



HOPE. WELLNESS. COMMUNITY.

Let's find it together.

Founded in 1960
by the residents

of Pomona,
Claremont and La
Verne.

TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

GOVERNING BOARD / MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

GOVERNING BOARD

Jed Leano, Chair
(Claremont)
Wendy Lau, Vice-Chair
(La Verne)
Lorraine Canales, Member
(Pomona)
Carolyn Cockrell, Member
(La Verne)
Sandra Grajeda, Member
(Claremont)
Paula Lantz, Member
(Pomona)
Elizabeth Ontiveros-Cole,
Member (Pomona)

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

WEDNESDAY, MAY 21, 2025 AT 5:00 P.M.
MHSA ADMINISTRATION BUILDING
2001 NORTH GAREY AVENUE, POMONA, CA 91767

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

[https://tricitymhs-
org.zoom.us/j/85234202924?pwd=cr_FQ9h0tG3fFaC70kPjCQXQeR910xvp.
Tn7ciZS7xBnXFVnJ](https://tricitymhs-org.zoom.us/j/85234202924?pwd=cr_FQ9h0tG3fFaC70kPjCQXQeR910xvp.Tn7ciZS7xBnXFVnJ)
Passcode: awFL+Wy4

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Governing Board. Therefore, members of the public are invited to speak on any matter on or off the agenda. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section. **No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.**

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

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

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

Written participation: you may also submit a comment by writing an email to molmos@tricitymhs.org. All email messages received by 3:00 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 Lorraine Canales, Carolyn Cockrell, Sandra Grajeda, Paula Lantz, and Elizabeth Ontiveros-Cole; Vice Chair Wendy Lau; and Chair Jed Leano.

MENTAL HEALTH COMMISSION ROLL CALL

Commissioners Clarence D. Cernal, Sandra Christensen, Mildred Garcia, Ethel Gardner, Frank Guzman, Laura Mundy, Janet R. Roy, and Danette E. Wilkerson; Vice-Chair Wray Ryback; and Chair Anne Henderson.

POSTING OF AGENDA

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

PRESENTATION

AN AWARD OF RECOGNITION WILL BE PRESENTED TO TCMHA STAFF THAT PARTICIPATED IN THE LINCOLN VIBRANT COMMUNITIES TEAM PROGRAM AT CLAREMONT LINCOLN UNIVERSITY

OVERVIEW OF TCMHA's ADULT AND OLDER ADULT FULL SERVICE PARTNERSHIP (FSP) PROGRAM

MENTAL HEALTH COMMISSION**1. APPROVAL OF MINUTES FROM THE APRIL 8, 2025 MENTAL HEALTH COMMISSION REGULAR MEETING**

Recommendation: “A motion to approve the Mental Health Commission Minutes of its Regular Meeting of April 8, 2025.”

CONSENT CALENDAR**2. APPROVAL OF MINUTES FROM THE APRIL 16, 2025 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of April 16, 2025.”

3. ONTSON PLACIDE, EXECUTIVE DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

4. DIANA ACOSTA, CHIEF FINANCIAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

5. LIZ RENTERIA, CHIEF CLINICAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

6. SEEYAM TEIMOORI, MEDICAL DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

7. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES MONTHLY REPORT

Recommendation: “A motion to receive and file.”

8. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

9. CONSIDERATION OF RESOLUTION NO. 781 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE SECOND AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH THE NATIONAL ALLIANCE OF MENTAL HEALTH GREATER LOS ANGELES COUNTY (NAMI-GLAC) TO PROVIDE PRESENTATIONS AND TRAINING ON MENTAL HEALTH UNDER TRI-CITY’S MENTAL HEALTH SERVICES ACT (MHSA) PREVENTION AND EARLY INTERVENTION PLAN

Recommendation: “A motion to adopt Resolution No. 781 approving the Second Amendment to the MOU with NAMI-GLAC; and authorizing the Executive Director to execute said Amendment.

- 10. CONSIDERATION OF RESOLUTION NO. 782 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE EFFECTIVE RETROACTIVE JANUARY 1, 2025 TO INCLUDE THE REVISED JOB DESCRIPTIONS OF THE NURSE PRACTITIONER, HUMAN RESOURCES TECHNICIAN, AND HUMAN RESOURCES ASSISTANT**

Recommendation: “A motion to adopt Resolution No. 782 approving the revised Job Description of the Nurse Practitioner, Human Resources Technician, and Human Resources Assistant; and the revised Master Classification and Salary Schedule to reflect these changes.”

- 11. COSIDERATION OF RESOLUTION NO. 783 APPROVING A MEMORANDUM OF UNDERSTANDING WITH THE POMONA VALLEY HOSPITAL MEDICAL CENTER TO FORMALIZE THE CONTINUED COLLABORATION FOR CRISIS ASSESSMENTS FOR TCMHA CLIENTS AND ESTABLISHING A CRITICAL INCIDENT DEBRIEF FOR PVHMC STAFF; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE SAID MOU**

Recommendation: “A motion to adopt Resolution No. 783 approving a Memorandum of Understanding with the Pomona Valley Hospital Medical Center to continue to collaborate for Crisis Assessments of TCMHA clients and establishing a Critical Incident Debrief for PMHMC staff; and authorizing the Executive Director to execute said MOU.

NEW BUSINESS

- 12. CONSIDERATION OF RESOLUTION NO. 784 AUTHORIZING THE EXECUTIVE DIRECTOR TO NEGOTIATE AND EXECUTE THE RENEWAL OF LEASE AGREEMENTS WITH 1900 ROYALTY DRIVE, LLC FOR OFFICE SPACE LOCATED AT 1900 ROYALTY DRIVE IN POMONA, CALIFORNIA**

Recommendation: “A motion to adopt Resolution No. 784 approving to extend the Lease Agreements for suites 170,180/280, 200, 205 and 290 through June 30, 2030; and authorizing the Executive Director to negotiate and execute these Lease Agreements with 1900 Royalty Drive, LLC.”

- 13. CONSIDERATION OF RESOLUTION NO. 785 AUTHORIZING THE EXECUTIVE DIRECTOR TO RETAIN THE SERVICES OF A MENTAL HEALTH SERVICES ACT (MHS) HOUSING CONSULTANT IN AN AMOUNT NOT-TO-EXCEED \$50,000**

Recommendation: “A motion to adopt Resolution No. 785 authorizing the Executive Director to retain the services of a Housing Consultant in an amount not to exceed \$50,000 and execute the agreement and any documents related thereto.”

14. STUDY SESSION ON CLAREMONT BUILDING ACQUISITION FOR ADMINISTRATION

Recommendation: “Staff recommends that the Governing Board receive the information provided about a new building acquisition in the City of Claremont to permanently house TCMHA’s administrative staff.”

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

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

PUBLIC COMMENT

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

ADJOURNMENT

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, June 10, 2025 at 3:30 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, June 18, 2025 at 5:00 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION AND PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA) APRIL 8, 2025 – 3:30 P.M.

The Mental Health Commission met in a Regular Meeting held on Tuesday, April 8, 2025, at 3:46 p.m. in the MHSA Administration Building located at 2001 North Garey Avenue, Pomona, CA 91767.

CALL TO ORDER Chair Henderson called the meeting to order at 3:46 p.m.

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

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Carolyn Cockrell, GB Member Liaison
Sandra Christensen
Ethel Gardner
Frank Guzman
Danette E. Wilkerson

ABSENT: Clarence D. Cernal
Mildred Garcia
Laura Mundy
Janet R. Roy

STAFF

PRESENT: Ontson Placide, Executive Director
Elizabeth Renteria, Chief Clinical Officer (Virtual)
Dana Barford, Director of MHSA & Ethnic Services
Mica Olmos, JPA Administrator/Clerk

PRESENTATION

Chair Henderson presented an Award of Recognition to outgoing Mental Health Commission members Joan Reyes and Twila Stephens for their leadership and dedicated service to Tri-City Mental Health Authority. Former Commissioner Toni Watson was also going to be recognized but she was not available to attend and receive her award in person.

At 3:49 p.m., Vice-Chair Ryback arrived at the meeting.

AGENDA ITEM NO. 1

REGULAR BUSINESS

I. APPROVAL OF MINUTES FROM THE MARCH 11, 2025, MENTAL HEALTH COMMISSION REGULAR MEETING

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

There being no discussion, Commissioner Guzman moved, and Commissioner Gardner seconded, to approve the Minutes from the March 11, 2025, Mental Health Commission Regular Meeting. The motion was carried by the following vote: AYES: GB Liaison Cockrell; Commissioners Christensen, Gardner, Guzman, and Wilkerson; and Vice-Chair Ryback. NOES: None. ABSTAIN: Chair Henderson. ABSENT: Commissioners Cernal, Garcia, Mundy, and Roy.

II. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Placide reported that the City of Los Angeles has a pilot program that diverted almost 6,000 individuals with mental health symptoms and issues out of the justice system, and noted that TCMHA will be eligible to participate in this program and receive funding. He then acknowledged the cutting of 11 billion in public health grants and reminded those in advocacy groups to remain vigilant and speak publicly, noting that it will affect TCMHA's Mobile Crisis Units, Coordinated Specialty Care, Mental Health Crisis Services, and additional Crisis service which are pilot projects for youth and the community and early intervention programs. He added that the State of California might choose to eliminate direct grants, and encouraged action from individuals to make their voice heard.

COMMISSION ITEMS AND REPORTS

Commissioner Guzman inquired if TCMHA had plans for advocacy efforts at state capital that the Commission can support. Executive Director Placide stated that TCMHA is a member of CBHDA and CalMHSA which advocate on behalf of TCMHA, and that we could do something locally to bring more awareness and reach out to local legislators. He added that a resource fair is being organized and information for representatives and senators can be provided to the community there.

PUBLIC COMMENT

Joan Reyes stated that it would be beneficial to collaborate with NAMI. Executive Director Placide stated TCMHA has connected with NAMI but he is not aware what NAMI is doing regarding advocacy.

PUBLIC HEARING - MENTAL HEALTH SERVICES ACT (MHSA)

A. OPEN THE PUBLIC HEARING

Chair Henderson announced that the Public Hearing was for the Tri-City Mental Health Authority's MHSA Annual Update for Fiscal Year 2025-26; and that the Mental Health Commission and TCMHA staff would share some of the details of the update and ask for the public's feedback, noting that TCMHA's MHSA Projects Manager Sara Rodriguez would facilitate the Public Hearing.

At 4:03 p.m., Chair Henderson declared the Public Hearing open.

B. COMMUNITY PLANNING PROCESS (TIMELINE)

Sara Rodriguez, MHSA Projects Manager, discussed the timeline of the stakeholder engagement and Community Planning Process for Fiscal Year 2025-26, which began in Fall 2024 and explained that existing TCMHA programming underwent review; that on March 7th, the draft of the Annual Update was posted for a 30-day public review and comment; then progressed to today's Public Hearing on April 8th and that a request for Governing Board approval will follow and it will be presented at its meeting of April 16th; thereafter, the Plan would be submitted to the Department of Health Care Services (DHCS) and the Behavioral Health Services Oversight & Accountability Commission (BHSOAC) in May 2025, subject to Governing Board approval.

C. PROPOSALS APPROVED DURING THE FISCAL YEAR 2024-25

MHSA Projects Manager Rodriguez talked about the approved proposals during Fiscal Year 2024-25, and how they will progress into Fiscal Year 2025-26, specifically with PADS Phase II, an Innovation project and part of a multi-county collaboration that will begin on July 1, 2025 through June 30, 2029, noting that the majority of stakeholders (87.5%) voted in support of implementing it, 0% said no, and 12.5% were unsure.

D. TRANSFER OF COMMUNITY SERVICES AND SUPPORT PROGRAM (CSS) FUNDS

MHSA Projects Manager Rodriguez then discussed the transfer of CSS funds and stated that TCMHA proposes to update its Fiscal Year 2024-25 MHSA Program Annual Update to utilize existing unspent CSS funding to support the completion of the Claremont Gardens Senior Housing Project in an amount not to exceed three million dollars. She reported that the Plan Amendment was posted for a 30-day Public Comment and received no feedback; thereafter, it was then presented to the Mental Health Commission at its meeting held on November 11, 2024, and to the Governing Board at its meeting held on December 18, 2025, and it was approved and adopted. She then talked about TCMHA expanding temporary supportive housing options for TCMHA clients within the three cities, stating that the proposal is to allocate \$5.2 million dollars in CSS excess funding to support unmet needs in the community and to avoid reversion of funds. She explained that in January 2025, TCMHA approached the community to seek information regarding where they would like the funds to be distributed, noting that the community provided various recommendations and their top three priorities were: 1) purchasing an existing building and renovating it, 2) purchasing pre-existing units, and 3) increasing beds in Hope for Home shelter. She then discussed transferring \$3 million of excess funds from CSS to Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN), dividing it evenly among the two, pointing out that the CSS Plan receives the largest portion (76%) of MHSA funding and excess funding is allowed to be transferred and reallocated to other programming.

E. TCMHA'S MHSA ANNUAL UPDATE PROGRAM HIGHLIGHTS

MHSA Projects Manager Rodriguez highlighted the Full Service Partnership (FSP) under the CSS Plan, is a "wrap around the entire client", and provided data regarding the number of individuals served between Fiscal Year 2022-23 to Fiscal Year 2023-24 in Older Adult and Adult noting that it increased from 265 to 520, and TAY and Children increased from 225 to 267 served. She then shared a Success Story from FSP staff of an individual that had multiple co-morbidity concerns including homelessness, substance use, healthcare needs, skills and money management; and through all levels of support gained independent living skills, obtained permanent housing, and maintained sobriety.

She then highlighted the Community Navigators program and provided data about the linkages increase from 1,371 during Fiscal Year 2022-23 to 1,888 during Fiscal Year 2023-24, noting that the highest request was for basic needs, then shelter and housing, and other category requests that included birth certificates and ID vouchers to individuals. She then shared a Success Story of an unhoused single parent and child that the Community Navigators were able to place them in a motel for one month in a motel, then linked to another crisis housing resource until they were eventually placed in Section 8 housing, noting that their circumstances changed from simply surviving to thriving. She then talked about Prevention and Early Intervention and discussed stigma reduction and suicide prevention and provided data regarding outreach and engagement and the increased distribution of promotional materials from 8,342 in Fiscal Year 2022-23 to 12,093 in Fiscal Year 2023-24 and people engaged from 1,404 to 2,462, stating that the primary clients are from Pomona at 1,047, with 556 from La Verne, and 859 in Claremont; and highlighted the various stigma reduction programs and events such as Courageous Minds, Creative Minds, Directing Change, and Green Ribbon Week. She next shared a Success Story at a Creative Minds Paint and Sip event that brings the program to small business owners and engages the community, noting that businesses have expressed wanting more events and have received an overall favorable response and have waiting lists for future events. She then provided data regarding the School Partnership Team/School Based Services Program and stated that 201 individuals received SPT interventions, with 2369 individual therapy services and only 3 crisis; and reported that individuals are gaining the desired coping skills from the services provided; and then shared a Success Story about staff working on building connections with Claremont Unified School District which resulted in an increase in referrals from every Claremont elementary school creating an overall growing TCMHA presence. She also discussed the Innovations Plan and shared an update on the PADs program, stating that by March 2024 two new team members were trained for participant sign-up; that a specialized version of the PADs platform was developed for law enforcement and hospital staff; and that a marketing subcontractor completed the project's logo and produced new branding materials to boost outreach efforts. Lastly, she provided statistics on the remaining two programs WET and CFTN, noting that WET has seen increases from 27 Service Learner Hours during Fiscal Year 2022-23 to 510 in Fiscal Year 2023-24, applications from 11 to 23, and trainings from 7 to 40, with a total of 1,189 trainings completed through Relias which is a great learning resource, and commented that it is a big commitment to be a service learner. Regarding the CFTN Plan, she reported that during Fiscal Year 2023-24 most of the 2008 parking lot expansion project was completed; that the network infrastructure was upgraded at the Wellness Center, Claremont Administration Building, and 2001 Garey MHSA Building; that the rejuvenation project for the TCG was largely completed; and that the office remodel project was completed at the MHSA Administration Office at 2001 Garey building.

F. MHSA FUNDING SUMMARY (FINANCIAL SUMMARY)

MHSA Projects Manager Rodriguez provided a Financial Summary and explained that the components are broken down differently and the funding percentages for CSS is 76%, PEI 19%, INN 5%, and WET and CFTN are sustained by transferring excess funding from CSS, noting that 51% of PEI funds are required to go to the 0-25 age population which is considered an underserved population and 51% of CSS funds is required to go to FSP, and provided the estimated MHSA funding, expenditures and unspent fund balances for Fiscal Year 2025-26.

G. NEXT STEPS

MHSA Projects Manager Rodriguez stated that after today's MHSA Public Hearing, the next step is for the MHC to decide whether or not to endorse the MHSA Annual Update; if endorsed, then staff will present it to the Governing Board for its approval; thereafter, then the Plan will be submitted to DHCS and BHSOAC by May 2025, if approved. Lastly, she acknowledged and thanked the staff and community involvement for their efforts and hard work and feedback.

H. PUBLIC COMMENT

Commissioner Wilkerson stated she attended the Paint and Sip event and Courageous Minds, and offered her praise, noting that it does not happen enough. PEI Program Supervisor Lisa Naranjo stated these events were fairly new but staff have developed waiting lists, and it is expected that similar events will be held more often in the future as staff has built good relationships with business owners and are expanding to other businesses.

Vice-chair Ryback referred to the Financial Summary and inquired if the prudent reserve amount is sufficient and if there are standards that we have to adhere regarding specific amounts for prudent reserve. Director of MHSA & Ethnic Services Barford stated that MHSA has a certain percentage cap and BHSA has a lower cap, noting that TCMHA currently has the maximum amount allowed under prudent reserves.

I. CLOSE THE PUBLIC HEARING

At 4:35 p.m., Chair Henderson closed the Public Hearing.

III. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2025-26

There being no discussion, Commissioner Wilkerson moved, and Commissioner Christensen seconded, to recommend to the TCMHA Governing Board to approve and adopt the Authority's Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-26. The motion was carried by the following vote: AYES: GB Liaison Cockrell, Commissioners Christensen Gardner, Guzman, Wilkerson, Vice-Chair Ryback, and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Cernal, Garcia, Mundy, and Roy.

Vice-Chair Ryback acknowledged and praised staff for all the work performed.

ADJOURNMENT

At 4:38 p.m., on consensus of the Mental Health Commission its meeting of April 8, 2025, was adjourned. The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on Wednesday, May 21, 2025 at 5:00 p.m. in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.



MINUTES

GOVERNING BOARD REGULAR MEETING

APRIL 16, 2025 – 5:00 P.M.

The Governing Board Regular Meeting was held on Wednesday, April 16, 2025, at 5:03 p.m. in the MHSA Administrative Office located at 2001 North Garey Avenue, Pomona, California.

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

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

GOVERNING BOARD

PRESENT: Lorraine Canales, City of Pomona, Board Member
Carolyn Cockrell, City of La Verne, Board Member
Sandra Grajeda, City of Claremont, Board Member
Paula Lantz, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member (arrived at 5:15 p.m.)
Wendy Lau, City of La Verne, Vice-Chair
Jed Leano, City of Claremont, Chair

ABSENT: None.

STAFF

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

CONSENT CALENDAR

Board Member Lantz pulled Items Nos. 4 and 11 from the consent calendar for discussion.

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

There being no further comment, Vice-Chair Lau moved, and Board Member Canales seconded, to approve the Consent Calendar Items Nos. 1–3, and 5–10, with Board Member Lantz abstaining from approval of Item No. 1. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, and Lantz; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

AGENDA ITEM NO. 2

1. APPROVAL OF MINUTES FROM THE MARCH 19, 2025, GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of March 19, 2025.”

2. ONTSON PLACIDE, EXECUTIVE DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

3. DIANA ACOSTA, CHIEF FINANCIAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

5. SEEYAM TEIMOORI, MEDICAL DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

6. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES MONTHLY REPORT

Recommendation: “A motion to receive and file.”

7. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

8. CONSIDERATION OF RESOLUTION NO. 775 APPROVING THE SECOND AMENDMENT TO AGREEMENT WITH JS RISK CONSULTING FOR RISK MANAGEMENT CONSULTING SERVICES, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AMENDMENT

Recommendation: “A motion to adopt Resolution No. 775 approving the Second Amendment to the Agreement with JS Risk Consulting; and authorizing the Executive Director to execute the Amendment.”

9. CONSIDERATION OF RESOLUTION NO. 776 ADOPTING THE AUTHORITY’S REVISED POLICIES AND PROCEDURES NOS.: I.06, I.07, II.03, CL.III.04, CL.IV.03, CL.V.01, CL.V.02, AND CL.V.11, EFFECTIVE APRIL 16, 2025

Recommendation: “A motion to adopt Resolution No. 776 establishing the revised Policy and Procedures Nos.: I.06, I.07, II.03, CL.III.04, CL.IV.03, CL.V.01, CL.V.02, and CL.V.11, effective April 16, 2025.”

