programs at the Wellness Center plan to have more groups and events tailored to assist and engage the TAY population. These include future in person groups at Cal Poly University Village (student housing) and a Veterans support group at the University of La Verne. Additionally, the older adult programming plans to have more groups and events tailored to assist and engage the older adults, such as a cooking class and a possible craft/ fashion group. In person meditation and mindfulness groups are also in the planning phase to be held at local senior centers in our service area.

## Challenges and Solutions

The Wellness Center TAY program has noticed the TAY population struggle to return to in-person programming. Youth are reporting that they would like to join groups, however struggle with balancing time for work and school. Thus, identifying difficulties with prioritizing mental health needs. A solution to this problem is hosting in-person groups out in the community. During FY 2022-23, collaboration began with Cal Poly Pomona to host an in-person group at one of their sites in the future. Additionally, increased outreach in the community and fostering more connections with the local colleges and other organizations will support TAY in addressing mental health and wellness.

The older adults in the program share that they enjoy the groups, however barriers related to transportation impact their ability to attend. Participants also express excitement about our programs and events prior to the day of the activity, yet on the day of the activity individuals will miss due to reported illness or medical issue. A solution that can have an impact on older adult attendance in the future is designating a driver at the Wellness Center to provide transportation.

## Diversity, Equity and Inclusion

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

The TAY and older adult programming offered at the Wellness Center is open to everyone. The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees. Staff are also regularly trained on specialized populations, diversity/inclusion, cultural competence, and culture-centered approaches to recovery.



## Community Partners

The older adult and TAY programing at the Wellness Center have many internal and external community partnerships that are vital to the sustainability of the program. The Wellness Center collaborates with several entities and senior centers in the service area that support older adults. Outside organizations will also host events or hold meetings at the Center. This has resulted in new participants, as members of the outside groups will then express interest in services and attend internal events.

WC staff regularly collaborate with youth centers to increase outreach to TAY and provide resources. During collaborations with local youth centers, topics of interest are discussed, and programing is developed to present to TAY attendees throughout the three cities. Some focuses of presentations during FY 2022-23 were: the importance of boundaries, forming and maintaining friendships, and relationship issues. New programing will be developed as well related to feedback received from the youth and students. Some areas TAY would like to focus on in the future are challenges managing anxiety and stress, as well as the uncertainty of the pandemic and the economy.

## Success Story

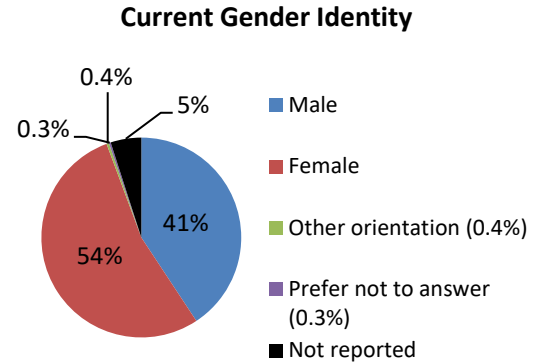
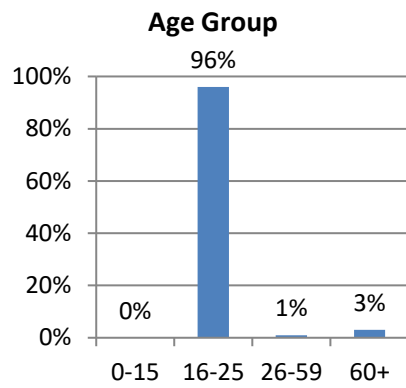
A consistent attendee of the older adult groups has historically brought positivity and encouragement to other participants at the Wellness Center. With some encouragement and support from Wellness Advocates and Mental Health Specialists, the individual began to lead their own support groups through an external partner.

A TAY participant who was initially more reserved in groups and would not actively participate, became more open. Gradually their participation and verbal exchanges increased. The individual shared that they applied to a position in the mental health field.

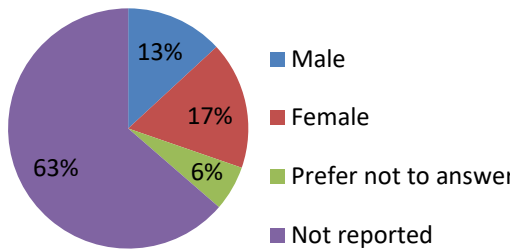
# Program Summary

## How Much Did We Do?

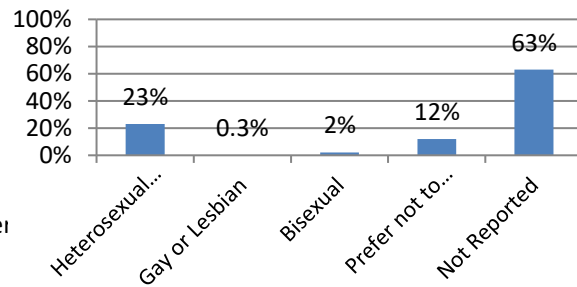
**1,439**  
Individuals  
attending  
Wellness  
Center  
TAY/Senior



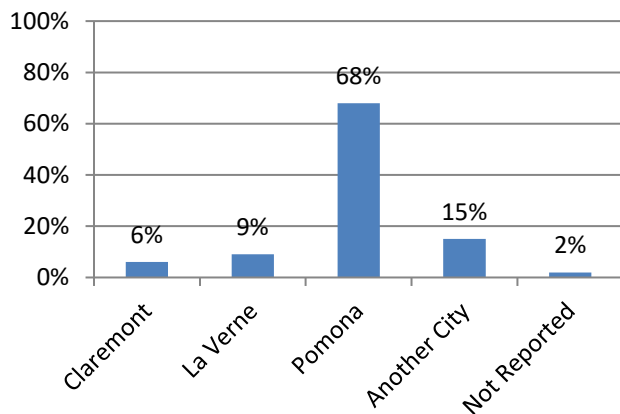
### Assigned Gender at Birth



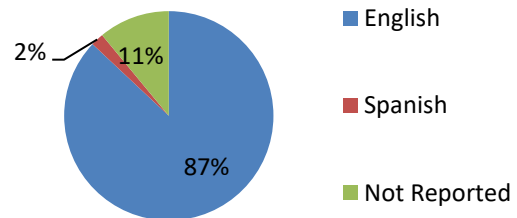
### Sexual Orientation

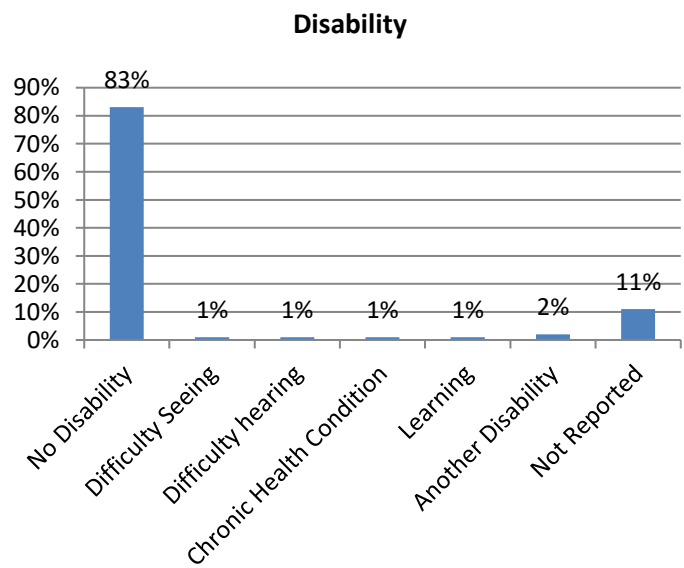
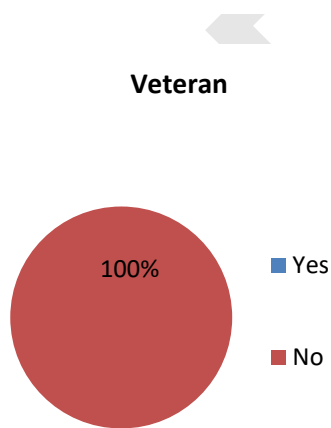
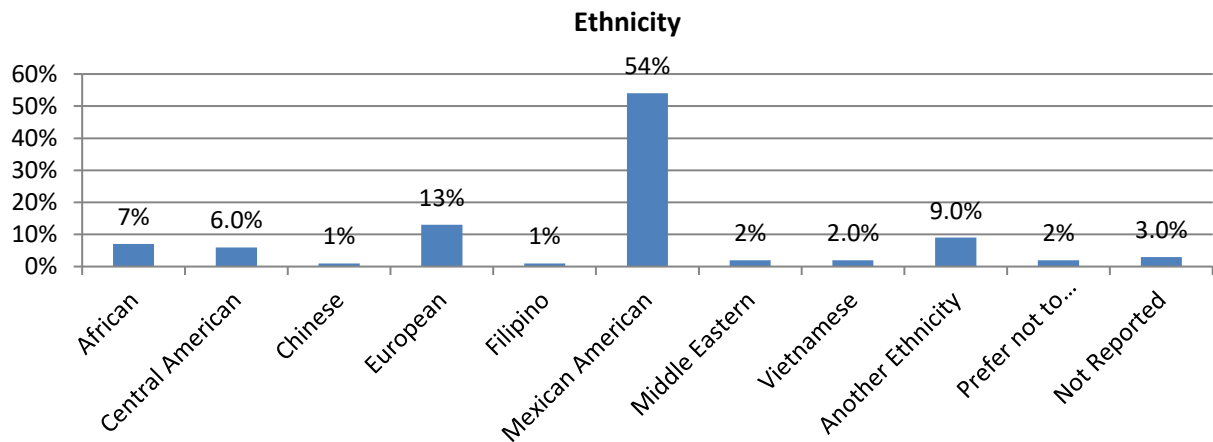
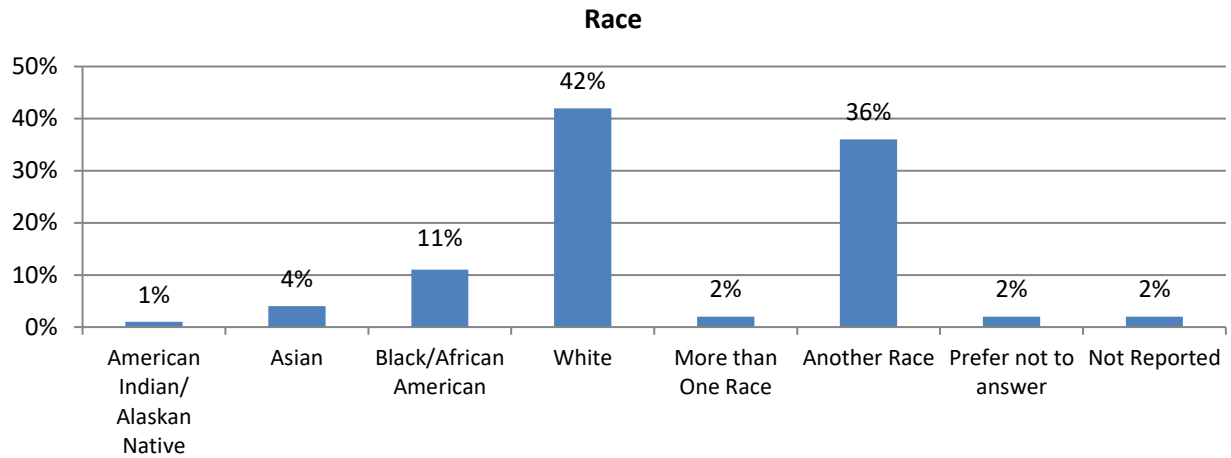


### City



### Primary Language



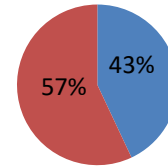


## How Well Did We Do It?

**4,435**  
**Number of Wellness Center PEI:**  
**TAY/Senior Events**  
 (Duplicated Individuals)

### Number of Times People Visited

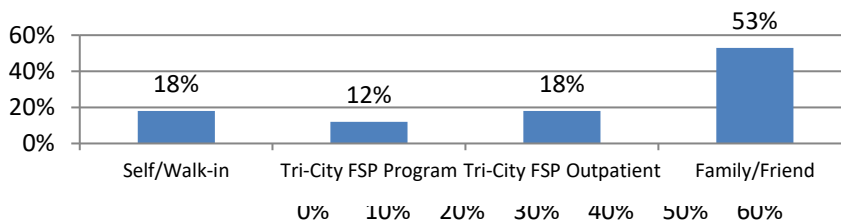
- One Visit
- Two or More Visits



Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos	39	2
Senior Calm	48	3
Senior Socialization	55	3
Senior Bingo	7	2
Senior Virtual Vacation	8	2
TAY – Friendly Feud	40	2
TAY – Breakfast Club	13	1
TAY – Peace of Mind	27	2
TAY – Pizza, Peers and Leadership	31	2
TAY – Real Talk	8	1
TAY – Together We Stand/Fun with Friends	8	1

Contacts by Type	Number of Times Contact was Made
TAY Events	4
TAY – Phone Call - Wellness Calls	3,798

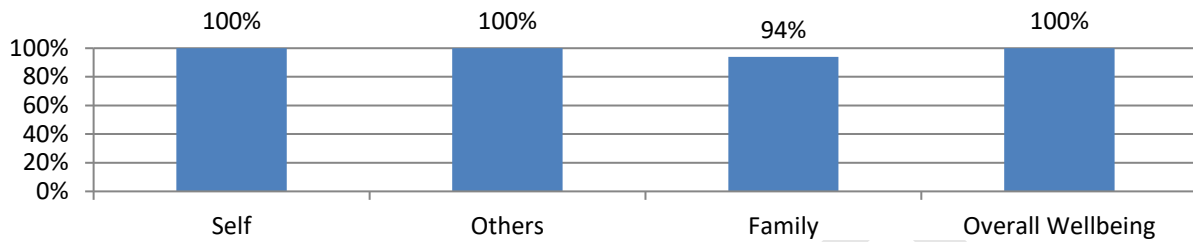
### Who referred you to the Wellness Center



**100%**  
**Satisfied with**  
**the help I get**  
**at Wellness**  
**Center**

## Is Anyone Better Off?

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

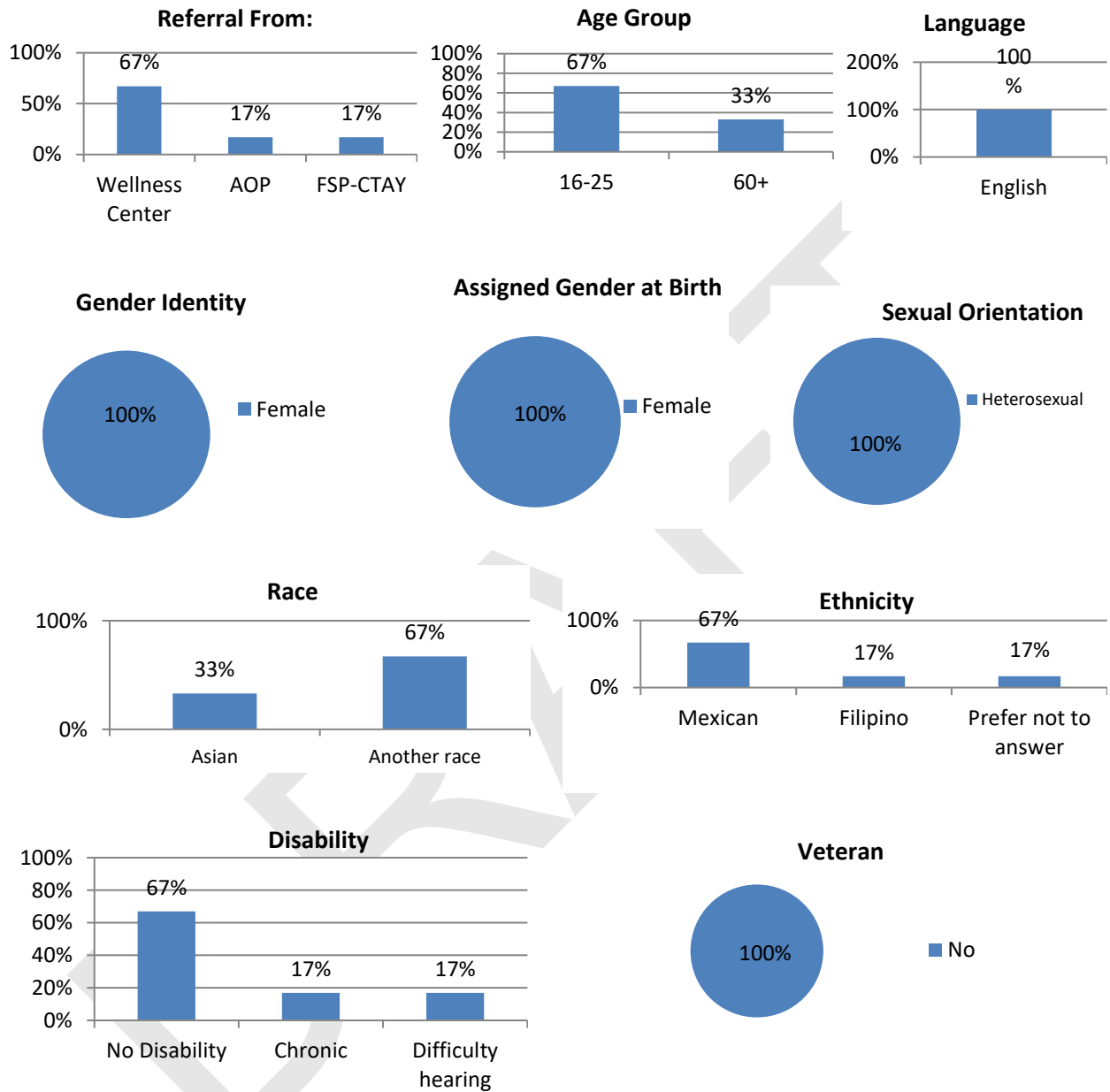


Number of Potential Responders	1,439
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	TAYs, Adults, Seniors
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals



# Family Wellbeing Program

## Program Description

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

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	123	96	255	48	0	<b>522</b>
<b>Cost Per Person</b>	\$230	\$230	\$230	\$230	N/A	<b>\$230</b>

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

## Program Update

As the Wellness Center began to return to in-person services, the FWB program was able to host in person events and activities. To name a few, the 13th Annual Summer Camp for ages 7-12 returned, which included 4 weeks of programming for children. FWB was also able to commence family movie nights on select Fridays, which included free snacks and beverages. Support during the holidays was also a focus, providing events for the whole family and turkey basket giveaways.

During FY 2022-23, the Family Wellbeing program began to plan for future groups to enhance community support. These include a Mommy and Me class, cooking class, caregivers support group, and karaoke.

## Challenges and Solutions

One of the challenges experienced during FY 2022-23 was group attendance. Participants expressed that transportation was a barrier, especially with increased gas prices and lack of funds. Additionally, parents from support groups shared that they were not able to attend groups during the day due to work schedules. Lastly, Kids Zone attendance was low, and feedback included that several of the children were involved with after school activities, impacting group attendance.

A solution to assist with low attendance was moving the group times to accommodate participant's schedules. Which did have a positive impact on attendance. Additionally, Kids Zone created the option for children and families to attend in person or virtually. Providing this option to families led to an increase in attendance.

## Diversity, Equity and Inclusion

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services.

Staff attend various community events to meet with children and families to reduce barriers when accessing mental health services. By engaging families using personal stories of success and asking participants to share their experience in groups, staff attempt to reduce the stigma surrounding mental health services. Staff are also well versed in internal and external community resources, in order to refer appropriately when individuals are seeking support directly related to culture, gender identity, military status or otherwise.

Programing is available in both English and Spanish and Family Wellbeing information brochures are available in both English and Spanish.

## Community Partners

Family Wellbeing program collaborates with several internal and external partners within the service area. The Tri-City Children's Outpatient department provided an opportunity for their clients to attend Summer Camp and hold groups at the Wellness Center. LA Care (health plan) has been crucial regarding referrals for families; particularly to United Family group. FWB works closely with the Stigma Reduction and Suicide Prevention programing as well, collaborating on vital prevention and early intervention efforts. Collaborations with Tracks Activity Center (TAC) at El Roble Middle School led to monthly mental health workshops for teens.

These collaborations, among others, support with improving existing groups, creating supportive programs, and planning specialty events for the community.



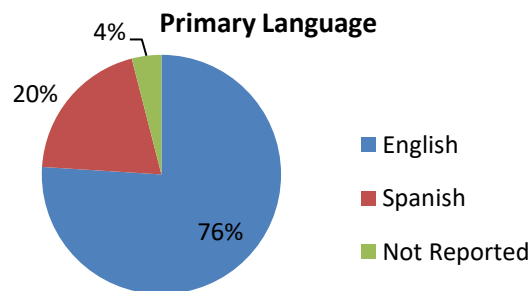
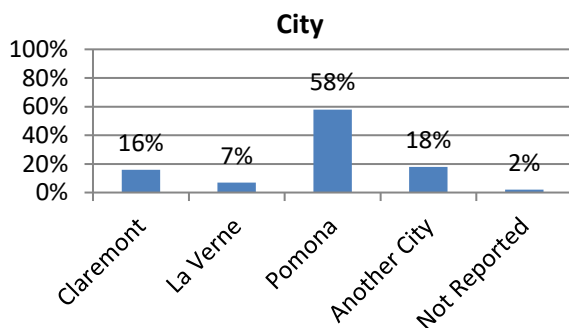
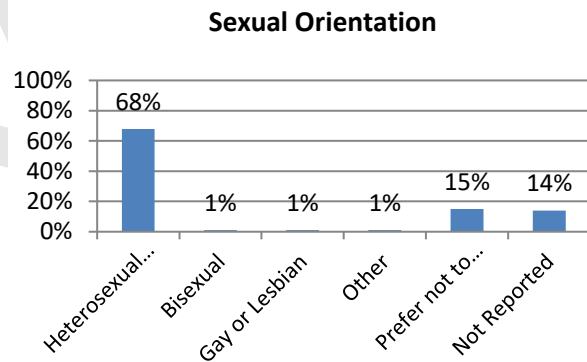
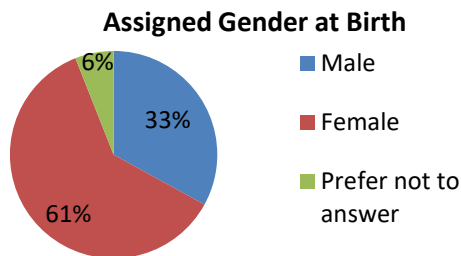
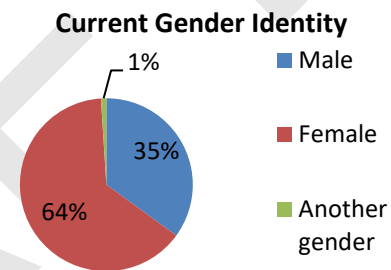
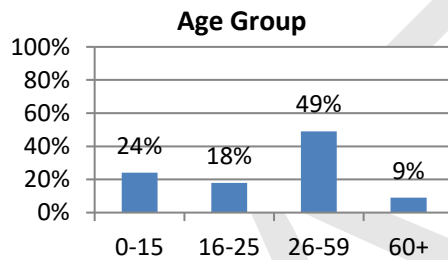
## Success Story

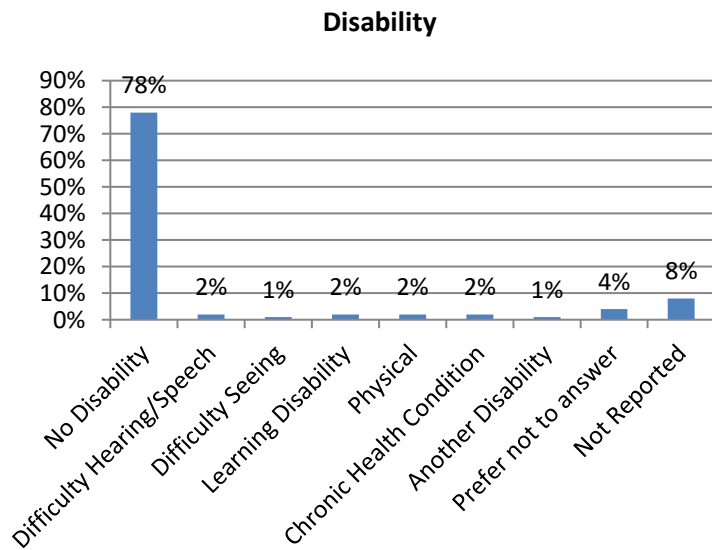
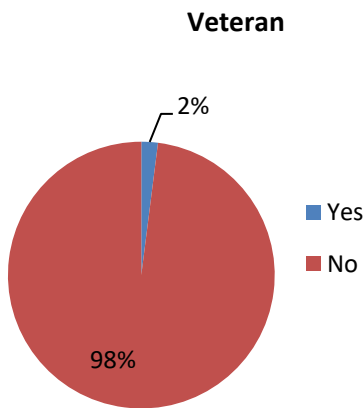
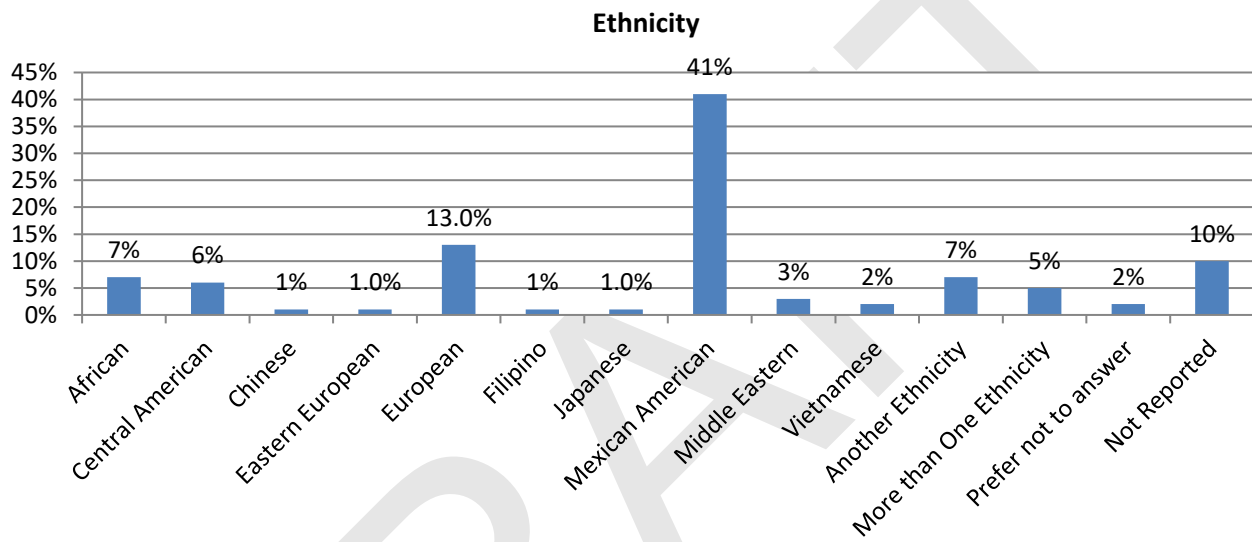
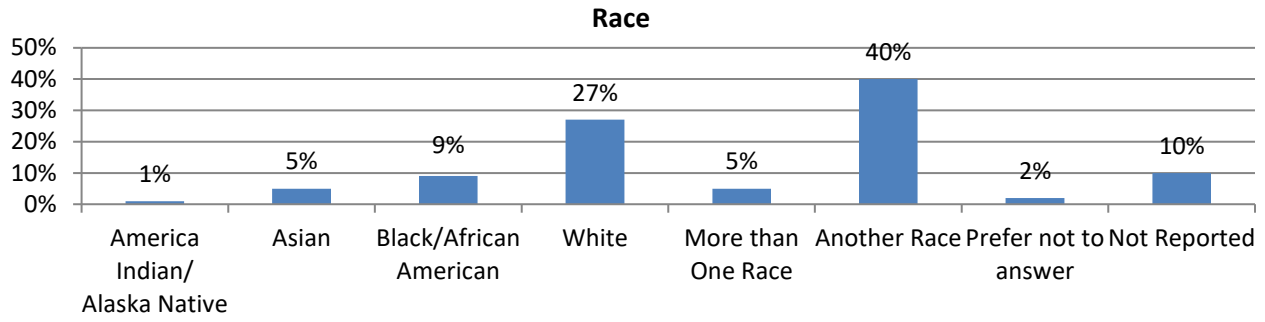
A single parent was required to attend parenting classes in order to gain full custody of their child. This young parent experienced feeling overwhelmed and hopeless. They began to attend the group, sharing frustrations related to the case and looking forward to the closure. The individual shared about difficulties related to being a single parent and the amount of responsibility that comes with that role. After a long process, and much commitment and follow through by the individual, they were granted full custody of their child.