10. CONSIDERATION OF RESOLUTION NO. 777 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE AND REVISED JOB DESCRIPTION FOR SENIOR BEHAVIORAL HEALTH SPECIALIST CLASSIFICATION

Recommendation: “A motion to adopt Resolution No. 777 to approve the revised Job Description for the Senior Behavioral Health Specialist classification and the Master Classification and Salary Schedule to reflect the change.”

NEW BUSINESS

4. LIZ RENTERIA, CHIEF CLINICAL OFFICER MONTHLY REPORT

Board Member Lantz inquired if each therapist makes their own follow-up appointments after the initial appointment with clients. Chief Clinical Officer Renteria explained that the Centralized Scheduling makes the initial appointment and receives lists of clients to make follow-up appointments, and depending on availability therapists occasionally will do the follow-up, noting that therapists do not make their own appointments.

Board Member Lantz further inquired how many clients schedule and attend follow-up appointments. Chief Compliance Officer Majors-Stewart stated approximately 76%.

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

There being no further discussion, Board Member Lantz moved, and Vice-Chair Lau seconded to receive and file Chief Clinical Officer Renteria’s Monthly Report. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, and Lantz; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

11. CONSIDERATION OF RESOLUTION NO. 778 AUTHORIZING THE EXECUTIVE DIRECTOR TO PURCHASE TWO (2) VEHICLES FROM CROWN TOYOTA IN THE AMOUNT OF \$110,141.30 FOR THE MCC PROGRAM

Board Member Lantz inquired about the need to purchase two more vehicles if two had already been purchased, and the program was still in the pilot phase. Chief Clinical Officer Renteria stated the initial two vehicles were wheelchair accessible; however, since going on more calls staff have discovered that they need regular vehicles to accommodate families, for example being able to install a car seat if a child is also traveling with an adult, noting that the two current vehicles cannot accommodate additional traveling family members, and that there are funds available under the MCC program to use.

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

There being no further discussion, Board Member Lantz moved, and Vice-Chair Lau seconded, to approve Resolution No. 778 authorizing the Executive Director to purchase two vehicles for the Mobile Crisis Care Program in the total amount of \$110,141.30 from Crown Toyota. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, and Lantz; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

12. CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE ROUND 5 GRANT WITHDRAWAL

Chief Clinical Officer Renteria stated due to the delay in contract negotiations and the distribution of funds, TCMHA cannot spend the grant funds in the designated time frame; therefore, it will be in the best interest to return to funds, noting that it will not affect TCMHA programming in any way. She also stated that other grantees are experiencing the same problems.

Vice-Chair Lau inquired if there will be a penalty for not using the funds. Chief Clinical Officer Renteria replied in the negative, noting that other grantees are in the same situation of returning funds. Vice-Chair Lau then asked if there was a way to prevent the same problem from happening in the future. Chief Clinical Officer Renteria stated the state used a third party administrator who wanted to have intellectual rights over TCMHA's work and also did not understand the grant timeline as they continued to delay their response to requests during negotiations. Vice-Chair Lau asked if there will be an opportunity to give feedback. Chief Clinical Officer Renteria stated TCMHA has been in contact with DHCS.

Chief Financial Officer Acosta stated that TCMHA had receive only a partial amount of the funds and they were maintained in a liability account, so the money was never utilized. Chief Clinical Officer Renteria stated that staff sought an extension period, but when it was granted, it was too short of a timeframe to use the funds.

Board Member Canales asked if it was a one-time grant or if TCMHA could reapply. Chief Clinical Officer Renteria stated a more sustainable way to fund the programs has been secured and there will be no need to reapply. Executive Director Placide stated the goal is to not jump through hoops for funding again. Board Member Canales stated if the process is changed in the future, it would be worth it to reapply.

At 5:15 p.m. Board Member Elizabeth Ontiveros Cole arrived at the meeting.

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

There being no further discussion, Board Member Canales moved, and Vice-Chair Lau seconded, to authorize the withdrawal from the CYBHI R5 grant program and reverts the \$750,000 award. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, and Lantz; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: Board Member Ontiveros-Cole. ABSENT: None.

13. CONSIDERATION OF RESOLUTION NO. 779 ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2025-26

Director of MHSA & Ethnic Services Barford provided an overview of the Fiscal Year 2025-26 MHSA Annual Update and indicated that it was being proposed to reallocate excess CSS funds to expand temporary supportive housing options, and also transferring \$3 million dollars of excess funds from CSS to WET and CFTN Plans, noting that the reallocation of funds is critical to the sustainability of the programs as well as addressing reversion concerns having a deadline to spend funds by June 30, 2027. She explained the \$3 million dollars would be split evenly between WET and CFTN and would sustain them through the BHSA transition. She then stated that the second proposal is to reallocate within CSS \$5.2 million to \$8 million dollars to expand temporary supportive housing within the three cities.

Executive Director Placide stated stakeholders decided that the three highest housing priorities were purchasing an existing property and renovating if needed, partnering with local landlords

and property managers for scatter-site housing, and increasing the number of reserved beds with Hope for Home. He stated that he met with representatives from each city and compiled a list of priorities, stating the list is seventeen projects total, eleven distinct services, and five shared goals. He then showed the potential projects in order of stakeholder's priority.

Chair Leano inquired if the conversations held with stakeholders were held individually. Executive Director Placide stated the priority list was not city specific, but he spoke with City Managers, Police, and representatives. Board Member Canales asked if each city agreed to the list. Executive Director Placide responded in the affirmative.

Board Member Ontiveros-Cole stated Beverly Johnson had discussed an abandoned motel, she asked if it was for women only or if it would be co-ed. Executive Director Placide stated details on the projects will be revisited, currently he was only presenting framework and seeking initial approval, thereafter further discussion would take place. He then stated he was confident all items will fit into funding but the highest priority was being sought first, and explained the next steps were identifying how to proceed and returning to the cities with plans and financial strategies.

Discussion ensued regarding the need to place outreach as a high priority to build trust. However, the biggest issue that TCMHA is facing was reversion and to avoid it, it was necessary to identify the highest priority that can be completed within the timeframe and using the funds subject to reversion. Accordingly, the discussion was tailored to obtain direction and authorization from the Board to begin spending the funds subject to reversion in July.

Chair Leano sought clarification for TCMHA conferring with local city staff for fiscal impacts. Executive Director Placide stated it was to place a dollar amount to the plans. Vice-Chair Leano reminded staff and board to be mindful of external factors like the A-Line and LA28 and how that will affect crowd management, transportation, and security; and stated stakeholder engagement is an imperfect science and speaking with each city is not appropriate as there might be pushback and cautioned about political divide, noting that TCMHA does not require discretionary permission from the cities. Vice-Chair Lau agreed but stated that buying housing without city and community input could also lead to problems and it was best not to pursue the "right to use." Board Member Lantz added that there may not be discretionary issues if commercial buildings are purchased. Board Member Lantz commented that it was important to know local permits required before building acquisition. Executive Director Placide stated in the spirit of collaboration, TCMHA planned to work with the three cities but will do what TCMHA is charged to do and stay true to the MHSA stakeholder process.

Chair Leano stated it would be counted as a failure if beds were only in Pomona, noting that they needed to be in all three cities. Vice-Chair Lau stated the next step was acquisition and that it would be best to prepare for contingency of what labor and materials would look like.

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

There being no further discussion, Vice-Chair Lau moved, and Board Member Ontiveros-Cole seconded, to approve Resolution No. 779 approving the Authority's MHSA Annual Update For Fiscal Year 2025-26, as recommended by the TCMHA Mental Health Commission. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

14. CONSIDERATION OF RESOLUTION NO. 780 DECLARING AN EMERGENCY DUE TO DAMAGE TO AUTHORITY'S PROPERTY LOCATED IN THE CITY OF POMONA, CALIFORNIA AND AUTHORIZING THE EXECUTIVE DIRECTOR TO AWARD A CONTRACT TO REHABILITATE THE PROPERTY ON AN EMERGENCY BASIS AND WITHOUT GIVING NOTICE FOR BIDS TO LET CONTRACTS

Chief Financial Officer Acosta stated property owned by TCMHA was in need of repair and to expedite repairs, asked to proceed with awarding a contract under an emergency basis without issuing a Request For Proposals, and stated a contractor had been identified and proposals had been received but it was not a formal bid and was therefore asking for authorization to proceed.

General Counsel Flower stated due to the purchasing policy previously adopted by the Board and state law, the Board would need to vote on recognizing this as an emergency and authorize the executive director to proceed. Vice-Chair Lau asked if it needed to be two separate votes. General Counsel Flower responded the motion would adopt both but would need a 4/5 votes, that is an approval from at least six members.

Board Member Lantz asked if there was a spending limit. General Counsel responded in the affirmative, noting that there was a difference between regular upkeep or repair and reconstruction, and in this case involves the rehabilitation of the property which is public works project.

Vice-Chair Lau sought clarification on the purchasing policy and if items could be repaired without having to obtain Board approval. General Counsel Flower stated the purchasing policy will be revisited in the future and explained that the executive director does have authority to declare an emergency and approve the rehabilitation of the property if there was a limit on time; however, because there was ample time allotted to obtain authorization from the Board, staff approached the before instead of after.

Executive Director Placide stated a vendor system is being developed where a list of preapproved contractors can be used for future projects.

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

There being no further discussion, Board Member Lantz moved, and Board Member Canales seconded, to approve Resolution No. 780 approving the Emergency Declaration and Authorize the Executive Director to award a contract to rehabilitate the Authority's Property due to damage, without giving notice to bids. The motion was carried by the following vote: Board Members Canales, Cockrell, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

GOVERNING BOARD COMMENTS

Vice-Chair Lau thanked MHSA and Ethnic Services Director Barford and team for their work at the upcoming Community Fair and advised everyone to follow OCCULV (Office of Civic and Community Engagement at the University of La Verne) for further updates and information.

PUBLIC COMMENT

There were no comments.

ADJOURNMENT

At 5:58 p.m., on consensus of the Governing Board its Regular Meeting of April 16, 2025, was adjourned. The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on Wednesday, May 21, 2025 at 5:00 p.m. in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela P. Olmos, JPA Administrator/Clerk



Tri-City Mental Health Authority MONTHLY STAFF REPORT

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

SUBJECT: Executive Director's Monthly Report

UPDATE ON THE MHSA to BHSA REVERSION AND TRANSFORMATION PLANNING

The MHSA Plan recommendations were accepted and approved by the Governing Board in April, with the exception of bringing forth reversion projects. The Executive Team is in currently constructing a programming and financial reversion MHSA plan that looks to future service delivery which will brought to the Board in June for approval and subsequent implementation starting in FY 25-26.

ONGOING PLANNING

There are several initiatives within the MHSA/BHSA transformation along with general Specialty MH scope of services that TCMHA will be collaborating with LA County DMH. Initiatives such as Behavioral Health Connect (BH Connect), Behavioral Health Continuum Infrastructure Program (BHCIP) and others are slated State and County-wide service delivery models that will impact TCMHA operations.

HUMAN RESOURCES

Staffing – Month Ending April 2025:

- Total Staff is 215 full-time and 7 part-time plus 45 full-time vacancies 3 part-time vacancies for a total of 265 full-time equivalent positions.
- There were 7 new hires in April 2025.
- There were 3 separations in April 2025.

Workforce Demographics in April 2025:

- | | |
|---|--------|
| • American Indian or Alaska Native = | 0.45% |
| • Asian = | 7.17% |
| • Black or African American = | 8.07% |
| • Hispanic or Latino = | 63.68% |
| • Native Hawaiian or Other Pacific Islander = | 0.45% |
| • Other = | 1.79% |
| • Two or more races = | 1.79% |
| • White or Caucasian = | 16.59% |

New Posted Positions in April 2025:

- Behavioral Health Specialist Bilingual – TCG (1 FTE)
- Clinical Therapist I/II – MHSSA (2 FTEs)
- Office Assistant Bilingual – MHSSA (1 FTE)
- Psychiatric Technician I/II (3 FTEs)

AB 2561:

As mentioned in the November 2024 Board Report, as required by AB 2561, public agencies must now present an annual report on their vacancies, recruitment, and retention efforts during a public hearing before their governing body. This presentation, which must occur before the adoption of the fiscal year's final budget which is anticipated to happen at the June Governing Board meeting. The presentation will include changes to policies or recruitment activities that hinder vacancy reduction.

As a public employer, AB 2561 does apply to TCMHA and the Human Resources Department is actively preparing a presentation to be presented in an upcoming Governing Board meeting prior to Annual Budget Adoption. Preliminary plans involve a collaborative effort between Human Resources and the Finance Department to report on vacancies and recruitment efforts in conjunction with or before the adoption of the fiscal budget each July. Further details and updates will be provided in future reports.

NATIONAL & STATEWIDE UPDATES IN BEHAVIORAL HEALTH

‘Trump slump’ or ‘Gavin’s gap’? How California got into a \$12 billion deficit- The governor blames — at least partially — the shortfall on President Donald Trump’s tariffs, which he said cost the state \$16 billion in lost revenue, primarily from capital gains taxes. But state spending has also ballooned in recent years, a fact Republican lawmakers are quick to point out during budget season. “Trump slump? Frankly, I think it might be more like ‘Gavin’s Gap’,” said state Sen. Roger Niello, R-Fair Oaks, who serves as Vice Chair of the Senate Budget Committee. [Sacramento Bee](#)

City lands state mental health care funding- Gov. Gavin Newsom on Monday announced \$3.3 billion in grant funding — including \$83.7 million to the City of Lancaster — to create over 5,000 residential treatment beds and more than 21,800 outpatient treatment slots for behavioral health care services that will build upon other major behavioral health initiatives in California. The funding comes from Proposition 1, passed in March 2024, which authorized \$6.38 billion in bonds to build mental health treatment facilities for those with mental health and substance use challenges and provide housing for the homeless. The funds are administered by the California Department of Health Care Services Behavioral Health Continuum Infrastructure Program. [Antelope Valley Press](#)

A Detailed Window Into State Policies on Psychotropic Prescribing- See how each state child welfare agency monitors use of these medications for its children and youth in government custody. [The Imprint](#)

LGBTQ Agenda: Congressmembers, senators ask RFK Jr. to continue funding services for queer callers to suicide hotline- Over one hundred members of Congress signed a letter to Department of Health and Human Services Secretary Robert F. Kennedy Jr. urging the administration not to end specialized services for LGBTQ youth who call 988, the national suicide hotline. A similar separate May 7 letter to Kennedy from seven U.S. senators was led by lesbian U.S. Senator Tammy Baldwin (D-Wisconsin), her office stated in a news release. [Bay Area Reporter](#)

California's homeless crisis could be Gavin Newsom's political albatross- Gov. Gavin Newsom told California cities this week that there “were no more excuses” for homeless encampments, a message he has repeated often over the years with little success. Visible signs of homelessness still line sidewalks and freeway underpasses from Sacramento to Los Angeles, an entrenched crisis rooted in a tight and unaffordable housing market that grew worse in January when more than 12,000 homes burned to the ground in Los Angeles County. [NBC News](#)

Riverside County sees 7% increase in homelessness, San Bernardino County reports 10% drop- The latest report on homelessness in the Inland Empire is mixed. For the first time since 2017, San Bernardino County saw a drop in the number of residents experiencing homelessness, the county announced on Thursday, May 15. According to a news release issued Thursday afternoon, the number of homeless residents counted in January's Point in Time Count was 3,821, down from 4,255 in 2024. That's a drop of 10.2% in one year. In Riverside County, meanwhile, the homeless population increased by 175 people in the past two years, officials said Thursday. The county conducts its survey every two years. [San Bernardino Sun](#)

Court auditors say LA homelessness services are 'extremely broken'- Los Angeles' system of addressing homelessness is “extremely broken” and cannot be fixed in patches, court-appointed auditors said during a hearing on Thursday. The city is under various court-enforced agreements to create more shelter for unhoused people, but the auditors have been unable to verify the number of beds the city claims to have created to comply with those agreements, according to a review finalized Wednesday by consulting firm Alvarez & Marsal. [LAist](#)

A Closer Look at Behavioral Health Crises and Police Responses- In recent years, California has seen increased interest and investment in improving response options for behavioral health crises using intervention teams that include health providers either as alternatives to or in collaboration with law enforcement agencies. There is growing evidence that these types of teams can improve outcomes by reducing reports of crime and arrests and increasing access to medical services. But law enforcement agencies are still first responders to many behavioral health crises. What do we know about these interactions? [Public Policy Institute of California](#)

Listen: What happens when California cops refuse to respond to mental health calls?- “Mental illness is not a crime” has become a rallying cry for improving the treatment of people in crisis. As the health care podcast Tradeoffs explained last year in its special three-part series “The Fifth Branch,” more than 100 communities across the U.S. now send mental health experts instead of armed police to certain 911 calls.
[CalMatters](#)



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

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority
Ontson Placide, LMFT, Executive Director

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Finance and Facilities Report

UNAUDITED FINANCIAL STATEMENTS FOR THE NINE MONTHS ENDED MARCH 31, 2025 (2025 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the nine months ended March 31, 2025. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$10.5 million. MHSA operations accounted for approximately \$8.3 million of the increase, which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2024, Tri-City received MHSA funding of approximately \$20.7 million, of which \$13.2 million were for approved programs for fiscal 2024-25 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2024. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2024-25. In addition, during this current fiscal year 2024-25 approximately \$18.2 million in MHSA funding has been received of which \$3.5 million was identified and approved for use in the current fiscal year 2024-25 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$16.7 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 \$2.2 million is from Clinic outpatient operations, which is the result of operations for the nine months ended March 31, 2025 which includes one-time payments made at the beginning of the year.

The total cash balance at March 31, 2025 was approximately \$64.6 million, which represents an increase of approximately \$16.6 million from the June 30, 2024 balance of

AGENDA ITEM NO. 4

approximately \$47.8 million. Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately \$5.4 million primarily as a result timing of cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately \$11.1 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately \$18.2 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$17.5 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the nine months ended March 31, 2025. As of the date of the report, approximately \$2.8 million of additional receipts received are related to outstanding receivables.

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.

Upcoming reporting & project deadlines:

Now that the annual financial statement audit is behind us and has been issued, the finance department will now move onto the following reportable items and deadlines:

External

- Preparation for new reporting requirements under BHSA

Internal

- Agency-wide Budget due 06/30/2025
- Preparation for the first phase of the annual external audit
- Continual preparation for implementation of BHSA

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 nine months ended March 31, 2025.

	MHSA
Cash at March 31, 2025	\$ 48,038,127
Receivables net of Reserve for Cost Report Settlements	2,405,045
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2024-25	(2,722,411) **
Reserved for future CFTN Projects	(6,417,848)
Total Estimated Adjustments to Cash	<u>(8,935,214)</u>
Estimated Available at June 30, 2025	<u>\$ 39,102,913</u>
Estimated remaining MHSA funds to be received in FY 2024-25	\$ 4,002,364

* 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, 2025, net of estimated Medi-Cal revenue, including actual and estimated amounts to year end 06/30/2025.

MHSA Expenditures and MHSA Revenue Receipts –

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.

Governing Board of Tri-City Mental Health
Ontson Placide, Executive Director
Monthly Staff Report of Diana Acosta
May 21, 2025
Page 4 of 5

The following tables are **excerpts** from DHCS's annual reversion report received by Tri-City on February 11, 2025 based on the fiscal year 2023-24 Annual Revenue and Expense Report (ARER).