## Program Summary

### How Much Did We Do?

**522**  
Individuals  
attending  
Family  
Wellbeing

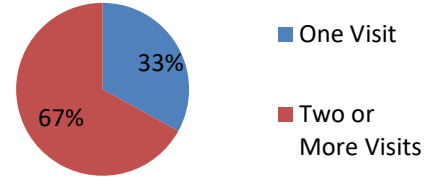




## How Well Did We Do It?

**6,998**  
**Number of Family Wellbeing Events**  
 (Duplicated Individuals)

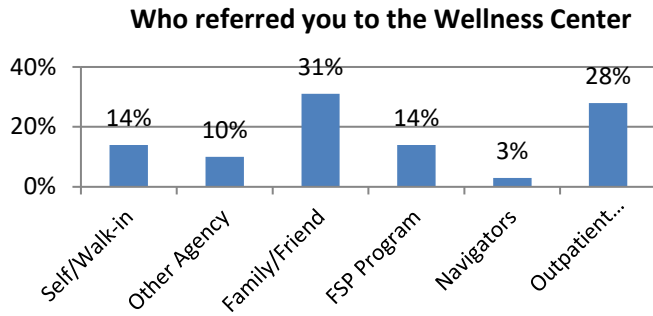
### Number of Times People Visited



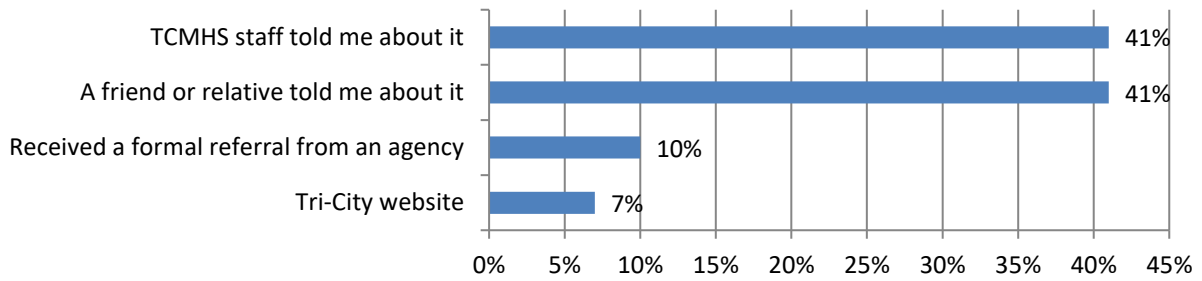
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts and Crafts	64	3
Grief & Loss	62	6
Kid's Hour	56	2
Limited to Limitless	65	3
Spirituality	56	4
Summer Camp	9	4
Teen Hour	55	3
United Family	177	5
Walking Adventures	4	3

Contacts by Type	Number of Times Contact was Made
Attendance Letter	241
One-on-One	22
MHSA PEI Referrals	148
Other	335
Phone Call/Email	3,819
FWB Event	81

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

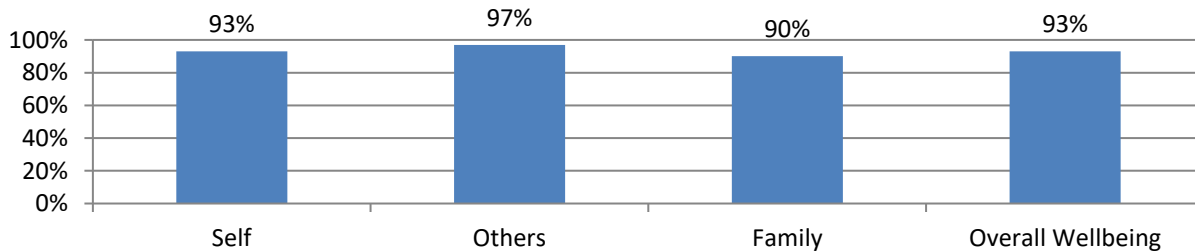


**How Did You Learn About the Family Wellbeing Program?**  
**(Choose All that Apply)**



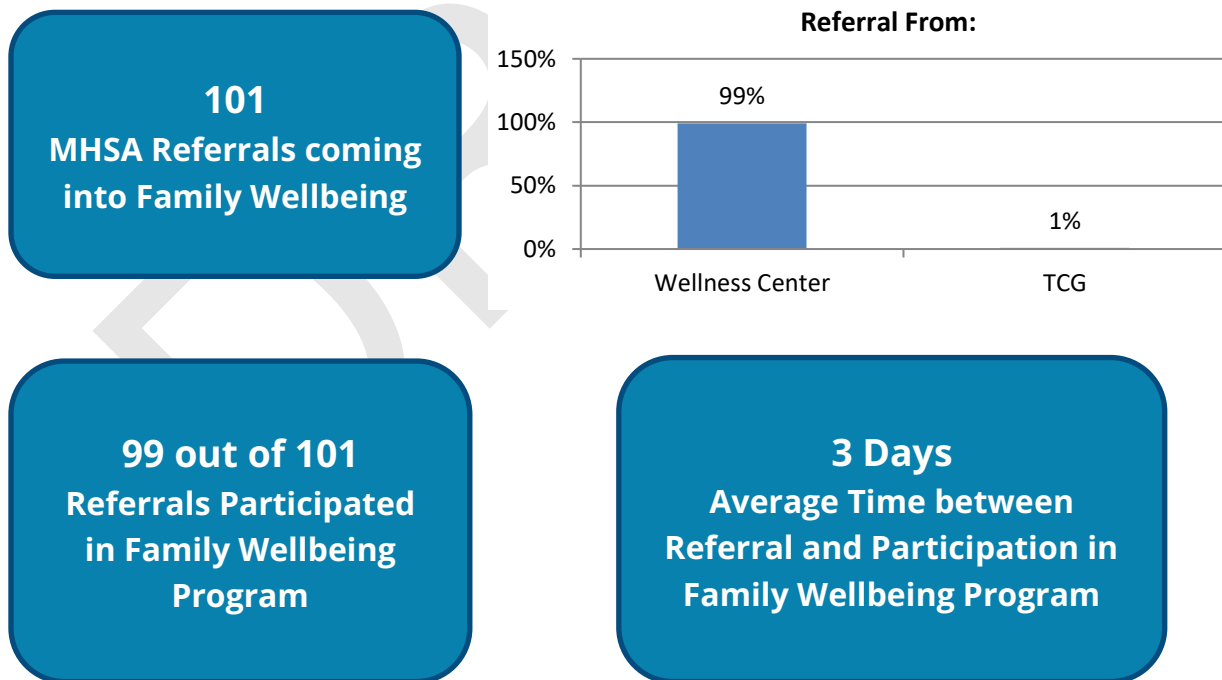
### Is Anyone Better Off?

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

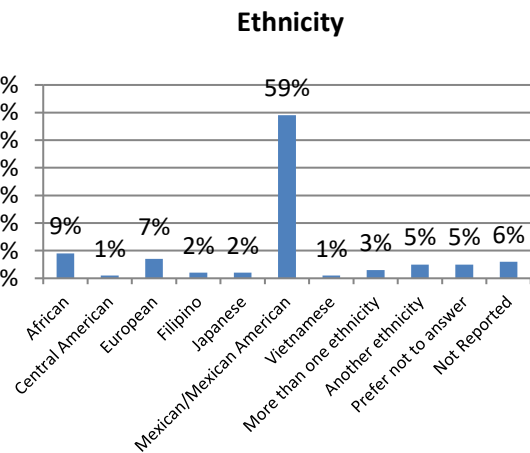
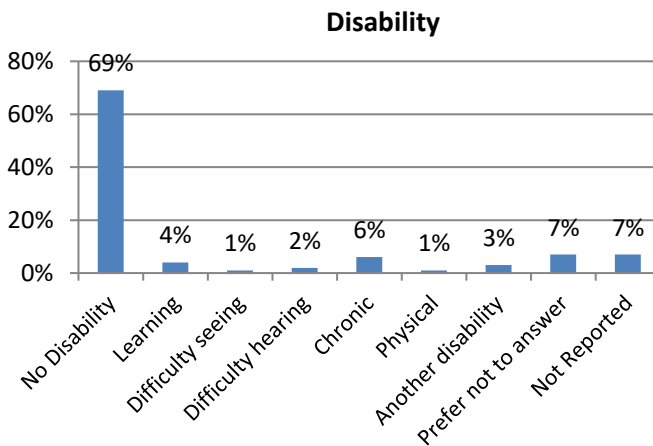
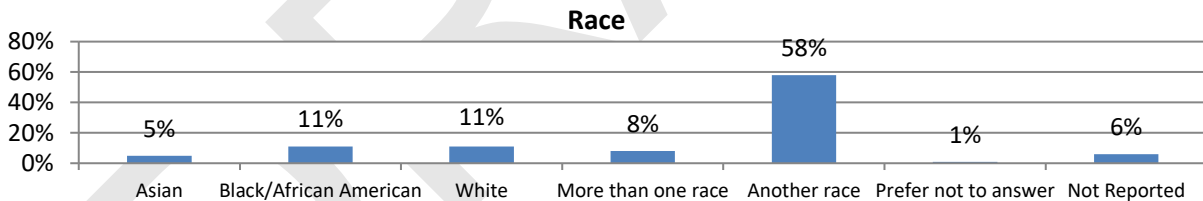
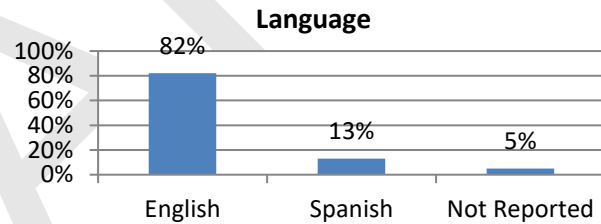
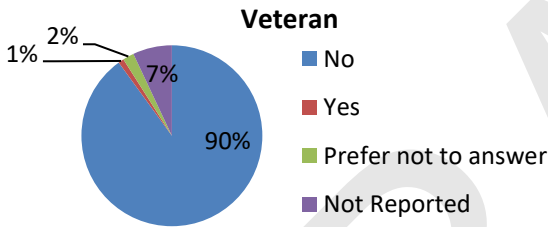
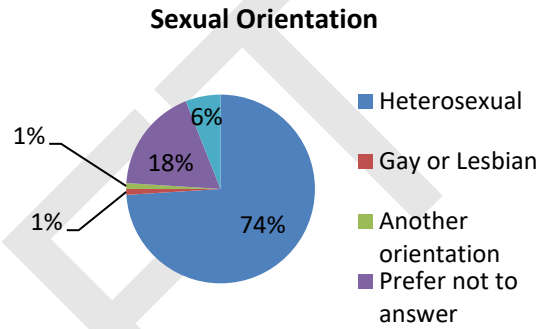
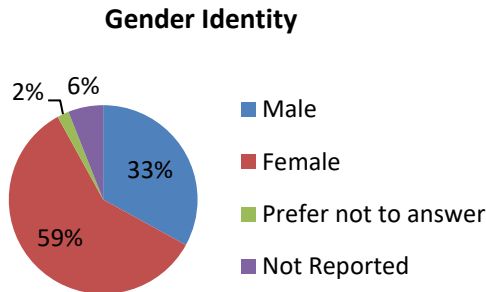
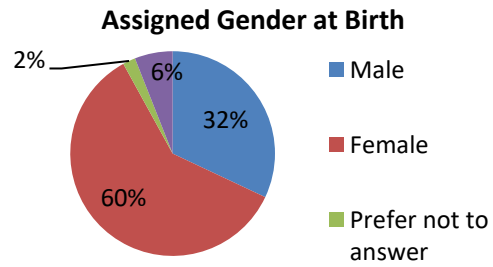
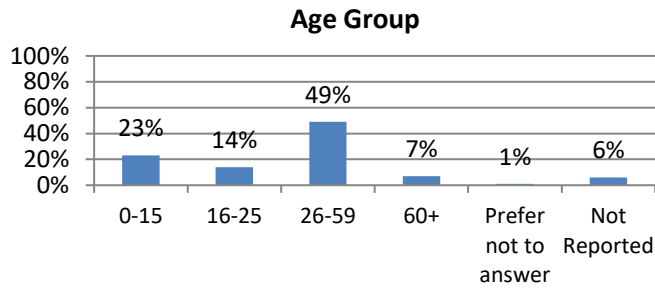


Number of Potential Responders	522
Setting in Which Responders were Engaged	Virtual platforms, Phone, Community, Wellness Center
Type of Responders Engaged	Parents and children
Underserved Population	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
Access and Linkage to Treatment Strategy	There were no referrals for individuals with serious mental illness referred to treatment from this program. Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy



## PEI Demographics Based on Referrals



# Community Capacity Building

## NAMI Ending the Silence and NAMI 101

### Program Description

Ending the Silence and NAMI 101 are community presentations offered by the National Alliance on Mental Illness (NAMI) and provide an overview of emotional disorders and mental health conditions commonly experienced among children, adolescents and youth.

Ending the Silence is a 50-minute program designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

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

### Target Population

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

Number of Presentations	3	Total Number Served FY 2022-23	359
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### Program Update

Throughout FY 2022-23 NAMI was able to strengthen their support group facilitation team and continued to strengthen relationships with other local entities and schools to bring more presentations to our students and community members.

NAMI also focused on continuing to support our Spanish language programing. A Spanish version of the Family-to-Family group has not been held in recent years, so plans to bring this back to the community is a current goal.

Progress has been made in bringing on three new facilitators and additional peers have also joined the team. These individuals have valuable stories, lived experience and knowledge that can enhance the learning experience and activities during the presentations.

## Challenges and Solutions

A challenge for NAMI currently is capacity. Working with a small team has many advantages, conversely, it also makes it difficult to accommodate everything that is set out to be accomplished. For example, NAMI is experiencing difficulties actively and sustainably expanding their programming to reach more underserved populations.

A solution that has supported the program in meeting this challenge is connecting with and training individuals who represent underserved populations. They have also increased outreach and actively building relationships with organizations who directly support individuals in underserved populations. There has also been an increase in outreach specifically for recruiting volunteers.

## Diversity, Equity and Inclusion

NAMI 101 and the Ending the Silence program are available in both English and Spanish and are facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health conditions and/or signs and symptoms not being addressed or acknowledged. Training materials are also available in Spanish. Additionally, some trainers identify as having lived experience. NAMI partners with several external entities that support older adults and veterans and is equipped to provide referrals and resources to these entities when needed.

## Success Story

NAMI and its participants were able to engage with equine learning and animal therapy with Paws 4 Success. The focuses of these trainings are effective communication and boundaries. This collaboration brings an exciting and effective opportunity for families as they engage in a truly unique modality.

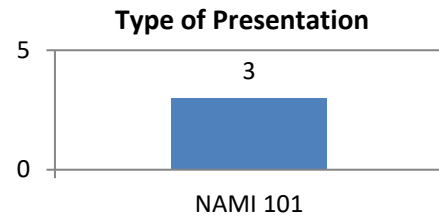


## Program Summary

### How Much Did We Do?

**3**  
**Presentations**

**359**  
**Attendees**



### How Well Did We Do It?

264 Surveys Completed

**96%**  
Agreed or strongly agreed that the presentation increased their understanding of symptoms associated with mental health challenges.

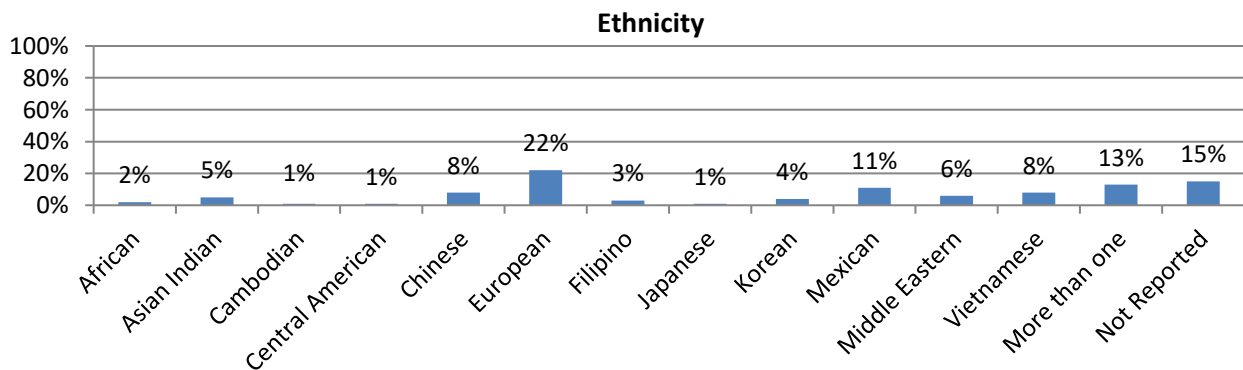
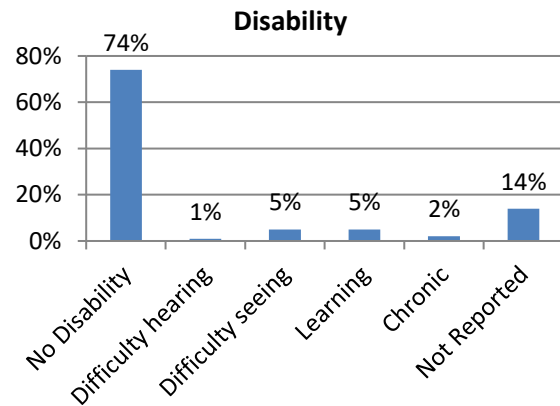
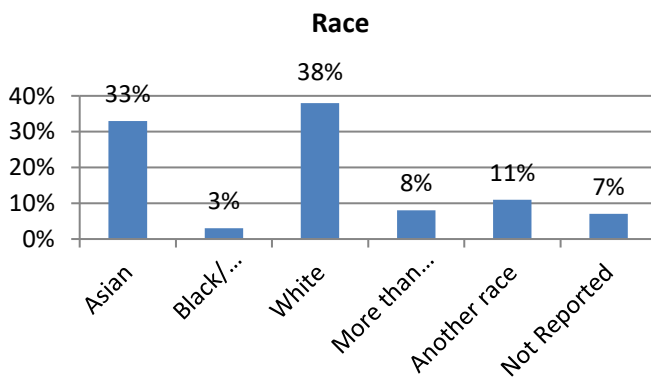
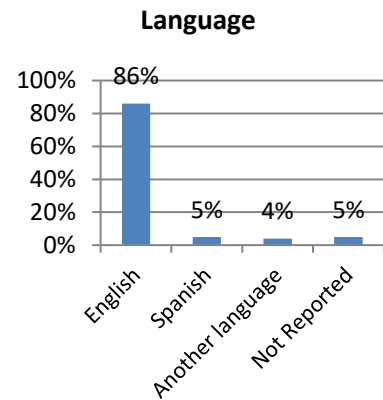
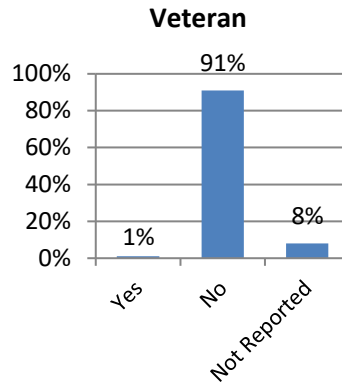
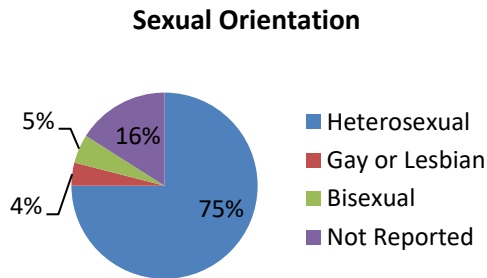
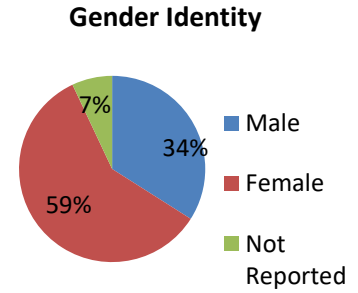
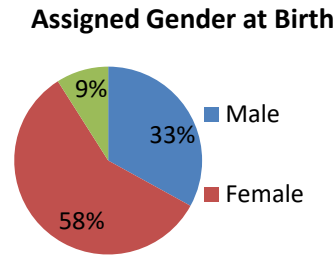
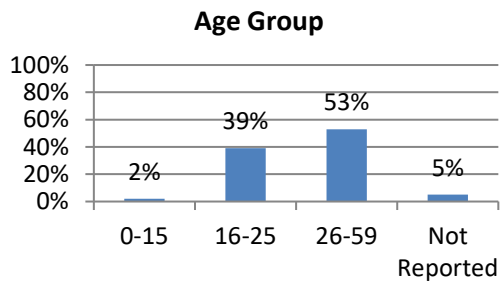
**94%**  
Agreed or strongly agreed that the presentation will help me recognize early warning signs of mental health challenges.

### Is Anyone Better Off?

**91%**  
Agreed or strongly agreed that the presentation provided me with new and useful resources.

**96%**  
Agreed or strongly agreed that the presentation helped me understand the impact of untreated mental health challenges.

## Demographics from Surveys Completed by Participants



<b>Number of Potential Responders</b>	359
<b>Setting in Which Responders were Engaged</b>	Schools
<b>Type of Responders Engaged</b>	Parents and teachers
<b>Underserved Populations</b>	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

**There were 0 MHSA referrals to NAMI**

# Housing Stability Program

## Program Description

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

## Target Population

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

New Landlords Engaged	Landlord Hour Meetings Held	Attendees (Unique)	Repeat Attendees (Duplicates)
13	3	4	4

## Program Update

The HSP participated in the planning sessions and resource fair for *A Happy Me, A Happy We: Learn to Thrive*, Youth Wellness Symposium, in partnership with other PEI programs and local community partners. A series of informational flyers were created geared towards the transition age youth. The housing team engaged the young people by inquiring about post grade school plans. The HSP shared the reality of housing cost and level of responsibility that comes with independent living to help them create realistic goals and consider benefits of increasing their income via higher learning or career programs. They were also reminded of roommate options and spent some time considering what makes an appropriate roommate. Following the symposium, new handouts were created to highlight the information presented to the TAY and use in the future.

The Housing Division will be taking the Roommate 101 training developed for the Permanent Supportive Housing (PSH) sites and expand it to group format for the community. Edits will be made to tailor it to the TAY population and identify additional locations to present the information. Staff plan on tailoring the 9-week Good Tenant Curriculum to be more appealing and interesting to the TAY population.

## Challenges and Solutions

The Housing Division staff position that oversees the Housing Stability programs was vacant at the beginning of FY 2022-23. Tri-City were able to hire new staff in August 2022, however the position was vacant again 8 months later. With reduced staff in this area, the Landlord Hour and Good Tenant Curriculum groups at the Wellness Center and at Cedar Springs were paused. Groups are intended to commence once new staff are hired again. Some solutions that aided in addressing the challenges was support from Residential Service Coordinators (RSCs). The RSC at the TAY housing location was able to continue presenting information on the Good Tenant Curriculum at their site. Also, recruitment for the vacant position began immediately so that the groups could be brought back as quickly as possible.

## Diversity, Equity and Inclusion

The Housing Stability Program offers fair housing to all clients and their families regardless of status. In addition, the Housing Division staff are trained in cultural competency, stigma reduction, and aware of fair housing law. Staff are bilingual in English and Spanish. The language line is available as well if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages throughout the sites.

Staff are aware of resources pertaining to specialized populations, referral processes and accommodations. Older adults who may not feel comfortable with technology are able to have their services in-home.

Monthly meetings, Mental Health First Aid training and stigma reduction training are offered to landlords, owners, and property managers to help them better understand and support individuals with mental illness.

## Community Partners

In addition to referrals made within Tri-City's own departments, the Housing Division staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing Authority, sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services, House of Ruth, Pomona Youth Prevention Council and Just Us 4 Youth. These entities, among others, work in collaboration with HSP in order to provide/receive referrals, educate/empower tenants, support landlords and property managers in appropriately recognizing and responding to individuals with symptoms of mental illness and provide additional resources inside and outside of Tri-City.

## Success Story

A Happy Me, A Happy We: Learn to Thrive, Youth Wellness Symposium was a great success for the community, external partners, and the HSP. Students were able to view life after high school through a more thoughtful lens. With this new perspective, students took into consideration all that is needed

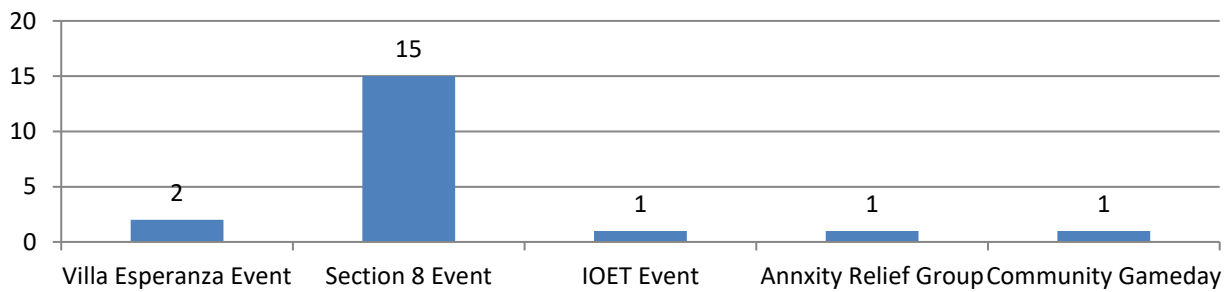
to live independently. Discussions about career advancement, college degrees, increasing income and considering living with family or roommates were highlighted. The event itself was a success, furthermore, new documents were created specifically for TAY who are approaching stages where more independence is being sought, with a realistic take on what it means to obtain and sustain that independence when it comes to housing.

## Program Summary

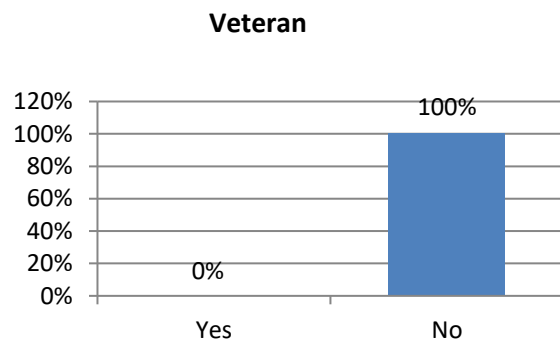
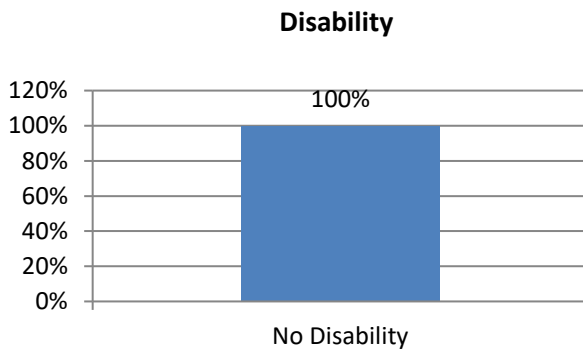
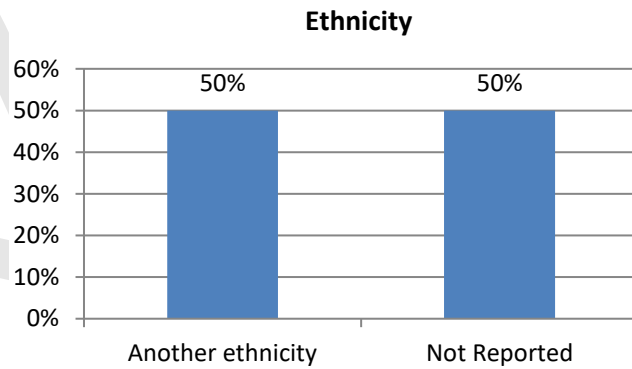
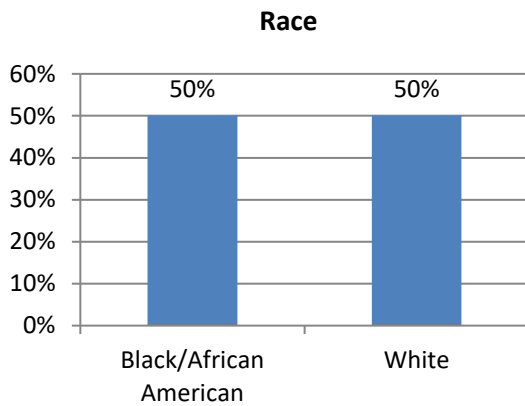
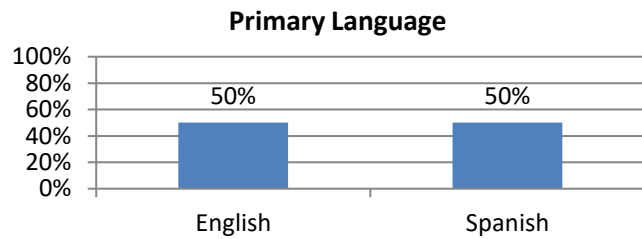
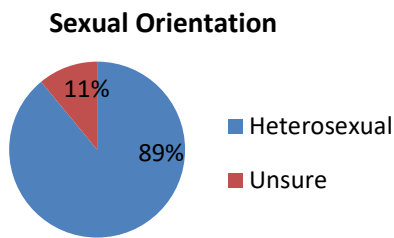
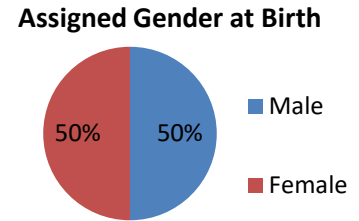
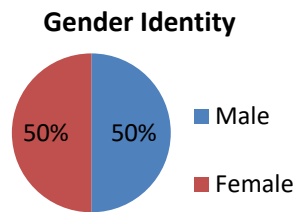
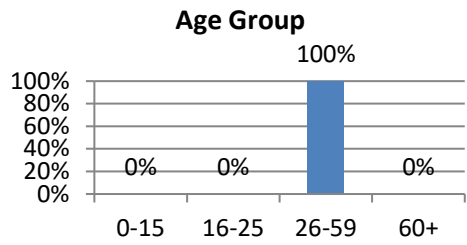
### How Much Did We Do?



Type of Event/Group

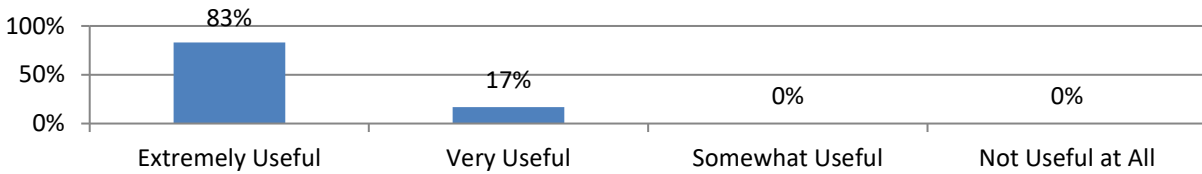


## PEI Demographics

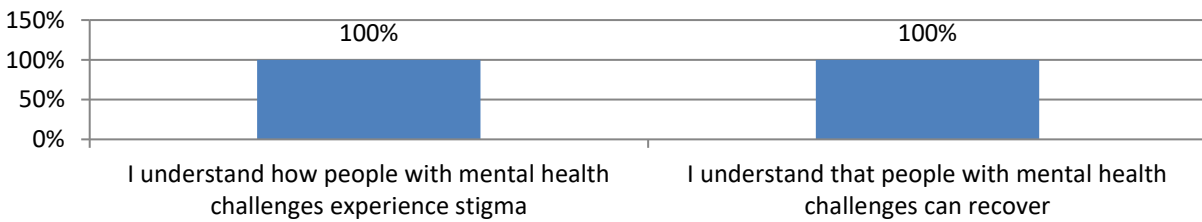


## How Well Did We Do It?

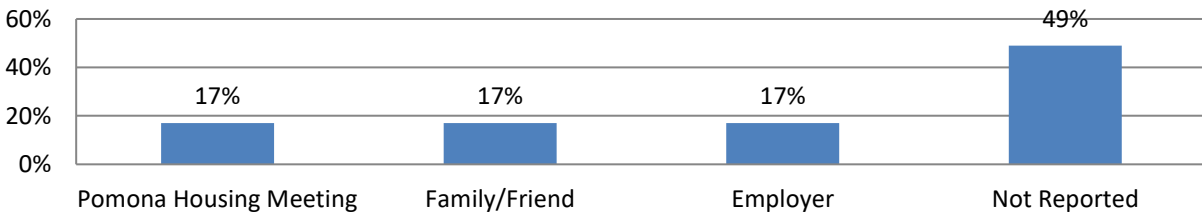
Landlord Hour attendees ratings of how useful the information was from the event.



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

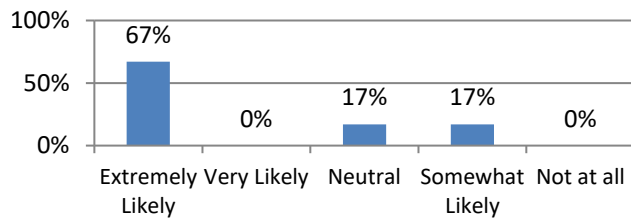


Landlord - How did you hear about us:

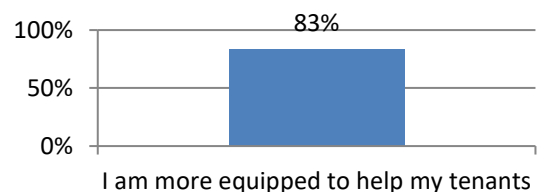


## Is Anyone Better Off?

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



Percent of participants, as a result of this training:

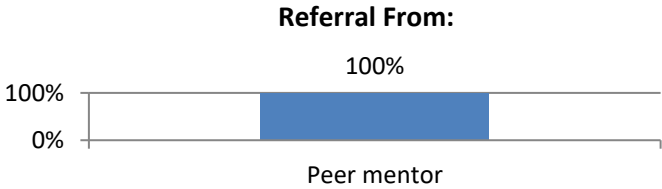




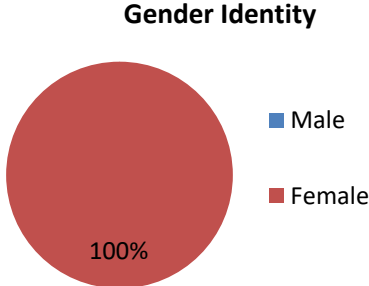
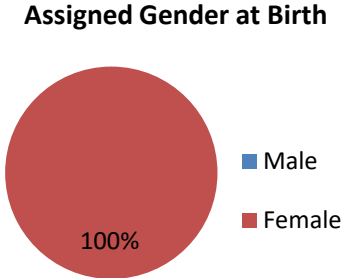
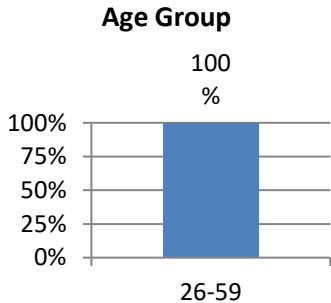
<b>Number of Potential Responders</b>	100
<b>Setting in Which Responders were Engaged</b>	Community
<b>Type of Responders Engaged</b>	Landlords and community members
<b>Underserved Populations</b>	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

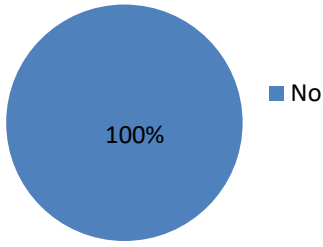
**1**  
**MHSA referral into Housing Stability**



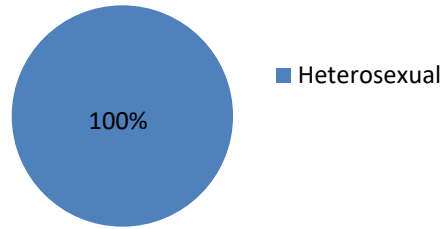
**PEI Demographics Based on MHSA Referrals**



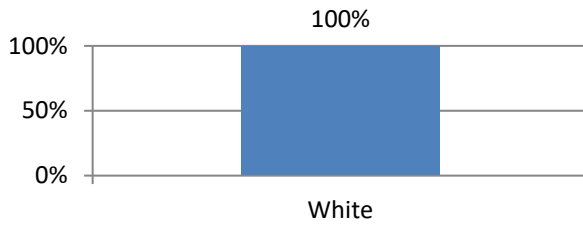
**Veteran**



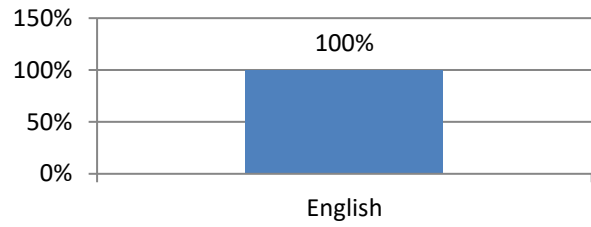
**Sexual Orientation**



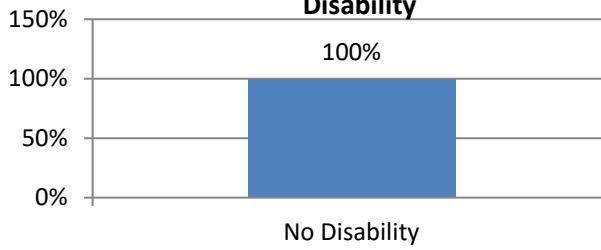
**Race**



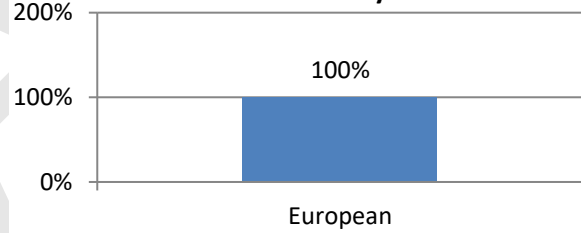
**Primary Language**



**Disability**



**Ethnicity**



# Therapeutic Community Gardening

## Program Description

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

## Target Population

Community members including unserved and underserved populations, adults, transition age youth, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	4	31	93	33	56	<b>217</b>
<b>Cost Per Person</b>	\$2,163	\$2,163	\$2,163	\$2,163	\$2,163	<b>\$2,163</b>

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

## Program Update

The majority of TCG reoccurring groups were held virtually. As such, harvest pick-ups and drop offs were provided to participants to maintain engagement with plant materials for self-soothing or mindfulness techniques. While the groups were virtual, several in person workshops and events were offered at Tri-City and throughout the service area at community partner's sites. Outreach in FY 2022-23, increased by a total of 1,250 more people than the program was able to outreach in the previous fiscal year.

The team collaborated with TCG participants and the landscape architect to solidify plant and tree selection for the garden rejuvenation project. The project broke ground in May 2023 and the community looks forward to an opening of a new garden for therapeutic horticulture activities.

The TCG partnered with Tri-City psychiatrists to allow medical resident rotations the ability to shadow TCG groups to learn about the application of therapeutic horticulture.

After the completion of the garden beautification project, the goal will be to increase in person groups, create new interactive groups that incorporate movement (i.e., dance, walking) and the garden, and create a group specifically geared to the LGBTQIA+ community.

## Challenges and Solutions

Construction began in the garden which limited availability of harvests to provide to participants. Another challenge was the lack of participation in certain groups (TAY and Family groups) as this demographic has been difficult to outreach, enroll, and maintain. Lastly, participants struggled at times accessing virtual groups and navigating the platform.

One solution to the challenges presented is the reopening of the garden. With an in-person option in a natural setting, attendance is predicted to improve in both family and TAY groups. Historically, attendance has been better with these demographics when the sessions take place in the garden. Additionally, the team engaged in outreach and events geared towards child and TAY populations with the goal of enrolling participants. To trouble shoot the technology barriers, TCG worked one-on-one with individuals to ensure access to virtual groups.

## Diversity, Equity and Inclusion

The TCG specifically collaborates with agencies that target groups such as TAY, children, families, Veterans, older adults and the LGBTQIA+ community. When harvest is available, a food security program exists that provides excess produce to community members and agencies in need. Staff regularly attend cultural competence trainings and its staff are bilingual in both English and Spanish. A staff member is also the chair of the RAINBOW Advisory Council, bringing inclusion and diversity to the department and approaches to imbed into weekly curriculum provided to the community.

## Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Tri-City psychiatrists to arrange for medical residents on a psychiatry rotation an opportunity to shadow and learn about the application of therapeutic horticulture.

Other examples of organizations in which TCG engages in strong community partnerships are: Sustainable Claremont, Casa Colina Hospital and Centers for Healthcare, Lopez Urban Farm, Bridge the Gap, Traumatic Brain injury- Outreach, DA Center for The Arts, California Horticultural Therapy Network, Pomona Pride Center and animal therapy agencies. Interactions proposed for these events

include workshops, outreach, group referrals, seedling donation and produce donations to community agencies.

## Success Story

One individual from a Spanish speaking group disclosed positive outcomes from attending TCG groups and events. This individual reported feeling a sense of community and enhanced socialization. They also disclosed that the therapeutic horticulture groups provide an enjoyable experience that they are able to look forward to on a weekly basis. As this person's social and emotional wellness has been impacted, per participant report, their overall mental health has improved. Additionally, the participants expressed that they have made progress in overall symptom management since joining the group. Overall, they feel more connected to themselves, others, and the natural environment.

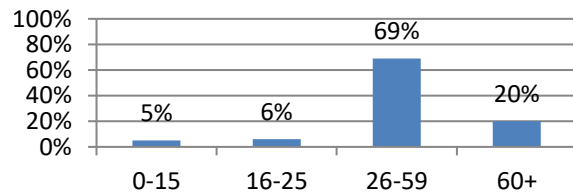
## Program Summary

### How Much Did We Do?

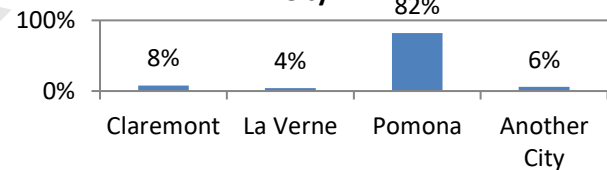
**85**  
Participants Enrolled in TCG Program

**8 Months**  
Average Length of Time Participants Enrolled in TCG

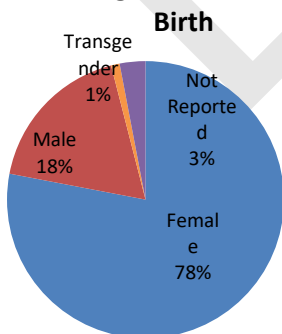
**Age Group**



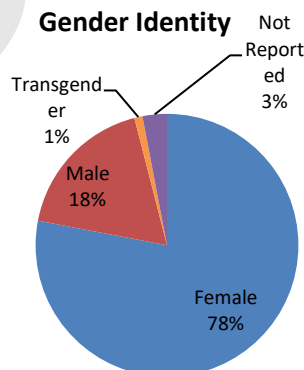
**City**



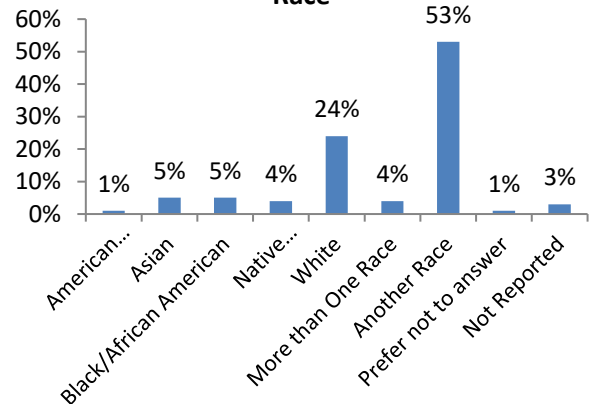
**Assigned Gender at Birth**

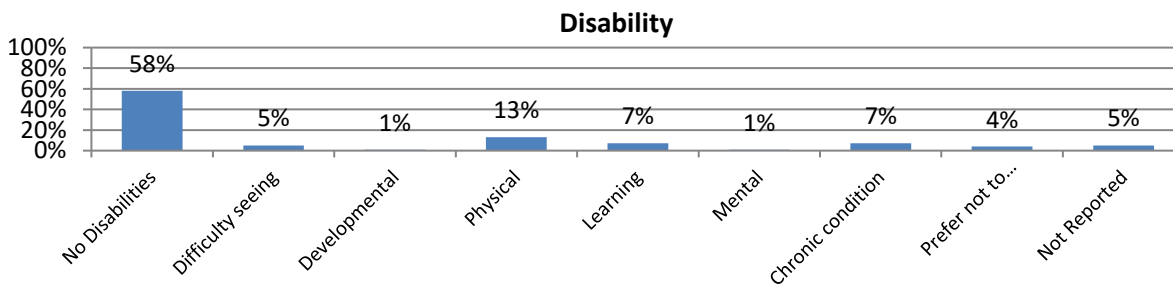
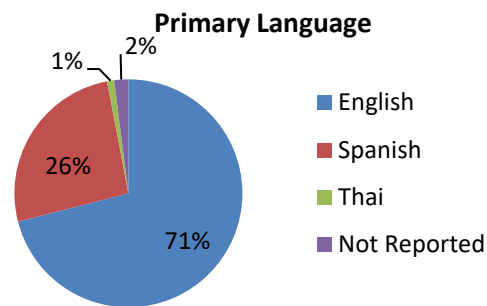
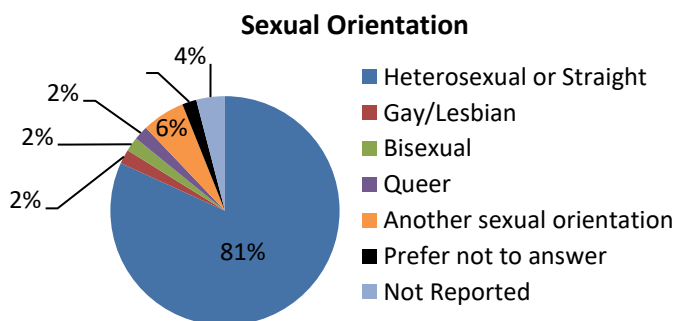
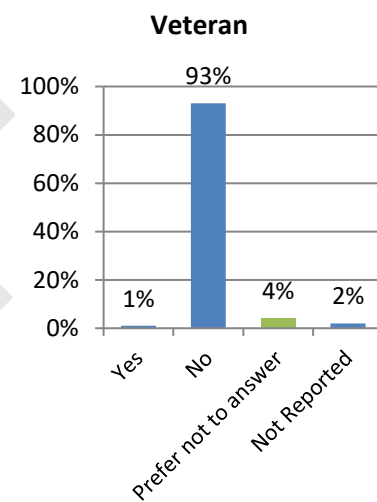
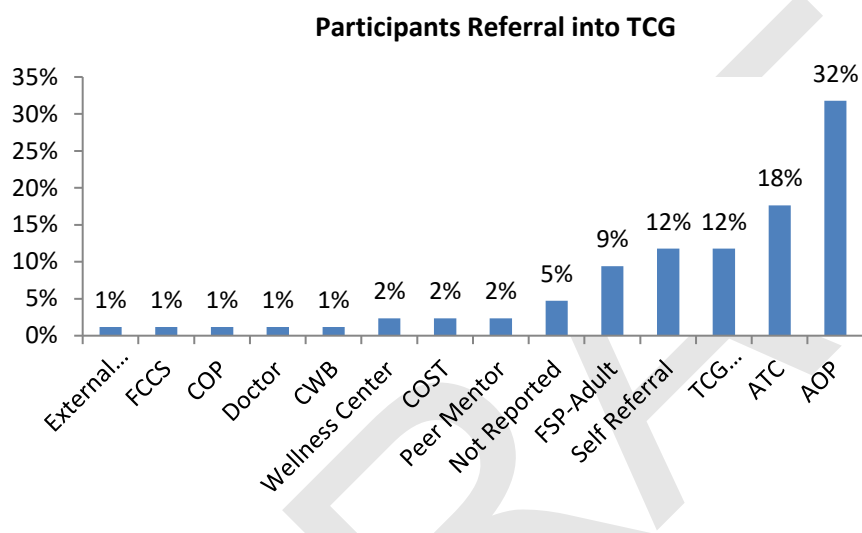
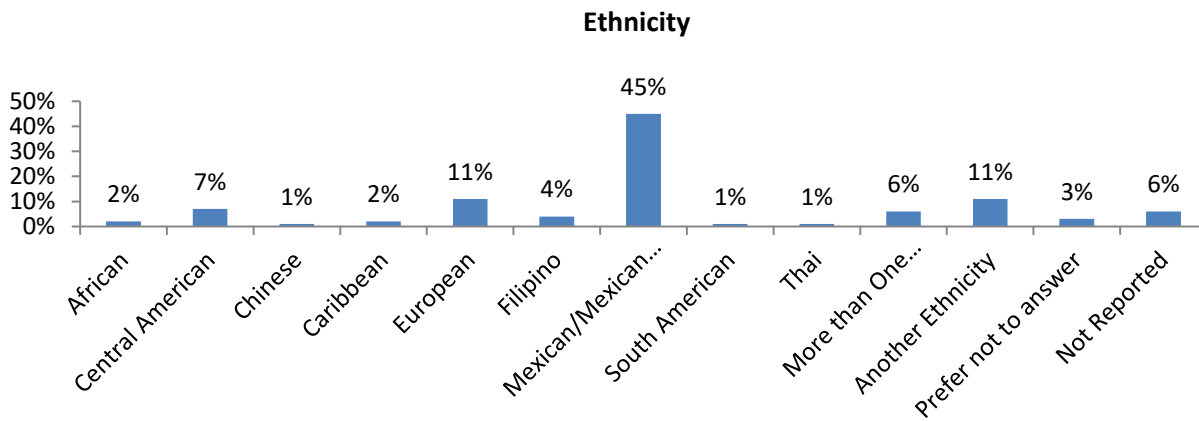


**Gender Identity**



**Race**

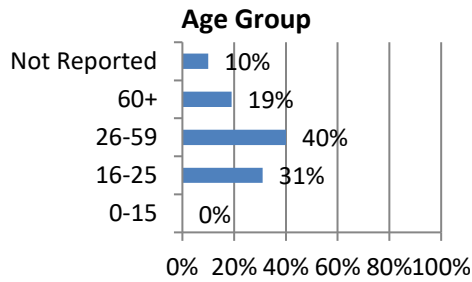




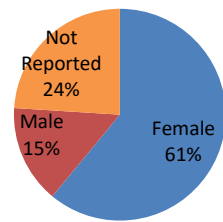
# TCG Workshop/Events (Survey Demographics n=85)