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*
	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	16,870,739
Total						77,854,693
Expend in:						
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	5,723,324	-	13,871,120
2023-24				7,528,711	4,245,936	-
2024-25 **					4,893,410	13,731,208
2025-26						-
Total Expended	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	13,731,208
Unspent Balance	-	-	-	-	-	3,139,531
						3,139,531

*=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
	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	2,260,797
Total						4,175,846
Expend in:						
2017-18	726,119					726,119
2018-19	1,419,669	387,017				1,806,686
2019-20	-	1,644,825	-			1,644,825
2020-21		87,482	1,746,984	-		1,834,466
2021-22			426,126	1,309,696	-	1,735,822
2022-23				1,638,544	1,718,632	3,357,176
2023-24					1,592,869	1,840,888
2024-25 **						419,909
2025-26 **						3,586,503
Total Expended	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	3,586,503
Unspent Balance	-	-	-	-	-	589,343
						589,343

*=Based on latest revenue projections

**=Planned Expenditures based on approved MHSA Plan

Governing Board of Tri-City Mental Health
Ontson Placide, Executive Director
Monthly Staff Report of Diana Acosta
May 21, 2025
Page 5 of 5

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	FY 23-24	
Encumbered Unspent Funds	799,187	302,889	580,471	550,879	784,114	874,536	620,101	926,070	
Unencumbered Unspent Funds	-	-	-	-	-	-	-	251,396	
Unspent Balance	799,187	302,889	580,471	550,879	784,114	874,536	620,101	1,177,466	
Encumbered Funds Starting Balance →	799,187	302,889	580,471	550,879	784,114	874,536	620,101	926,070	
Applied Expenditure ↓									Applied Expenditure ↓
FY 15-16									-
FY 16-17									-
FY 17-18	304,376	-							304,376
FY 18-19	131,206	-	-						131,206
FY 19-20	355,393	-	-	-					355,393
FY 20-21	8,212			-	-				8,212
FY 21-22	-	302,889	25,035	-	-	-			327,924
FY 22-23	-	-	555,436	179,342	-	-	-	-	734,778
FY 23-24	-	-	-	371,537	182,851	-	-	-	554,388
FY 24-25									
Encumbered Unspent Balance →	-	-	-	-	601,263	874,536	620,101	926,070	

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. Additionally, in fiscal year 2025, the INN PADs Phase II program was approved by the MHSAOAC in the amount of \$1.5 million.

Overall Facilities Update:

The leases at the 1900 Royalty location are due to expire at the end of the current fiscal year, June 30, 2025. Additionally, the lease at 1717 North Indian Hill Blvd is set to expire at the end of September 2025. Management is currently working on lease renewals as necessary and actively considering all options to accommodate staff and client space needs.

Attachments

Attachment 4-A: March 31, 2025 Unaudited Monthly Financial Statements

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

	AT MARCH 31, 2025			AT JUNE 30, 2024		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Current Assets						
Cash	\$ 16,522,663	\$ 48,038,127	\$ 64,560,791	\$ 11,061,930	\$ 36,745,684	\$ 47,807,614
Accounts receivable, net of reserve for uncollectible accounts						
\$824,464 at March 31, 2025 and \$1,028,867 at June 30, 2024	5,151,957	5,965,733	11,117,690	6,958,443	6,511,598	13,470,040
	21,674,620	54,003,860	75,678,481	18,020,372	43,257,282	61,277,654
Property and Equipment						
Land, building, furniture and equipment	4,138,920	10,194,941	14,333,861	4,100,520	10,766,682	14,867,203
Accumulated depreciation	(2,947,752)	(5,199,935)	(8,147,687)	(2,864,375)	(4,972,020)	(7,836,395)
Rights of use assets-building lease	1,753,343	-	1,753,343	1,753,343	-	1,753,343
Accumulated amortization-building lease	(1,663,844)	-	(1,663,844)	(1,395,366)	-	(1,395,366)
Rights of use assets-SBITA	1,298,467	-	1,298,467	1,298,467	-	1,298,467
Accumulated amortization-SBITA	(588,073)	-	(588,073)	(588,073)	-	(588,073)
Total Property and Equipment	1,991,061	4,995,006	6,986,067	2,304,516	5,794,663	8,099,179
Other Assets						
Deposits and prepaid assets	315,759	63,245	379,004	93,757	63,245	157,002
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	2,306,820	7,858,251	10,165,071	2,398,273	8,657,908	11,056,181
Total Assests	23,981,440	61,862,111	85,843,551	20,418,645	51,915,190	72,333,835
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	6,257,996	-	6,257,996	6,257,996	-	6,257,996
Total Deferred Outflows of Resources	6,257,996	-	6,257,996	6,257,996	-	6,257,996
Total Assets and Deferred Outflows of Resources	\$ 30,239,436	\$ 61,862,111	\$ 92,101,548	\$ 26,676,641	\$ 51,915,190	\$ 78,591,831
LIABILITIES						
Current Liabilities						
Accounts payable	694,726	54,546	749,272	608,213	452,165	1,060,378
Accrued payroll liabilities	709,845	58,886	768,731	93,247	262,608	355,855
Accrued vacation and sick leave	617,745	1,295,901	1,913,647	636,668	1,264,537	1,901,206
Deferred revenue	1,270,711	-	1,270,711	496,724	-	496,724
Reserve for Medi-Cal settlements	4,023,761	3,751,368	7,775,129	3,673,280	3,201,942	6,875,222
Current portion of lease liability	89,499	-	89,499	357,977	-	357,977
Current portion of SBITA liability	308,979	-	308,979	308,979	-	308,979
Total Current Liabilities	7,715,267	5,160,701	12,875,968	6,175,088	5,181,252	11,356,340
Intercompany Acct-MHSA & TCMH	2,121	(2,121)	-	177,414	(177,414)	-
Long-Term Liabilities						
Lease liability	-	-	-	-	-	-
SBITA liability	401,415	-	401,415	401,415	-	401,415
Net pension liability	9,745,737	-	9,745,737	9,745,737	-	9,745,737
Unearned MHSA revenue	-	16,044,133	16,044,133	-	1,383,814	1,383,814
Total Long-Term Liabilities	10,147,152	16,044,133	26,191,285	10,147,152	1,383,814	11,530,966
Total Liabilities	17,864,541	21,202,712	39,067,253	16,499,654	6,387,651	22,887,305
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	13,188,357	13,188,357
Deferred inflows related to the net pension liability	156,688	-	156,688	156,688	-	156,688
Total Deferred Inflow of Resources	156,688	-	156,688	156,688	13,188,357	13,345,045
NET POSITION						
Invested in capital assets net of related debt	1,191,168	4,995,006	6,186,174	1,236,145	5,794,663	7,030,808
Restricted for MHSA programs	-	35,664,393	35,664,393	-	26,544,519	26,544,519
Unrestricted	11,027,039	-	11,027,039	8,784,153	-	8,784,153
Total Net Position	12,218,207	40,659,399	52,877,606	10,020,298	32,339,182	42,359,480
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 30,239,436	\$ 61,862,111	\$ 92,101,548	\$ 26,676,641	\$ 51,915,190	\$ 78,591,831

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
NINE MONTHS ENDED MARCH 31, 2025 AND 2024

	PERIOD ENDED 3/31/25			PERIOD ENDED 3/31/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 3,685,738	\$ 5,264,330	\$ 8,950,068	\$ 3,866,141	\$ 4,316,841	\$ 8,182,982
Medi-Cal FFP FYE Prior Year	1,095,125	1,213,292	2,308,417	116,355	25,682	142,038
Medi-Cal SGF-EPSDT	948,991	1,839,079	2,788,070	858,509	852,187	1,710,695
Medi-Cal SGF-EPSDT Prior Year	156,884	155,828	312,712	51,816	52,750	104,565
Medicare	7,335	5,991	13,326	4,656	3,094	7,750
Contracts	-	24,106	24,106	12,500	23,053	35,553
Patient fees and insurance	-	-	-	446	594	1,040
Rent income - TCMH & MHSA Housing	9,702	60,503	70,206	8,316	50,406	58,722
Other income	561	646	1,207	644	520	1,164
Net Operating Revenues	5,904,336	8,563,775	14,468,111	4,919,383	5,325,127	10,244,510
OPERATING EXPENSES						
Salaries, wages and benefits	6,039,123	13,873,374	19,912,497	6,219,929	12,946,178	19,166,107
Facility and equipment operating cost	523,911	1,248,515	1,772,426	446,752	935,477	1,382,229
Client lodging, transportation, and supply expense	46,194	466,368	512,562	111,407	464,586	575,993
Depreciation & amortization	224,338	469,537	693,875	219,568	454,919	674,487
Other operating expenses	766,268	1,873,454	2,639,722	601,644	1,576,369	2,178,013
Total Operating Expenses	7,599,834	17,931,248	25,531,082	7,599,300	16,377,530	23,976,830
OPERATING (LOSS) (Note 1)	(1,695,499)	(9,367,473)	(11,062,971)	(2,679,917)	(11,052,403)	(13,732,320)
Non-Operating Revenues (Expenses)						
Realignment	2,741,513	-	2,741,513	2,903,172	-	2,903,172
Contributions from member cities & donations	58,236	-	58,236	-	-	-
MHSA funds	-	16,693,035	16,693,035	-	15,539,345	15,539,345
Grants and Contracts	745,393	-	745,393	783,162	-	783,162
Interest Income net with FMV	348,266	1,630,428	1,978,693	215,298	1,290,056	1,505,355
Gain/(Loss) on disposal of assets	-	(635,773)	(635,773)	-	-	-
Total Non-Operating Revenues (Expense)	3,893,407	17,687,690	21,581,097	3,901,633	16,829,401	20,731,034
INCOME (LOSS)	2,197,909	8,320,217	10,518,126	1,221,716	5,776,998	6,998,714
INCREASE (DECREASE) IN NET POSITION	2,197,909	8,320,217	10,518,126	1,221,716	5,776,998	6,998,714
NET POSITION, BEGINNING OF YEAR	10,020,298	32,339,182	42,359,480	8,639,329	28,506,858	37,146,187
NET POSITION, END OF MONTH	\$ 12,218,207	\$ 40,659,399	\$ 52,877,606	\$ 9,861,045	\$ 34,283,856	\$ 44,144,901

(Note 1) "Operating Loss" reflects loss before realignment funding and MHSA funding which is included in non-operating revenues.

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF CASH FLOWS
NINE MONTHS ENDED MARCH 31, 2025 AND 2024**

	PERIOD ENDED 3/31/25			PERIOD ENDED 3/31/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	\$ 7,847,186	\$ 9,764,015	\$ 17,611,201	\$ 3,237,895	\$ 3,769,866	\$ 7,007,761
Cash payments to suppliers and contractors	(1,612,823)	(4,113,473)	(5,726,297)	(1,049,033)	(3,274,672)	(4,323,705)
Payments to employees	(5,441,448)	(14,045,732)	(19,487,180)	(4,975,825)	(13,994,103)	(18,969,928)
	<u>792,915</u>	<u>(8,395,190)</u>	<u>(7,602,276)</u>	<u>(2,786,963)</u>	<u>(13,498,909)</u>	<u>(16,285,872)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	18,164,465	18,164,465	-	17,791,462	17,791,462
CalHFA-State Administered Projects	-	532	532	-	30,266	30,266
Realignment	2,741,513	-	2,741,513	4,227,084	-	4,227,084
Contributions from member cities	58,236	-	58,236	-	-	-
Grants and Contracts	1,763,893	-	1,763,893	946,752	-	946,752
	<u>4,563,642</u>	<u>18,164,997</u>	<u>22,728,638</u>	<u>5,173,836</u>	<u>17,821,728</u>	<u>22,995,563</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(38,400)	(178,136)	(216,536)	(214,475)	(237,529)	(452,004)
Intercompany-MHSA & TCMH	(175,293)	175,293	-	(821,813)	821,813	-
	<u>(213,692)</u>	<u>(2,843)</u>	<u>(216,536)</u>	<u>(1,036,287)</u>	<u>584,284</u>	<u>(452,004)</u>
Cash Flows from Investing Activities						
Interest received	285,449	1,359,132	1,644,580	158,736	898,944	1,057,681
	<u>285,449</u>	<u>1,359,132</u>	<u>1,644,580</u>	<u>158,736</u>	<u>898,944</u>	<u>1,057,681</u>
Cash Flows from Reorganization Items						
Receipt of SB90 claims previously reserved and accrued	-	-	-	241,378	-	241,378
	<u>-</u>	<u>-</u>	<u>-</u>	<u>241,378</u>	<u>-</u>	<u>241,378</u>
Net Increase (Decrease) in Cash and Cash Equivalents	<u>5,428,313</u>	<u>11,126,095</u>	<u>16,554,407</u>	<u>1,750,700</u>	<u>5,806,046</u>	<u>7,556,746</u>
Cash Equivalents at Beginning of Year	11,061,930	36,745,684	47,807,614	8,976,643	30,118,745	39,095,388
Cash Equivalents at End of Month	<u>\$ 16,490,242</u>	<u>\$ 47,871,779</u>	<u>\$ 64,362,021</u>	<u>\$ 10,727,343</u>	<u>\$ 35,924,791</u>	<u>\$ 46,652,134</u>
Cash from the Balance Sheet	<u>16,522,663</u>	<u>48,038,127</u>	<u>64,560,791</u>	<u>10,769,574</u>	<u>36,188,072</u>	<u>46,957,646</u>
YTD Gain/(Loss) from GASB 31 Fair Market Value	<u>\$ 32,421</u>	<u>\$ 166,348</u>	<u>\$ 198,769</u>	<u>\$ 42,231</u>	<u>\$ 263,281</u>	<u>\$ 305,512</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
NINE MONTHS ENDING MARCH 31, 2025
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
OPERATING REVENUES									
Medi-Cal FFP	\$ 4,019,343	\$ 4,427,933	\$ (408,590)	\$ 5,740,818	\$ 8,277,779	\$ (2,536,961)	\$ 9,760,161	\$ 12,705,712	\$ (2,945,551)
Medi-Cal FFP Prior Year	930,543	-	930,543	1,103,984	-	1,103,984	2,034,528	-	2,034,528
Medi-Cal SGF-EPSDT	1,034,886	1,373,075	(338,189)	2,005,539	1,584,443	421,096	3,040,425	2,957,519	82,907
Medi-Cal SGF-EPSDT Prior Year	106,497	-	106,497	113,162	-	113,162	219,659	-	219,659
Medicare	7,335	3,750	3,585	5,991	1,950	4,041	13,326	5,700	7,626
Patient fees and insurance	-	750	(750)	-	375	(375)	-	1,125	(1,125)
Contracts	-	-	-	24,106	21,000	3,106	24,106	21,000	3,106
Rent income - TCMH & MHSA Housing	9,702	8,316	1,386	60,503	45,000	15,503	70,206	53,316	16,890
Other income	561	450	111	646	150	496	1,207	600	607
Provision for contractual disallowances	(419,501)	(580,101)	160,600	(642,948)	(986,219)	343,271	(1,062,449)	(1,566,320)	503,871
Provision for contractual disallowances prior year	214,968	-	214,968	151,974	-	151,974	366,942	-	366,942
Net Operating Revenues	5,904,336	5,234,174	670,162	8,563,775	8,944,478	(380,703)	14,468,111	14,178,652	289,459
OPERATING EXPENSES									
Salaries, wages and benefits	6,039,123	7,821,415	(1,782,292)	13,873,374	17,185,901	(3,312,526)	19,912,497	25,007,315	(5,094,818)
Facility and equipment operating cost	523,915	421,209	102,706	1,250,398	1,042,463	207,935	1,774,312	1,463,672	310,641
Client program costs	46,194	8,499	37,695	466,368	452,273	14,095	512,562	460,772	51,790
Grants	178,803	1,024,273	(845,470)	82,317	278,716	(196,399)	261,120	1,302,989	(1,041,868)
MHSA training/learning costs	-	-	-	79,597	53,792	25,806	79,597	53,792	25,806
Depreciation & amortization	224,338	148,109	76,229	469,537	468,234	1,303	693,875	616,343	77,532
Other operating expenses	587,461	389,826	197,635	1,709,657	2,070,872	(361,216)	2,297,118	2,460,698	(163,580)
Total Operating Expenses	7,599,834	9,813,331	(2,213,497)	17,931,248	21,552,250	(3,621,002)	25,531,082	31,365,581	(5,834,498)
OPERATING INCOME (LOSS)	(1,695,499)	(4,579,157)	2,883,659	(9,367,473)	(12,607,772)	3,240,299	(11,062,971)	(17,186,929)	6,123,958
Non-Operating Revenues (Expenses)									
Realignment	2,741,513	3,300,000	(558,487)	-	-	-	2,741,513	3,300,000	(558,487)
Contributions from member cities & donations	58,236	70,236	(12,000)	-	-	-	58,236	70,236	(12,000)
MHSA Funding	-	-	-	16,693,035	16,693,035	-	16,693,035	16,693,035	-
Grants and contracts	745,393	2,400,931	(1,655,538)	-	-	-	745,393	2,400,931	(1,655,538)
Interest (expense) income, net	348,266	146,190	202,076	1,630,428	1,027,502	602,926	1,978,693	1,173,692	805,002
Other income-loss on disposal of assets	-	-	-	(635,773)	-	(635,773)	(635,773)	-	(635,773)
Total Non-Operating Revenues (Expense)	3,893,407	5,917,357	(2,023,950)	17,687,690	17,720,537	(32,846)	21,581,097	23,637,893	(2,056,796)
INCREASE(DECREASE) IN NET POSITION	\$ 2,197,909	\$ 1,338,200	\$ 859,709	\$ 8,320,217	\$ 5,112,765	\$ 3,207,452	\$ 10,518,126	\$ 6,450,965	\$ 4,067,161

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
NINE MONTHS ENDING MARCH 31, 2025**

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 \$289 for the following reasons:

- 1 Medi-Cal FFP revenues for FY 2024-25** were approximately \$2.9 million lower than the budget. Medi-Cal FFP revenues were \$408 thousand lower for TCMH and approximately \$2.5 million lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$436 thousand and the children program revenues were higher by \$28 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$2.4 million and the Children and TAY FSP programs were lower by \$103 thousand. Additionally, as a result of higher than expected billing rates approved by the LACDMH for the fiscal year 2023-24, a total of \$2 million from prior year Medi-Cal FFP revenues were recorded to the current year operations.
- 2 Medi-Cal SGF-EPSTD revenues for fiscal year 2024-25** were higher than budget by \$83 thousand of which \$338 thousand lower were from TCMH and \$421 thousand higher were from MHSA. As was mentioned above, additional \$220 thousand in prior year Medi-Cal SGF-EPSTD revenues were recorded in the current year operations. SGF-EPSTD relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSTD) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.
- 3 Medicare revenues** are \$8 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 approximately \$3 thousand higher than the budget.
- 5 Rent Incomes** are higher than the budget by \$17 thousand. 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 2024-25 was lower than budget by \$504 thousand. Furthermore, due to the State's completion of FY15-16 cost report audit, the overall reserves were reduced by another \$367 thousand. This prior year's reserves write off essentially helps increase the current year's net operating revenues.

Operating Expenses

Operating expenses were lower than budget by \$5.8 million for the following reasons:

- 1 Salaries and benefits** are \$5.1 million lower than budget and of that amount, salaries and benefits are approximately \$1.8 million lower for TCMH operations and are \$3.3 million lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than budget by \$1.1 million due to vacant positions and benefits are lower than budget by \$716 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 \$2.0 million. The direct program salary costs are lower by \$1.3 million due to vacant positions and the administrative salary costs are lower than budget by \$680 thousand. Benefits are lower than the budget by another \$1.3 million. Of that, health insurance was lower than budget by \$483 thousand, retirement insurance \$647 thousand, state unemployment insurance \$92 thousand, workers compensation \$39 thousand, medicare tax \$35 thousand. And all other employee benefits are also lower than the budgets.
- 2 Facility and equipment operating costs** were higher than the budget by \$311 thousand of which \$103 thousand higher was from TCMH and \$208 thousand higher was from MHSA. Overall, furniture costs were higher than the budget by \$32 thousand. Building and facility costs were higher by \$131 thousand due to repairs and maintenance costs at the 2008 N. Garey building and the Community Therapeutic Garden. The equipment costs were higher than the budget by \$148 thousand due to upgrading of the Wellness Center's computer lab, replacement of agency wide laptop docking stations, aging printer scanners and projectors and purchasing of video conferencing equipment for the 2001 N. Garey building. Most of these expenses were funded by the MHSA CFTN plan.
- 3 Client program costs** are higher than the budget by \$52.
- 4 Grants for fiscal year 2024-25** are \$1.0 million lower than the budget. These are the sub-grants awarded under the TCMH Mental Health Student Services Act program, the community grants under the MHSA PEI Community Wellbeing project and the Student Loan Forgiveness program under the MHSA WET plan.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
NINE MONTHS ENDING MARCH 31, 2025**

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

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

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

- 5 MHSA learning and training costs** are approximately \$26 thousand higher than the budget.
- 6 Depreciation and amortization** are \$77 thousand higher than the budget.
- 7 Other operating expenses** were lower than the budget by \$163 thousand of which \$198 thousand higher were from TCMH offset by \$361 thousand lower from MHSA. Overall, the higher costs were due to higher personnel recruiting fees, attorney fees, liability insurance and security expenses. These higher costs are offset with lower professional fees.

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are lower than budget by approximately \$2.1 million as follows:

- 1 TCMH non-operating revenues** are approximately \$2 million lower than the budget. Of that, realignment fund was lower than the budget by \$558 thousand, contributions from member cities are lower by \$12 thousand due to timing, grants and contracts were lower by approximately \$1.7 million and lastly, interest income net with fair market value were higher by \$202 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:

	Actual	Budget	Variance
CSS funds received and available to be spent	\$ 12,056,637	\$ 12,056,637	\$ -
PEI funds received and available to be spent	4,006,412	4,006,412	-
WET funds received and available to be spent	-	-	-
CFTN funds received and available to be spent	-	-	-
INN funds received and available to be spent	629,986	629,986	-
Non-operating revenues recorded	<u>\$ 16,693,035</u>	<u>\$ 16,693,035</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 were higher than budget by approximately \$603 thousand.