**16**  
**Workshop/Events**

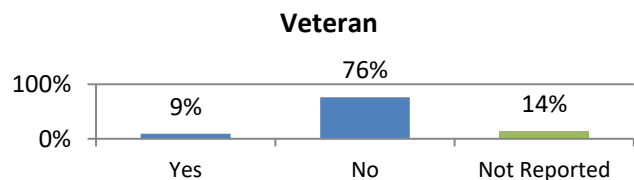
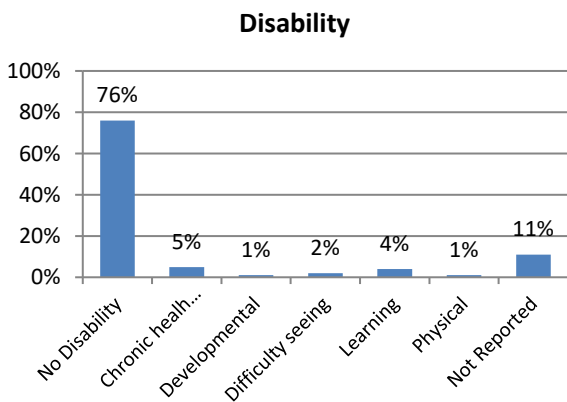
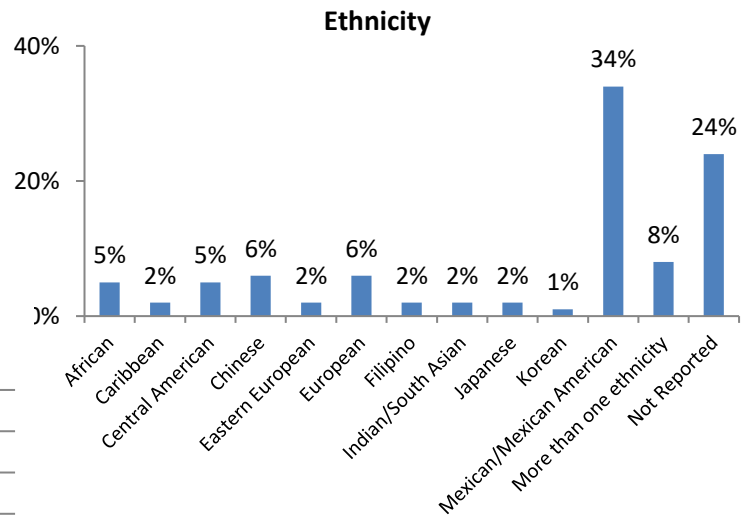
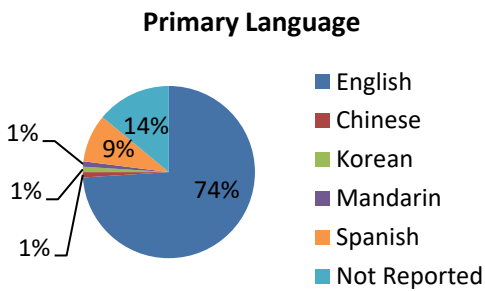
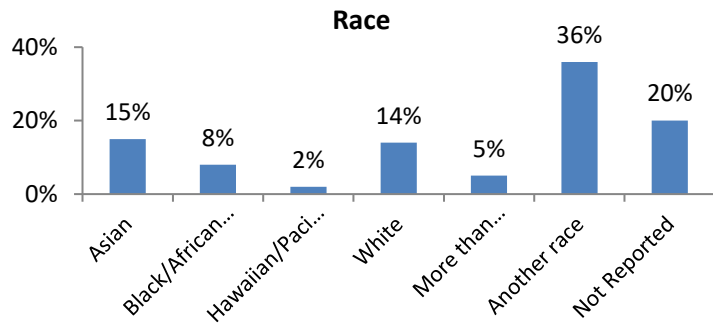
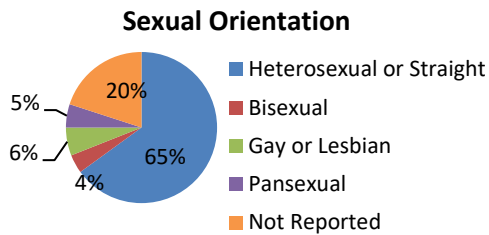
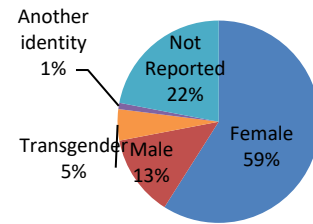
**132**  
**Attendees**



### Assigned Gender at Birth



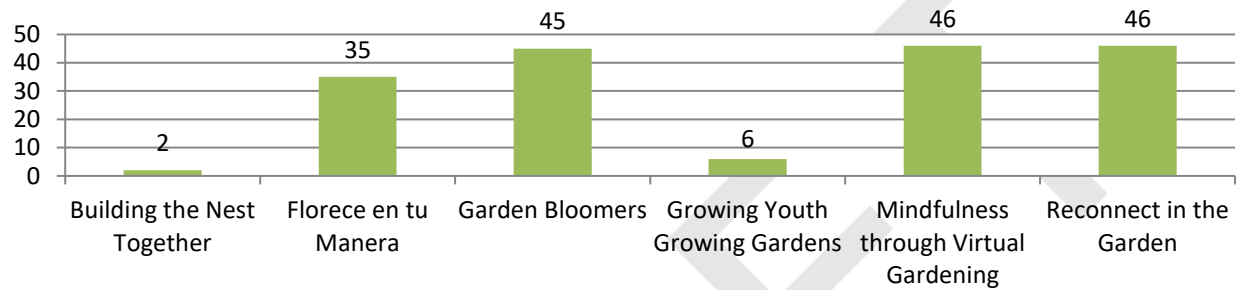
### Current Gender Identity



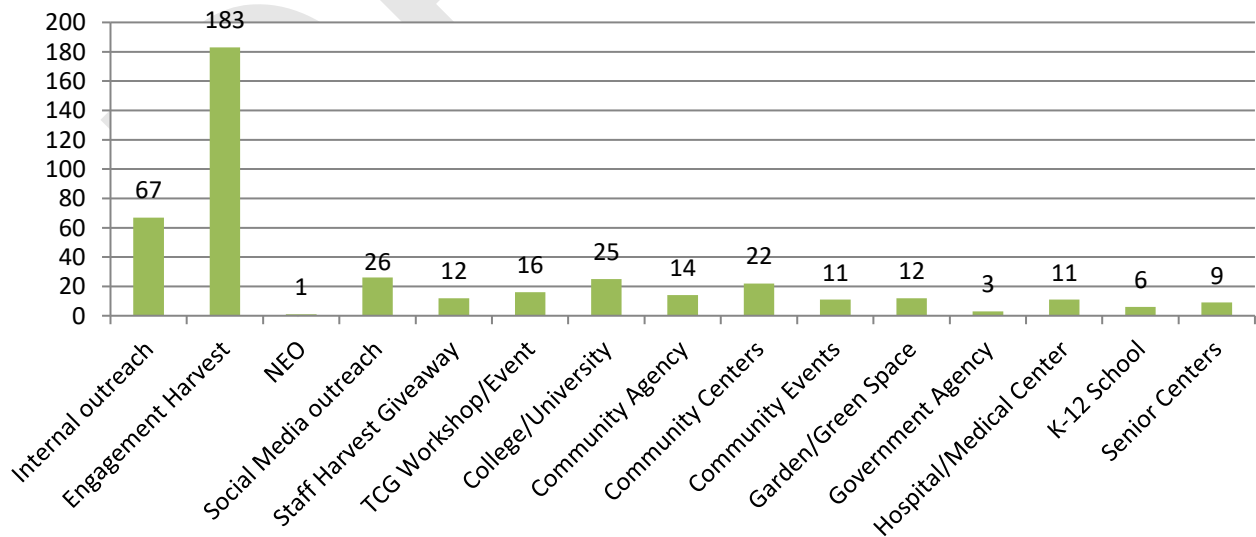
## How Well Did We Do It?



Type of TCG Groups Held - 180



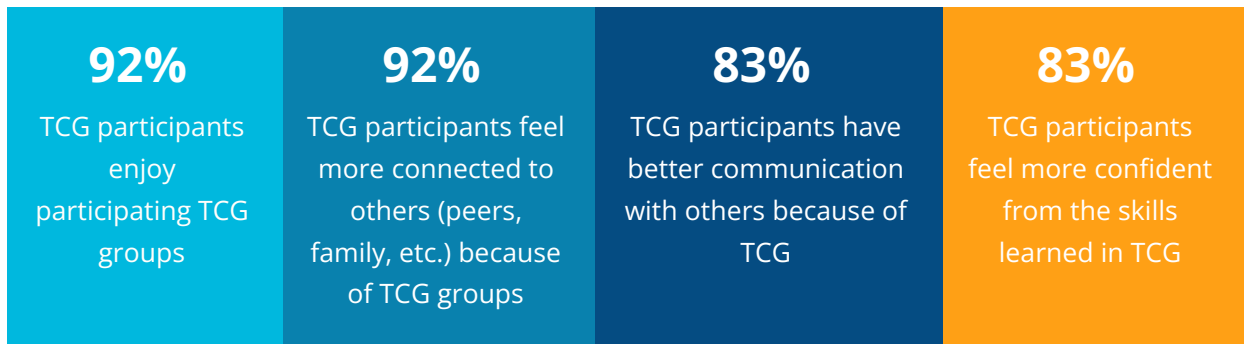
TCG Outreach By Type - 418





## Is Anyone Better Off?

TCG Group Survey Responses Based on Completed Surveys (n=24)



TCG Workshop Survey Responses Based on Completed Surveys (n=85)



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

- Everything has been good overall.
- I always gain something out of TCG, which is good. Also, when groups open up in person, I would like transportation assistance.
- I enjoy learning from the staff and other participants. I feel at ease when I attend the groups.
- I just want to say, everyone in the groups is awesome and loves the way it is.
- I love it all! Being in community, the group, and learning new ways to cope.
- I think that this project works well because the leaders are passionate about what they are doing.
- I'm really interested in groups, the only problem is I have trouble getting into the groups, I have trouble with my phone.
- Keep it as it is.
- Am so thankful for you and your family there
- Given knowledge and insight into why people are sometimes so uptight. Helps me cope with pain and anxiety. Thank You.
- I am just so very happy to be part of TCG and love gardening! The garden helps me move forward and also the groups.
- I like the group that I'm in and I recommend it to my friends.
- I really like that TCG goes out in the community and does things with the community. I don't know any other organization that does that as much as you.
- I truly enjoy gardening group. I find it very therapeutic thank you.
- keep up the good work.
- Maybe guide meditation.
- Thank you for the support.
- Thank you very much for youth, family.

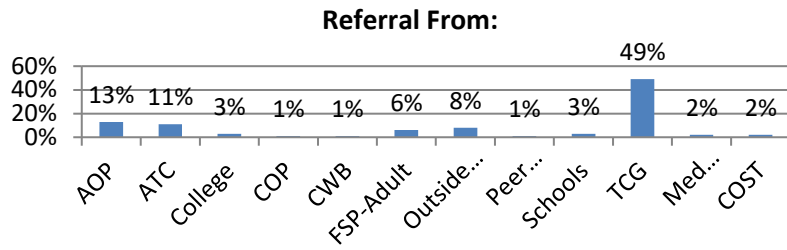
## TCG Participant Feedback – How have you benefited from participating in TCG groups?

- All the information given during group has been very helpful, especially when the curriculum enhances my well-being. I get good vibes.
- I am making new friends and learning from the leaders and the participants.
- I have benefited from expanding my social skills, and I know it will take some time.
- I have benefited from TCG because it feels good to not feel alone and be listened to, I feel heard.
- I'm a little calmer. My anxiety is not as bad as it was before.
- It's helping my slowly learn something new and I really look forward to be in garden.
- "I've learned so much! Lots of stuff is so new to me and I can't to start growing stuff.
- Knowing that I am not alone and that we are more connected to nature in different ways! Its up to us how we take care of each other and our plants!
- Very much I take care of plants, water them weekly and have a place to see other people who come back each week.
- Being blessed with harvest and learning how to properly harvest and take care of a garden.
- Being present and seen as a person.
- I benefit from connecting with others and what they talk about in the groups. It makes me feel more open to share in the group and I learn a lot every time I attend a group.
- It helps me open up more with my anxiety and depression.
- I am having a better lifestyle.
- It made me feel more confident. It made me feel like I'm a part of a community. It made me feel less isolated. Everyone is so cool. The people that show up are so nice. You want to be there and be a part of it.
- Just great support and openness.
- Learned new coping skills.
- Mental Wellness and social support.
- Planting makes my life less stressful.
- To be able to meet other participants, they are very helpful and the speaker was very informative.
- Relaxing Self Confidence Empathy.

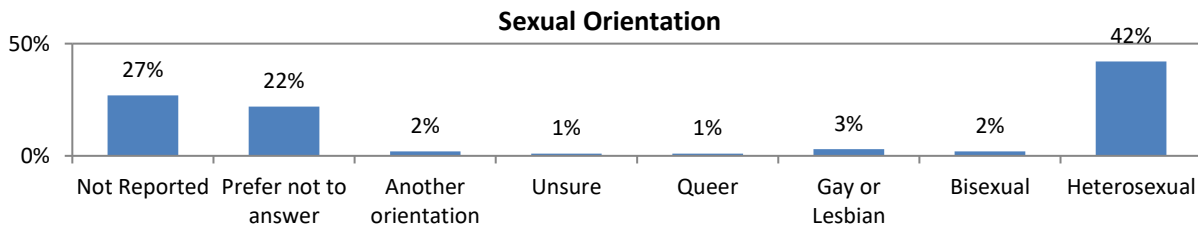
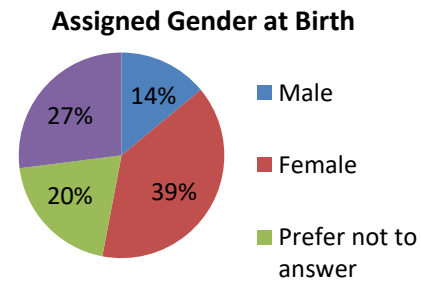
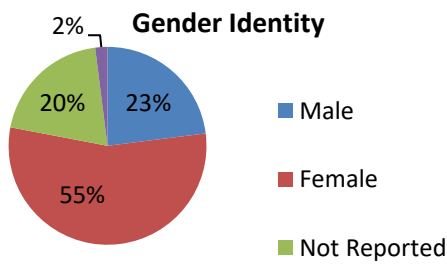
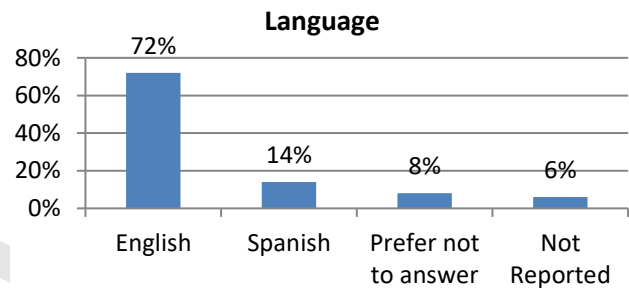
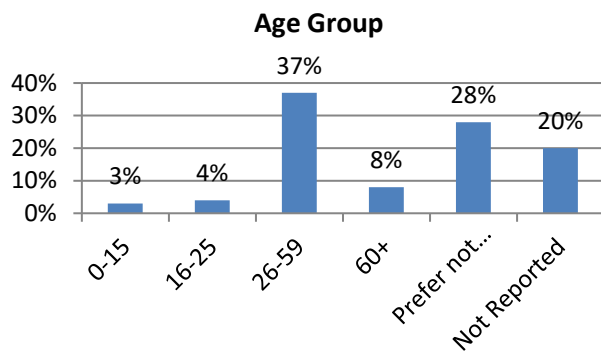
<b>Number of Potential Responders</b>	85
<b>Setting in Which Responders were Engaged</b>	Community, schools, health Centers, workplace, and outdoors.
<b>Type of Responders Engaged</b>	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

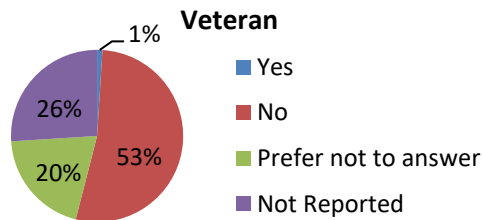
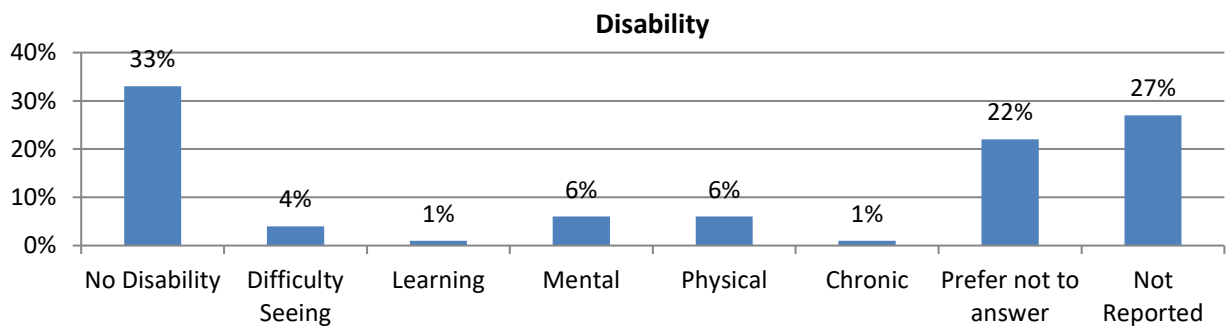
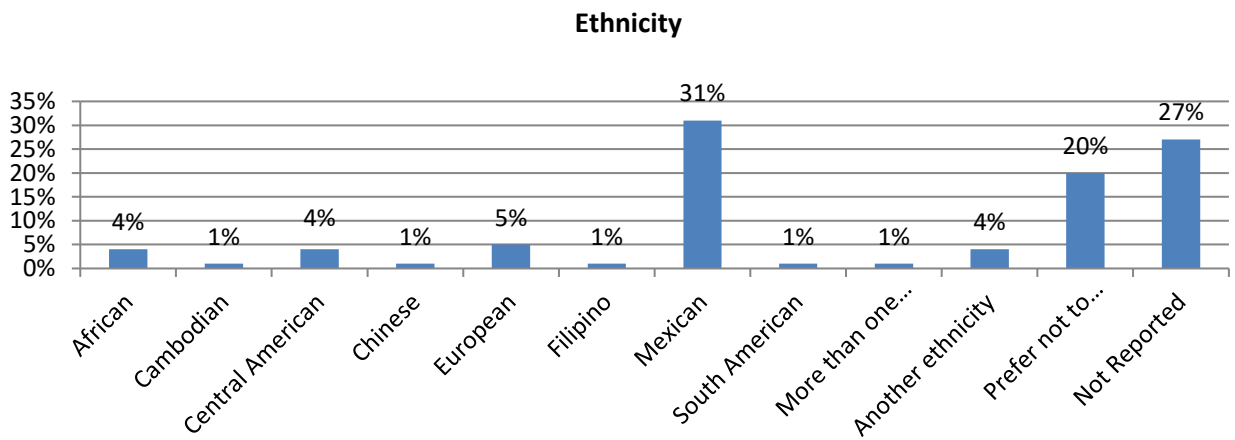
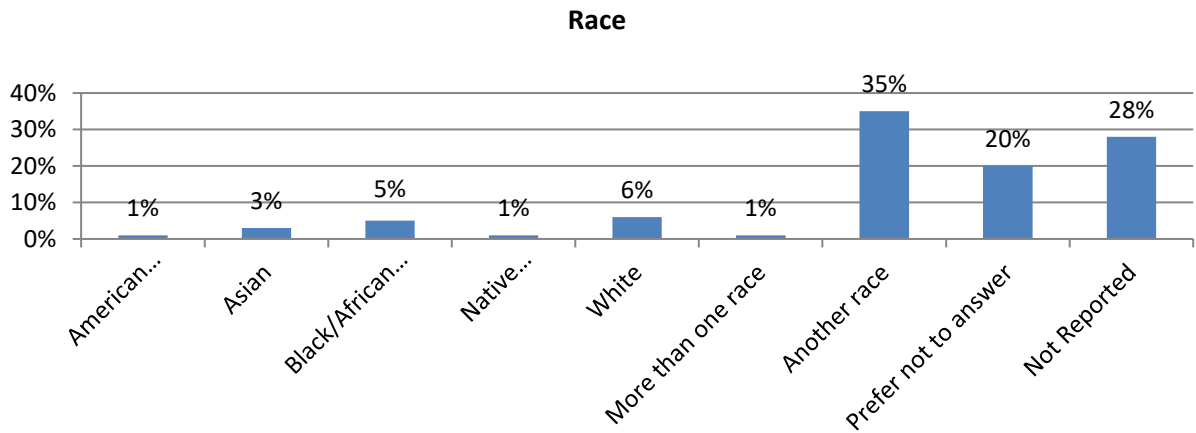
## Timely Access to Services for Underserved Populations Strategy

**142**  
MHSA Referrals coming into TCG Program



### PEI Demographics Based on MHSA Referrals





# Early Psychosis Program

## Program Description

The Early Psychosis Program (EPP) is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode of psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be a support system. Awareness, early detection, and access to services is needed to help young people with psychosis pursue recovery. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improve function and decrease relapse.

## Target Population

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

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	7	12	0	0	0	<b>19</b>
<b>Cost Per Person</b>	\$9,386	\$9,386	N/A	N/A	N/A	<b>\$9,386</b>

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

## Program Update

In FY 2022-23, the EPP expanded its services to offer 3 multifamily groups for its participants, which included a group for TAY and 2 groups for ages 12-16 (English and Spanish). The EPP also saw an increase in Spanish speaking referrals. The program also obtained a dedicated peer support specialist.

In addition, the way team meetings occurred was restructured. This helped to ensure team cohesion and investment in their services and program. This also helped create a more productive workflow, ensure that referrals were being managed efficiently, and that participants were getting effective care.

The process from referral to enrollment has greatly improved due to implementing lessons learned from past challenges. The team has streamlined the process for outreaching and enrolling a client into the program to ensure the best care is provided in a timely manner.

EPP is making efforts to ensure that all services that can be billable move in that direction. This will help improve the sustainability of the program. Likewise, increasing enrollment by strengthening outreach and collaboration with schools we will serve in this area is an ongoing effort.

## Challenges and Solutions

Consistent engagement in multifamily groups was a challenge in FY 2022-23. Now that staff are feeling more versed in the model, they are beginning to brainstorm how they can bring creativity into their work to improve participant engagement and staff enjoyment. Brainstorming different ways to increase engagement has been an ongoing topic of team meetings.

Becoming efficient in completion of the Structured Interview for Psychotic-Risk Syndrome (SIPPS) was a challenge. The clinical recommendation for this tool has been to complete within an hour and score in same session. As this is a new skill staff are developing it has been an area of growth. Staff attend monthly meetings with an outside consultant regarding SIPPS. In this meeting, staff are brainstorming and role play how to complete this tool more efficiently. Along with this, goals and deadlines will be established to help promote staff's progress.

As this is a newer program, workflows and processes continue to be in development and a work in progress. The Leadership Team will ensure that formalizing workflows is a priority and enlist feedback from staff and Best Practices department to ensure the process is feasible.

## Diversity, Equity and Inclusion

The Early Psychosis Program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via the LanguageLine. Materials for trainings are available to be translated upon request.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as gay, lesbian, bisexual, transgender, or questioning are addressed. Furthermore, client's electronic health record indicates preferred pronouns and/or name so as to reduce mis-gendering.

The program does allow for servicing participants who have no insurance or alternative insurance, removing insurance as a barrier to accessing services. Barriers related to socioeconomic status, transportation or otherwise are also reduced by offering sessions in a variety of ways (virtual, in person, home, school, in office).

## Community Partners

Local schools are the primary community partners for this program. Additionally, this fiscal year the team began collaborating more with the Co-Occurring Support Team (COST) program at Tri-City. Learning about the impact of substance use on mental health has been a great need for the participants in the program. Providers from COST have been involved more in team meetings to help with brainstorming about how to best care for clients and maintain a multidisciplinary approach to best serve individuals. Along with this, COST provider has attended multi family groups to support any participants that may bring up substance use as a challenge.

## Success Story

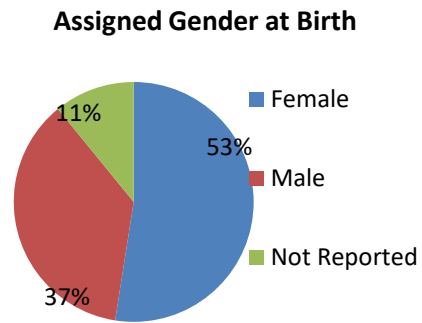
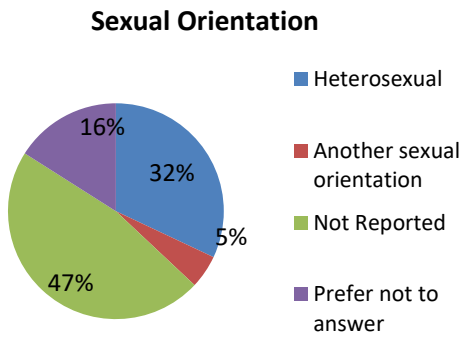
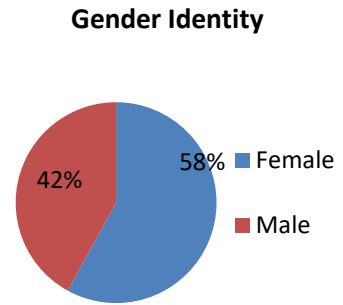
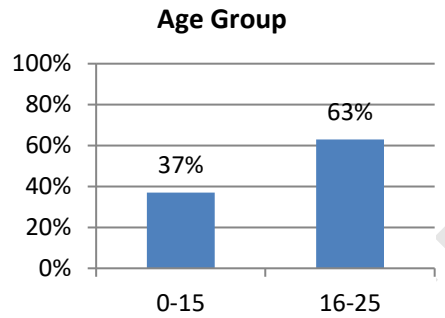
A client was experiencing severe symptoms of psychosis leading to hospitalizations, family conflict, risky behaviors, and poor academic performance. The client and their parent were able to quickly engage in the early psychosis program. The individual ultimately took on the role of a mentor for the other participants. At one point in treatment the client regressed, however was able to reengage in treatment, reduce risky behaviors and improve their relationship with the parent. The individual ultimately graduated from treatment and successfully graduated from high school.

Another significant component of this success story is the collaboration and implementation of a PIER approach, including group work, individual sessions, occupational therapy services, lived experience, and psychiatry.