Other Income-Loss on Disposal of Assets was approximately \$636 thousand. This was due to the transferring of Tri-City's property on 956 W. Baseline Rd. in Claremont to Restore Neighborhoods LA, Inc. (RNLA) for the development and construction of a 15-unit of combined affordable and permanent supportive senior housing project, known as Claremont Gardens. The escrow was successfully closed on February 28, 2025.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED MARCH 31, 2025 AND 2024

	PERIOD ENDED 3/31/25			PERIOD ENDED 3/31/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 3,685,738	\$ 5,264,330	\$ 8,950,068	\$ 3,866,141	\$ 4,316,841	\$ 8,182,982
Medi-Cal FFP FYE Prior Year	1,095,125	1,213,292	2,308,417	116,355	25,682	142,038
Medi-Cal SGF-EPSDT	948,991	1,839,079	2,788,070	858,509	852,187	1,710,695
Medi-Cal SGF-EPSDT Prior Year	156,884	155,828	312,712	51,816	52,750	104,565
Medicare	7,335	5,991	13,326	4,656	3,094	7,750
Realignment	2,741,513	-	2,741,513	2,903,172	-	2,903,172
MHSA funds	-	16,693,035	16,693,035	-	15,539,345	15,539,345
Grants and contracts	745,393	24,106	769,499	795,662	23,053	818,716
Contributions from member cities & donations	58,236	-	58,236	-	-	-
Patient fees and insurance	-	-	-	446	594	1,040
Rent income - TCMH & MHSA Housing	9,702	60,503	70,206	8,316	50,406	58,722
Other income	561	646	1,207	644	520	1,164
Interest Income	348,266	1,630,428	1,978,693	215,298	1,290,056	1,505,355
Gain (Loss) on disposal of assets	-	(635,773)	(635,773)	-	-	-
Total Revenues	9,797,743	26,251,465	36,049,208	8,821,016	22,154,528	30,975,544
EXPENSES						
Salaries, wages and benefits	6,039,123	13,873,374	19,912,497	6,219,929	12,946,178	19,166,107
Facility and equipment operating cost	523,911	1,248,515	1,772,426	446,752	935,477	1,382,229
Client lodging, transportation, and supply expense	46,194	466,368	512,562	111,407	464,586	575,993
Depreciation & amortization	224,338	469,537	693,875	219,568	454,919	674,487
Other operating expenses	766,268	1,873,454	2,639,722	601,644	1,576,369	2,178,013
Total Expenses	7,599,834	17,931,248	25,531,082	7,599,300	16,377,530	23,976,830
INCREASE (DECREASE) IN NET POSITION	2,197,909	8,320,217	10,518,126	1,221,716	5,776,998	6,998,714
NET POSITION, BEGINNING OF YEAR	10,020,298	32,339,182	42,359,480	8,639,329	28,506,858	37,146,187
NET POSITION, END OF MONTH	\$ 12,218,207	\$ 40,659,399	\$ 52,877,606	\$ 9,861,045	\$ 34,283,856	\$ 44,144,901

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

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)



Tri-City Mental Health Authority MONTHLY STAFF REPORT

DATE: [OBJ] May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority (TCMHA)
Ontson Placide, LMFT, Executive Director

FROM: [OBJ] Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: [OBJ] Monthly Clinical Services Report

CLINICAL SERVICES UPDATE

Mobile Crisis Care- Update

We are pleased to share that we have hired a new Program Manager who will be overseeing both the Mobile Crisis Care (MCC) Team and the Co-Occurring Support Team. Markie Sterner is a long-term and dedicated member of our organization and will be assuming the role on June 9th.

Markie brings a wealth of experience in both adult and children's behavioral health services. Most recently, she served as Supervisor for the Mental Health Student Services Act (MHSSA) team, where she led efforts supporting student mental health across school sites. Her outstanding contributions were recently recognized by the Claremont Unified School District with a *Star Ally Award*—a reflection of her commitment to collaborative, compassionate care.

Over the past few weeks, TCMHA staff been actively meeting with local school districts, police departments, city officials, hospitals, and the Los Angeles County Department of Mental Health (LACDMH) to develop and refine workflows that support effective and coordinated mobile crisis response services across our cities.

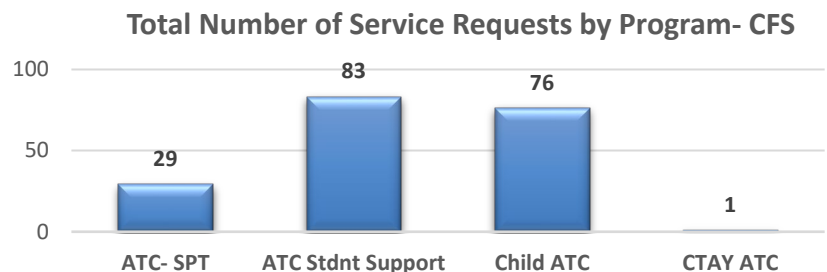
Substantial progress with staffing has occurred and we continue to respond to calls in the community. Importantly, we are seeing promising early outcomes—most of our interactions have resulted in individuals voluntarily seeking services rather than requiring involuntary holds. This is a strong indicator that our person-centered approach is working and aligns with our shared goal of providing the least restrictive interventions possible.

In addition to direct response work, the MCC team, alongside clinical staff, and Community Navigators, recently represented Tri-City Mental Health Authority (TCMHA) at the Los Angeles County Fair. During *La Verne Day*. The TCMHA team hosted an outreach table and provided attendees with information about the vital mental health services offered by TCMHA. This event was a fantastic opportunity to raise awareness, reduce stigma, and connect with community members in a meaningful way.

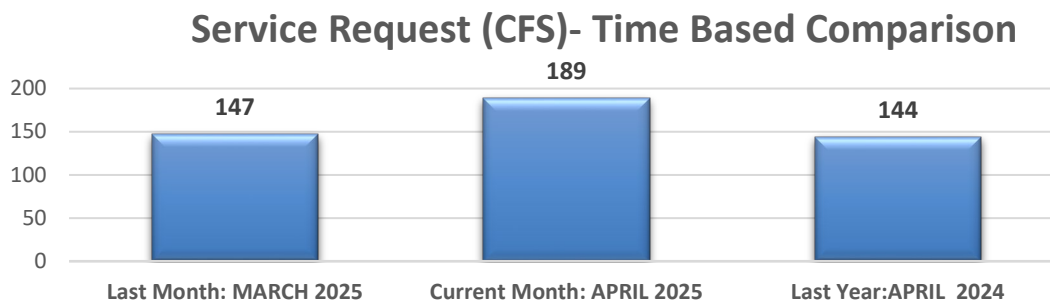
Looking ahead, we are excited to announce the Mobile Crisis Care Launch & Resource Fair, which will take place on Thursday, June 26, 2025, at The Union in Pomona from 4:00 PM to 7:00 PM. This event will celebrate our progress, connect community members with vital resources, and highlight the important work of the MCC team and other TCMHA services. Community partners will also be invited to have a table at the fair and share their services. More details will follow soon.

Clinical Service Data

April 2025 Children's Services Data



29% increase from last month



This graph above compares the number of services requests from last month, March 2025 and last year, April 2025 to the current month, April 2025. There was a 29% increase in the number of service requests from last month.

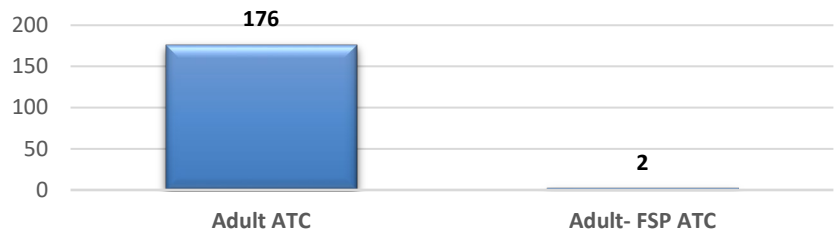
Note: This data includes MHSSA Services requests. All reports prior to May 2024 did not include MHSSA service requests data.

April 2025

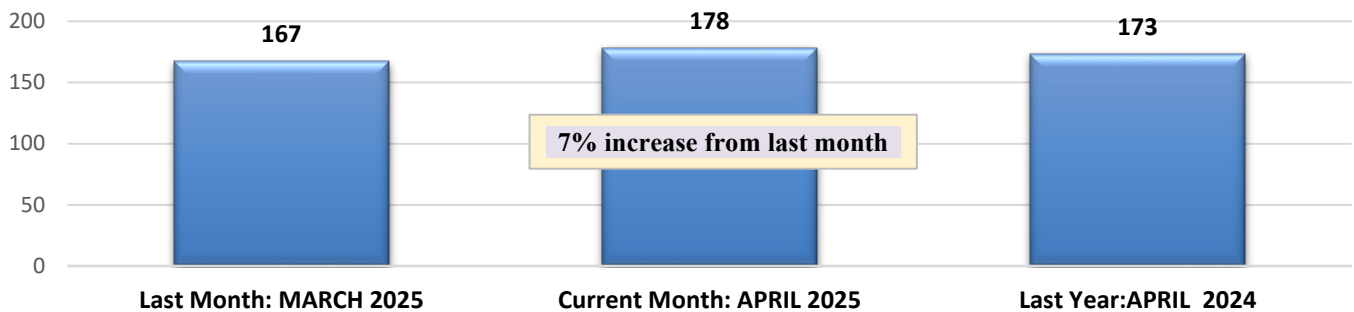
April Adult Services

Total Number of
completed
Service Requests
178

Total Number of Service Requests by Program- AAOP



Service Request (AAOP)- Time Based Comparison



This graph above compares the number of services requests from last month, March 2025 and last year, April 2024 to the current month, April 2025. There was a 7% increase in the number of service requests from last month.



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

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority
Ontson Placide, LMFT, Executive Director

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

SUBJECT: Medical Director's Monthly Report

**SERVICES PROVIDED BY OUR PSYCHIATRISTS AND NURSING TEAM IN THE
MONTH OF APRIL 2025**

The team of psychiatrists provides initial psychiatric evaluations and psychiatric follow ups to our clients. The initial psychiatric evaluations are scheduled based on the clients' severity of symptoms, recent hospital admissions and being currently on psychiatric medications, to ensure timely access to these services, based on the urgency of cases.

The nursing team provides medication monitoring services in our in-house medication room for our outpatient clients. In the field medication monitoring services are provided for our clients in full-service partnership program. This includes providing oral medications and administering long acting injectables, which are proven to improve treatment outcomes.

These services which are supervised by our psychiatrists, improve medication compliances, facilitate treatments by monitoring the efficacies of medications and early reporting of side effects and other concerns, which will be addressed by treating psychiatrists.

Here are some of the services provided in the month of April:

- Total number of initial psychiatric evaluations: 71
- Total number of appointments with our psychiatrists: 409
- Total number of medication monitoring services: 586
- Total number of long-acting injections: 89



Tri-City Mental Health Authority Monthly Staff Report

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority
Ontson Placide, LMFT, Executive Director

FROM: Dana Barford, Director of MHSA, and Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

DIVERSITY, EQUITY, AND INCLUSION (DEI)

Asian Pacific Islander Heritage Month

May is Asian American and Pacific Islander (AAPI) Heritage Month, a time to celebrate and honor the unique cultures, contributions, histories, and experiences of our AAPI communities — including those of Native Hawaiians — that make this country and local communities so unique. It's also a time for reflection on how to better support one another, especially when it comes to mental well-being.

To help create awareness, Tri-City encourages you to share the [AAPI toolkit](#), designed to support outreach and education. Materials are available in English, with seven additional AAPI languages, and include:

Resource Booklets

- Honoring AAPI Heritage and Mental Health: A Guide for Our Communities
- Supporting AAPI Heritage and Mental Health This May

May Mental Health Awareness Month

In honor of Mental Health Awareness Month, the Wellness Collaboratives will host a series of community events focused on promoting mental health awareness. Hosted in collaboration with three respected organizations that are leaders in local advocacy and support, these gatherings will feature an engaging activity of *Bingo/Lotería*, offering a fun and culturally relevant way to spark open conversations about mental well-being. With support from community partners, these events aim to reduce stigma, promote positive coping techniques, and strengthen connections among neighbors. Together, we're creating safe spaces where mental health can be discussed openly.



COMMUNITY PLANNING PROCESS (CPP)

Tri-City MHSA Public Hearing

On April 8th the Public Hearing for the Tri-City MHSA Annual Update FY 2025-26 was held during the Mental Health Commission meeting. Attendees were provided with an overview of MHSA programming, relevant updates, success stories, quantitative, and qualitative information. The Commission endorsed the plan, and the next steps include presenting the plan to the Governing Board to request final approval and adoption of the document.

MHSA Annual Update FY 2025-26: Tri-City Governing Board Approval

During the Governing Board meeting on April 16th, approval of the Tri-City MHSA Annual Update FY 2025-26 was requested. The Governing Board approved and adopted the MHSA Annual Update FY 2025-26. Resolution NO. 779 was signed by the Chair Jed Leano and the plan was submitted to the Department of Health Care Services and the Behavioral Health Services Oversight and Accountability Committee.

It is important to note that this is the last MHSA Annual Update/Three Year plan for Tri-City as well as all counties in California. Under the Behavioral Health Services Act, a new format and reporting process will be implemented and will become effective July 1, 2026. This new plan and subsequent updates will be known as the BHSA Integrated Plan.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Wellbeing Grants

The Community Wellbeing Program grant program received a total of 36 applications with 29 from Pomona, 3 from La Verne and 4 from Claremont. The selection committee scored all applications received and 24 applicants met the criteria for a formal interview. These interviews will allow the applicants to expand on their program proposal and answer any questions from the committee. Interviews are scheduled to take place on Monday, May 12th and Thursday, May 15th via zoom.

Peer Mentor Program

During the month of April both peer mentor cohorts received training on two important topics: Working with Diverse Populations and Know the Signs Suicide Prevention. Additionally, cohort 2 was trained in Recognizing the Signs of Compassion Fatigue & Burnout, HIPAA, Ethics & Privacy, and Goal Setting with Mentees.

Governing Board of Tri-City Mental Health Authority
Ontson Placide, Executive Director
Monthly Staff Report of MHSA
May 21, 2025
Page 3 of 4

Finally, mentor program staff attended a Community Engagement Fair at the University of La Verne in hopes of recruiting new peer mentors for the upcoming program year beginning in September 2025.

Stigma Reduction

For the month of April, program staff attended a variety of mental health events at various college campuses, facilitated a Courageous Minds speakers' event, hosted suicide prevention trainings, and planned May Mental Health Awareness Month events for the community. At these college mental health events, staff received feedback from community partners that having Tri-City Mental Health at these events is beneficial and they would like to see more participation and collaboration in the upcoming academic year.

On April 15, program staff hosted a Courageous Minds speakers' event at Pitzer College for college students, faculty, and staff. This was the first time Pitzer College has utilized the Courageous Minds program to engage and hear voices of mental health and recovery. Staff from Pitzer College expressed that they would like to have students join the program and perhaps provide more Courageous Minds events hosted on their campus.

Lastly, program staff outreached to various community partners and Tri-City staff to help create the May Mental Health Awareness Event Calendar. Some highlights of upcoming events that will be happening in May can be found below and on Tri-City's website.

www.tricitymhs.org

Emotions in Motion Creative Minds Art Workshop

May 14 from 5 PM – 6 PM at Almond Haus

Mental Health 101 Webinar (via Zoom)

May 20 from 3 PM – 4 PM

Amplify: Voices of Mental Health and Recovery (Courageous Minds event)

May 21 from 5:30 PM – 6:45 PM at La Verne Community Center

Directing Change Film Showcase, Art Gallery, and Ceremony

May 29 from 5 PM – 6:30 PM at MHSA Building (2001 N Garey Ave Pomona)

COMMUNITY NAVIGATORS (CN)

Outreach efforts for the Community Navigator Program consisted of tabling at the following events: Dia De El Nino hosted in Pomona, and ULV Spring Community Partner Expo, hosted at the University of La Verne. The Community Navigator Program also focused on inviting the community to the Public Hearing and distributed Public Hearing

flyers to different community locations. As the summer approaches there will be additional community events that the program is preparing to attend.

Funding for the Homeless Solutions Funds (HSF) has ended. This funding consisted of rental assistance, move in assistance, and assistance with quality-of-life furniture. The remaining HSF funds were used to purchase 2 beds for a single father that had a minor child who had been sleeping on the floor. Since these funds are no longer available, the Navigators will continue to refer clients to other agencies and organizations with funding available to assist with these requests.

Success Story

A family was referred to the Community Navigator Program by the City of Pomona. The father had fallen onto hard times since he was recently laid off his job. In addition to assisting the father with beds for him and his daughter, this father was also connected to the Wellness Center where he is currently receiving assistance in finding employment. He was also connected to Gods Pantry who was able to assist him with one month of rent, bus passes, and food. The Navigator assisting this family was also able to get clothing from operation school bell and new shoes from Shoes that Fit for the child. Because of the assistance provided, this family remains permanently housed and connected to ongoing resources to help sustain their progress.

WELLNESS CENTER (WC)

The Wellness Center recently said goodbye to one of their most revered and respected supervisors. Sonny Alino retired on April 30 after serving 24 years with Tri City, most recently as the employment supervisor for the Wellness Center. Sonny began his career with Tri-City as a case manager who passionately served his clients. When Sonny was transferred to the Wellness Center, many of his previous clients followed him and began attending the activities and services provided at the Center.

One of his many contributions to the Center included assisting in the development of the Good Employee Curriculum designed to help clients and participants re-enter the workforce as well as the computer classes and GED programs. Sonny was not only an exemplary staff and supervisor but also a dear colleague. He will be greatly missed.



Tri-City Mental Health Authority MONTHLY STAFF REPORT

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Center
Ontson Placide, LMFT, Executive Director

FROM: Natalie Majors-Stewart, LCSW, Chief Compliance Officer

SUBJECT: Monthly Best Practices Report

CONSUMER PERCEPTION SURVEYS

Data collection for the 2025 Consumer Perception Surveys (CPS) will start on Monday, May 19, 2025. Consumer Perception Surveys (CPS) are client feedback surveys that measure client experiences with our services and system of care. These surveys are required to report on federally determined National Outcome Measures (NOMs). In addition to the federal reporting requirements, Tri-City also utilizes the feedback that we gather from the surveys to help us better understand client outcomes, to identify areas for improvement, and to help guide future planning for our system of care.

SITE CERTIFICATION

The Los Angeles County Department of Mental Health has started the Re-Certification desk review for TCMHA-Site 7731A: located at 2008 N. Garey Avenue. The on-site review will occur in June 2025. Re-Certification is required for legal entities (agencies) to be able to provide and be reimbursed for Specialty Mental Health Services.

TAXONOMY UPDATES

The Best Practices team collaborated with both Revenue and Clinical teams to make important changes to taxonomy codes for certain service providers. A taxonomy code is a unique 10-character code that designates a classification and specialty field for which the provider is working and submitting claims. Making these updates to taxonomy codes are critical to ensuring that service claims are not impacted (i.e. claim denials) by these State level changes.



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

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: Consideration of Resolution No. 781 Authorizing the Executive Director to Execute the Second Amendment to the Memorandum of Understanding with National Alliance of Mental Health Greater Los Angeles County (NAMI-GLAC) to Provide Presentations and Training on Mental Health under Tri-City's Mental Health Services Act (MHSA) Prevention and Early Intervention Plan

Summary:

Staff is requesting that the Governing Board authorize the Executive Director to execute an amendment to the Memorandum of Understanding (MOU) with the National Alliance of Mental Illness Greater Los Angeles County (NAMI-GLAC) to continue to provide trainings for the purpose of increasing awareness among teachers, staff, parents and students regarding the prevention and early intervention of mental disorders, and to decrease stigma and increase compassion for those who may be showing symptoms of early onset mental illness in the Tri-City schools located in the cities of Claremont, La Verne, and Pomona.

Background:

TCMHA and NAMI GLAC entered into a Memorandum of Understanding effective July 1, 2023, ("MOU") in the amount of \$35,500.00 for NAMI GLAC to provide presentations and support through two programs named, Ending the Silence and NAMI 101, respectively, which were approved under the Prevention Early Intervention (PEI) Plan as part of the Mental Health Services Act (MHSA) Annual Expenditure Plan for Fiscal Year 2022-23.

On July 1, 2024, the Parties executed a First Amendment to the MOU to modify the: 1) presentations; 2) payment of costs; and 3) Scope of Work.

The parties now desire to execute a second amendment to the MOU to increase the payment of costs by an additional \$16,500.00 resulting in a total amount not to exceed Fifty-Two Thousand (\$52,000.00) dollars over three (3) fiscal years, beginning on July 1, 2023, and ending on June 30, 2026; the remaining requirements, terms, and conditions shall remain unchanged.

Governing Board of Tri-City Mental Health Authority

Consideration of Resolution No. 781 Authorizing the Executive Director to Execute the Second Amendment to the Memorandum of Understanding with National Alliance of Mental Health Greater Los Angeles County (NAMI-GLAC) to Provide Presentations and Training on Mental Health under Tri-City's Mental Health Services Act (MHSA) Prevention and Early Intervention Plan

May 21, 2025

Page 2

Fiscal Impact:

The fiscal impact will be \$16,500.00 and will be paid with MHSA Prevention and Early Intervention funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 781 approving the Second Amendment to the Memorandum of Understanding (MOU) with the National Alliance of Mental Illness Greater Los Angeles County (NAMI-GLAC); and authorizing the Executive Director to execute said Amendment.

Attachments:

Attachment 9-A: Resolution No. 781 – DRAFT

Attachment 9-B: TCMHA and NAMI-GLAC Amendment to MOU

RESOLUTION NO. 781

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE SECOND AMENDMENT TO MOU WITH THE NATIONAL ALLIANCE OF MENTAL ILLNESS GREATER LOS ANGELES COUNTY TO PROVIDE PRESENTATIONS AND TRAINING ON MENTAL HEALTH UNDER TCMHA'S MENTAL HEALTH SERVICES ACT (MHSA) PREVENTION AND EARLY INTERVENTION PLAN

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority"), desires to approve a Second Amendment to the Memorandum of Understanding (MOU) with the National Alliance of Mental Illness Greater Los Angeles County (NAMI GLAC) to increase its funding by an additional \$16,500.00 to support their community capacity building programs through presentations and training on mental health.

B. On May 17, 2023, the TCMHA Governing Board adopted Resolution No. 709 approving an MOU with NAMI GLAC to provide \$35,500 in PEI funds, allocated in its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for FY 2023-24 – FY 2025-26.

C. The Authority affirms that NAMI GLAC is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. The MOU does not create or establish the relationship of employee and employer between Contractor and TCMHA.

2. Action

The Authority's Executive Director is authorized to enter into, and execute, the Second Amendment to the MOU with National Alliance of Mental Illness Greater Los Angeles County to increase its budget in the amount of \$16,500, in a total amount of Fifty-Two Thousand (\$52,000.00) dollars over three (3) fiscal years, beginning on July 1, 2023 and ending on June 30, 2026.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 21, 2025, 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



HOPE. WELLNESS. COMMUNITY.

Let's find it together.

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

www.tricitymhs.org

SECOND AMENDMENT

TO

MEMORANDUM OF UNDERSTANDING

BETWEEN

TRI-CITY MENTAL HEALTH AUTHORITY

AND

**NATIONAL ALLIANCE ON MENTAL ILLNESS
GREATER LOS ANGELES COUNTY**

Administrative Office

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

Clinical Office / Adult

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

Clinical Office / Child & Family

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

MHSA Administrative Office

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

Wellness Center

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

DATED

May 21, 2025

ATTACHMENT 9-B

TABLE OF CONTENTS

	<u>Section Page</u>
1. PARTIES AND DATE	1
2. RECITALS	1
3. AMENDMENT	1
4. REAFFIRMATION OF OTHER TERMS	1
5. EXECUTION	2

SECOND AMENDMENT

**MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY
AND NATIONAL ALLIANCE ON MENTAL ILLNESS
GREATER LOS ANGELES COUNTY
FOR ENDING THE SILENCE & NAMI 101 PROGRAMS**

1. PARTIES AND DATE

This Second Amendment ("Second Amendment") is made and entered into as of May 21, 2025 ("Second Amendment Date"), by and between TRI-CITY MENTAL HEALTH AUTHORITY ("TCMHA" or "Authority"), a California joint powers authority and NATIONAL ALLIANCE ON MENTAL ILLNESS GREATER LOS ANGELES COUNTY (NAMI GLAC), a 501(c)(3) organization organized under the laws of the State of California. TCMHA and NAMI GLAC are sometimes individually referred to as a "Party" and collectively as "Parties."

2. RECITALS

2.1. TCMHA and NAMI GLAC entered into a Memorandum of Understanding effective July 1, 2023, ("MOU") for NAMI GLAC to provide presentations and support through two programs named, Ending the Silence and NAMI 101, respectively, which were approved under the Prevention Early Intervention (PEI) Plan as part of the Mental Health Services Act (MHSA) Annual Expenditure Plan for Fiscal Year 2022-23.

2.2. On July 1, 2024, the Parties executed a First Amendment to the MOU to modify the: 1) presentations; 2) payment of costs; and 3) Scope of Work, incorporated and made part of the First Amendment as 'Exhibit A.'

2.3. The Parties desire to execute a Second Amendment to the MOU to increase the Payment of Costs by an additional \$16,500.00.

2.4. In consideration of these Recitals and the performance by the Parties of the promises, covenants, and conditions herein contained, the Parties agree as provided in this Second Amendment.

3. AMENDMENT

Section 5 (Payment of Costs) to the MOU is hereby amended by increasing the total cost by \$16,500.00 resulting in a total amount not to exceed Fifty-Two Thousand (\$52,000.00) dollars over three (3) fiscal years, beginning on July 1, 2023 and ending on June 30, 2026; the remaining requirements, terms, and conditions shall remain unchanged.

4. REAFFIRMATION OF OTHER TERMS

Except as modified or changed herein, all of the terms and provisions of the Memorandum of Understanding, as amended by the Second Amendment, shall remain in full force and effect.

5. EXECUTION

The Parties have executed this Agreement as of the Second Amendment Date.

Tri-City Mental Health Authority**National Alliance On Mental Illness
Greater Los Angeles County**

By: _____
Ontson Placide, Executive Director

By: _____
Traute Winters, Executive Director

Attest:

By: _____
Micaela P. Olmos, JPA Administrator/Clerk

Approved as to Form:
RICHARDS WATSON & GERSHON

By: _____
Steven L. Flower, General Counsel



Tri-City Mental Health Authority
AGENDA REPORT

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

BY: Kitha Torregano, Human Resources Director

SUBJECT: Approval of Resolution No. 782 Adopting Revised Master Classification and Salary Schedule Retroactive to January 1, 2025 to include the Revised Job Description for Nurse Practitioner, Human Resources Technician and Human Resources Assistant

Summary:

This report seeks the adoption of a consolidated job description for the Nurse Practitioner classification, combining the former Nurse Practitioner I and II positions into a single role to reflect expanded scope under California Assembly Bill (AB) 890. In addition, this report seeks the adoption of revised job descriptions for Human Resources Technician and Human Resources Assistant to broaden the candidate pool by aligning minimum qualifications with current market and compensation levels.

Background:

Nurse Practitioner Classification:

Effective January 1, 2023, AB 890 authorized qualified Nurse Practitioners (NPs) in California to perform certain functions independently without standardized procedures, expanding their scope of practice and influencing public sector classification models. To adapt to this change and improve recruitment of advanced practice providers, Tri-City is proposing to consolidate the Nurse Practitioner I and II classifications into a single Nurse Practitioner classification that reflects these expanded duties.

As part of this consolidation, staff recommends updating the salary range for the new Nurse Practitioner classification from Salary Range 56 and 60 Nurse Practitioner I: 121,187.87–\$154,669.84 annually and Nurse Practitioner II \$133,768.75–\$170,726.61 annually to Salary Range 71 \$175,516.22 to \$224,008.10 annually, based on a market analysis of comparable classifications in our comparative public agencies. This adjustment is necessary to attract and retain qualified Nurse Practitioners with expanded practice authority under AB 890.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 782 Adopting Revised Master Classification and Salary Schedule Retroactive to January 1, 2025 to include the Revised Job Description for Nurse Practitioner, Human Resources Technician and Human Resources Assistant
May 21, 2025
Page 2

Human Resources Technician and Assistant Classifications:

A recent review of comparative agencies revealed that the minimum experience requirements for the Human Resources Technician and Assistant classifications are higher than typical for similar roles at comparable compensation levels. To better align our classifications with industry standards, the proposed revisions will broaden the candidate pool by reducing minimum experience thresholds, refining the examples of essential duties to reflect current responsibilities, and updating reporting relationships and oversight language.

To ensure the classifications remain competitive in the labor market and reflects the responsibilities and qualifications outlined in the revised specification, staff also recommend updating the salary range for the Human Resources Technician from Salary Range 25 \$56,366.34–\$71,939.30 annually to Salary Range 32 \$67,001.79– \$85,513.17 annually. Updating of the salary range for the Human Resources Assistant is forthcoming with future budget approvals.

In addition to supporting external recruitment, these changes provide an opportunity for qualified internal staff who are already performing related duties to be considered for reclassification or promotion. This supports Tri-City's commitment to internal workforce development and career growth.

These updated classifications will enhance Tri-City's ability to attract and retain highly qualified staff by offering a more competitive salary structure and simplifying the classification series. The revision is part of Tri-City's broader workforce strategy to continue to modernize job classifications, attract and retain qualified staff, and better align classifications with licensing and career pathways and market expectations.

Fiscal Impact:

With only a month and a half left in the current fiscal year, Management expects no material impact to the current fiscal year budget. Management will incorporate newly adopted range into the fiscal year 2025-2026 budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 782 to approve the revised job descriptions for the Nurse Practitioner, Human Resources Technician and Human Resources Assistant classifications and update the Master Classification and Salary Schedule to reflect the change.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 782 Adopting Revised Master Classification and Salary
Schedule Retroactive to January 1, 2025 to include the Revised Job Description for Nurse
Practitioner, Human Resources Technician and Human Resources Assistant
May 21, 2025
Page 3

Attachments

Attachment 10-A: Resolution No. 782- Draft

Attachment 10-B: HR Assistant Job Description – Annotated & Clean versions

Attachment 10-C: HR Technician Job Description – Annotated & Clean versions

Attachment 10-D: Nurse Practitioner Job Description – Annotated & Clean versions

RESOLUTION NO. 782

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE REVISED JOB DESCRIPTION OF THE HUMAN RESOURCES ASSISTANT, HUMAN RESOURCES TECHNICIAN, AND NURSE PRACTITIONER CLASSIFICATIONS; AND REVISING THE AUTHORITY'S MASTER CLASSIFICATION AND SALARY SCHEDULE EFFECTIVE RETROACTIVE JANUARY 1, 2025 TO INCLUDE THIS CHANGE

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

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

A. The Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to consolidate the job description of the Nurse Practitioner classification, combining the former Nurse Practitioner I and II positions into a single role to reflect expanded scope under California Assembly Bill (AB) 890; revise the job descriptions of the Human Resources Assistant, and the Human Resources Technician; and update the Authority's Master Classification and Salary Schedule to reflect this change effective January 1, 2025.

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

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

D. The Nurse Practitioner annual Salary Range is as follows:

Salary Range 71: \$175,516.22 – \$224,008.10 annually

E. The Human Resources Technician annual Salary Range is as follows:

Salary Range 32: \$67,001.79 – \$85,513.17 annually

2. Action

The Governing Board approves the revised job descriptions of the Human Resources Assistant, Human Resources Technician, and Nurse Practitioner Classifications; and adopts the Authority's Revised Master Classification and Salary Schedule effective retroactively to January 1, 2025, attached herein as 'Exhibit A.', replacing and superseding all previous versions.

ATTACHMENT 10-A

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 21, 2025, 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

EXHIBIT A

**TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 1, 2025
ADOPTED APRIL 16, 2025**

Classification	Salary Range
Accountant	31
Accounting Manager	52
Accounting Technician	22
Administrative Assistant	26
Administrative Services Manager	46
Behavioral Health Advocate I	15
Behavioral Health Advocate II	17
Behavioral Health Program Supervisor	43
Behavioral Health Specialist	22
Behavioral Health Specialist Coordinator	30
Behavioral Health Worker	19
Chief Clinical Officer	70
Chief Compliance Officer & Privacy Officer	65
Chief Financial Officer	70
Chief Information Officer	65
Chief Operating Officer/HIPAA Privacy Officer	70
Clinical Program Manager	53
Clinical Supervisor I	45
Clinical Supervisor II	49
Clinical Therapist I	37
Clinical Therapist II	41
Communications Coordinator	32
Community Behavioral Health Trainer	37
Community Capacity Organizer	37
Community Navigator	19
Compliance Administrator	37
Controller	57
Counselor	31
Crisis Intervention & Medication Support Manager	52
Crisis Intervention & Medication Support Supervisor	37
Data Analyst	42
Data Specialist	38
Data Supervisor	46
Deputy Chief Clinical Officer	61
Director of MHSA & Ethnic Services	65
Diversity, Equity & Inclusion Coordinator	37
Electronic Health Records Specialist	37
Executive Director	93
Facilities and Safety Manager	46
Facilities Coordinator	42
Facilities Maintenance Worker	19
Grants Manager	47
Housing Manager	52
Housing Outreach Specialist	26
Housing Supervisor	46
Human Resources Analyst	38
Human Resources Assistant	19
Human Resources Director	60
Human Resources Technician	32
Information Technology Service Desk & Project Supervisor	46
Information Technology Specialist I	30
Information Technology Specialist II	34
Information Technology Systems Administrator & Security Officer	52
Joint Powers Authority (JPA) Administrator/Clerk	52
Manager of Best Practices	52
Master of Social Work Intern	15
Medical Assistant	15

Medical Director	93
MHSA Program Coordinator	42
MHSA Projects Manager	52
Nurse Practitioner	71
Occupational Therapist	50
Office Assistant	15
Office Specialist	19
Peer Support Specialist I	15
Peer Support Specialist II	19
Program Analyst	42
Program Manager	52
Program Supervisor	46
Program Support Supervisor	31
Psychiatric Technician I	22
Psychiatric Technician II	26
Psychiatrist I	82
Psychiatrist II	86
Psychiatrist III	90
Psychologist	46
Quality Assurance Specialist I	38
Quality Assurance Specialist II	42
Quality Assurance Supervisor	46
Residential Services Coordinator	18
Revenue/Billing Manager	52
Senior Accountant	37
Senior Facilities Maintenance Worker	23
Senior Human Resources Analyst	42
Senior Information Technology Specialist	52
Senior Behavioral Health Specialist	26
TCG Gardener	15
WET Supervisor	46

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 1, 2025
ADOPTED MAY21, 2025

Salary Range	Annually						Monthly						Per Pay Period						Hourly							
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6		
15			48,546.58	50,973.94	53,522.77	56,198.90				4,047.96	4,045.55	4,247.83	4,460.23	4,683.24	1,867.18	1,960.54	2,058.57	2,161.50					23.33970	24.50670	25.73210	27.01870
16			49,760.26	52,248.35	54,860.83	57,603.73					4,146.69	4,354.03	4,571.74	4,800.31	1,913.86	2,009.55	2,110.03	2,215.53					23.92320	25.11940	26.37540	27.69410
17		48,575.49	51,004.30	53,554.59	56,232.38	59,043.92		4,047.96	4,250.36	4,462.88	4,686.03	4,920.33			1,968.29	1,961.70	2,059.79	2,162.78	2,270.92			23.35360	24.52130	25.74740	27.03480	
18		49,790.00	52,279.55	54,893.49	57,638.05	60,520.10		4,149.17	4,356.63	4,574.46	4,803.17	5,043.34			1,915.00	2,010.75	2,111.29	2,216.85	2,327.70			23.93750	25.13440	26.39110	27.71060	
19	48,604.40	51,034.67	53,586.42	56,265.66	59,079.07	62,033.09	4,050.37	4,252.89	4,465.53	4,688.81	4,923.26	5,169.42	1,869.40	1,962.87	2,061.02	2,164.06	2,272.27	2,385.89	23,36750	24,53590	25,76270	27,05080	28,40340	29,82360		
20	49,819.54	52,310.54	54,926.14	57,672.37	60,556.08	63,583.73	4,151.63	4,359.21	4,577.18	4,806.03	5,046.34	5,298.64	1,916.14	2,011.94	2,112.54	2,218.17	2,329.08	2,445.53	23,95170	25,14930	26,40680	27,72710	29,11350	30,56910		
21	51,065.04	53,618.24	56,299.15	59,114.22	62,069.90	65,173.47	4,255.42	4,468.19	4,691.60	4,926.19	5,172.49	5,431.12	1,964.04	2,062.24	2,165.35	2,273.62	2,387.30	2,506.67	24,55050	25,77800	27,06690	28,42030	29,84130	31,33340		
22	52,341.74	54,958.80	57,706.69	60,592.06	63,621.58	66,802.74	4,361.81	4,579.90	4,808.89	5,049.34	5,301.80	5,566.89	2,013.14	2,113.80	2,219.49	2,330.46	2,446.98	2,569.34	25,16430	26,42250	27,74360	29,13080	30,58730	32,11670		
23	53,650.27	56,332.85	59,149.38	62,106.93	65,212.16	68,472.77	4,470.86	4,694.40	4,929.11	5,175.58	5,434.35	5,706.06	2,063.47	2,166.65	2,274.98	2,388.73	2,508.16	2,633.57	25,79340	27,08310	28,43720	29,85910	31,35200	32,91960		
24	54,991.46	57,741.01	60,628.05	63,659.44	66,842.46	70,184.61	4,582.62	4,811.75	5,052.34	5,304.95	5,570.21	5,848.72	2,115.06	2,220.81	2,331.85	2,448.44	2,570.86	2,699.41	26,43820	27,76010	29,14810	30,60550	32,13580	33,74260		
25	56,366.34	59,184.53	62,143.74	65,251.06	68,513.54	71,939.30	4,697.19	4,932.04	5,178.65	5,437.59	5,709.46	5,994.94	2,167.94	2,276.33	2,390.14	2,509.66	2,635.14	2,766.90	27,09920	28,45410	29,87680	31,37070	32,93920	34,58620		
26	57,775.54	60,664.24	63,697.50	66,882.40	70,226.42	73,737.66	4,814.63	5,055.35	5,308.13	5,573.53	5,852.20	6,144.81	2,222.14	2,333.24	2,449.90	2,572.40	2,701.02	2,836.06	27,77670	29,16550	30,62380	32,15500	33,76270	35,45080		
27	59,219.89	62,180.77	65,289.95	68,554.30	71,982.14	75,581.17	4,934.99	5,181.73	5,440.83	5,712.86	5,998.51	6,298.43	2,277.69	2,391.57	2,511.15	2,636.70	2,768.54	2,906.97	28,47110	29,89460	31,38940	32,95880	34,60680	36,33710		
28	60,700.43	63,735.36	66,922.13	70,268.22	73,781.55	77,470.64	5,058.37	5,311.28	5,576.84	5,855.69	6,148.46	6,455.89	2,334.63	2,451.36	2,573.93	2,702.62	2,837.75	2,979.64	29,18290	30,64200	32,17410	33,78280	35,47190	37,24550		
29	62,217.79	65,328.64	68,595.07	72,024.99	75,626.10	79,407.54	5,184.82	5,444.05	5,716.26	6,002.08	6,302.17	6,617.29	2,392.99	2,512.64	2,638.27	2,770.19	2,908.70	3,054.14	29,91240	31,40800	32,97840	34,62740	36,35870	38,17670		
30	63,773.22	66,961.86	70,310.03	73,825.65	77,516.82	81,392.69	5,314.43	5,580.15	5,859.17	6,152.14	6,459.73	6,782.72	2,452.82	2,575.46	2,704.23	2,839.45	2,981.42	3,130.49	30,66020	32,19320	33,80290	35,49310	37,26770	39,13110		
31			72,067.84	75,671.23	79,454.75	83,427.55				6,005.65	6,305.94	6,621.23	6,952.30		2,771.84	2,910.43	3,055.95	3,208.75					34,64800	36,38040	38,19940	40,10940
32	67,001.79	70,351.84	73,869.54	77,562.99	81,441.15	85,513.17	5,583.48	5,862.65	6,155.79	6,463.58	6,786.76	7,126.10	2,576.99	2,705.84	2,841.14	2,983.19	3,132.35	3,288.97	32,21240	33,82300	35,51420	37,28990	39,15440	41,12120		
33	68,676.82	72,110.69	75,716.16	79,501.97	83,477.06	87,650.99	5,723.07	6,009.22	6,309.68	6,625.16	6,956.42	7,304.25	2,641.42	2,773.49	2,912.16	3,057.77	3,210.66	3,371.19	33,01770	34,66860	36,40200	38,22210	40,13320	42,13990		
34	70,393.86	73,913.42	77,609.17	81,489.62	85,564.13	89,842.27	5,866.15	6,159.45	6,467.43	6,790.80	7,130.34	7,486.86	2,707.46	2,842.82	2,984.97	3,134.22	3,290.93	3,455.47	33,84320	35,53530	37,31210	39,17770	41,13660	43,19340		
35	72,153.54	75,761.30	79,549.39	83,526.77	87,703.20	92,088.26	6,012.79	6,313.44	6,629.12	6,960.56	7,308.60	7,674.02	2,775.14	2,913.90	3,059.59	3,212.57	3,373.20	3,541.86	34,68920	36,42370	38,24490	40,15710	42,16500	44,27320		
36	73,957.52	77,655.34	81,538.08	85,615.09	89,895.73	94,390.61	6,163.13	6,471.28	6,794.84	7,134.59	7,491.31	7,865.88	2,844.52	2,986.74	3,136.08	3,292.89	3,457.53	3,630.41	35,55650	37,33430	39,20100	41,16110	43,21910	45,38010		
37	75,806.43	79,596.82	83,576.48	87,755.41	92,143.17	96,750.37	6,317.20	6,633.07	6,964.71	7,312.95	7,678.60	8,062.53	2,915.63	3,061.42	3,214.48	3,375.21	3,543.97	3,721.17	36,45440	38,26770	40,18100	42,19010	44,29960	46,51460		
38	77,701.52	81,586.54	85,666.05	89,948.18	94,466.77	99,168.99	6,475.13	6,798.88	7,138.84	7,495.77	7,870.56	8,264.08	2,988.52	3,137.94	3,294.85	3,459.58	3,632.57	3,814.19	37,35650	39,22430	41,18560	43,24480	45,40710	47,67740		
39	79,644.03	83,626.40	87,807.62	92,198.08	96,807.98	101,648.35	6,637.00	6,968.87	7,317.30	7,683.17	8,067.33	8,470.70	3,063.23	3,216.40	3,377.22	3,546.08	3,723.38	3,909.55	38,29040	40,20500	42,21520	44,32600	46,54230	48,86940		
40	81,635.22	85,717.01	90,002.85	94,502.93	99,228.06	104,189.49	6,802.93	7,143.08	7,500.24	7,875.24	8,269.01	8,682.46	3,139.82	3,296.81	3,461.65	3,634.73	3,816.46	4,007.29	39,24770	41,21010	43,27060	45,43410	47,70580	50,09110		
41	83,676.11	87,859.82	92,252.78	96,865.60	101,708.88	106,794.27	6,973.01	7,321.65	7,687.73	8,072.13	8,475.74	8,899.52	3,218.31	3,379.22	3,548.18	3,725.60	3,911.88	4,107.47	40,22890	42,24030	44,35230	46,57700	48,89850	51,34340		
42	85,767.97	90,056.30	94,559.30	99,287.14	104,251.47	109,464.16	7,147.33	7,504.69	7,879.94	8,273.93	8,687.62	9,122.01	3,298.77	3,463.70	3,636.90	3,818.74	4,009.67	4,210.16	41,23460	43,29630	45,46120	47,73420	50,12090	52,62700		
43	87,912.24	92,307.70	96,923.22	101,769.41	106,857.71	112,200.61	7,326.02	7,692.31	8,076.93	8,480.78	8,904.81	9,350.05	3,381.24	3,550.30	3,722.81	3,914.21	4,109.91	4,315.41	42,26550	44,37870	46,59770	48,92760	51,37390	53,94260		
44	90,109.97	94,615.46	99,346.21	104,313.66	109,529.26	115,005.70	7,509.16	7,884.62	8,278.85	8,692.88	9,127.44	9,583.81	3,465.77	3,639.06	3,822.01	4,012.06	4,212.66	4,423.30	43,32210	45,48820	47,76260	50,15080	52,65830	55,29120		
45	92,362.82	96,980.83	101,829.94	106,92																						