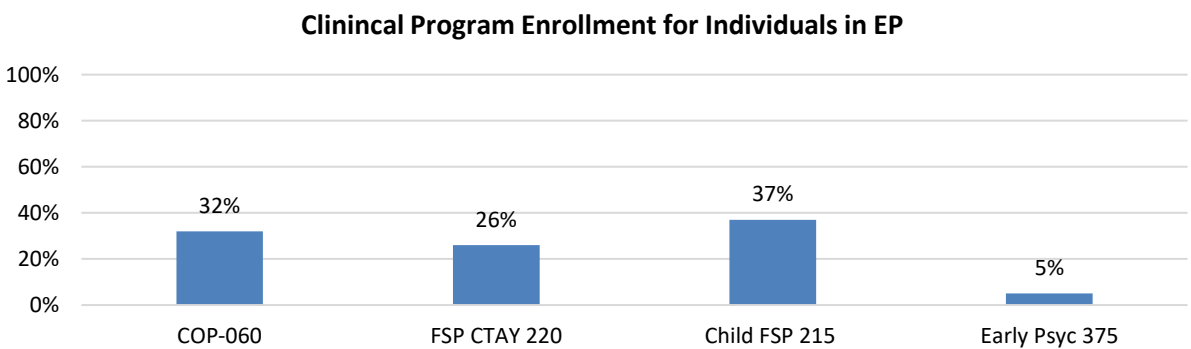
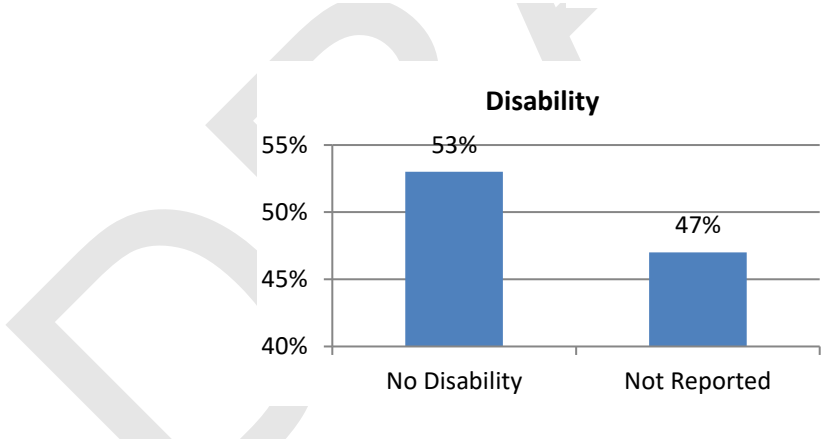
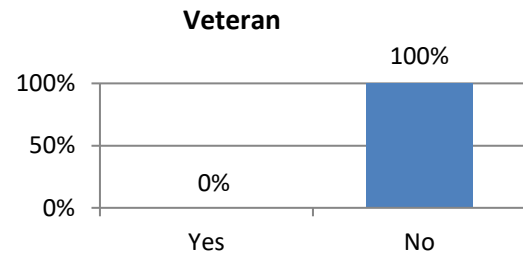
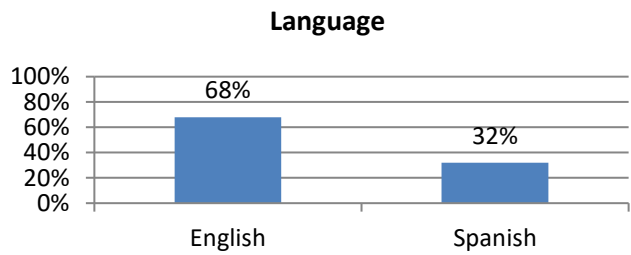
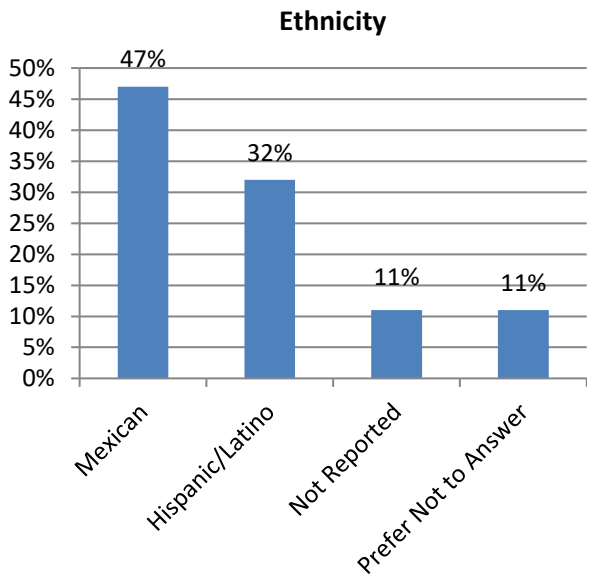
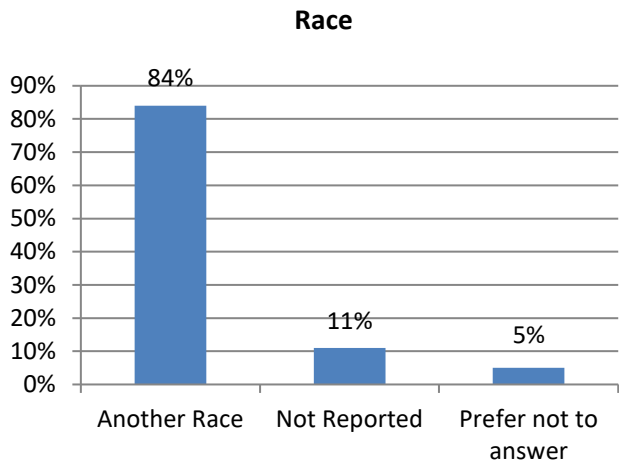
# Program Summary

## How Much Did We Do?

**19**  
Individuals Enrolled  
In Early Psychosis



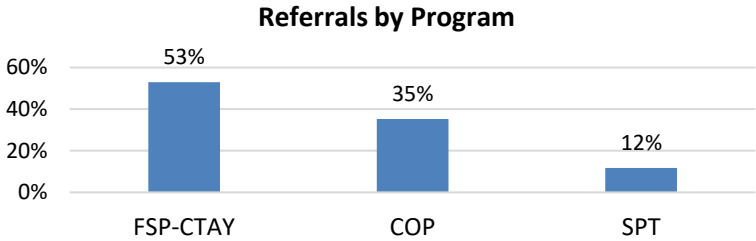




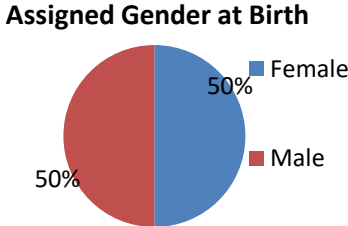
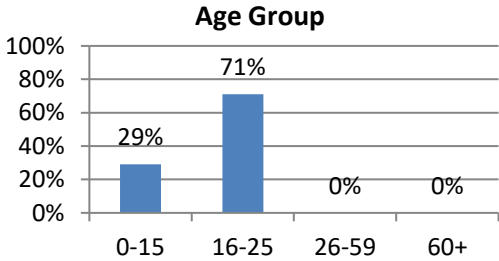
<b>Number of Potential Responders</b>	10
<b>Setting in Which Responders were Engaged</b>	Mental health centers
<b>Type of Responders Engaged</b>	Clients
<b>Underserved Populations</b>	African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those with a physical disability.
<b>Access and Linkage to Treatment Strategy</b>	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

**Timely Access to Services for Underserved Populations Strategy**

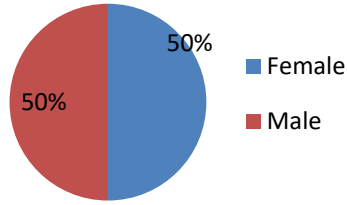
**17**  
**MHSA Referrals to**  
**Early Psychosis**



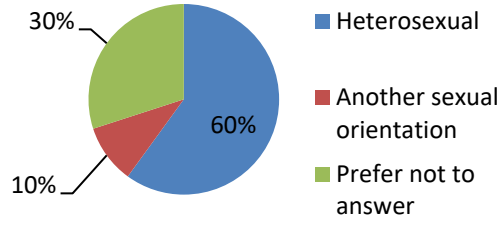
**PEI Demographics Based on MSHA Referrals**



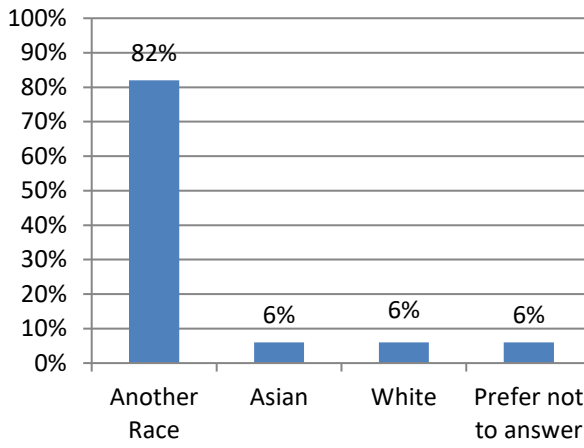
**Gender Identity**



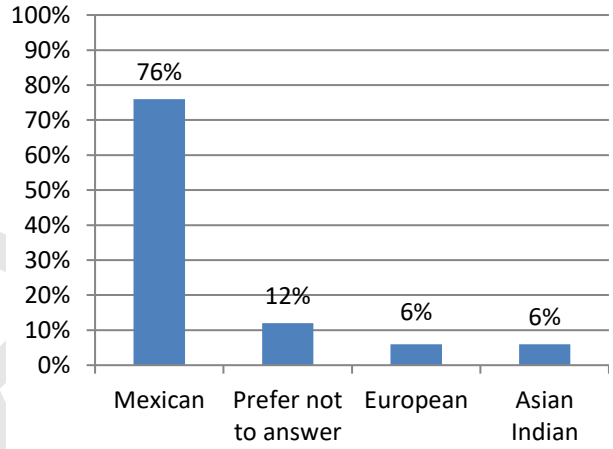
**Sexual Orientation**



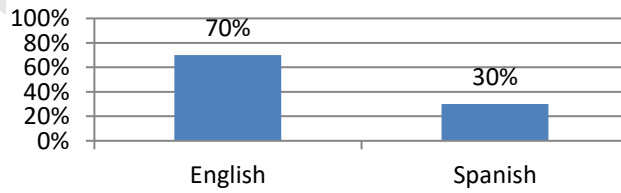
**Race**



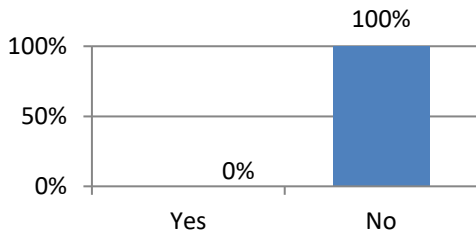
**Ethnicity**



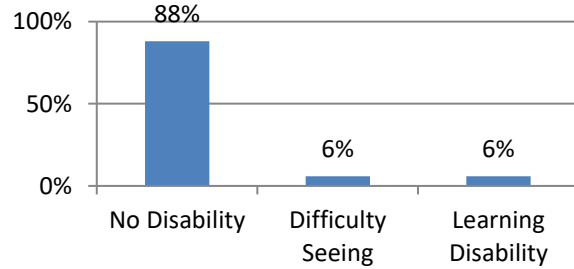
**Language**



**Veteran**



**Disability**



# School-Based Services

## Program Description

School-Based Services (SBS) provide services to students directly on local school campuses during school hours. SBS bridge the gap between community mental health services and local schools, reducing barriers to accessibility.

## Target Population

Students attending school in the school districts and colleges that fall within the Tri-City service area (Pomona, Claremont and La Verne).

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2022-23</b>	280	97	0	0	0	<b>377</b>
<b>Cost Per Person</b>	\$1,916	\$1,916	N/A	N/A	N/A	<b>\$1,916</b>

## Program Update

SBS staff partnered with Mental Health Services Act (MHSA) and Mental Health Student Services Act (MHSSA) programs to increase support and outreach efforts to our local schools. The outreach events included Back to School Nights, resource fairs, and wellness promoting events, across our school partners in the Pomona, Claremont, and Bonita Unified School Districts. Following collaborative discussions, Tri-City established a memorandum of understanding (MOU) with all three Tri-City area school districts, as well as the School of Arts and Enterprise. The program also made an effort to establish relationships with local universities by conducting collaborative meetings with California Polytechnic State University, Pomona (Cal Poly) and University of La Verne (ULV).

An improved process for school referrals was also established, leading to enhanced response time and collaboration with referral resources. Increased collaboration and improved workflow, in part, contributed to SBS staff experiencing and increase in referrals, from 270 in FY 2021-22 to 400 in FY 2022-23.

A future consideration will be to implement substance use disorder and awareness to students and families. As teens access to substances such as fentanyl increases, so too does the need for co-occurring services and support. Training staff on working with co-occurring disorders as well as how Narcan can be a potential resource for families will be vital.

## Challenges and Solutions

The California Advancing and Innovating Medi-Cal (CalAIM) reform, which included new documentation and limitations on travel reimbursement, created challenges to previous program structure and implementation. Teaching staff how to maximize their days by clustering travel time and scheduling multiple clients in a single school location assisted with limitations on travel reimbursement. Coaching staff on the use of collaborative documentation was also a support. Quality Assurance and Quality Improvement also supported these efforts by providing SBS staff with training to help with new Electronic Health Records (EHR) and CalAIM reform. This will continue to be a work in progress.

School partners struggled to identify appropriate referrals during the past fiscal year, for example, sending referrals to SBS that were either out of area or who have private insurance. This led to SBS staff spending more time on non-billable tasks such as linking families to their providers and addressing appropriate referrals. A notable solution to this challenge was maintaining open channels of communication with school partners to address barriers to referrals, review referral criteria, and address challenges with families connecting to services. SBS staff also identified new partners at the schools and built connections between the SBS program and the schools by increasing communication with individuals such as principals, school counselors and psychologists.

## Diversity, Equity and Inclusion

SBS staff increased the frequency of on-site school visits in FY 2022-23. This assisted in removing barriers to attending services such as transportation. Although a big focus of services is to provide treatment at school, both treatment and intake services are being offered in the office and via telehealth to increase families' access to mental health services. Additionally, parents/caregivers are included in the client's services to better assess the needs, create realistic goals and interventions for clients, and provide access to resources.

Spanish speaking clients have access to bilingual staff, and other languages are offered through the LanguageLine. A diverse group of providers supports the SBS team in increasing representation for the community leading to improved engagement in services. Additionally, all documents are translated in the threshold languages.

The SBS team educates themselves on barriers and stigma the LGBTQ+ community may experience by reviewing available community resources, completing trainings, and attending department meetings focusing on this population. Inclusivity is also ensured through electronic health records reflecting the client's desires and culture needs such as appropriate pronouns and names.

## Community Partners

Community Partners largely consist of local schools and colleges within the Tri-City service area. Some examples include: Pomona Unified School District (PUSD), Bonita Unified School District (BUSD), Claremont Unified School District (CUSD), School of Arts and Enterprise (SOAE), the University of La Verne (ULV) and Cal Poly Pomona (CPP). These partnerships foster resource sharing, increase access

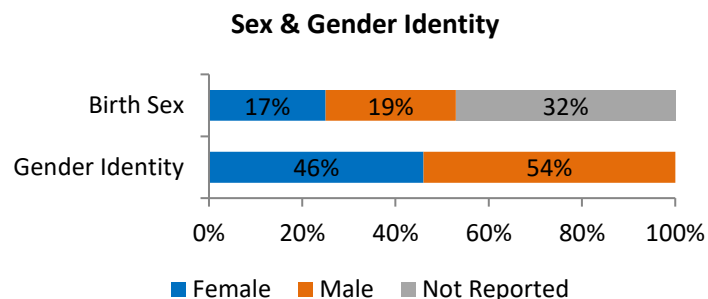
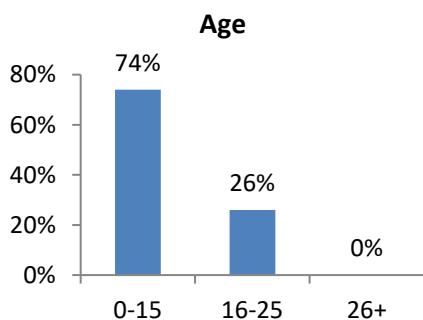
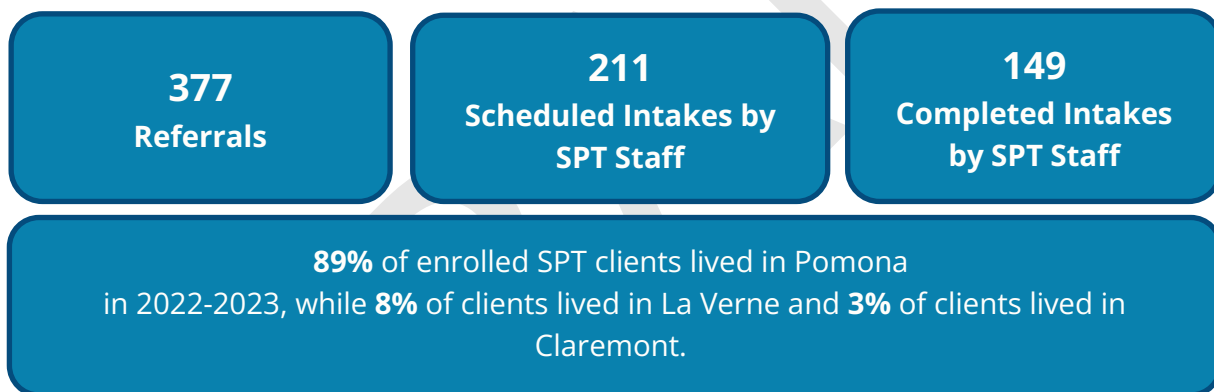
for students in need of mental health services, and generate referrals to the SBS team. Furthermore, SBS staff are increasing treatment team meetings internally to support client goals. During FY 2022-23, increased collaboration occurred with departments such as Child Outpatient (COP), Full Service Partnership (FSP), and Mental Health Student Services Act (MHSSA).

## Success Story

During FY 2022-23, SBS program experienced positive outcomes from increasing communication and collaboration with our community partners. Increasing contacts with the various school districts, colleges, and internal departments led to improved communication and workflow. Specifically, improving collaboration and consultation amongst the school personnel, mental health team and crisis team bolstered referrals and formed reciprocal connections that ultimately benefit the communities of Pomona, Claremont, and La Verne.

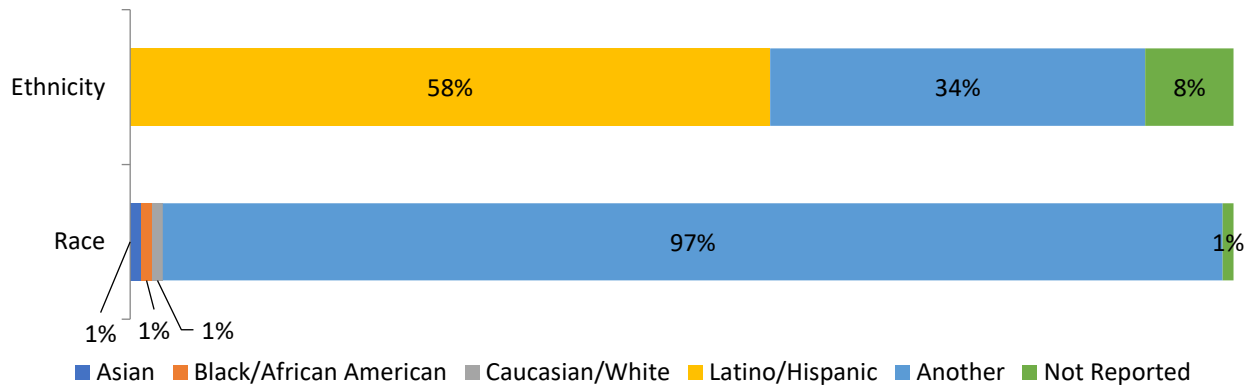
## Program Summary

### How Much Did We Do?

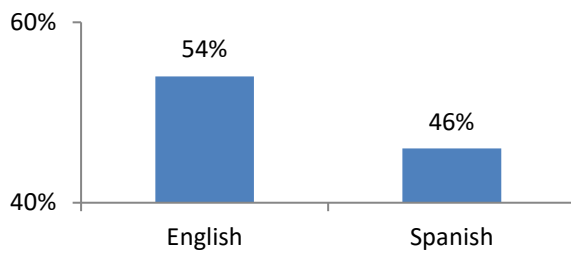


Disability & Sexual Orientation Data not available

### Race & Ethnicity



### Primary Language





## Innovation (INN)

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The Innovation (INN) Plan consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

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# Innovation (INN)

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

## Help@Hand/Tech Suite Project

In August 2022 the implementation of the digital app myStrength was launched. Staff worked with market partners Uptown Studios who helped create flyers for the 3 target populations: TAY, Older Adults and Mono-lingual Spanish speakers. Uptown also created a community partner toolkit which allowed staff to share flyers, pre-worded email blast, & social media post with our community partners throughout the 3 cities. The toolkit was extremely helpful in giving the community partners an overview of the Help@Hand and myStrength implementation. Upon launch, thirty-one participants signed in the first month. Uptown Studios also helped with social media by creating social media profiles for Facebook, Twitter, and Instagram specifically for the Help@Hand/myStrength project, titled TriCityWellness. Staff held two digital health literacy workshops in Spanish, a digital health literacy workshop for Seniors and hosted multiple tables at various events including Cal Poly Pomona and Youth Wellness Symposium where myStrength was shared with the community, specifically the TAY population.

On December 31, 2023, the Help@Hand Innovation project was completed. For more information and details regarding the outcomes of this project, please see the *Help@Hand Innovation Project Final Report* located in the appendix of this Annual Update.

<b>Project Dates</b>	January 1, 2019 to December 31, 2023
<b>Project Funding Amount</b>	\$1,674,700
<b>Target Populations</b>	<ul style="list-style-type: none"><li>• Transition age youth and college students (up to age 25)</li><li>• Older adults (ages 60+)</li><li>• Non-English-speaking clients and community members who may be experiencing stigma and language barriers</li></ul>

## Psychiatric Advance Directives (PADs)

Tri-City joined the Psychiatric Advance Directives Multi-County Collaborative on July 1, 2022. In September 2022 the seven counties met in person for a collaborative convening to explore the goals for the project and subcontractor roles. Following the meeting, stakeholder engagement became a focus. An informal informational night for first responders and law enforcement was held to share the goals of the project and recruit for workgroups. Another informational meeting was provided for the Los Angeles County Probation office to encourage their participation and to gain insight into their thoughts on the project. Two in person stakeholder meetings were held in April for peers and caregivers/stakeholders. There was also ongoing collaboration with the marketing subcontractor to help develop a logo for the project. All counties met again in March 2023 to continue the work on this project. The technology subcontractor was able to share a preview of what the technology would look like.

## Program Update

Innovation held five workgroups during FY 2022-23. The workgroups started out with high attendance however attrition did occur. By the third workgroup inquiries began regarding how to get more involvement in the workgroups and stakeholder participation. This led to the development of the new Innovation plan to utilize Innovation funding for the Community Planning Process. A concept paper was drafted and stakeholders in the workgroup ultimately approved the plan. It was presented to the MHSOAC for technical support/assistance in May to ensure viability. Staff anticipate final approval and implementation of this Innovation project, *Community Planning Process for Innovation Project(s)* in the fall of 2023

## Challenges and Solutions

Challenges faced during fiscal year 2022-2023 were related to staffing. The program coordinator was the sole person running 2 projects, and this impacted the ability to recruit community members to utilize the app. Innovations relied on social media post and community partners to help encourage individuals to sign up to use myStrength. Community Navigators and other staff supported promoting the myStrength app and PADs projects when out in the community. A Peer Support Specialist was also hired for Innovation who focuses on community engagement, encourages participation, and signs community members up for the myStrength app. With the new hire, the Innovation team now consists of Supervisor, Program Coordinator, and Peer Support Specialist.

There was difficulty engaging and maintaining stakeholders in our innovation workgroups and project development. Several reported burnout related to virtual meetings and would prefer in-person meetings that were utilized in the past. To address the issues with stakeholder engagement, we worked with the smaller group and developed a new Innovation plan utilizing Innovation funds for the Community Planning Process. This plan will be implemented beginning FY 2023-24 upon approval by the MHSOAC.

## Diversity, Equity and Inclusion

Innovation focuses on creating new programs or adjusting current programs to help serve the underserved populations. The programming specifically targets TAY, older adults, and monolingual Spanish speakers to help bridge the gap between formal services and those in need of services to support mental health and wellness. Marketing materials and social media postings are inclusive of all races, ethnicities, genders and ages. Digital Health Literacy trainings are provided in English or Spanish and the new Program Coordinator for Innovation is bilingual in Spanish.

The app myStrength is available in both English and Spanish and is accessible via smart phone, tablet, laptop or desktop computer. Innovation staff loan tablets to individuals who do not have access to a smartphone or computer. MyStrength offers evidence-based LGBTQ+ behavioral health resources such as informative content, interactive quizzes, and worksheets that discuss LGBTQ+ pride, allyship, depression, and shame in LGBTQ+ communities.

Partnering with local senior centers within our three cities supports outreach and engagement to older adults and veterans. Resource tables are available during the center's lunch hours to promote various innovation projects when foot traffic is high. Staff also held a digital health literacy training at the senior center in Claremont in an effort to eliminate barriers for our older adults and ensure they could participate.

## Community Partners

Painted Brain, an innovative peer-run mental health arts and tech organization, assist staff with "Appy Hours" and Digital Health Literacy Workshops. Uptown Studios supports Innovations marketing efforts and created a community partner toolkit to help spread the word about myStrength. They also support social media that was created specifically for this project. Jaguar Computer Systems provides support with computer tablets and formats the tablets up with the myStrength app as well as provides IT support as needed.

The PADs project has subcontractors who work with all 7 counties. Idea Engineering is the marketing/design organization who is helping to develop the flyers, website, and logos we will use for the project. Chorus, our technology contractor, develops the technology platform that will house the completed PADs created by consumers/clients as well as be accessible by law enforcement, first responders, hospitals, and county staff as needed.



# Workforce Education and Training (WET)

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The Workforce Education and Training (WET) Plan focuses its efforts on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

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## Workforce Education and Training (WET)

The Workforce Education and Training plan is dedicated to training and supporting the people who are charged with the delivery of the services and supports. This includes clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal support to loved ones and others.

A second component of this plan is the recruiting of students, community members, and volunteers to expand the recovery and wellbeing support provided by staff. It is clear the demand for mental health services in the Tri-City area far exceeds the current and projected availability of staff. By increasing the pool of interest in the mental health system, these efforts can work to generate new staff members over time by encouraging high school and college students to realistically consider a career in the community mental health field.

### Program Update

Tri-City partnered with California Mental Health Services Authority (CalMHSA) and Los Angeles County Department of Mental Health (LACDMH), to certify individuals with lived experience to become Peer Support Specialists. Four of our Clinical Wellness Advocates (CWA) were grandfathered in and received scholarships to take the exam for certification.

Staff had the opportunity to attend 11 trainings and conferences throughout FY 2022-23. Staff completed 21,788 courses through Relias, an online e-learning system that contains over 400 behavioral health courses.

Tri-City's Loan Repayment program was launched for the first time in FY 2022-23. There were 37 applicants and 29 of the applicants were awarded \$7,500 each towards their student loans. The program aims at supporting staff while increasing retention of personnel.

A future goal is to reinstate the Working Independence Skills Helping (WISH) program. WISH helps individuals with mental illness build their self-confidence and self-esteem while gaining viable skills to further their professional and employment growth. The eight-week program emphasizes team building, conflict resolution, communication and employment skills building.

#### **Pathway to Career Opportunities: Service-Learning**

##### *Service-Learner*

Service-Learners (formerly called volunteers) provides support in many of the MHSA programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, holiday parade, and stigma reduction events such as Tri-City's Green Ribbon Week.

### *Summer Camp*

Summer Camp provides a unique opportunity for individuals ages 16 and over who are interested in working with children to volunteer and provide support to a four-week day camp facilitated by Tri-City Wellness Center staff.