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 1, 2025
ADOPTED MAY21, 2025

Salary Range	Annually						Monthly						Per Pay Period						Hourly					
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
93	302,163.68	317,271.97	333,135.50	349,792.35	367,281.82	385,645.94	25,180.31	26,439.33	27,761.29	29,149.36	30,606.82	32,137.16	11,621.68	12,202.77	12,812.90	13,453.55	14,126.22	14,832.54	145.27100	152.53460	160.16130	168.16940	176.57780	185.40670
94	309,717.82	325,203.63	341,463.82	358,537.09	376,463.98	395,287.15	25,809.82	27,100.30	28,455.32	29,878.09	31,372.00	32,940.60	11,912.22	12,507.83	13,133.22	13,789.89	14,479.38	15,203.35	148.90280	156.34790	164.16530	172.37360	180.99230	190.04190
95	317,460.83	333,333.73	350,000.56	367,500.43	385,875.57	405,169.23	26,455.07	27,777.81	29,166.71	30,625.04	32,156.30	33,764.10	12,210.03	12,820.53	13,461.56	14,134.63	14,841.37	15,583.43	152.62540	160.25660	168.26950	176.68290	185.51710	194.79290
96	325,397.28	341,667.04	358,750.50	376,688.00	395,522.40	415,298.62	27,116.44	28,472.25	29,895.87	31,390.67	32,960.20	34,608.22	12,515.28	13,141.04	13,798.10	14,488.00	15,212.40	15,973.02	156.44100	164.26300	172.47620	181.10000	190.15500	199.66280
97	333,532.16	350,208.77	367,719.25	386,105.20	405,410.51	425,680.94	27,794.35	29,184.06	30,643.27	32,175.43	33,784.21	35,473.41	12,828.16	13,469.57	14,143.05	14,850.20	15,592.71	16,372.34	160.35200	168.36960	176.78810	185.62750	194.90890	204.65430
98	341,870.46	358,964.11	376,912.22	395,757.86	415,545.73	436,323.06	28,489.21	29,913.68	31,409.35	32,979.82	34,628.81	36,360.25	13,148.86	13,806.31	14,496.62	15,221.46	15,982.53	16,781.66	164.36080	172.57890	181.20780	190.26820	199.78160	209.77070
99	350,417.18	367,938.06	386,335.04	405,651.79	425,934.29	447,231.20	29,201.43	30,661.51	32,194.59	33,804.32	35,494.52	37,269.27	13,477.58	14,151.46	14,859.04	15,601.99	16,382.09	17,201.20	168.46980	176.89330	185.73800	195.02490	204.77610	215.01500
100	359,177.73	377,136.66	395,993.31	415,793.04	436,582.64	458,411.82	29,931.48	31,428.05	32,999.44	34,649.42	36,381.89	38,200.99	13,814.53	14,505.26	15,230.51	15,992.04	16,791.64	17,631.22	172.68160	181.31570	190.38140	199.90050	209.89550	220.39030



HUMAN RESOURCES ASSISTANT

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under close supervision, to perform a wide variety of clerical human resources (HR) functions and services; to serve as primary liaison between departments and the Human Resources Department for the processing of human resources related staff transactions and maintenance of human resources records in relation to recruitment and selection, human resources information systems, classification/compensation, benefits, employee relations, and training and development; and conduct special projects. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS

This classification serves as an entry level position while acquiring the necessary knowledge, skills and abilities to potentially qualify for promotion to the Human Resources Technician classification. Incumbents in this classification are expected to sufficiently perform all essential duties while making independent judgements with consultation from the Senior Human Resources Analyst, Human Resources Technician, Human Resources Analyst and Human Resources Director. Work is subject to detailed review on an as needed basis. This position provides support to the Human Resources Technician, Human Resources Analyst, Senior Human Resources Analyst and the Human Resources Director.

The Human Resources Assistant reports on a regular basis to the Human Resources Director.

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

- Provide confidential administrative services to the Human Resources Department.
- Participate in clerical functions of the Human Resources Department; prepare personnel transaction forms, conduct new hire orientation and prepare related documents, and enter employee data into various data systems.
- Assist staff in preparing recruitments, including but not limited to, coordinating interviews and interview panels, answering questions from applicants and potential candidates, notifying candidates of selection/non-selection via email, attending job fairs, and representing the Human Resources Department at community events, as needed.
- Provide clerical assistance to Human Resources Department staff with regard to leave administration, benefit administration, classification and compensation, recruitment and selection, and Workers' Compensation.

- Assist in performing background and reference checks on all potential candidates.
- Recommends changes and/or updates to the Personnel Rules and Regulations.
- Assist in developing, interpreting and revising human resources policies and procedures and provide a tracking system to ensure that all new or revised policies relating to personnel issues are provided to all staff, and staff acknowledgement pages are signed and filed in each staff personnel file.
- Gather data for salary surveys from surrounding and like agencies, and prepare spreadsheets and reports of information compiled from surveys.
- Participate in the annual benefit renewal and open enrollment process.
- Assist in the development, scheduling, and coordination of training and educational programs for Tri-City staff on a wide variety of subjects.
- Provide assistance to employees regarding benefit administration for the Agency's health and welfare plan including, health, dental, vision, long term disability, life insurance, retirement, and other benefit questions and/or related issues; coordinate the distribution of aforementioned benefit information to employees.
- Maintain and update legal employment postings at all sites. Maintain OSHA300 Log.
- Maintain and track Driver's Authorization Program, including preparing notifications to employees and supervisors/managers when documentation has expired or requires renewal.
- Prepare and disseminate monthly reports to appropriate parties such as evaluations, new hire, separation, and OIG verification report.
- Prepare and disseminate employment verifications.
- Assist in chairing the Agency Employee Retention Group by collecting suggestions from employees on a quarterly basis and presenting recommendations to the Executive Management.
- Assist in creating and facilitating annual Wellness Program events for all employees.
- Copy, file, fax and email related human resources work on behalf of the Human Resources Department.
- Perform other clerical duties as assigned.

QUALIFICATIONS:

Education, Training and Experience:

One year of clerical or administrative support experience, preferably with some work experience in a human resources, personnel and/or payroll capacity performing recruitment and selection, training, benefits, payroll, leave or Workers' Compensation administration, and/or classification

and compensation.

Licensure/Registration/Certification:

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

Knowledge of:

- Basic knowledge of the principles and practices of public human resources administration.
- Principles and practices of Microsoft Office, database management and report writing.
- Basic knowledge of human resources and/or payroll recordkeeping and standard modern operating office standards.

Ability to:

- Input and retrieve data from a computerized recordkeeping system.
- Perform basic technical and analytical human resources work with oversight.
- Apply technical principles and practices to the development and maintenance of administrative systems and records.
- Ability to multitask and prioritize with close attention to detail, schedules, and deadlines under supervision.
- Use tact and diplomacy in discussing sensitive employee matters and preserve confidentiality.
- Understand and apply pertinent policies, procedures, laws and regulations.
- Analyze situations and apply effective courses of action under supervision.
- Communicate effectively, both verbally and in writing.
- Understand and carry out verbal and written instructions.
- Establish and maintain effective working relationships in the course of business.
- Maintain extensive files and records.

PHYSICAL DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 30 pounds in the performance of daily activities; body mobility to move from one work area to another, and operate a vehicle; grasping, repetitive hand movement and fine coordination in preparing reports, data entry, and using a computer keyboard; vision sufficient for observing work performed, reading correspondence and reports, statistical data, computer screen and other standard text; and communicating with others on the phone, in person, and in meetings.

WORKING CONDITIONS:

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

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



HUMAN RESOURCES ASSISTANT

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under close supervision, to perform a wide variety of clerical human resources (HR) functions and services; to serve as primary liaison between departments and the Human Resources Department for the processing of human resources related staff transactions and maintenance of human resources records in relation to recruitment and selection, human resources information systems, classification/compensation, benefits, employee relations, and training and development; and conduct special projects. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS

This classification serves as an entry level position while acquiring the necessary knowledge, skills and abilities to potentially qualify for promotion to the Human Resources Technician classification. Incumbents in this classification are expected to sufficiently perform all essential duties while making independent judgements with consultation from the Senior Human Resources Analyst, Human Resources Technician, Human Resources Analyst and Human Resources ~~Manager~~Director. Work is subject to detailed review on an as needed basis. This position provides support to the Human Resources Technician, Human Resources Analyst, Senior Human Resources Analyst and the Human Resources ~~Manager~~Director.

The Human Resources Assistant reports on a regular basis to the Human Resources ~~Manager~~Director.

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

- Provide confidential administrative services to the Human Resources Department.
- Participate in clerical functions of the Human Resources Department; prepare personnel transaction forms, conduct new hire orientation and prepare related documents, and enter employee data into various data systems.
- Assist staff in preparing recruitments, including but not limited to, coordinating interviews and interview panels, answering questions from applicants and potential candidates, notifying candidates of selection/non-selection via email, attending job fairs, and representing the Human Resources Department at community events, as needed.
- Provide clerical assistance to Human Resources Department staff with regard to leave administration, benefit administration, classification and compensation, recruitment and selection, and Workers' Compensation.

- Assist in performing background and reference checks on all potential candidates.
- Recommends changes and/or updates to the Personnel Rules and Regulations.
- Assist in developing, interpreting and revising human resources policies and procedures and provide a tracking system to ensure that all new or revised policies relating to personnel issues are provided to all staff, and staff acknowledgement pages are signed and filed in each staff personnel file.
- Gather data for salary surveys from surrounding and like agencies, and prepare spreadsheets and reports of information compiled from surveys.
- Participate in the annual benefit renewal and open enrollment process.
- Assist in the development, scheduling, and coordination of training and educational programs for Tri-City staff on a wide variety of subjects.
- Provide assistance to employees regarding benefit administration for the Agency's health and welfare plan including, health, dental, vision, long term disability, life insurance, retirement, and other benefit questions and/or related issues; coordinate the distribution of aforementioned benefit information to employees.
- Maintain and update legal employment postings at all sites. Maintain OSHA300 Log.
- Maintain and track Driver's Authorization Program, including preparing notifications to employees and supervisors/managers when documentation has expired or requires renewal.
- Prepare and disseminate monthly reports to appropriate parties such as evaluations, new hire, separation, and OIG verification report.
- Prepare and disseminate employment verifications.
- Assist in chairing the Agency Employee Retention Group by collecting suggestions from employees on a quarterly basis and presenting recommendations to the Executive Management.
- Assist in creating and facilitating annual Wellness Program events for all employees.
- Copy, file, fax and email related human resources work on behalf of the Human Resources Department.
- Perform other clerical duties as assigned.

QUALIFICATIONS:

Education, Training and Experience:

~~Two years~~One year of clerical or administrative support experience, preferably with some work experience in a human resources, personnel and/or payroll capacity performing recruitment and

selection, training, benefits, payroll, leave or Workers' Compensation administration, and/or classification and compensation.

Licensure/Registration/Certification:

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

~~None required.~~

Knowledge of:

- Basic knowledge of the principles and practices of public human resources administration.
- Principles and practices of Microsoft Office, database management and report writing.
- Basic knowledge of human resources and/or payroll recordkeeping and standard modern operating office standards.

Ability to:

- Input and retrieve data from a computerized recordkeeping system.
- Perform basic technical and analytical human resources work with oversight.
- Apply technical principles and practices to the development and maintenance of administrative systems and records.
- Ability to multitask and prioritize with close attention to detail, schedules, and deadlines under supervision.
- Use tact and diplomacy in discussing sensitive employee matters and preserve confidentiality.
- Understand and apply pertinent policies, procedures, laws and regulations.
- Analyze situations and apply effective courses of action under supervision.
- Communicate effectively, both verbally and in writing.
- Understand and carry out verbal and written instructions.
- Establish and maintain effective working relationships in the course of business.
- Maintain extensive files and records.

Special Requirements:

- ~~Possess and maintain a current valid California Driver License, a satisfactory driving record, and a properly registered and insured vehicle.~~
- ~~Receive satisfactory results from a background investigation, which includes fingerprinting; a pre-employment physical examination, which includes a drug/alcohol test; and an administrative review.~~
- ~~In accordance with California Government Code Section 3100, Tri-City Mental Health Services employees, in the event of a disaster, are considered disaster service workers and may be asked to protect the health, safety, lives, and property of the people of the State.~~

PHYSICAL STANDARDS/DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 30 pounds in the performance of daily activities; body mobility to move from one work area to another, and operate a vehicle;

grasping, repetitive hand movement and fine coordination in preparing reports, data entry, and using a computer keyboard; vision sufficient for observing work performed, reading correspondence and reports, statistical data, computer screen and other standard text; and communicating with others on the phone, in person, and in meetings.

WORKING CONDITIONS:

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

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

Formatted: Indent: First line: 0"

Formatted: No bullets or numbering



HUMAN RESOURCES TECHNICIAN

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under general supervision, to perform a wide variety of technical, para-professional human resources functions and services; provide technical assistance in recruitment and selection, human resources information systems, classification/compensation, benefits, employee relations, and training and development; conduct special projects. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS

This classification serves as a para-professional level position while acquiring the necessary knowledge, skills and abilities to potentially qualify for promotion to the Human Resources Analyst classification. Incumbents in this classification are expected to sufficiently perform all essential duties while making independent judgements with consultation from the Senior Human Resources Analyst and Human Resources Director. Work is subject to detailed review on an as needed basis. This position provides support to the Senior Human Resources Analyst, Human Resources Analyst, Human Resources Director and the Executive Director. The Human Resources Technician reports on a regular basis to the Human Resources Director.

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

- Provide confidential administrative services to the Human Resources Department.
- Participate in technical functions of the Human Resources Department; prepare personnel transaction forms, conduct new hire orientation and prepare related documents, and enter employee data into various data systems.
- Conduct recruitments for full or part-time vacancies; prepare job bulletins and advertisements, determine advertising sources; develop innovative marketing and recruitment plans; analyze and evaluate written, oral and performance tests, review job applications, rate training, qualifications and experience, interview applicants, attend job fairs, and represent the HR Department at community events as needed.
- Provide technical assistance to Human Resources Department staff with regard to leave administration, benefit administration, classification and compensation, recruitment and selection and Workers' Compensation. Assist in processing promotions, merit step increases and benefit documentation.
- Perform background and reference checks on all potential candidates.

- Recommend changes and/or updates to the Personnel Rules and Regulations.
- Assist in developing, interpreting and revising human resources policies and procedures and provide a tracking system to ensure that all new or revised policies relating to personnel issues are provided to all staff and staff acknowledgement pages are signed and filed in each staff personnel file.
- Gather data for salary surveys from surrounding and like agencies, prepare spreadsheets and reports of information compiled from surveys, and make recommendations regarding salary survey data.
- Participate in the administration of the Workers' Compensation program.
- Coordinates the annual Open Enrollment and Health Benefit Fair process, serving as the primary point of contact for employees, benefit providers, and third-party administrators; prepares communications, facilitates logistics, and ensures timely and accurate implementation of benefit elections in collaboration with the HR team and external vendors.
- Assist in the development, scheduling, and coordination of training and educational programs for Tri-City staff on a wide variety of subjects.
- Provide assistance to employees regarding benefit administration for the Agency's health and welfare plan including, health, dental, vision, long term disability, life insurance, retirement, and other benefit questions and/or related issues; coordinate the distribution of aforementioned benefit information to employees.
- Maintain and update legal employee postings at all sites. Maintain OSHA300 Log.
- Prepare and disseminate monthly reports to appropriate parties such as evaluations, new hire, separation, and OIG verification report.
- Assist in chairing the Agency Employee Retention Group collecting suggestions from employees on a quarterly basis and presenting recommendations to the Executive Management.
- Assist in creating and facilitating annual Wellness Program events for all employees.
- Perform other duties as assigned.

QUALIFICATIONS:

Education, Training and Experience:

Two years of clerical or para-professional experience working in a human resources or personnel office/department performing recruitment and selection, training, benefits, payroll, leave or Workers' Compensation administration, and/or classification and compensation.

Licensure/Registration/Certification:

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

Knowledge of:

- Basic knowledge of the principles and practices of public human resources administration and related requirements and procedures.
- Principles and practices of Microsoft Office, database management and report writing.
- Basic knowledge of human resources and/or payroll recordkeeping and standard modern operating office standards.

Ability to:

- Input and retrieve data from a computerized recordkeeping system.
- Perform basic technical and analytical human resources work with oversight.
- Apply technical principles and practices to the development and maintenance of administrative systems and records.
- Ability to multitask and prioritize with close attention to detail, schedules, and deadlines under supervision.
- Use tact and diplomacy in discussing sensitive employee matters and preserve confidentiality.
- Understand and apply pertinent policies, procedures, laws and regulations.
- Analyze situations and apply effective courses of action under supervision.
- Communicate effectively, both verbally and in writing.
- Understand and carry out verbal and written instructions.
- Establish and maintain effective working relationships in the course of business.
- Maintain extensive files and records.

PHYSICAL DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 30 pounds in the performance of daily activities; body mobility to move from one work area to another, and operate a vehicle; grasping, repetitive hand movement and fine coordination in preparing reports, data entry, and using a computer keyboard; vision sufficient for observing work performed, reading correspondence and reports, statistical data, computer screen and other standard text; and communicating with others on the phone, in person, and in meetings.

WORKING CONDITIONS:

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

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



HUMAN RESOURCES TECHNICIAN

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under general supervision, to perform a wide variety of technical, para-professional human resources functions and services; provide technical assistance in recruitment and selection, human resources information systems, classification/compensation, benefits, employee relations, and training and development; conduct special projects. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS

This classification serves as a para-professional level position while acquiring the necessary knowledge, skills and abilities to potentially qualify for promotion to the Human Resources Analyst classification. Incumbents in this classification are expected to sufficiently perform all essential duties while making independent judgements with consultation from the Senior Human Resources Analyst and Human Resources Manager/Director. Work is subject to detailed review on an as needed basis. This position provides support to the Senior Human Resources Analyst, Human Resources Manager/Analyst, Human Resources Director and the Chief—Operations Officer/Executive Director. The Human Resources Technician reports on a regular basis to the Human Resources Manager/Director.

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

- Provide confidential administrative services to the Human Resources Department.
- Participate in technical functions of the Human Resources Department; prepare personnel transaction forms, conduct new hire orientation and prepare related documents, and enter employee data into various data systems.
- Conduct recruitments for full or part-time vacancies; prepare job bulletins and advertisements, determine advertising sources; develop innovative marketing and recruitment plans; analyze and evaluate written, oral and performance tests, review job applications, rate training, qualifications and experience, interview applicants, attend job fairs, and represent the HR Department at community events as needed.
- Provide technical assistance to Human Resources Department staff with regard to leave administration, benefit administration, classification and compensation, recruitment and selection and Workers' Compensation. Assist in processing promotions, merit step increases and benefit documentation.

- Perform background and reference checks on all potential candidates.
- Recommend changes and/or updates to the Personnel Rules and Regulations.
- Assist in developing, interpreting and revising human resources policies and procedures and provide a tracking system to ensure that all new or revised policies relating to personnel issues are provided to all staff and staff acknowledgement pages are signed and filed in each staff personnel file.
- Gather data for salary surveys from surrounding and like agencies, prepare spreadsheets and reports of information compiled from surveys, and make recommendations regarding salary survey data.
- Participate in the administration of the Workers' Compensation program.
- ~~• Participate in the annual benefit renewal and open enrollment process.~~
- Coordinates the annual Open Enrollment and Health Benefit Fair process, serving as the primary point of contact for employees, benefit providers, and third-party administrators; prepares communications, facilitates logistics, and ensures timely and accurate implementation of benefit elections in collaboration with the HR team and external vendors.
- Assist in the development, scheduling, and coordination of training and educational programs for Tri-City staff on a wide variety of subjects.
- Provide assistance to employees regarding benefit administration for the Agency's health and welfare plan including, health, dental, vision, long term disability, life insurance, retirement, and other benefit questions and/or related issues; coordinate the distribution of aforementioned benefit information to employees.
- Maintain and update legal employee postings at all sites. Maintain OSHA300 Log.
- Prepare and disseminate monthly reports to appropriate parties such as evaluations, new hire, separation, and OIG verification report.
- Assist in chairing the Agency Employee Retention Group collecting suggestions from employees on a quarterly basis and presenting recommendations to the Executive Management.
- Assist in creating and facilitating annual Wellness Program events for all employees.
- Perform other duties as assigned.

QUALIFICATIONS:

Education, Training and Experience:

~~Three~~Two years of clerical or para-professional experience working in a human resources or personnel office/department performing recruitment and selection, training, benefits, payroll, leave or Workers' Compensation administration, and/or classification and compensation.

Licensure/Registration/Certification:

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

~~None required.~~

Knowledge of:

- Basic knowledge of the principles and practices of public human resources administration and related requirements and procedures.
- Principles and practices of Microsoft Office, database management and report writing.
- Basic knowledge of human resources and/or payroll recordkeeping and standard modern operating office standards.

Ability to:

- Input and retrieve data from a computerized recordkeeping system.
- Perform basic technical and analytical human resources work with oversight.
- Apply technical principles and practices to the development and maintenance of administrative systems and records.
- Ability to multitask and prioritize with close attention to detail, schedules, and deadlines under supervision.
- Use tact and diplomacy in discussing sensitive employee matters and preserve confidentiality.
- Understand and apply pertinent policies, procedures, laws and regulations.
- Analyze situations and apply effective courses of action under supervision.
- Communicate effectively, both verbally and in writing.
- Understand and carry out verbal and written instructions.
- Establish and maintain effective working relationships in the course of business.
- Maintain extensive files and records.

Special Requirements:

- ~~Possess and maintain a current valid California Driver License, a satisfactory driving record, and a properly registered and insured vehicle.~~
- ~~Receive satisfactory results from a background investigation, which includes fingerprinting; a pre-employment physical examination, which includes a drug/alcohol test; and an administrative review.~~
- ~~In accordance with California Government Code Section 3100, Tri-City Mental Health Services employees, in the event of a disaster, are considered disaster service workers and may be asked to protect the health, safety, lives, and property of the people of the State.~~

PHYSICAL STANDARDS/DEMANDS (ADA):

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 30 pounds in the performance of daily activities; body mobility to move from one work area to another, and operate a vehicle; grasping, repetitive hand movement and fine coordination in preparing reports, data entry, and using a computer keyboard; vision sufficient for observing work performed, reading correspondence and reports, statistical data, computer screen and other standard text; and communicating with others on the phone, in person, and in meetings.

WORKING CONDITIONS:

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

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



NURSE PRACTITIONER

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

FLSA STATUS: Exempt

DEFINITION:

Under supervision of the Medical Director and within written guidelines, the Nurse Practitioner – 103 is an advanced practice registered nurse (APRN) who will provide comprehensive psychiatric and mental health care services to individuals and/or to their families. Building upon the skills and experience, the Nurse Practitioner – 103 will demonstrate an increasing autonomy in clinical expertise, as well as in psychopharmacology and psychotherapy, and leadership potential within the mental health team. In addition, the Nurse Practitioner – 103 will conduct psychiatric evaluations, diagnoses mental health disorders, develops and implements treatment plans, prescribes and manages psychotropic medications, and provides individual, group, and/or family therapy. This classification is designated for nurse practitioners who are certified to practice without standardized procedures in settings that include a physician and surgeon, such as public behavioral health agencies, clinics, or group practices. The Nurse Practitioner – 103 collaborates closely with psychiatrists, therapists, behavioral health specialist, social workers and other members of the interdisciplinary mental health team to deliver holistic and client-centered care.

DISTINGUISHING CHARACTERISTICS:

This is a standalone advanced practice classification. Nurse Practitioners in this category are certified by the California Board of Registered Nursing (BRN) to practice autonomously under AB 890 and meet all Transition to Practice (TTP) and national certification requirements. They function independently within the scope of their training and experience, and are authorized to provide comprehensive psychiatric care, including prescribing and managing medications, without physician supervision under defined legal conditions.

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

- Conducts comprehensive psychiatric evaluations, including detailed mental health histories, psychosocial assessments, and risk assessments.
- Diagnoses a wide range of mental health disorders based on Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria and clinical judgment.
- Develops and implements individualized treatment plans that integrate psychopharmacological interventions, psychotherapy, and other evidence-based modalities.
- Prescribes and manages psychotropic and related medications, including monitoring for efficacy, side effects, and potential drug interactions.



- Provides individual (client), group, and/or family psychotherapy, psychoeducation, crisis intervention, and various therapeutic modalities as appropriate.
- Conducts crisis interventions and manages acute psychiatric symptoms.
- Orders and interprets relevant laboratory tests and other diagnostic procedures.
- Monitors and evaluates effectiveness of treatment plans and modifies as needed.
- Collaborates and consults with psychiatrist, therapists, behavioral health specialists, social workers, case managers, and other healthcare professionals to ensure coordinated and comprehensive care, while maintaining autonomous clinical judgment.
- Documents and maintains all client encounters, assessments, treatment plans, and interventions accurately and in a timely manner in the Electronic Health Record (EHR) in accordance with Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH).
- Participates in quality improvement initiatives, clinical research, clinical case conferences, staff trainings and the development of mental health protocols and guidelines.
- Provides leadership, mentorship and clinical guidance to other healthcare providers and trainees.
- Maintains current knowledge of relevant mental health trends, research findings, and best practices in psychiatric care.
- Adheres to all of “Tri-City’s” policies, procedures, and ethical standards, including those related to confidentiality and client’s rights.
- Performs other duties as assigned within the scope of practice and licensure.

QUALIFICATIONS:

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

Education, Training, and Experience:

- Master’s Degree in Nursing (MSN) required; or a Doctorate of Nursing Practice (DNP) preferred; with emphasis in psychiatric/mental health field. A certificate as a Public Health Nurse is desirable. Experience working with people with serious mental illnesses.
- Completion of at least 4,600 hours (**3 full-time equivalent years**) of supervised clinical practice as a Nurse Practitioner within the five years prior to application, as required for a 103 certification.
- Demonstrated experience providing psychiatric care to individuals with serious mental illness, preferably in public behavioral health or community settings.

Licensure/Registration/Certification:

- Current and active California Registered Nurse (RN) license.



- Current and active California Nurse Practitioner (NP) certification.
- Certification by the California Board of Registered Nurse (BRN) as a 103 Nurse Practitioner (NP) under B & P Code 2837.103
- National Board Certification as a **Psychiatric-Mental Health Nurse Practitioner (PMHNP)** from a recognized certifying body (e.g., American Nurses Credentialing Center [ANCC], American Academy of Nurse Practitioners [AANP], Pediatric Nursing Certification Board [PNCB]).
- Drug Enforcement Agency (DEA) license or registration for prescribing controlled substances.
- Possession of a valid California Driver's License, with a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

Knowledge of:

- Advanced principles and practices of psychiatric and mental health nursing, including psychopathology, psychopharmacology, and various psychotherapeutic modalities.
- Current diagnostic criteria (DSM) and treatment guidelines for a wide range of mental health disorders across the lifespan.
- Principles of psychopharmacology, including the mechanisms of action, indications, contraindications, side effects, and monitoring requirements for psychotropic medications.
- Techniques and psychotherapy procedures used in the diagnosis and treatment of individual, group and/or family therapy.
- Crisis intervention and management strategies for acute psychiatric symptoms.
- Principles of mental health maintenance and management.
- Relevant state and federal regulations governing nurse practitioner practice in mental health, including prescriptive authority and confidentiality laws, regulations, and ethical standards (e.g., Lanterman-Petris-Short Act, HIPAA).
- Principles of evidence-based practice and quality improvement in mental health care.
- Medical terminology, neuroanatomy, and neurophysiology relevant to mental health.
- Infection control practices and safety protocols in a mental health setting.
- Community mental health systems, Electronic Health Record (EHR) systems and documentation requirements specific to mental health.
- Legal and ethical considerations in mental health care, including commitment to client's rights.
- Principles of psychoeducation, motivational interviewing and social determinants of health and impact on psychiatric conditions.

Skill to:

- Render professional mental health services in the field of psychiatry.

Ability to:



- Conduct comprehensive psychiatric evaluations and accurately assess mental health status.
- Formulate accurate diagnoses based on DSM criteria and clinical assessment.
- Development and implement individualized and holistic mental health treatment plans.
- Prescribe and manage psychotropic medications safely and effectively.
- Provide various forms of psychotherapy with competence and empathy.
- Conduct effective crisis interventions and manage acute psychiatric situations.
- Communicate effectively and therapeutically with individuals experiencing mental health challenges and with their families.
- Collaborate and communicate effectively within an interdisciplinary mental health team.
- Establish and maintain effective working relationships with staff, clients and others.
- Exercise sound clinical judgment and decision-making skills in complex psychiatric situations.
- Organize and prioritize workload efficiently in a mental health setting.
- Maintain accurate and detailed mental health records, adhering to confidentiality requirements.
- Demonstrate leadership qualities and serve as a resource for other staff.
- Maintain client confidentiality and adhere to ethical principles specific to mental health care.
- Utilize technology effectively in the delivery of mental health care.
- Demonstrate cultural sensitivity and competence in working with diverse populations.
- Obtain complete client medical and mental health histories.
- Keep abreast of all local, State, federal, and other regulatory laws, rules, and regulations, and Agency policies and procedures, relating to scope of practice.
- Perform routine therapeutic procedures.
- Order laboratory tests and interpret results.
- Recognize social problems which effect mental health and assist in securing adjustments.
- Understand, interpret and apply appropriate procedures and protocols including administering medication, and determine situations requiring consultation or referral of case to a physician.
- Document thoroughly and accurately using Electronic Health Records (EHR).
- Assist with Cardiopulmonary Resuscitation (CPR) as needed.

Special Requirements:

- Maintain a valid and in good standing, all licensures/certifications.

PHYSICAL AND MENTAL DEMANDS (ADA):

This position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; grasping, manipulating small objects and precision instruments to give injections, take pulse and blood pressure; repetitive hand movement and fine coordination in preparing reports and data



using a computer keyboard; sufficient vision to see near and far with the ability to read gauges, thermometers and calibrated measuring instruments, labels on medications, computer screen and reading correspondence, reports, and statistical data; communicates clearly with others in meetings, on the phone, virtually or in person.

Highest level of mental aptitude required to perform complex tasks including mental or medical assessment, diagnosis and treatment of public behavioral health clients; make sound judgments, actions or decisions to prevent injury/loss of life, and manage risk; able to adapt to changes, and learn new procedures/techniques.

ENVIRONMENTAL CONDITIONS:

Potential exposure to violent or emotionally disturbed individuals. Frequent exposure to stress due to complex client care needs. Potential exposure to infectious diseases, bloodborne pathogens, and hazardous materials. May work in a climate-controlled healthcare setting with occasional temperature variations and/or in an outdoor setting with deviancies in temperature.

WORKING CONDITIONS:

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

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



NURSE PRACTITIONER I/II

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

Formatted: Underline

Formatted: Underline

Formatted: Font: 9 pt

FLSA STATUS: Exempt

DEFINITION:

~~Under direction and with medical supervision of a physician and within written guidelines, to provide primary medical and psychiatric care, to perform physical examinations, to perform diagnostic, psychiatric and medical care management. Perform other duties as required.~~
Under supervision of the Medical Director and within written guidelines, the Nurse Practitioner – 103 is an advanced practice registered nurse (APRN) who will provide comprehensive psychiatric and mental health care services to individuals and/or to their families. Building upon the skills and experience, the Nurse Practitioner – 103 will demonstrate an increasing autonomy in clinical expertise, as well as in psychopharmacology and psychotherapy, and leadership potential within the mental health team. In addition, the Nurse Practitioner – 103 will conduct psychiatric evaluations, diagnoses mental health disorders, develops and implements treatment plans, prescribes and manages psychotropic medications, and provides individual, group, and/or family therapy. This classification is designated for nurse practitioners who are certified to practice without standardized procedures in settings that include a physician and surgeon, such as public behavioral health agencies, clinics, or group practices. The Nurse Practitioner – 103 collaborates closely with psychiatrists, therapists, behavioral health specialist, social workers and other members of the interdisciplinary mental health team to deliver holistic and client-centered care.

DISTINGUISHING CHARACTERISTICS:

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

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

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

Promotion from Nurse Practitioner I to the Nurse Practitioner II is based on a satisfactory work progress report and demonstration of proficiency in a specified area of training and certification. This is a standalone advanced practice classification. Nurse Practitioners in this category are certified by the California Board of Registered Nursing (BRN) to practice autonomously under AB

Nurse Practitioner I and II

04/19/2023

Revised 05/21/2025

Page 1 of 7



890 and meet all Transition to Practice (TTP) and national certification requirements. They function independently within the scope of their training and experience, and are authorized to provide comprehensive psychiatric care, including prescribing and managing medications, without physician supervision under defined legal conditions.

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

- ~~Secures a~~Conducts comprehensive ~~health history of the patient.~~
- ~~Interviews patients to obtain complete medical, psychiatric and physical development evaluations, including detailed mental health histories, illnesses, injuries and treatments; determines, orders and performs diagnostic tests required by Agency policy or patient need; obtains medical records from other health care providers~~psychosocial assessments, and risk assessments.
- ~~Records findings, assessment, treatment plan, follow up examinations, and subsequent evaluations.~~
- ~~Manages a patient caseload in consultation with the supervising physician or according to written protocols.~~
- ~~Prescribes medication as needed and within scope.~~
- ~~Evaluates patient needs for other medical, health, or social services and makes referrals to appropriate community resources.~~
- ~~Counsels patients and families on health promotion and disease prevention within a specified area(s) of training and certification.~~
- ~~Performs routine~~Diagnoses a wide range of mental health disorders based on Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria and clinical judgment.
- Develops and implements individualized treatment plans that integrate psychopharmacological interventions, psychotherapy, and other evidence-based modalities.
- Prescribes and manages psychotropic and related medications, including monitoring for efficacy, side effects, and potential drug interactions.
- Provides individual (client), group, and/or family psychotherapy, psychoeducation, crisis intervention, and various therapeutic modalities as appropriate.
- Conducts crisis interventions and manages acute psychiatric symptoms.
- ~~Orders and interprets relevant laboratory tests and administers treatments within a specified area of training and certification~~other diagnostic procedures.

Formatted: Space Before: Auto, After: Auto, Outline numbered + Level: 1 + Numbering Style: Bullet + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"

Formatted: Space Before: Auto, After: Auto, Outline numbered + Level: 1 + Numbering Style: Bullet + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"



- ~~Maintains and disseminates medical records and reports~~Monitors and evaluates effectiveness of treatment plans and modifies as needed.
- ~~Collaborates and consults with psychiatrist, therapists, behavioral health specialists, social workers, case managers, and other healthcare professionals to ensure coordinated and comprehensive care, while maintaining autonomous clinical judgment.~~
- Documents and maintains all client encounters, assessments, treatment plans, and interventions accurately and in a timely manner in compliance with federal, State and Agency regulations, including the Electronic Health Record (EHR) in accordance with Health Insurance Portability and Accountability Act (HIPAA) and The Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("HITECH Act"). Submits required statistical and other requested information on a timely basis.(HITECH).

Formatted: Space Before: Auto, After: Auto, Outline numbered + Level: 1 + Numbering Style: Bullet + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"

- Participates in quality improvement initiatives, clinical research, clinical case conferences, staff trainings and the development of mental health protocols and guidelines.
- Provides consultation and relevant informationleadership, mentorship and clinical guidance to other agencies and healthcare providers that are coordinating their work with that of the mental health serviceand trainees.

Formatted: Space Before: Auto, After: Auto, Outline numbered + Level: 1 + Numbering Style: Bullet + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"

- Provides medical consultative services to the clinical services staff; participate in conferences and provide clinical direction in unit(s) to which assigned.
- May serve on Utilization Review Committee, Medication Review Committee, and chair Peer Review Committee as assigned.
- May conduct specialized research, special studies, and services.
- Maintains current knowledge of relevant mental health trends, research findings, and best practices in psychiatric care.
- Adheres to all of "Tri-City's" policies, procedures, and ethical standards, including those related to confidentiality and client's rights.
- Performs other duties as assigned within the scope of practice and licensure.

QUALIFICATIONS:

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

Formatted: Justified



Education, Training, and Experience:

- Bachelor's Degree in Nursing; Master's Degree in Nursing (MSN) required; or a Doctorate of Nursing Practice (DNP) preferred; with emphasis in psychiatric/mental health field. A certificate as a Public Health Nurse is desirable. Experience working with people with serious mental illnesses.
- Completion of at least 4,600 hours (3 full-time equivalent years) of supervised clinical practice as a Nurse Practitioner within the five years prior to application, as required for a 103 certification.
- Demonstrated experience providing psychiatric care to individuals with serious mental illness, preferably in public behavioral health or community settings.

Formatted: List Paragraph, Justified, Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

Formatted: Level 1

Licensure/Registration/Certification:

- Current and active California Registered Nurse (RN) license.

Current and active California Nurse Practitioner I:

- Licensure as Registered Nurse and (NP) certification as Nurse Practitioner.
- Certification by the California Board of Registered Nursing; must have documentation of education and training in a specialty area appropriate to the clinical assignment. ANCC board certification, Nurse (BRN) as a 103 Nurse Practitioner (NP) under B & P Code 2837.103
- National Board Certification as a DEA number. Psychiatric-Mental Health Nurse Practitioner (PMHNP) from a recognized certifying body (e.g., American Nurses Credentialing Center [ANCC], American Academy of Nurse Practitioners [AANP], Pediatric Nursing Certification Board [PNCB]).

Formatted: Font: Not Italic, No underline

Formatted: List Paragraph, Level 1, Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

Nurse Practitioner II:

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

- Drug Enforcement Agency (DEA) license or registration for prescribing controlled substances.
- Possession of a valid California Driver's License, with a satisfactory driving record, and a properly registered and insured vehicle, to be maintained throughout employment.