### *Peer Mentor Program*

The program runs annually from September through May. The program is comprised of a committed diverse group of individuals with various backgrounds, culture, identities and lived experiences age 18 and over. Participants gain hands-on experience working with individuals in community mental. The program provides extensive training and supervision on numerous topics focusing on mental health, mental wellbeing and personal growth.

### **Relias Training**

Relias is an online e-learning system that is a recognized leader in online training services for the healthcare industry. During FY 2022-23, 21,788 online courses were completed by Tri-City staff, increasing their capacity to provide informed care to clients as well as meeting requirements for licensure. Relias is self-paced and serves staff who are required to complete a set of courses, provides an opportunity to pursue courses that are of interest, and is a viable resource for obtaining continuing education units (CEUs).

## Challenges and Solutions

During FT 2022-23, WET experienced turnover in staff which resulted in the lack of a WET supervisor for 5 months. During this time the recruitment for services learners dwindled. There were 11 applications for service learning and 1 of those applications were accepted to become a service learner. This volunteer role was able to complete 27 hours total of service.

Ways to address these challenges are continuing to outreach to high schools and colleges for volunteers, especially considering that this demographic is actively considering a career path. The service learning/volunteer programs can also be enhanced and updated. One example would be to create more structured goals for each service learner that can be reviewed and discussed at the end of their service.

## Diversity, Equity and Inclusion

Tri-City strives to engage underserved populations by communicating in ways that are accessible to all members of the community. This includes communicating via a variety of social media platforms and incorporating messaging that is reflective of the diverse populations that we serve and containing messaging that is often directly relevant to the experiences of these populations within our service area. The perspectives of members of these underserved communities are considered in the selection of content that is represented on social media, and in the selection of trainings that are offered to staff.

Tri-City supports staff in building their capacity to address barriers related to disparities. The service learner program is designed to welcome individuals from any background to volunteer their time to participate in various community events throughout the year. Events include community meetings, holiday parade, and stigma reduction events such as Tri-City's Green Ribbon Week. Additionally, depending on the assignment, they can volunteer and suggest different ways to engage individuals experiencing different disparities.

## Program Summary

### How Much Did We Do?

<b>27</b> Service Learner Hours	<b>11</b> Service Learner Applications	<b>11</b> Trainings, Conferences and Educational Opportunities for Staff
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### How Well Did We Do It?

<b>1</b> Applicants Became Service Learners	<b>0</b> Service Learners were Hired at Tri-City	<b>21,788</b> Courses Completed through Relias Program
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# Capital Facilities and Technological Needs (CFTN)

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The Capital Facilities and Technological Needs (CFTN) Plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

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## Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act allocates funds for projects designed to improve the infrastructure of community mental health including the purchase, development or renovation of buildings used to house and support MHSA programs and staff. The technological portion of this plan supports counties in transforming existing clinical and administrative technology systems while increasing access to mental health records and information electronically for consumers and family members.

### Program Update

There were several notable events in FY 2022-23 impacting the CFTN plan. The first is the rejuvenation project for the Therapeutic Community Garden. Reoccurring groups have largely been virtual due to COVID-19 and with construction beginning in the garden, groups will remain virtual during construction. The community has expressed great interest and excitement for the garden construction to be complete, as the therapeutic horticulture modality is very impactful in a natural environment that is safe and accessible.

Some other notable CFTN projects in the fiscal year were electrical upgrades for the 2001 MHSA Administrative Office building, power upgrades and remodeling. All sites were provided with new desk phones and hardware support. There were also security upgrades with the purchase of Meraki security cameras and a one-year license for the services.



# MHSA Expenditure Plan

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The following section includes information regarding Cost Per Participant for  
MHSA Programs and Tri-City Staff Demographics

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## Cost Per Participant

The services provided in Fiscal Year 2022-23 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MHPA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
<b>Full Service Partnership (Child)</b>	CSS	107	\$14,143
<b>Full Service Partnership (TAY)</b>	CSS	118	\$18,658
<b>Community Navigators</b>	CSS	242	\$607**
<b>Wellness Center</b>	CSS	1,617	\$584**
<b>Supplemental Crisis Services</b>	CSS	156	\$775**
<b>Access to Care</b>	CSS	769	\$457**
<b>Family Wellbeing Program</b>	Prevention and Early Intervention	219	\$230**
<b>Peer Mentor Program (TAY Wellbeing)</b>	Prevention and Early Intervention	23	\$2,853
<b>Therapeutic Community Gardening</b>	Early Intervention	47	\$2,163**
<b>Early Psychosis</b>	Prevention and Early Intervention	19	\$9,386**
<b>School-Based Services</b>	Early Intervention	377	\$1,916**

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
<b>Full Service Partnership (TAY)</b>	CSS	118	\$18,658
<b>Full Service Partnership (Adult)</b>	CSS	228	\$18,190
<b>Full Service Partnership (Older Adult)</b>	CSS	37	\$16,745
<b>Community Navigators</b>	CSS	727	\$607**
<b>Wellness Center</b>	CSS	832	\$584**
<b>Supplemental Crisis Services</b>	CSS	804	\$775**
<b>Access to Care</b>	CSS	1,748	\$457**
<b>Field Capable Clinical Services for Older Adults</b>	CSS	37	\$3,308
<b>Family Wellbeing Program</b>	Prevention and Early Intervention	303	\$230**
<b>Peer Mentor Program (Older Adult Wellbeing)</b>	Prevention and Early Intervention	31	\$2,853
<b>Therapeutic Community Gardening</b>	Early Intervention	170	\$2,163**

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

In FY 2022-23, Tri-City served approximately 2,449 unduplicated clients who were enrolled in formal services. Tri-City's Fiscal Year 2023-24 Budget included a total of 250 Full-time/Equivalent employees and an annual operating budget of approximately \$37.5 million dollars. Tri-City strives to reflect the diversity of its communities through it hiring, languages spoken, and cultural competencies.

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Native American/Alaska Native populations continue to be a focus for recruitment.

### HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	41.90%	White	15.89%
Hispanic/Latinx	59.00%	Hispanic/Latinx	61.21%
Asian/Pacific Islander	11.50%	Asian	11.22%
Black/African American	5.60%	Black/African American	8.41%
Native American/Alaska Native	1.90%	Native American/Alaska Native	0.47%
Other	25.70%	Other	0.93%
Two Or More Races	13.40%	Two Or More Races	1.87%

(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).  
Source: U.S. Census data from 2020 DEC Redistricting Data

Approximately 33% of the Tri-City Workforce is bilingual. Approximately 27% of the Tri-City workforce is qualified to provide bilingual interpretation services, in the threshold Language Spanish.

### Number of Staff Certified/Qualified for Bilingual Interpretation

Language	# Bilingual	% Bilingual
Spanish (Threshold Language)	59	27.57%
Vietnamese	2	0.93%
French	2	0.93%
Khmer	1	0.47%
Persian	1	0.47%
Punjabi	1	0.47%
Russian	1	0.47%
Mandarin & Chinese	0	0.10%
Hindi	1	0.47%
Japanese	1	0.47%
Tagalog	2	0.93%
<b>Total Bilingual</b>	<b>71</b>	<b>33.18%</b>

Source: HR Bilingual Staff Report and CC Plan Population Demographic Language Data.

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. In an effort to recruit, train and attract a workforce that mirrors our client population, Tri-City's Human Resources Department actively seeks out recruitment advertisement opportunities with a variety of culturally specific organizations and associations. We advertise with and participate in employment fairs with the Network of Social Workers, the County Behavioral Health Directors Association of California (CBHDA), the Collaborative to Improve Behavioral Health Access (CIBHA), the African American Mental Health Conference, the Latino Behavioral Health Conference and Mental Health America. Additionally, WET program staff actively outreaches to students from high schools and universities within our service area. The goal of this outreach is to educate and encourage students about the potential of working within the community mental health system. Through student career fairs, class specific presentations, Tri-City staff engage residents and students of the three cities to participate as Service-Learners, a volunteer program to support Tri-City staff and departments to meet the needs of consumers and community members.

Tri-City has emphasized the value of those with lived experience within our workforce and has made a concerted effort to include peers throughout our system of care. Peers, representatives of the population we serve, and our clients are also included in our Service-Learning program.

In addition, Tri-City's implementation of hiring incentives such as our sign-on bonus, hybrid work schedules, hazard and longevity pay have helped to create a more attractive compensation and benefit package to attract staff and we often survey our current workforce for ideas on attractive benefits and incentives.

Lastly, each month Tri-City staff review and prepare reports for the Governing Board which reflect our current staffing including diversity and comparison to the community we serve. Through this practice, staff are able to determine the limitations of our agency and able to address these concerns on a monthly basis.

## FY 2024/25 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2024/25 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	17,424,481	3,927,958	1,749,760	988,832	4,240,745	
2. Estimated New FY 2024/25 Funding	10,745,803	2,686,451	706,961			
3. Transfer in FY 2024/25 <sup>a/</sup>	(3,000,000)	0	0	500,000	2,500,000	0
4. Access Local Prudent Reserve in FY 2024/25	0	0				0
5. Estimated Available Funding for FY 2024/25	25,170,284	6,614,409	2,456,721	1,488,832	6,740,745	
<b>B. Estimated FY 2024/25 MHSa Expenditures</b>	12,056,637	4,006,412	629,986	782,756	655,700	
<b>G. Estimated FY 2024/25 Unspent Fund Balance</b>	13,113,647	2,607,997	1,826,735	706,076	6,085,045	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2024	2,199,999
2. Contributions to the Local Prudent Reserve in FY 2024/25	0
3. Distributions from the Local Prudent Reserve in FY 2024/25	0
4. Estimated Local Prudent Reserve Balance on June 30, 2025	2,199,999

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2024/25 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. 1a-Child FSP	1,587,410	503,948	588,139		495,323	
2. 1b-TAY FSP	2,107,224	870,907	844,920		391,397	
3. 1c-Adult FSP	4,044,970	2,224,263	1,698,364		122,343	
4. 1d-Older Adult FSP	631,668	417,023	214,645			
5.	0					
<b>Non-FSP Programs</b>						
1. Community Navigators	746,584	746,584				
2. Wellness Center	1,524,313	1,524,313				
3. Field Capable Clinical Services for Older Adults	121,640	27,541	94,099		-	
4. Permanent Supportive Housing	639,524	634,524				5,000
5. Access To Care	765,276	765,276				
6. Mobile Crisis Care (MCC) Pilot Program	1,638,028	905,483	547,221		185,324	
<b>CSS Administration</b>	3,436,775	3,436,775				
<b>CSS MHSA Housing Program Assigned Funds</b>	0	0				
<b>Total CSS Program Estimated Expenditures</b>	17,243,412	12,056,637	3,987,388	0	1,194,387	5,000
<b>FSP Programs as Percent of Total</b>	69.4%					



**FY 2024/25 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	150,254	150,254				
2. Older Adult Wellbeing (Peer Mentor)	92,189	92,189				
3. Transition-Age Youth Wellbeing (Peer Mentor)	99,395	99,395				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	530,267	530,267				
5. NAMI Community Capacity Building Program (Ending the Silence)	11,833	11,833				
6. Housing Stability Program	222,962	222,962				
<b>PEI Programs - Early Intervention</b>						
7. Older Adult Wellbeing (Peer Mentor)	92,189	92,189				
8. Transition-Age Youth Wellbeing (Peer Mentor)	99,395	99,395				
9. Therapeutic Community Gardening	515,787	515,787				
10. Early Psychosis	227,690	227,690				
11. School Based	1,198,022	1,198,022				
<b>PEI Programs - Other</b>						
12.	0	0				
13.	0	0				
14.	0	0				
<b>PEI Administration</b>	672,429	672,429				
<b>PEI Assigned Funds</b>	94,000	94,000				
<b>Total PEI Program Estimated Expenditures</b>	3,912,412	4,006,412	0	0	0	0

**FY 2024/25 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Help @ Hand	0	0				
2. Psychiatric Advance Directive (PADs) Multi-County Collaborative	269,994	269,994				
3. Community Planning Process for Innovation Project (s)	225,000	225,000				
<b>INN Administration</b>	134,992	134,992				
<b>Total INN Program Estimated Expenditures</b>	629,986	629,986	0	0	0	0

**FY 2024/25 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. A Systematic Approach to Learning and Improvement	343,742	343,742				
2. Engaging Volunteers and Future Employees	282,956	282,956				
3.	0					
<b>WET Administration</b>	156,058	156,058				
<b>Total WET Program Estimated Expenditures</b>	782,756	782,756	0	0	0	0

**FY 2024/25 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/8/2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Electrical Upgrade & Office Space Remodel	300,000	300,000				
2. Capital Improvements to Therapeutic Community Garden	100,000	100,000				
3.						
<b>CFTN Programs - Technological Needs Projects</b>						
4. Technology Upgrades	255,700	255,700				
5.	0	0				
6.	0	0				
<b>CFTN Administration</b>	0	0				
<b>Total CFTN Program Estimated Expenditures</b>	655,700	655,700	0	0	0	0

# Appendix



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

**DATE:** April 17, 2024  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Rimmi Hundal, Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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## **PROPOSITION 1**

On March 5, 2024, California voters cast their ballots regarding Proposition 1, Governor Newsom's attempt to Modernize the Mental Health Services Act (MHSA) and increase supportive housing and access to treatment facilities. This measure is designed to improve how California treats mental illness, substance abuse and the homeless by proposing significant revisions to the Mental Health Services Act, a 2004 tax on incomes over a million dollars. Additionally, it would modify how MHSA funds are allocated, and introduce changes related to oversight, accountability, and the community planning process. Proposition 1 also includes a \$6.4 billion bond that would create mental health and substance use treatment beds, and housing with supportive services for unhoused Californians with behavioral health challenges.

- As of now, there is no immediate impact or change.
- We are still performing under the current MHSA Three-Year Program and Expenditure Plan until July 1, 2026.
- The Department of Health Care Services (DHCS) will now begin developing the policy and guidance to support counties in the implementation of Proposition 1.
- I have been invited to represent the Cities (Tri-City and City of Berkeley) for stakeholder engagement throughout the policy development process to help guide the most effective use of the new Behavioral Health Services Act (BHSA) funding.

Over the next two years, we will continue to monitor and review all information provided regarding Proposition 1 and update you when possible. We have been monitoring this legislation since March 2023 and we are confident that we will be able to adapt our programs and services to meet these new guidelines and still provide the highest level of care.

## **FINANCIAL PLANNING AND RETIREMENT PLANNING EDUCATION**

The Human Resources Department, along with two benefit vendors, Credit Union of Southern California and Lincoln Financial, will host Lunch and Learn sessions for staff on April 23, 2024. Employees can engage with representatives from both vendors,

addressing topics such as financial planning and supplemental retirement options, and enroll in credit union benefits. This event is Tri-City's first offering for the year, with hopes of repeating it in the summer pending adequate interest.

## **WORKPLACE VIOLENCE PREVENTION PROGRAM**

Effective July 1, 2024, SB 553 will mandate that all employers establish a Workplace Violence Prevention Program (WVPP). In anticipation of this mandate, Tri-City's Facilities and Human Resources Departments have begun working with our Risk Management consultant to establish our WVPP. The WVPP comprises three crucial components:

1. Employee Survey: This assessment aims to identify potential types of workplace violence and vulnerabilities.
2. Plan/Policy and Procedure: A comprehensive strategy to deter, prevent, or respond to incidents of workplace violence.
3. Agency-wide Training: Essential training sessions to acquaint staff with the plan, procedures, and preventative measures.

As of this week, we have completed our first component and all staff have received a Workplace Violence Employee Survey to complete by April 15, 2024. Based on the results of the survey, we will use that feedback to create a comprehensive plan, policy and training program which will be brought forward for Governing Board approval in or about June 2024.

## **HUMAN RESOURCES**

### Staffing – Month Ending March 2024

- Total Staff is 204 full-time and 7 part-time plus 45 full time vacancies 4 part-time vacancies for a total of 251 positions.
- There were 3 new hires in March 2024.
- There were 10 separations in March 2024.

### Workforce Demographics in March 2024

- American Indian or Alaska Native = 0.47%
- Asian = 9.00%
- Black or African American = 7.94%
- Hispanic or Latino = 61.68%
- Native Hawaiian or Other Pacific Islander = 0.47%
- Other = 3.27%
- Two or more races = 1.87%
- White or Caucasian = 14.95%

Posted Positions in March 2024

- Behavioral Health Advocate I – Wellness Center (.5 FTE)
- Behavioral Health Specialist – Adult (2 FTEs)
- Clinical Supervisor I – Access to Care (1 FTE)
- Clinical Therapist I/II – COP & School Partnership (2 FTEs) *1 hire pending*
- Medical Assistant (1 FTE) *hire pending*
- Psychiatric Technician I/II (1 FTE) *hire pending*
- Psychiatrist (1 FTE) *hire pending*
- Quality Assurance Specialist II (1 FTE)

**COVID-19 UPDATE**

Effective March 1, 2022, the California Department of Public Health required healthcare workers to be vaccinated against COVID-19 or have an approved exemption. As of March 29, 2024, Tri-City staff have a vaccination compliancy rate of 87.79%. In February 2024, Tri-City, in conjunction with the County of LA's Department of Public Health requirement, reduced our masking requirement for healthcare workers that have received both the 2023-2024 COVID-19 vaccine booster and the influenza vaccine. As of March 29, 2024, 24.06% of our current vaccinated workforce has received both vaccinations. We anticipate that number to continue to grow in the coming weeks as more staff become eligible for the 2023-2024 booster.





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

**DATE:** April 17, 2024

**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

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**UNAUDITED FINANCIAL STATEMENTS FOR THE EIGHT MONTHS ENDED  
February 29, 2024 (2024 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the eight months ended February 29, 2024. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$7.4 million. MHSA operations accounted for approximately \$6.8 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 \$17.4 million in MHSA funding has been received of which \$7.1 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 \$15.5 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 increase in net position of approximately \$614 thousand is from Clinic outpatient operations, which is the result of operations for the eight months ended February 29, 2024 which includes one-time payments made at the beginning of the year.

The total cash balance at February 29, 2024 was approximately \$46.6 million, which represents an increase of approximately \$7.5 million from the June 30, 2023 balance of

**Governing Board of Tri-City Mental Health**  
**Rimmi Hundal, Executive Director**  
**Monthly Staff Report of Diana Acosta**  
**April 17, 2024**  
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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 \$613 thousand primarily as a result timing of cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately \$6.9 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately \$17.4 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$4.8 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eight months ended February 29, 2024. An additional \$6.1 million have been received as of April 10, 2024. As of the date of the report, approximately \$3.8 million of total receipts are related to fiscal year 2023-24 receivables and \$4.0 million are related to settlements (interim cost reporting, SB90 claims, and release of DMH reserves).

## **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.

### CalAIM:

As of September 7, 2023, Tri City was able to bill our first batch of claims and are currently awaiting adjudication from the State of said claims. As of February 29, 2024 an estimated \$8.3 million in Medi-Cal claims has been recognized as revenue in the current year. As of April 10, 2024, Tri-City has received its first payment on current year claims in the amount of \$3.8 million.

**Governing Board of Tri-City Mental Health**  
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**April 17, 2024**  
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MHSA Funding Updates:

**Estimated Current Cash Position** – The following table represents a brief summary of the estimated (unaudited) current MHSA cash position as of the eight months ended February 29, 2024.

	<b>MHSA</b>
Cash at February 29, 2024	\$ 37,328,064
Receivables net of Reserve for Cost Report Settlements	4,457,620
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2023-24	(5,947,000) **
Reserved for future CFTN Projects including approved TCG Project	(2,766,259)
Total Estimated Adjustments to Cash	<u>(6,455,639)</u>
Estimated Available at June 30, 2024	<u>\$ 30,872,425</u>
Estimated remaining MHSA funds to be received in FY 2023-24	\$ 5,890,338

\* 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 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. To date, Tri City has received \$17.4 million for the eight months ended February 29, 2024. For reference, the following table is an excerpt from the Fiscal Year 2023-24 MHSA Three-Year Plan.

**Governing Board of Tri-City Mental Health**  
**Rimmi Hundal, Executive Director**  
**Monthly Staff Report of Diana Acosta**  
**April 17, 2024**  
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<b>Included in the MHSA FY 2023-24 Annual Update</b>	<b>CSS</b>	<b>PEI</b>	<b>Innovation</b>	<b>WET</b>	<b>CFTN</b>	<b>Totals</b>
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
* <b>Updated</b> 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 February 29, 2024 based on the fiscal year 2022-23 Annual Revenue and Expense Report (ARER). The next updated information from DHCS is expected in March of 2025.

**Governing Board of Tri-City Mental Health**  
**Rimmi Hundal, Executive Director**  
**Monthly Staff Report of Diana Acosta**  
**April 17, 2024**  
**Page 5**

**CSS reversion waterfall analysis**

CSS amounts received							
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24*	Total
	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	<b>14,638,889</b>	75,622,843
<b>Expended in:</b>							
2017-18							-
2018-19							939,014
2019-20	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	5,723,323	-		13,871,119
2023-24 **				<b>7,528,712</b>	<b>6,581,993</b>	-	<b>14,110,705</b>
2024-25 **					<b>2,557,353</b>	<b>12,499,284</b>	<b>15,056,637</b>
2025-26							-
Total Expended	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	12,499,284	73,483,238
Unspent Balance	-	-	-	-	-	2,139,605	2,139,605

\*=Based on latest revenue projections  
 \*\*=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	FY 2022-23	FY 2023-24*	Total
	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	2,260,797	3,659,723	18,618,483
<b>Expended in:</b>								
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	1,718,632	-		3,357,176
2023-24 **					<b>1,592,869</b>	<b>1,743,197</b>	-	<b>3,336,066</b>
2024-25 **						<b>517,600</b>	<b>3,488,812</b>	<b>4,006,412</b>
2025-26 **								-
Total Expended	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	2,260,797	3,488,812	18,447,572
Unspent Balance	-	-	-	-	-	-	170,911	170,911

\*=Based on latest revenue projections  
 \*\*=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	FY 22-23	
Encumbered Unspent Funds3	799,187	302,889	580,471	550,879	784,114	245,707	-	
Unencumbered Unspent Funds4	-	-	-	-	-	628,829	620,101	
<b>Unspent Balance</b>	<b>799,187</b>	<b>302,889</b>	<b>580,471</b>	<b>550,879</b>	<b>784,114</b>	<b>874,536</b>	<b>874,536</b>	
<b>Encumbered Funds Starting Balance →</b>	<b>799,187</b>	<b>302,889</b>	<b>580,471</b>	<b>550,879</b>	<b>784,114</b>	<b>245,707</b>	<b>-</b>	
<b>Applied Expenditure ↓</b>								<b>Applied Expenditure ↓</b>
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	-	-	555,436	179,342				734,778
FY 23-24								-
<b>Encumbered Unspent Balance →</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>371,537</b>	<b>784,114</b>	<b>245,707</b>	<b>-</b>	

Note that in fiscal year 2024, the INN *Community Planning Process for Innovation Project(s)* program was approved by the MHSAOAC in the amount of \$675 thousand. Thus, the remaining unencumbered amounts needing to be programmed by June 30, 2025 is \$574 thousand.

## **FACILITIES DEPARTMENT**

### The Community Garden Upgrades

A contract for the completion of this project was approved and awarded during the March 15, 2023 Governing Board Meeting. This project is considered substantially complete with the exception of some phases that are experiencing 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 with the latest projection from the contractor that the project should be complete by the end of June 2024.

### 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 approved by the City of Pomona and the RFP process is now 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 April board meeting. Target date of project completion will be the summer of 2024.

### Attachments

*Attachment 5-A: January 31, 2024 Unaudited Monthly Financial Statements*

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

	AT FEBRUARY 29, 2024			AT JUNE 30, 2023		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited	Unaudited
<b>Current Assets</b>						
Cash	\$ 9,313,216	\$ 37,328,064	\$ 46,641,279	\$ 8,976,643	\$ 30,118,745	\$ 39,095,388
Accounts receivable, net of reserve for uncollectible accounts \$1,241,402 at February 29, 2024 and \$742,206 at June 30, 2023	7,422,853	7,539,039	14,961,892	7,384,134	5,365,900	12,750,034
<b>Total Current Assets</b>	<b>16,736,069</b>	<b>44,867,102</b>	<b>61,603,171</b>	<b>16,360,777</b>	<b>35,484,646</b>	<b>51,845,422</b>
<b>Property and Equipment</b>						
Land, building, furniture and equipment	3,888,461	10,466,134	14,354,595	3,822,091	10,235,918	14,058,009
Accumulated depreciation	(2,826,198)	(4,822,375)	(7,648,573)	(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	(1,276,042)	-	(1,276,042)	(1,037,395)	-	(1,037,395)
Rights of use assets-SBITA	1,242,305	-	1,242,305	1,242,305	-	1,242,305
Accumulated amortization-SBITA	(281,875)	-	(281,875)	(281,875)	-	(281,875)
<b>Total Property and Equipment</b>	<b>2,499,994</b>	<b>5,643,759</b>	<b>8,143,753</b>	<b>2,739,110</b>	<b>5,708,061</b>	<b>8,447,171</b>
<b>Other Assets</b>						
Deposits and prepaid assets	220,604	124,850	345,454	58,348	248,892	307,240
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
<b>Total Noncurrent Assets</b>	<b>2,720,599</b>	<b>8,568,609</b>	<b>11,289,207</b>	<b>2,797,458</b>	<b>8,756,953</b>	<b>11,554,411</b>
<b>Total Assets</b>	<b>19,456,667</b>	<b>53,435,711</b>	<b>72,892,378</b>	<b>19,158,235</b>	<b>44,241,599</b>	<b>63,399,833</b>
<b>Deferred Outflows of Resources</b>						
Deferred outflows related to the net pension liability	5,749,104	-	5,749,104	5,749,104	-	5,749,104
<b>Total Deferred Outflows of Resources</b>	<b>5,749,104</b>	<b>-</b>	<b>5,749,104</b>	<b>5,749,104</b>	<b>-</b>	<b>5,749,104</b>
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 25,205,771</b>	<b>\$ 53,435,711</b>	<b>\$ 78,641,482</b>	<b>\$ 24,907,339</b>	<b>\$ 44,241,599</b>	<b>\$ 69,148,938</b>
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
Accounts payable	395,126	64,068	459,194	449,997	363,879	813,876
Accrued payroll liabilities	1,000,330	2,602,349	3,602,679	917,396	2,409,809	3,327,205
Accrued vacation and sick leave	658,776	1,276,926	1,935,702	608,466	1,063,071	1,671,537
Deferred revenue	223,729	-	223,729	259,720	-	259,720
Reserve for Medi-Cal settlements	3,597,186	3,081,419	6,678,605	3,440,500	2,883,786	6,324,286
Current portion of lease liability	119,324	-	119,324	357,971	-	357,971
Current portion of SBITA liability	293,741	-	293,741	293,741	-	293,741
<b>Total Current Liabilities</b>	<b>6,288,212</b>	<b>7,024,762</b>	<b>13,312,975</b>	<b>6,327,790</b>	<b>6,720,545</b>	<b>13,048,335</b>
<b>Intercompany Acct-MHSA &amp; TCMH</b>	<b>139,163</b>	<b>(139,163)</b>	<b>-</b>	<b>415,625</b>	<b>(415,625)</b>	<b>-</b>
<b>Long-Term Liabilities</b>						
Lease liability	357,977	-	357,977	357,977	-	357,977
SBITA liability	666,689	-	666,689	666,689	-	666,689
Net pension liability	8,262,600	-	8,262,600	8,262,600	-	8,262,600
Unearned MHSA revenue	-	11,282,440	11,282,440	-	1,080,332	1,080,332
<b>Total Long-Term Liabilities</b>	<b>9,287,266</b>	<b>11,282,440</b>	<b>20,569,706</b>	<b>9,287,266</b>	<b>1,080,332</b>	<b>10,367,598</b>
<b>Total Liabilities</b>	<b>15,714,642</b>	<b>18,168,039</b>	<b>33,882,680</b>	<b>16,030,681</b>	<b>7,385,252</b>	<b>23,415,933</b>
<b>Deferred Inflow of Resources</b>						
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
<b>Total Deferred Inflow of Resources</b>	<b>237,328</b>	<b>-</b>	<b>237,328</b>	<b>237,328</b>	<b>8,349,489</b>	<b>8,586,817</b>
<b>NET POSITION</b>						
Invested in capital assets net of related debt	1,062,264	5,643,759	6,706,022	1,062,732	5,708,061	6,770,793
Restricted for MHSA programs	-	29,623,914	29,623,914	-	22,798,797	22,798,797
Unrestricted	8,191,538	-	8,191,538	7,576,597	-	7,576,596
<b>Total Net Position</b>	<b>9,253,801</b>	<b>35,267,672</b>	<b>44,521,474</b>	<b>8,639,329</b>	<b>28,506,858</b>	<b>37,146,187</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 25,205,771</b>	<b>\$ 53,435,711</b>	<b>\$ 78,641,482</b>	<b>\$ 24,907,339</b>	<b>\$ 44,241,599</b>	<b>\$ 69,148,938</b>

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 29, 2024 AND 2023**

	PERIOD ENDED 2/29/24			PERIOD ENDED 2/28/23		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
<b>OPERATING REVENUES</b>						
Medi-Cal FFP	\$ 3,232,121	\$ 3,635,690	\$ 6,867,811	\$ 1,701,221	\$ 2,366,054	\$ 4,067,274
Medi-Cal FFP FYE Prior Year	67,297	3,039	70,336	295,388	310,501	605,889
Medi-Cal SGF-EPST	671,741	696,947	1,368,688	418,958	530,520	949,478
Medi-Cal SGF-EPST Prior Year	3,379	25,813	29,192	109,890	116,587	226,477
Medicare	4,656	3,094	7,750	4,277	1,784	6,061
Contracts	10,000	20,571	30,571	10,000	19,860	29,860
Patient fees and insurance	446	180	626	532	84	616
Rent income - TCMH & MHSA Housing	7,392	49,393	56,785	7,392	45,120	52,512
Other income	540	436	975	538	205	742
<b>Net Operating Revenues</b>	<b>3,997,572</b>	<b>4,435,163</b>	<b>8,432,735</b>	<b>2,548,196</b>	<b>3,390,712</b>	<b>5,938,908</b>
<b>OPERATING EXPENSES</b>						
Salaries, wages and benefits	5,410,019	11,256,003	16,666,022	5,198,309	9,841,615	15,039,924
Facility and equipment operating cost	392,778	818,523	1,211,301	389,415	781,855	1,171,271
Client lodging, transportation, and supply expense	109,957	458,064	568,020	54,050	448,395	502,445
Depreciation & amortization	195,445	404,559	600,004	191,156	429,481	620,638
Other operating expenses	535,123	1,406,694	1,941,818	388,996	1,174,006	1,563,002
<b>Total Operating Expenses</b>	<b>6,643,322</b>	<b>14,343,844</b>	<b>20,987,165</b>	<b>6,221,927</b>	<b>12,675,353</b>	<b>18,897,279</b>
<b>OPERATING (LOSS) (Note 1)</b>	<b>(2,645,750)</b>	<b>(9,908,681)</b>	<b>(12,554,431)</b>	<b>(3,673,731)</b>	<b>(9,284,640)</b>	<b>(12,958,371)</b>
<b>Non-Operating Revenues (Expenses)</b>						
Realignment	2,465,756	-	2,465,756	3,224,740	-	3,224,740
MHSA funds	-	15,539,345	15,539,345	-	16,352,860	16,352,860
Grants and Contracts	605,238	-	605,238	231,205	-	231,205
Interest Income net with FMV	189,229	1,130,150	1,319,378	42,233	202,244	244,477
Total Non-Operating Revenues (Expense)	3,260,222	16,669,495	19,929,717	3,510,178	16,555,104	20,065,283
<b>INCOME (LOSS)</b>	<b>614,472</b>	<b>6,760,814</b>	<b>7,375,286</b>	<b>(163,552)</b>	<b>7,270,464</b>	<b>7,106,912</b>
Special Item:						
Receipt of SB90 claims previously reserved	-	-	-	-	-	-
	-	-	-	-	-	-
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>614,472</b>	<b>6,760,814</b>	<b>7,375,286</b>	<b>(163,552)</b>	<b>7,270,464</b>	<b>7,106,912</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	<b>8,639,329</b>	<b>28,506,858</b>	<b>37,146,187</b>	<b>7,995,472</b>	<b>25,853,634</b>	<b>33,849,106</b>
<b>NET POSITION, END OF MONTH</b>	<b>\$ 9,253,801</b>	<b>\$ 35,267,672</b>	<b>\$ 44,521,474</b>	<b>\$ 7,831,919</b>	<b>\$ 33,124,099</b>	<b>\$ 40,956,018</b>

(Note 1) "Operating Loss" reflects loss before realignment funding and MHSA funding which is included in non-operating revenues.

**Definitions:**

**Medi-Cal FFP**= Federal Financial Participation Reimbursement

**Medi-Cal SGF-EPST**=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

**TCMH**=Tri-City's Outpatient Clinic

**MHSA**=Mental Health Services Act (Proposition 63)



**TRI-CITY MENTAL HEALTH AUTHORITY  
CONSOLIDATING STATEMENTS OF CASH FLOWS  
EIGHT MONTHS ENDED FEBRUARY 29, 2024 AND 2023**

	PERIOD ENDED 2/29/24			PERIOD ENDED 2/28/23		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
<b>Cash Flows from Operating Activities</b>						
Cash received from and on behalf of patients	\$ 2,211,201	\$ 2,449,844	\$ 4,661,045	\$ 2,577,097	\$ 2,374,967	\$ 4,952,064
Cash payments to suppliers and contractors	(1,426,182)	(2,969,092)	(4,395,274)	(1,074,457)	(2,438,156)	(3,512,614)
Payments to employees	(5,276,774)	(10,849,608)	(16,126,382)	(5,178,093)	(9,653,169)	(14,831,262)
	<u>(4,491,755)</u>	<u>(11,368,856)</u>	<u>(15,860,611)</u>	<u>(3,675,453)</u>	<u>(9,716,359)</u>	<u>(13,391,812)</u>
<b>Cash Flows from Noncapital Financing Activities</b>						
MHSA Funding	-	17,361,698	17,361,698	-	9,291,530	9,291,530
CalHFA-State Administered Projects	-	30,266	30,266	-	64,485	64,485
Realignment	3,789,668	-	3,789,668	3,882,962	-	3,882,962
Grants and Contracts	946,356	-	946,356	188,100	-	188,100
	<u>4,736,024</u>	<u>17,391,964</u>	<u>22,127,988</u>	<u>4,083,062</u>	<u>9,356,015</u>	<u>13,439,077</u>
<b>Cash Flows from Capital and Related Financing Activities</b>						
Purchase of capital assets	(66,370)	(230,216)	(296,586)	(8,327)	(50,699)	(59,026)
Intercompany-MHSA & TCMH	(276,462)	276,462	-	(1,267,498)	1,267,498	-
	<u>(342,832)</u>	<u>46,246</u>	<u>(296,586)</u>	<u>(1,275,825)</u>	<u>1,216,799</u>	<u>(59,026)</u>
<b>Cash Flows from Investing Activities</b>						
Interest received	154,280	896,765	1,051,044	58,381	319,926	378,307
	<u>154,280</u>	<u>896,765</u>	<u>1,051,044</u>	<u>58,381</u>	<u>319,926</u>	<u>378,307</u>
<b>Cash Flows from Reorganization Items</b>						
Receipt of SB90 claims previously reserved and accrued	241,378	-	241,378	-	-	-
	<u>241,378</u>	<u>-</u>	<u>241,378</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	297,094	6,966,119	7,263,213	(809,835)	1,176,381	366,546
<b>Cash Equivalents at Beginning of Year</b>	8,976,643	30,118,745	39,095,388	8,386,759	31,504,790	39,891,549
<b>Cash Equivalents at End of Month</b>	<u>\$ 9,273,737</u>	<u>\$ 37,084,864</u>	<u>\$ 46,358,601</u>	<u>\$ 7,576,923</u>	<u>\$ 32,681,172</u>	<u>\$ 40,258,095</u>
<b>Cash from the Balance Sheet</b>	<u>9,313,216</u>	<u>37,328,064</u>	<u>46,641,279</u>	<u>7,550,612</u>	<u>32,493,332</u>	<u>40,043,944</u>
<b>YTD Gain/(Loss) from GASB 31 Fair Market Value</b>	<u>\$ 39,479</u>	<u>243,199</u>	<u>282,678</u>	<u>\$ (26,311)</u>	<u>(187,840)</u>	<u>(214,151)</u>

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**ACTUAL TO BUDGET COMPARISON**  
**EIGHT MONTHS ENDING FEBRUARY 29, 2024**  
**(UNAUDITED)**

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
<b>OPERATING REVENUES</b>									
Medi-Cal FFP	\$ 3,524,668	\$ 2,095,119	\$ 1,429,549	\$ 3,964,766	\$ 2,905,164	\$ 1,059,602	\$ 7,489,434	\$ 5,000,283	\$ 2,489,151
Medi-Cal FFP Prior Year	73,388	-	73,388	3,314	-	3,314	76,702	-	76,702
Medi-Cal SGF-EPSDT	732,542	-	732,542	760,030	-	760,030	1,492,572	-	1,492,572
Medi-Cal SGF-EPSDT Prior Year	3,685	-	3,685	28,149	-	28,149	31,835	-	31,835
Medicare	4,656	3,333	1,323	3,094	1,400	1,694	7,750	4,733	3,017
Patient fees and insurance	446	667	(221)	180	-	180	626	667	(41)
Contracts	10,000	13,333	(3,333)	20,571	18,667	1,904	30,571	32,000	(1,429)
Rent income - TCMH & MHSA Housing	7,392	7,392	-	49,393	46,667	2,726	56,785	54,059	2,726
Other income	540	733	(194)	436	-	436	975	733	242
Provision for contractual disallowances	(353,348)	-	(353,348)	(392,158)	-	(392,158)	(745,506)	-	(745,506)
Provision for contractual disallowances prior year	(6,397)	-	(6,397)	(2,611)	-	(2,611)	(9,009)	-	(9,009)
<b>Net Operating Revenues</b>	<b>3,997,572</b>	<b>2,120,577</b>	<b>1,876,994</b>	<b>4,435,163</b>	<b>2,971,897</b>	<b>1,463,266</b>	<b>8,432,735</b>	<b>5,092,475</b>	<b>3,340,260</b>
<b>OPERATING EXPENSES</b>									
Salaries, wages and benefits	5,410,019	6,950,955	(1,540,936)	11,256,003	13,088,341	(1,832,338)	16,666,022	20,039,296	(3,373,274)
Facility and equipment operating cost	392,782	410,652	(17,870)	818,790	824,086	(5,296)	1,211,572	1,234,738	(23,166)
Client program costs	109,957	41,555	68,402	458,064	415,268	42,796	568,020	456,823	111,198
Grants	31,040	-	31,040	88,559	246,667	(158,107)	119,599	246,667	(127,067)
MHSA training/learning costs			-	41,217	66,089	(24,872)	41,217	66,089	(24,872)
Depreciation & amortization	195,445	189,259	6,186	404,559	422,855	(18,296)	600,004	612,114	(12,110)
Other operating expenses	504,079	343,685	160,395	1,276,651	1,972,348	(695,697)	1,780,730	2,316,033	(535,303)
<b>Total Operating Expenses</b>	<b>6,643,322</b>	<b>7,936,105</b>	<b>(1,292,784)</b>	<b>14,343,844</b>	<b>17,035,653</b>	<b>(2,691,810)</b>	<b>20,987,165</b>	<b>24,971,759</b>	<b>(3,984,594)</b>
<b>OPERATING (LOSS)</b>	<b>(2,645,750)</b>	<b>(5,815,528)</b>	<b>3,169,778</b>	<b>(9,908,681)</b>	<b>(14,063,756)</b>	<b>4,155,075</b>	<b>(12,554,431)</b>	<b>(19,879,284)</b>	<b>7,324,853</b>
<b>Non-Operating Revenues (Expenses)</b>									
Realignment	2,465,756	2,933,333	(467,577)	-	-	-	2,465,756	2,933,333	(467,577)
MHSA Funding	-	-	-	15,539,345	15,539,345	-	15,539,345	15,539,345	-
Grants and contracts	605,238	702,886	(97,649)	-	-	-	605,238	702,886	(97,649)
Interest (expense) income, net	189,229	87,000	102,229	1,130,150	517,282	612,868	1,319,378	604,282	715,096
<b>Total Non-Operating Revenues (Expense)</b>	<b>3,260,222</b>	<b>3,723,220</b>	<b>(462,997)</b>	<b>16,669,495</b>	<b>16,056,627</b>	<b>612,868</b>	<b>19,929,717</b>	<b>19,779,847</b>	<b>149,870</b>
<b>Special Item: Net reorganization income (expense)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>INCREASE(DECREASE) IN NET POSITION</b>	<b>\$ 614,472</b>	<b>\$ (2,092,308)</b>	<b>\$ 2,706,781</b>	<b>\$ 6,760,814</b>	<b>\$ 1,992,871</b>	<b>\$ 4,767,943</b>	<b>\$ 7,375,286</b>	<b>\$ (99,437)</b>	<b>\$ 7,474,724</b>

**Definitions:**

**Medi-Cal FFP**= Federal Financial Participation Reimbursement

**Medi-Cal SGF-EPSDT**=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

**TCMH**=Tri-City's Outpatient Clinic

**MHSA**=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY  
ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
EIGHT MONTHS ENDING FEBRUARY 29, 2024**

**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 \$3.3 million for the following reasons:*

- 1 **Medi-Cal FFP revenues for FY 2023-24** were approximately \$2.5 million higher than the budget. Medi-Cal FFP revenues were \$1.4 million higher for TCMH and approximately \$1.1 million higher for MHSA. At TCMH, the adult program revenues were higher than budget by \$802 thousand and the children program revenues were higher by \$628 thousand. For MHSA, the adult and older adult FSP programs were higher than budget by \$489 thousand and the Children and TAY FSP programs were higher by \$570 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-EPSTD revenues for fiscal year 2023-24** were higher than budget by \$1.5 million of which \$733 thousand higher were from TCMH and \$760 thousand higher were from MHSA. As was mentioned above, an additional \$32 thousand in prior year Medi-Cal SGF-EPSTD revenue were recorded to the current year operations. SGF-EPSTD relates to State for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSTD) to children and youth under 21 years.
- 3 **Medicare revenues** are approximately \$3 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 lower than the budget by \$1 thousand.
- 5 **Rent Incomes** are \$3 thousand higher 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 \$755 thousand including prior years amount.

**Operating Expenses**

*Operating expenses were lower than budget by approximately \$4.0 million for the following reasons:*

- 1 **Salaries and benefits** are approximately \$3.4 million lower than budget and of that amount, salaries and benefits are \$1.5 million lower for TCMH operations and are \$1.8 million lower for MHSA operations. These variances are due to the following:  
  
TCMH salaries are lower than budget by \$853 thousand due to vacant positions and benefits are lower than budget by \$688 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 \$913 thousand. The direct program salary costs are lower by \$962 thousand due to vacant positions and the administrative salary costs are higher than budget by \$49 thousand. Benefits are lower than the budget by another \$919 thousand. Of that, health insurance is lower than budget by \$344 thousand, retirement insurance is lower by \$442 thousand, state unemployment insurance is lower by \$66 thousand, workers compensation is lower by \$18 thousand, medicare tax and other insurances are lower by \$49 thousand.  
  
> *Benefits variances are high compare to the salary variances for both TCMH and MHSA. These are due to the implementation of the Governing Board approved Resolution 724 this year for all salary classifications. All staff salaries are brought up to the new Six-step Salary Schedule except for the Clinical Therapist I/II and Clinical Supervisor I/II of which were already adjusted in March 2022. This resulted in a higher rate of salary increases compare to benefits when benefit insurance costs such as health, dental and vision remain constant.*
- 2 **Facility and equipment operating costs** were lower than the budget by \$23 thousand of which \$18 thousand lower were from TCMH and \$5 thousand lower were from MHSA. Overall, building and facility costs were higher by \$8 thousand and equipment expenses were lower by \$31 thousand.
- 3 **Client program costs** are higher than the budget by approximately \$111 thousand partly due to a payment of \$396 thousand to the City of Pomona Hope for Home Year-Round Emergency Shelter early in the year while the budget is evenly spread out over a fiscal year.
- 4 **Grants for fiscal year 2023-24** are \$127 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 approximately \$25 thousand lower than the budget.
- 6 **Depreciation and amortization** are \$12 thousand lower than the budget.

**TRI-CITY MENTAL HEALTH AUTHORITY  
ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
EIGHT MONTHS ENDING FEBRUARY 29, 2024**

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

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

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**7 Other operating expenses** were lower than the budget by \$535 thousand of which approximately \$160 thousand higher were from TCMH and \$696 thousand lower were from MHSA. At TCMH, liability insurance was higher by \$126 thousand mainly from the Psychiatric Assessment Care Team (PACT) program with the City of Claremont Police Department, the attorney fees were higher than the budget by \$60 thousand, dues and subscriptions fees are higher by \$8 thousand. These higher costs were offset by lower personnel ads, supplies and other miscellaneous costs. As for MHSA, professional fees were lower than the budget by \$164 thousand due to a slow startup by the INN Psychiatric Advance Directives program. Also, IT expenses under the CFTN plan were lower by \$654 thousand. These lower expenses are offset with higher attorney fees and security expense.

**Non-Operating Revenues (Expenses)**

*Non-operating revenues, net, are higher than budget by approximately \$150 thousand as follows:*

**1 TCMH non-operating revenues** are \$463 thousand lower than the budget. Of that, realignment fund was lower than the budget by \$467 thousand, grants and contracts were lower by \$98 thousand from the Crisis Care Mobil Units (CCMU) program. Interest income net with fair market value was higher by \$102 thousand.

**2 MHSA non-operating revenue** is in line with the budget. In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

The differences in actual to budget are broken out as follows:

	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
<b>CSS funds received and available to be spent</b>	\$ 11,610,705	\$ 11,610,705	\$ -
<b>PEI funds received and available to be spent</b>	3,336,068	3,336,068	-
<b>WET funds received and available to be spent</b>	-	-	-
<b>CFTN funds received and available to be spent</b>	-	-	-
<b>INN funds received and available to be spent</b>	592,572	592,572	-
<b>Non-operating revenues recorded</b>	<u>\$ 15,539,345</u>	<u>\$ 15,539,345</u>	<u>\$ -</u>

**CSS, PEI and INN recorded revenues** are all in line with the budget.

**Interest income net with Fair Market Value for MHSA** is higher than budget by \$613 thousand.

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 29, 2024 AND 2023**

	PERIOD ENDED 2/29/24			PERIOD ENDED 2/28/23		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited
<b>REVENUES</b>						
Medi-Cal FFP, net of reserves	\$ 3,232,121	\$ 3,635,690	\$ 6,867,811	\$ 1,701,221	\$ 2,366,054	\$ 4,067,274
Medi-Cal FFP FYE Prior Year	67,297	3,039	70,336	295,388	310,501	605,889
Medi-Cal SGF-EPSDT	671,741	696,947	1,368,688	418,958	530,520	949,478
Medi-Cal SGF-EPSDT Prior Year	3,379	25,813	29,192	109,890	116,587	226,477
Medicare	4,656	3,094	7,750	4,277	1,784	6,061
Realignment	2,465,756	-	2,465,756	3,224,740	-	3,224,740
MHSA funds	-	15,539,345	15,539,345	-	16,352,860	16,352,860
Grants and contracts	615,238	20,571	635,808	241,205	19,860	261,065
Patient fees and insurance	446	180	626	532	84	616
Rent income - TCMH & MHSA Housing	7,392	49,393	56,785	7,392	45,120	52,512
Other income	540	436	975	538	205	742
Interest Income	189,229	1,130,150	1,319,378	42,233	202,244	244,477
<b>Total Revenues</b>	<b>7,257,794</b>	<b>21,104,658</b>	<b>28,362,452</b>	<b>6,058,374</b>	<b>19,945,817</b>	<b>26,004,191</b>
<b>EXPENSES</b>						
Salaries, wages and benefits	5,410,019	11,256,003	16,666,022	5,198,309	9,841,615	15,039,924
Facility and equipment operating cost	392,778	818,523	1,211,301	389,415	781,855	1,171,271
Client lodging, transportation, and supply expense	109,957	458,064	568,020	54,050	448,395	502,445
Depreciation & amortization	195,445	404,559	600,004	191,156	429,481	620,638
Other operating expenses	535,123	1,406,694	1,941,818	388,996	1,174,006	1,563,002
<b>Total Expenses</b>	<b>6,643,322</b>	<b>14,343,844</b>	<b>20,987,166</b>	<b>6,221,927</b>	<b>12,675,353</b>	<b>18,897,279</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>614,472</b>	<b>6,760,814</b>	<b>7,375,286</b>	<b>(163,552)</b>	<b>7,270,464</b>	<b>7,106,912</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	<b>8,639,329</b>	<b>28,506,858</b>	<b>37,146,187</b>	<b>7,995,472</b>	<b>25,853,634</b>	<b>33,849,106</b>
<b>NET POSITION, END OF MONTH</b>	<b>\$ 9,253,801</b>	<b>\$ 35,267,672</b>	<b>\$ 44,521,473</b>	<b>\$ 7,831,919</b>	<b>\$ 33,124,099</b>	<b>\$ 40,956,018</b>

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

**Definitions:**

**Medi-Cal FFP**= Federal Financial Participation Reimbursement

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# Tri-City Mental Health Authority MONTHLY STAFF REPORT

**DATE:** April 17, 2024

**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

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## CLINICAL PROGRAM GENERAL UPDATES

### Access To Care

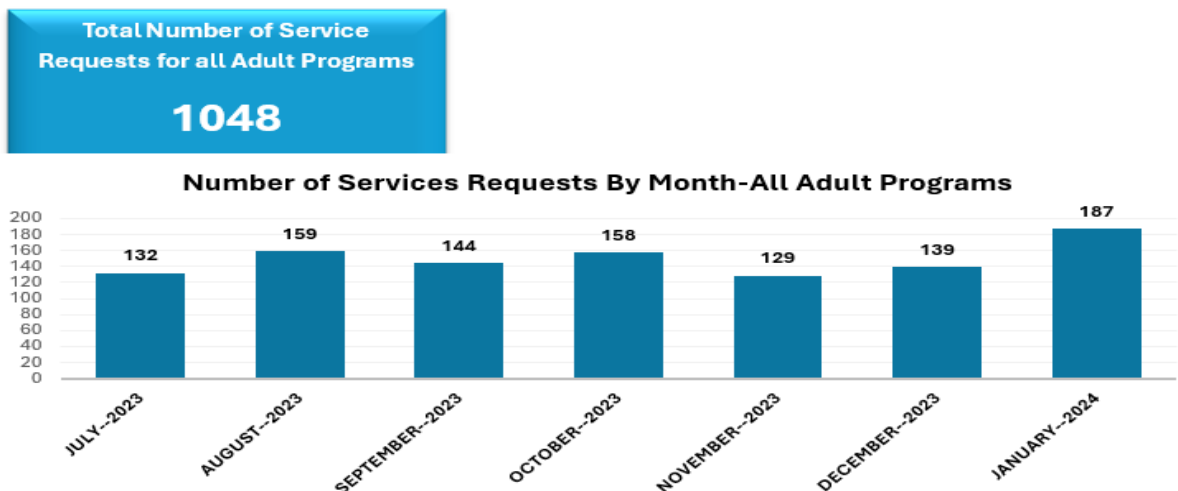
Tri-City Mental Health's Access to Care department serves as a pivotal entry point for individuals seeking mental health services. Processing over 1048 service requests from July 1, 2023, to January 31, 2024, underscores the significant demand for mental health support in the community.

With an average of over 129 adults seeking services each month, it is evident that there is a consistent need for accessible mental health resources. The Access to Care team's commitment to meeting with each individual, assessing their needs, and connecting them with appropriate resources is crucial in ensuring individuals receive tailored support.

By playing such a vital role in facilitating access to necessary services and support, the Access to Care department contributes significantly to enhancing the mental well-being of individuals in the community.

### Graph 1: Total number of Service Requests for all Adult Programs

Access to Care Services Review: July 1, 2023- January 31, 2024



\*DATA SOURCE: DATA IS BASED ON OPEN ATC ENCOUNTERS

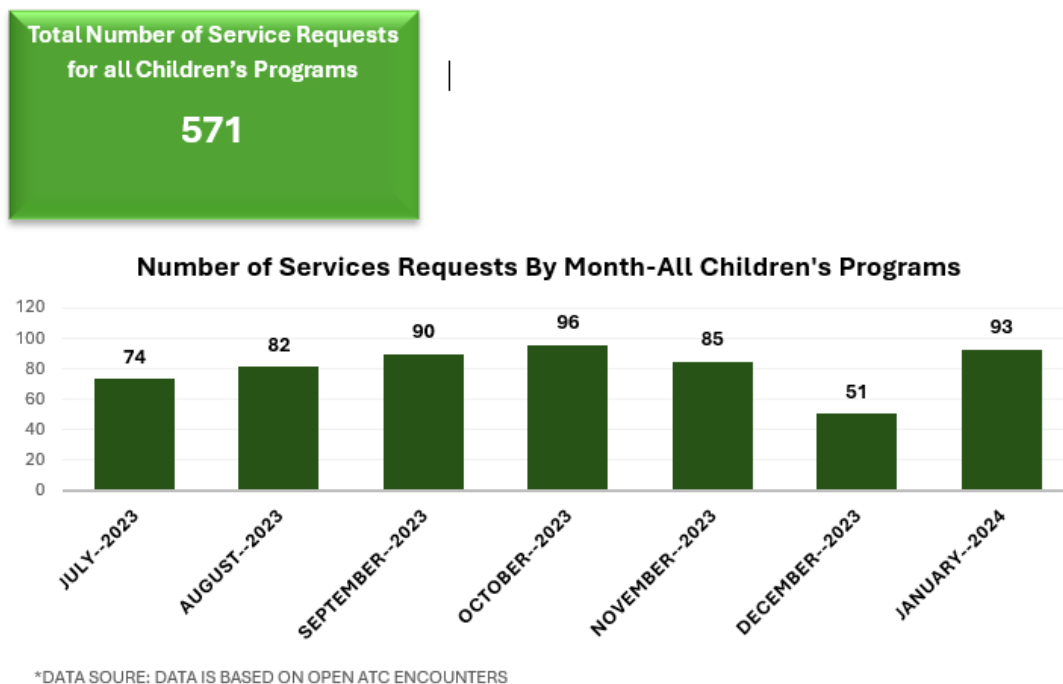
## CHILDREN AND FAMILY SERVICES

It is important to note the fluctuation in service request numbers for the Children and Family programs at Tri-City Mental Health from July 1, 2023, through January 31, 2024. With approximately 571 individuals seeking services during this period, it is evident that there is a consistent need for support in this demographic.

The observed variations in service requests align with known trends regarding youth mental health. Typically, during summer months and holiday breaks when school is out, there tends to be a decrease in service requests. Conversely, when school is in session, there is often an uptick in requests for support. This pattern underscores the influence of academic calendars and routine changes on youth mental health and help-seeking behaviors.

Understanding these trends allows the organization to anticipate fluctuations in demand and allocate resources effectively. It also highlights the importance of outreach and support strategies during critical periods such as summer breaks and holidays to ensure continued access to mental health services for children and families in the community.

**Graph 2: Total number of Service Requests for all Children’s Programs.**



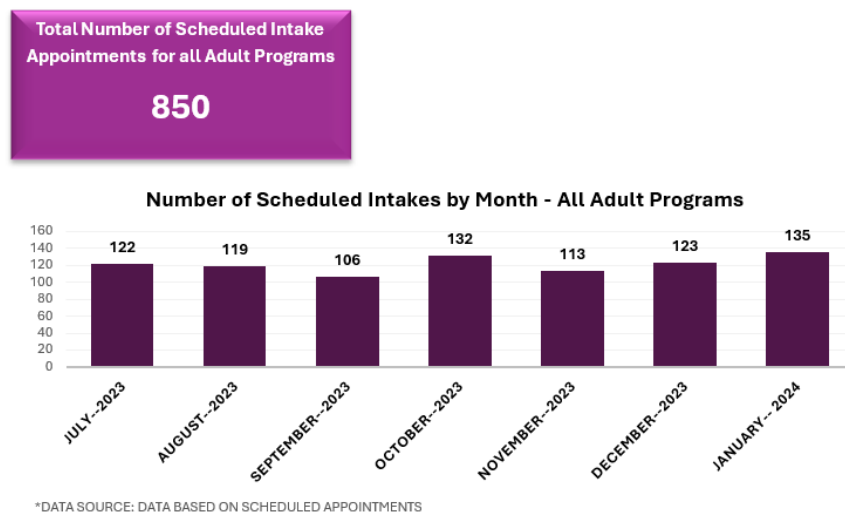
### Intake Assessments Scheduled

It is significant to note that a total of 1,391 intake appointments were scheduled over the past seven months for both demographics combined.

This data indicates the volume of individuals who have progressed beyond the initial service request stage and are actively engaging in the intake process. Intake assessments play a crucial role in understanding individuals' specific needs and tailoring treatment plans accordingly.

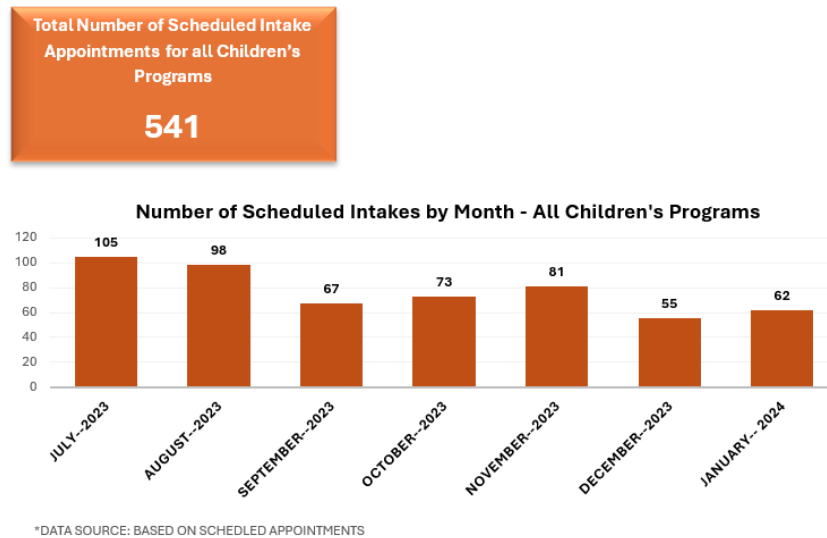
By scheduling a substantial number of intake appointments, Tri-City Mental Health demonstrates its commitment to addressing the mental health needs of both adults and children in the community. These assessments serve as pivotal steps toward providing individuals with the support and resources necessary for their mental well-being.

**Graph 3: Total Number of Scheduled Intake Appointments for all Adult Programs.**





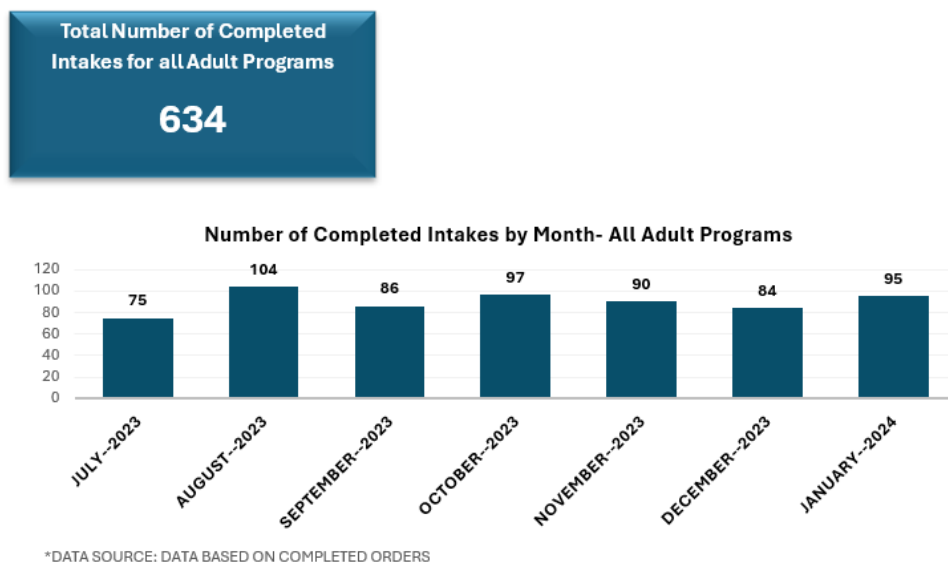
**Graph 4: Total number of Scheduled Intake Appointments for all Children’s Programs.**



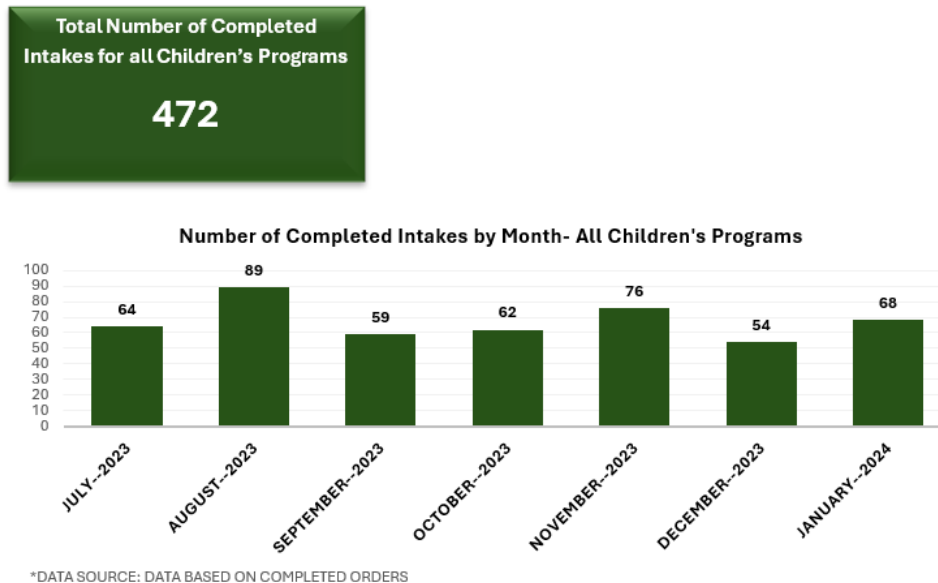
Intake Assessment Completed

Data below reflects how many adult and children’s intakes were completed between our Adult Programs and Children and Family programs from July/2023 through January/2024. Total number of intakes completed was **1,106** (79.5%) of the total 1,391 intakes scheduled over the past several months.

**Graph 5: Total number of Completed Intakes for Adult Programs.**  
 Access to Care Services Review: July 1, 2023- January 31, 2024



**Graph 6: Total number of Completed Intakes for Children’s Programs.**



### Intake timeliness

It is important to note that despite the high volume of service requests, the Access to Care department at Tri-City Mental Health has consistently met or exceeded expectations for timeliness in offering intake appointments to potential clients. This level of efficiency is crucial in ensuring individuals in need promptly access the support and assistance necessary for their recovery.

The county's standards for intake appointment timelines - 10 days for standard service requests, 5 days for individuals discharging from the hospital, and 48 hours for urgent/high-risk cases - reflect the urgency of mental health support. By adhering to these standards, Tri-City Mental Health demonstrates its commitment to providing timely and effective care to its community.

The collaboration among departments at Tri-City, with Clinical Therapists participating in a rotation to provide intake appointments, plays a significant role in maintaining this level of efficiency. This collaborative approach ensures that resources are effectively utilized and that individuals receive the support they need in a timely manner. Overall, this commitment to timely intake appointments highlights Tri-City Mental Health's dedication to meeting the diverse needs of its clients.

### **Inter-department collaborations:**

The Access to Care department takes a “no wrong door” approach to collaborating with individuals that come to us for support. If an individual who resides outside our catchment area contacts us, the Access to Care department offers to meet with the individual to

identify what resources would best suit their needs, and will work closely with the Community Navigation team at Tri City in order to provide a warm hand-off to mental health providers in the area, as well as information for emergency shelter housing, food banks, and other referrals as needed.

Similarly, if an individual comes to one of our clinics and identifies that they are experiencing a psychiatric crisis, our Access to Care team will remain with the individual as they engage the Crisis Team for further support and stabilization needs for the individual. Whether or not the individual is eligible to be enrolled in one of our programs at Tri City, the Access to Care team ensures they receive the help they are looking for, even if that means connecting them to another level of care that may better suit their needs.

## **SUCCESS STORY**

The Access to Care department has experienced a great deal of growth within the past year. We have recently added a Senior Behavioral Health Specialist role for the department, along with 2 additional Behavioral Health Specialists positions to support our many services requests each month. Additionally, many of our Access to Care team members have excelled so well professionally within the department that they have been able to advance into more senior positions within the agency at large, including supervisory roles.

## **THERAPEUTIC COMMUNITY GARDEN (TCG)**

### Day One Veteran's Park Workshop

On March 28, 2024, TCG collaborated with Day One a local not for profit to provide a workshop for the veteran population at Veteran's Park. Focusing on connecting veterans to native plants and emphasizing the importance of community demonstrates a commitment to holistic well-being.

Establishing a connection with Day One and the Veteran's Park Apartments opens the door to future collaborations and outreach opportunities. By leveraging these partnerships, TCG can continue to expand its reach and provide valuable services and support to a diverse range of populations.

Overall, this collaboration highlights TCG's dedication to community engagement and its proactive approach to addressing the needs of different demographic groups within the community. It sets a positive precedent for future collaborations and outreach efforts aimed at promoting well-being and fostering connections within the community.



Above: Pictures for Day One Veteran's Park Workshop. Affirmation Caterpillar and planting of mint.

### California Botanical Garden Walk

On March 28, 2024, TCG collaborated with California Botanical Garden to provide a mindfulness-led walk for Botanical Garden staff and volunteers. Offering staff members, the chance to connect with nature while practicing mindfulness skills is not only beneficial for their individual well-being but also promotes a positive work environment.

By encouraging staff to prioritize self-care and mindfulness in their workspace, this collaboration supports a culture of well-being and resilience within the Botanical Garden team. It is commendable that this partnership provided outreach to several individuals, indicating the potential for meaningful impact on staff members' mental health and overall job satisfaction.

Furthermore, the intention to continue growing the relationship with the CA Botanical Garden and plan for future collaborations is promising. By fostering such partnerships, TCG can further expand its reach and enhance its offerings in promoting mental health and wellness through nature-based interventions.

### **Southern Countis Regional Partnership Event (SCRPE)**

Participating in the SCRPE Event on March 26 and 27 was an excellent opportunity for the TCG team to highlight Tri City's Therapeutic Garden and practices. Engaging individuals

in discussions about therapeutic horticulture through activities like "How Super is Your Sniffer" and "Mindfulness Sachets" not only provided valuable information but also offered hands-on experiences.

The event facilitated outreach to a total of 123 individuals, allowing TCG to connect with a diverse audience and share the benefits of their programs. It is noteworthy that many attendees expressed interest with Tri-City's TCG program and its role in connecting with nature to address mental health concerns.

This positive reception underscores the importance of incorporating nature-based interventions into mental health practices and highlights the community's interest in such initiatives. By actively participating in events like the SCRP Event, TCG continues to raise awareness about the therapeutic benefits of nature and expand its outreach efforts to support mental health and well-being in the community.



Above: SCRP Event Day One and Day Two

### **Internal Outreach**

During the month of March, the TCG team has been working with the internal departments of the Mental Health Student Services Act Program (MHSSA), Adelante, and Stigma Reduction and Prevention program to bring Find Your Calm event to the communities of La Verne, Pomona, and Claremont. Through our collaborative efforts we received a great turn out on Thursday, March 21st where individuals participated in the MHSSA presentation, and a mindfulness led activity with the TCG team. Event attendees got the opportunity to create their own terra-cotta pots where positive affirmations and nature

images were added with the addition of a beautiful mint starter plant. As event attendees planted their mint starter plant in their terra-cotta pot they soon began to focus on the present moment as they immersed themselves in their sense of touch, smell, and sight with their mint plant. Furthermore, the TCG team received wonderful feedback from the event attendees through TCG surveys. Many of the event participants expressed feeling confident in utilizing mindfulness as a coping skill and genuinely enjoyed participating in the event hosted by Tri-City Mental Health internal departments. The TCG team looks forward to collaborating more closely with internal departments in the future to work as a unit and support our program goals.



***Above: Pictures of Find Your Calm MHSSA/ Adelante collaborative event. Starter mint plants, terra-cotta Pots, affirmation cut-outs, and resource handouts were provided during the event.***

### **Outreach to TAY**

The TCG team had significant success in reaching the 0-25 age population during the month of March through collaborative events and partnerships. Events like "Find Your Calm" with MHSSA and Adelante demonstrate an initiative-taking approach to providing youth with coping strategies like mindfulness and access to mental health resources. Additionally, collaborating with DayOne has created a valuable space for veterans and their families to connect with their community and nature. The positive feedback and expressed interest from workshop participants in joining the TCG program once the garden opens for in-person groups highlight the effectiveness of these collaborations in meeting the needs of the community. This success underscores the importance of creating inclusive and accessible mental health initiatives for individuals of all ages and backgrounds.

Moving forward, the TCG team's commitment to continuing outreach to the 0-25 age population in Pomona, Claremont, and La Verne ensures that the program remains accessible to all community members. By maintaining these collaborative efforts and expanding outreach efforts, TCG can further enhance its impact and support the mental health and well-being of youth and families in the community.



**Above:** *DayOne/ Veterans Park Apartments workshop collaboration. To the left is a TCG resource table and examples of pollinators. In the middle there are strawberries and mint starter plants planted in the raised bed. To the right there are workshop participants planting starter plants.*

### **Success Story**

The TCG Team has taken a pro-active approach in organizing meetings with various community partners throughout the month of March. These meetings not only serve as preparations for upcoming collaboration events but also indicate a growing interest among community partners to work with TCG.

The diverse range of organizations and institutions represented in these meetings, including DayOne/Veteran's Park, Villa Esparanza, La Verne Community Center, Pomona Unified School District, and many others, reflects TCG's commitment to engaging with stakeholders from different sectors and demographics. It is heartening to see the interest in collaborations extending across all three cities served by TCG.

The completion of some events in March and the preparations for others in April and May demonstrate a proactive and organized approach to partnership building and event planning. By fostering relationships with community partners, TCG not only expands its reach but also enhances its ability to address mental health needs in a holistic and comprehensive manner.

Moreover, the reported interest from additional partners for collaborations in the Summer and Fall further underscores the positive impact TCG is making in the community and the growing recognition of its value among stakeholders. Overall, these efforts reflect a

commitment to collaborative and community-driven approaches to mental health support, and the TCG Team's enthusiasm for collaborating with various partners bodes well for future initiatives and outcomes.

**Group Updates**

There has been a steady increase in new participants and growing interest and engagement in the services provided by the TCG team. Looking ahead to April, the tabling events and collaborations present excellent opportunities to further promote TCG's groups to both existing participants and community members. These events serve as valuable platforms for outreach and awareness-building, allowing TCG to connect with individuals who may benefit from the group offerings.

By actively participating in these events and collaborations, the TCG team can effectively highlight the value of their groups and attract more individuals seeking support and community. This initiative-taking approach to outreach aligns with TCG's commitment to expanding access to mental health resources and services within the community.

Overall, the momentum gained from the successful continuation of groups in March sets a positive tone for the upcoming month, and the planned tabling events and collaborations provide promising opportunities for further growth and engagement.

All groups continued throughout the month of March. Participants reported enjoying group and group topics for the month of March. There was a continued steady increase of new participants for the month of March as well. In the month of April there are several community events and collaborations where the team will be able to advertise our groups to participants and community members.

Group Number	Group Name	Time
1.	<b>Garden Bloomers</b> (Older Adults 55+)	10am-11am
2.	<b>Florece en tu Manera</b> (Spanish Speaking Adults)	2pm-3pm
3.	<b>Mindfulness Through Virtual Gardening</b> (Adult 18+)	11am-12pm
4.	<b>Growing Youth Growing Gardens</b> (Adults 18-25)	2pm-3pm
5.	<b>Building the Nest Together</b> (Family Group, 18 and Younger)	4pm-5pm
6.	<b>(Re)Connect in the Garden</b> (Adults 18+)	1pm-2pm
Total number of Groups: 6		





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

**DATE:** April 17, 2024

**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

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**TRI-CITY PSYCHIATRIC TEAM UPDATES**

In our psychiatry department, the goal has always been to provide high quality care, including treating mental illnesses, addressing medical comorbidities and substance use disorders, in a timely manner, as they are cornerstones of whole person care for our clients. Having enough psychiatrists to serve our clients, is obviously vital to achieve these goals.

National projections indicate that the United States had 11 percent fewer psychiatrists than the nation needed in 2016 and will have 39 percent fewer psychiatrists than needed to meet demand among adults in 2030, if current patterns of utilization of behavioral health services continue.<sup>13</sup> Forecasts of supply and demand for psychiatrists in California are consistent with national forecasts and suggest that California will have a severe shortage of psychiatrists. The supply of California psychiatrists in 2028 is projected to be 41 percent lower than the number of needed to maintain current utilization patterns. California is projected to have a supply of 3,833 psychiatrists in 2028 but will need an estimated 6,515 psychiatrists to maintain current access and utilization.

Considering all these challenges, we have been fortunate and we are pleased to announce two adult psychiatrists have joined our psychiatrists' team recently and soon we will have six psychiatrists, total in our team to serve our community and clients. The data also indicates that maintaining and possibly expanding our medical team, will continue to be challenging. We are hopeful with the support of our agency and the governing board, we continue to thrive and tackle problems.



**Tri-City Mental Health Authority  
Monthly Staff Report**

**DATE:** April 17, 2024  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Rimmi Hundal, Executive Director  
**BY:** Dana Barford, Director of MHSA and Ethnic Services  
**SUBJECT:** Monthly MHSA and Ethnic Services Report

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**DIVERSITY, EQUITY, AND INCLUSION (DEI)**

On March 29th, several Tri-City staff members were privileged to attend the 20th Annual Cesar Chavez Breakfast hosted by the Latino and Latina Roundtable. Cesar Chavez was a labor leader and civil rights activist who co-founded the United Farm Workers Labor Union. Each year, community members gather to not only honor the contribution of this important figure but to honor several community members who have continued his legacy of supporting immigrant rights, education transformation and community economic development.

**COMMUNITY PLANNING PROCESS (CPP)**

On April 9, Tri-City's Mental Health Commission convened the annual MHSA Public Hearing to review the MHSA Annual Update for FY 2024-25. During the presentation, the MHSA Projects Manager provided an overview of MHSA programming from FY 2022-23 which included outcomes, successes, challenges, and a projected budget. Several success stories were shared which focused on perseverance and continuing to support individuals throughout their recovery journey. At the conclusion of the public hearing, members of the Mental Health Commission unanimously voted to endorse the MHSA Annual Update for FY 2024-25 to Tri-City's Governing Board for approval and adoption.

**PREVENTION AND EARLY INTERVENTION (PEI)**

Community Wellbeing Grants

Applications for the Community Wellbeing Grants for FY 2024-25 have been received by Tri-City staff. A total of 23 applications were submitted with 19 applications from Pomona, 3 from La Verne and 1 from Claremont. Of the 23 applications received, 15 are from new communities and 8 are returning grantees. Next steps will be to review these applications on April 17<sup>th</sup>-18<sup>th</sup> and then schedule interviews with the finalists.

### Community Wellbeing Training

Community mental health training continues to be an important resource for knowledge and support for both Tri-City staff and community members. These training courses are offered free of charge and available in both English and Spanish.

During the month of March, 6 training courses were provided with 75 attendees. These trainings included:

- Mental Health First Aid (MHFA) Adult for the Service Center for Independent Living and Aging Next
- Adverse Childhood Experiences (ACEs) for the School of Knowledge, and in Spanish for Pomona Unified School District
- Community Resiliency Model (CRM) for the Tri-City Community, Tri-City Mental Health Student Services Act (MHSSA) Community, and service learners in the Peer Mentor Program

### **WELLNESS CENTER**

When it comes to employment, mental illness does not need to be an obstacle. This belief is one of the many reasons Tri-City's Wellness Center continues to successfully support the community by offering an array of employment services including job readiness workshops and hiring events. In the month of March, the employment team hosted another amazing hiring event in partnership with FedEx Ground. The team assisted 30 participants apply for jobs and 29 of them were strong candidates with potential hiring opportunities. FedEx was very complimentary of Tri-City's staff and services and requested to partner on another hiring event in the summer.

### **COMMUNITY NAVIGATORS**

Meeting the community members in their own environment is an important strategy when it comes to overcoming barriers to services and other forms of support. For the Community Navigators that means attending Palomares Park and Washington Park, both located in Pomona, once a week during the senior meals and activities. The Navigator is there to assist the seniors with resources and provide them with any additional support as needed.

### Success Story

Recently, a Community Navigator had been trying to engage with an elderly male at the Washington Park Senior Center. The Navigator attempted multiple times to engage this individual with the goal of building trust and developing a rapport with him. This individual had previously expressed to staff from the senior center that he was having issues with his mental health. Through continuous kindness and perseverance, the Navigator was finally able to gain his trust and he agreed to come to Tri-City for an assessment and

services. This senior was enrolled in the Full-Service Partnership (FSP) program and has dramatically improved. He continues to enjoy his time at the senior center making new friends and was connected by the Navigator to God's Pantry for free senior meal home delivery.

## **INNOVATION**

**Psychiatric Advance Directives (PADs):** Innovation staff continue to engage stakeholders in the technological workgroups which will lead to the development of the PADs application. These workgroups include peers, caregivers, family members, and law enforcement/first responder/service provider workgroups. Outreach and engagement efforts focused on the three police departments: Pomona PD, La Verne PD, and Claremont PD with an invitation to join the law enforcement workgroup scheduled for April. Gathering input on how this application can assist our community law enforcement teams with supporting individuals in crisis is a vital part of this process.



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

**DATE:** April 17, 2024

**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

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**DATA ANALYSIS AT TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA)**

The use of data analysis continues to become increasingly essential for healthcare operations. In addition to the standard required data outcomes reporting for regulatory monitoring, our system of care heavily depends on data analysis to inform both operational and clinical decisions.

Data analysis provides essential information that our administrators and service providers need, in order to serve clients and improve health outcomes. From a macro stance, data allows us to gain system insights, plan programming, solve problems, and evaluate effectiveness. From a micro stance, data can highlight client needs and progress, and can assist with clinical decision making and service delivery.

A significant portion of the program, service, and client care data that is collected and reported at TCMHA is coordinated by the Best Practices (BP) Quality Improvement/Data Team.

The data analysis process typically includes the following stages:

1. Identifying the data question → What the requestor wants/needs to learn & why
2. Designing an approach → What information needs be collected & the method of collection to best answer the question
3. Developing data sources → Identifying existing tools or creating new tools to gather and store collected information
4. Collecting the data → The period of time where data is collected
5. Extracting the data → Retrieving data from storage source and converting it into a usable format
6. Preparing the data → Ensuring that the retrieved data is accurate, complete and coded for analysis
7. Analyzing the data → Applying statistical and/or logical techniques to describe, evaluate, and interpret data
8. Reporting the data → Communicating the data in the best format for use and decision making

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After data is reported, the quality improvement/data team places high priority and focus on ensuring that the data is accurately grasped by the requestor, in order to support data driven decision making.

Over the last several months, the Best Practices quality improvement/data outcome team has been working on further developing and enhancing the full spectrum of the data analysis process, with special emphasis on developing data sources, collecting/retrieving data, and using technology (data analytics) to streamline the data analysis and reporting process.

More specifically, the data team has been revising our data request and reporting processes. A new system was developed to better track requests and create more efficient report dissemination. The team has continued to use the Electronic Health Record data reporting tool, Discern Analytics, "DA2" to glean as much information as possible, regarding clients (e.g., demographics, appointment outcomes, and clients active in programs) and create custom reports. The team has also continued to learn more about other data tools in the Electronic Health Record, such as: 'LightsOn' and 'Healtheintent'. 'LightsOn' provides various dashboards that report on service providers' use of the EHR and 'Healtheintent' is a dashboard program that allows the service providers to access information regarding clients' services and caseload assignments. These data tools combined can assist the data team provide more options to help drive quality improvement for client/participant health outcomes.