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

Knowledge of:

- Advanced principles and practices of psychiatric and mental health nursing, including psychopathology, psychopharmacology, and various psychotherapeutic modalities.
- Current diagnostic criteria (DSM) and treatment guidelines for a wide range of mental health disorders across the lifespan.

Nurse Practitioner I and II

04/19/2023

Revised 05/21/2025

Page 4 of 7



- Principles of psychopharmacology, including the mechanisms of action, indications, contraindications, side effects, and monitoring requirements for psychotropic medications.
- Techniques and psychotherapy procedures used in the diagnosis and treatment of individual health problems, group and/or family therapy.
- Crisis intervention and management strategies for acute psychiatric symptoms.
- Principles of mental health maintenance and management.
- Drugs commonly used in family practice or clinical specialty including appropriate doses, indications, contraindications, side effects and adverse reactions.
- Normal and abnormal values of laboratory tests and their clinical significance.
- Normal growth and development, pathophysiology, pharmacology, nutrition, counseling and health education principles.
- Health-Relevant state and federal regulations governing nurse practitioner practice in mental health, including prescriptive authority and confidentiality laws, regulations, and ethical standards (e.g., Lanterman-Petris-Short Act, HIPAA).
- Principles of evidence-based practice and quality improvement in mental health care delivery.
- Medical terminology, neuroanatomy, and neurophysiology relevant to mental health.
- Infection control practices and safety protocols in a mental health setting.
- Community mental health systems, community resources and referral Electronic Health Record (EHR) systems and documentation requirements specific to mental health.
- EthicsLegal and laws under which medicine is practiced and governed and roles and responsibilities of alliedethical considerations in mental health professions.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibilitycare, including the Health Insurance Portability and Accountability Act (HIPAA)-commitment to client's rights.
- Principles of psychoeducation, motivational interviewing and social determinants of health and impact on psychiatric conditions.

Skill to:

- Render professional medicalmental health services in the field of psychiatry.

Ability to:

- Conduct comprehensive psychiatric evaluations and accurately assess mental health status.
- Formulate accurate diagnoses based on DSM criteria and clinical assessment.
- Development and implement individualized and holistic mental health treatment plans.
- Prescribe and manage psychotropic medications safely and effectively.
- Provide various forms of psychotherapy with competence and empathy.
- Conduct effective crisis interventions and manage acute psychiatric situations.

Nurse Practitioner I and II

04/19/2023

Revised 05/21/2025

Page 5 of 7

Formatted: Normal

Formatted: Font color: Auto



- Communicate effectively and therapeutically with individuals experiencing mental health challenges and with their families.
 - Collaborate and communicate effectively within an interdisciplinary mental health team.
 - Establish and maintain effective working relationships with staff, clients and others.
 - Exercise sound clinical judgment and decision-making skills in complex psychiatric situations.
 - Organize and prioritize workload efficiently in a mental health setting.
 - Maintain accurate and detailed mental health records, adhering to confidentiality requirements.
 - Demonstrate leadership qualities and serve as a resource for other staff.
 - Maintain client confidentiality and adhere to ethical principles specific to mental health care.
 - Utilize technology effectively in the delivery of mental health care.
 - Demonstrate cultural sensitivity and competence in working with diverse populations.
 - Obtain complete ~~patient~~client medical and mental health histories.
 - Keep abreast of all local, State, federal, and other regulatory laws, rules, and regulations, and Agency policies and procedures, relating to scope of practice.
 - Perform routine therapeutic procedures.
 - Order laboratory tests and interpret results.
 - ~~Assess problem areas and refer as appropriate.~~
 - Recognize social problems which effect mental health and ~~assiste~~assist in securing adjustments.
 - ~~Establish and maintain effective working relationships with staff, patients and others.~~
 - Understand, interpret and apply appropriate procedures and protocols including administering medication, and determine situations requiring consultation or referral of case to a physician.
 - ~~Instruct patients on disease prevention and health promotion.~~
 - ~~Maintain records and prepare clear and concise reports.~~
 - ~~Communicate effectively with staff, clients and other agencies.~~
-
- Document thoroughly and accurately using Electronic Health Records (EHR).
 - Assist with Cardiopulmonary Resuscitation (CPR) as needed.

Special Requirements:

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

Formatted: Justified



PHYSICAL AND MENTAL DEMANDS (ADA):

Formatted: Justified

~~The~~This position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; grasping, manipulating small objects and precision instruments to give injections, take pulse and blood pressure; repetitive hand movement and fine coordination in preparing reports and data using a computer keyboard; sufficient vision to see near and far ~~vision in observing work performed with the ability to read gauges, thermometers and calibrated measuring instruments, labels on medications, computer screen and~~ reading correspondence, reports, and statistical data, ~~and using a computer; and communicating;~~ communicates clearly with others in meetings, on the phone, virtually or in person, ~~and in meetings.~~

Highest level of mental aptitude required to perform complex tasks including mental or medical assessment, diagnosis and treatment of public behavioral health clients; make sound judgments, actions or decisions to prevent injury/loss of life, and manage risk; able to adapt to changes, and learn new procedures/techniques.

ENVIRONMENTAL CONDITIONS:

Potential exposure to violent or emotionally disturbed individuals. Frequent exposure to stress due to complex client care needs. Potential exposure to infectious diseases, bloodborne pathogens, and hazardous materials. May work in a climate-controlled healthcare setting with occasional temperature variations and/or in an outdoor setting with deviances in temperature.

WORKING CONDITIONS:

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

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



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

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, MFT, Executive Director

BY: Liz Renteria, LCSW, Chief Clinical Officer

SUBJECT: Consideration of Resolution No. 783 Approving a Memorandum of Understanding with the Pomona Valley Hospital Medical Center to Formalize the Continued Collaboration for Crisis Assessments for TCMHA Clients and Establishing a Critical Incident Debrief for PVHMC Staff; and Authorizing the Executive Director to Execute said MOU

Summary:

Staff is seeking approval to authorize Tri-City Mental Health Authority (TCMHA) to enter into a Memorandum of Understanding with Pomona Valley Hospital Medical Center for the purposes formalizing the partnership between Tri-City Mental Health Authority (TCMHA) and the Pomona Valley Hospital Medical Center (PVHMC) to improve mental health services through the provision of Mobile Crisis Care /On-Call (MCC/On-Call) and Lanterman-Petris-Short (LPS) Act/crisis assessments for open TCMHA clients in the hospital's emergency department, as well as offering debriefing services to hospital staff who experience traumatic events during the course of their work.

Background:

TCMHA has a longstanding and valued partnership with Pomona Valley Hospital Medical Center (PVHMC), rooted in a shared commitment to supporting community mental health. Historically, TCMHA staff have provided vital support to PVHMC by offering on-site crisis assessments and post-discharge care coordination for TCMHA clients in the emergency department. This collaboration has ensured that individuals experiencing a behavioral health crisis receive timely and appropriate services.

In an effort to strengthen this partnership and expand support for both clients and healthcare staff, TCMHA will now include staff from the Mobile Crisis Care (MCC) team in these efforts. The MCC was developed as a community-based program to provide rapid, compassionate, and trauma-informed crisis intervention, reflecting our mutual dedication to community well-being.

Additionally, PVHMC recently requested that TCMHA assist with debriefing services for their emergency department staff, recognizing the emotional toll that crisis situations can have on healthcare providers. TCMHA is proud to support this request, further deepening

Governing Board of Tri-City Mental Health Authority

Consideration of Resolution No. 783 Approving a Memorandum of Understanding with the Pomona Valley Hospital Medical Center to Formalize the Continued Collaboration for Crisis Assessments for TCMHA Clients and Establishing a Critical Incident Debrief for PVHMC Staff; and Authorizing the Executive Director to Execute said MOU

May 21, 2025

Page 2

our collaborative relationship and demonstrating our ongoing investment in the health and resilience of both clients and community partners.

Fiscal Impact:

This ongoing partnership will continue to operate with no fiscal impact, as TCMHA is utilizing existing staff resources to meet the needs of both PVHMC and the broader community.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No 783 authorizing the Executive Director to execute the Memorandum of Understanding with Pomona Valley Hospital Medical Center (PVHMC) formalizing the partnership between TCMHA and PVHMC to improve mental health services through the provision of Mobile Crisis Care /On-Call (MCC/On-Call) and Lanterman-Petris-Short (LPS) Act/crisis assessments for open TCMHA clients in the hospital's emergency department, as well as offering debriefing services to hospital staff who experience traumatic events during the course of their work.

Attachments:

Attachment 11-A: Resolution No. 783 - Draft

Attachment 11-B: Memorandum of Understanding with PVHMC

RESOLUTION NO. 783

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING MEMORANDUM OF UNDERSTANDING WITH THE POMONA VALLEY HOSPITAL MEDICAL CENTER TO FORMALIZE THE CONTINUED COLLABORATION FOR CRISIS ASSESSMENTS FOR TCMHA CLIENTS AND ESTABLISHING A CRITICAL INCIDENT DEBRIEF FOR PVHMC STAFF; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE SAID MOU

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to approve a Memorandum of Understanding (MOU) with Pomona Valley Hospital Medical Center (PVHMC) for TCMHA to continue to provide PVHMC with Mobile Crisis Care/On-Call (MCC/On-Call) and Lanterman-Petris-Short (LPS) Act crisis assessments for open TCMHA clients in PVHMC's Emergency Department; and begin providing debriefing services to PVHMC staff who experience traumatic events during the course of their work.

B. The Authority affirms that there is no agency relationship between TCMHA and PVHMC; and no payments, compensation, or fees shall be made between the Parties in connection with the MOU.

2. Action

The Authority's Executive Director is authorized to enter into, and execute, a MOU with Pomona Valley Hospital Medical Center to formalize the continued collaboration for crisis assessments for TCMHA clients and establishing a critical incident debrief for PVHMC staff, effective May 21, 2025 through May 20, 2028.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 21, 2025, 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



HOPE. WELLNESS. COMMUNITY.

Let's find it together.

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

www.tricitymhs.org

MEMORANDUM OF UNDERSTANDING
BETWEEN
TRI-CITY MENTAL HEALTH AUTHORITY
AND
POMONA VALLEY HOSPITAL MEDICAL CENTER

DATED
MAY 21, 2025

Administrative Office

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

Clinical Office / Adult

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

Clinical Office / Child & Family

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

MHSA Administrative Office

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

Wellness Center

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

ATTACHMENT 11-B

TABLE OF CONTENTS

	<u>Section Page</u>
1. Parties and Date.	1
2. Purpose of Memorandum of Understanding.	1
3. Term.	1
4. Scope of Services.	1
A. Crisis Assessments and Mobile Crisis Care/On-call.	1
B. Debriefing Services for PVHMC Staff.	2
5. Roles and Responsibilities.	2
A. TCMHA Responsibilities.	2
B. PVHMC Responsibilities.	2
C. Mutual Responsibilities.	3
6. No Financial Agreement.	4
7. No Agency Relationship.	4
8. Indemnity.	4
9. General Terms and Conditions.	4
A. Governing Law, Jurisdiction, and Venue.	4
B. Representative and Notice.	4
C. Changes to MOU.	5
D. No Use of Names.	5
10. Effective Date.	5
11. Entire Agreement.	5
12. Severability.	6
13. Waiver.	6
14. Execution.	6

MEMORANDUM OF UNDERSTANDING**FORMALIZING THE CONTINUED COLLABORATION FOR CRISIS ASSESSMENTS FOR TCMHA CLIENTS AND ESTABLISHING A CRITICAL INCIDENT DEBRIEF FOR PVHMC STAFF****1. PARTIES AND DATE**

This Memorandum of Understanding (hereinafter “MOU” or “Agreement”) is made and entered into as of May 21, 2025 (“MOU Date”) by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711 (hereinafter “TCMHA” or “Authority”) and POMONA VALLEY HOSPITAL MEDICAL CENTER, with its principal place of business at 1798 N. Garey Avenue, Pomona, CA 91767 (hereinafter “PVHMC”). TCMHA and PVHMC are sometimes individually referred to as a “Party” and collectively as “Parties.”

2. PURPOSE OF MOU

This Agreement represents good faith commitments, which are being made by each of the Parties, for the purpose of TCMHA to provide PVHMC with Mobile Crisis Care/On-Call (MCC/On-Call) and Lanterman-Petris-Short (LPS) Act crisis assessments for open TCMHA clients in PVHMC’s Emergency Department, and to provide debriefing services to PVHMC staff who experience traumatic events during the course of their work (“Services”). In addition, this MOU outlines the roles and responsibilities of the Parties.

3. TERM

The term of this MOU shall commence May 21, 2025 and shall be in full force and effect through May 20, 2028 or until amended or terminated, in whole or in part, by either Party at any time, without cause, upon thirty (30) calendar days prior written notice to the other Party. Parties Agree to cooperate fully in any such transition.

4. SCOPE OF SERVICES**A. Crisis Assessments and Mobile Crisis Care/On-call**

a. TCMHA will provide Mobile Crisis Care On-call support teams to the PVHMC’s emergency department to conduct LPS/crisis assessments for individuals who are existing clients of TCMHA.

b. The MCC/on-Call team will be available to respond to emergency situations in which an assessment is needed for individuals who are TCMHA clients who reside in the catchment area who may be experiencing acute mental health crises.

c. TCMHA will ensure that their crisis teams are appropriately trained and available to be on-site as needed, with response times to be coordinated with PVHMC.

B. Debriefing Services for PVHMC Staff

- a. TCMHA will provide timely and professional debriefing services for PVHMC staff members who experience traumatic events such as patient death, violent incidents, or other distressing situations as part of their clinical duties.
- b. Debriefing sessions will be designed to offer emotional support, guidance, and coping strategies for staff members. These sessions will be led by trained professionals from TCMHA with expertise in trauma-informed care and employee wellness.
- c. The debriefing services may include individual or group sessions, depending on the needs and preferences of the PVHMC staff.

5. ROLES AND RESPONSIBILITIES**A. TCMHA Responsibilities**

- a. Provide Mobile Crisis Care On-Call teams trained in LPS/crisis assessments to respond to referrals from the PVHMC's emergency department.
- b. Conduct thorough LPS/crisis assessments and make necessary recommendations based on the findings.
- c. Provide debriefing services for PVHMC staff following traumatic events in a timely manner.
- d. Maintain appropriate documentation of services rendered in compliance with applicable regulations and standards.
- e. Ensure the mobile crisis care team and debriefing specialists adhere to confidentiality, ethical, and professional standards.
- f. TCMHA reserves the sole right to control or direct the manner in which services are to be performed.

B. PVHMC Responsibilities

- a. Ensure that the emergency department and relevant PVHMC personnel are aware of the availability of the Tri-City Mental Health Authorities/ On- Call Mobile Crisis Care team for assessments.
- b. Provide access to patients who meet the criteria for the crisis assessment services.
- c. Support the TCMHA in coordinating the scheduling and logistics of debriefing services for staff following traumatic events.
- d. Provide necessary space and facilities for debriefing sessions and crisis assessments on site at the PVHMC building. The office space shall provide privacy to discuss Protected Health Information (PHI); and have secured Wi-Fi access which will allow TCMHA staff to have internet access.
- e. Provide and designate a parking stall at PVHMC site to TCMHA's staff.
- f. Collaborate in maintaining a safe and supportive environment for both clients and staff.

g. PVHMC shall maintain accounts and records, including all working papers, personnel, property, and such other records as may be deemed necessary by TCMHA to assure proper accounting for services provided under this MOU for the use of Federal and non-Federal funding. These records must be made available for audit purposes to TCMHA or any authorized representative, and must be retained, at the PVHMC's expense, for a minimum of seven (7) years after the MOU expires, unless the firm is notified in writing by TCMHA of the need to extend the retention period.

h. Health Insurance Portability and Accountability Act. PVHMC and its officers, employees, agents, or providing services pursuant to this MOU shall adhere to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR, Parts 160 and 164, 42 CFR, Part 2, and Welfare Institutions Code (WIC) Sections 5328 through 5330, inclusive, and all other applicable County, State, and federal laws, ordinances, rules, regulations, manuals, guidelines, and directives, relating to confidentiality and privacy. PVHMC shall require all its employees, and agents providing services under this MOU, to acknowledge understanding of, and agree to fully comply with, such confidentiality and privacy provisions.

i. Business Associate Agreement. To the extent necessary, TCMHA will furnish Protected Health Information (PHI) to the PVHMC (Business Associate) in accordance with all applicable legal requirements to allow TCMHA to perform MCC response services under this MOU. PVHMC is required to appropriately safeguard the PHI disclosed to it. Accordingly, the PVHMC will sign a *Business Associate Agreement*, hereby incorporated into and made part of this MOU as 'Exhibit A'.

j. Contractor Attestation. Also in accordance with TCMHA's policies and procedures, TCMHA will not enter into agreements with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. TCMHA requires that PVHMC certifies that no staff member, officer, director, partner, or principal, or sub-contractor is excluded from any Federal health care program, or federally funded contract and will sign attached *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*, attached and incorporated hereto as 'Exhibit B'.

C. Mutual Responsibilities of the Parties

a. Each Party shall identify a staff representative for the day-to-day services under this Agreement to ensure timely access to appropriate resources for MCC response.

b. The Parties will work together to maintain an environment of high quality patient care through specific protocols developed by the Parties to determine the level of response when providing services under this MOU.

c. The Parties will not discriminate against any person because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity or any other basis protected by law.

6. NO FINANCIAL AGREEMENT

No payments, compensation, or fees shall be made between the Parties in connection with this MOU.

7. NO AGENCY RELATIONSHIP BETWEEN THE PARTIES

A. Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the Parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other Party, nor shall either Party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

B. TCMHA employees providing services under this Agreement will not be considered employees or agents of the PVHMC for any purpose. TCMHA employees will not be entitled to receive any compensation or any benefits of employment from the PVHMC, including but not limited to, health care or workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect.

8. INDEMNITY

Each Party shall indemnify, defend and hold harmless the other Party, their elected and appointed officers, officials, employees, representatives, volunteers, and contractors who serve as officers, officials, or staff, from and against any and all liability, including but not limited to demands, claims, actions, suits, accidents, injuries, fees, costs, expenses, liability, and/or proceedings (including attorney and expert witness fees), arising from or connected with each Party's respective acts and/or omissions arising from and/or relating to this Memorandum of Understanding, except as for Claims arising from the sole negligence or willful misconduct. All duties of the Parties under this Section shall survive this Agreement.

9. GENERAL TERMS AND CONDITIONS

A. Governing Law, Jurisdiction and Venue

This Memorandum of Understanding shall be governed by, and construed in accordance with, the laws of the State of California. Parties agree and consent to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles, California.

B. Representative and Notice

a. TCMHA's Representative. TCMHA hereby designates its Executive Director to act as its representative for the performance of this Agreement ("TCMHA's Representative"). TCMHA's Representative shall have the power to act on behalf of TCMHA for all purposes under this Agreement.

b. PVHMC's Representative. PVHMC warrants that the individual(s) who has signed the Agreement has the legal power, right, and authority to make this Agreement and to act on behalf of PVHMC for all purposes under this Agreement.

c. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States Mail, First Class, at the following address and addressed as indicated:

If to TCMHA: TRI-CITY MENTAL HEALTH AUTHORITY
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788
Attn: Executive Director

If to PVHMC: POMONA VALLEY HOSPITAL MEDICAL CENTER
1798 North Garey Avenue
Pomona, CA 91767
Attn:

C. Changes to the MOU

No changes or variations of any kind are authorized without the written consent of the Executive Director. This Agreement may only be amended by a written instrument signed by both Parties.

D. Non-Use of Names

Except as required by applicable law, neither Party shall use the name of the other Party, of the other Party's officials, employees, volunteers, or independent contractors acting as that Party's official, in any publicity without the prior written permission of the Party whose name is to be used.

10. EFFECTIVE DATE

This MOU shall become effective upon (a) its approval and execution by PVHMC; and (b) its approval and execution by TCMHA.

11. ENTIRE AGREEMENT

This MOU and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between the Parties. Any ambiguities or disputed terms between this Agreement and any attached Exhibits shall be interpreted according to the language in this Agreement and not the Exhibits. This Agreement supersedes all prior agreements, written or oral, between the Contractor and TCMHA relating to the subject matter of this MOU. This MOU may not be modified, changed or discharged in whole or in part, except by an agreement in writing signed by PVHMC and TCMHA.

12. SEVERABILITY

The validity or unenforceability of any provision of this Agreement declared by a valid judgment or decree of a court of competent jurisdiction, shall not affect the validity or enforceability of any other provision of this Agreement. No delay or omission by TCMHA in exercising any right under this Agreement will operate as a waiver of that or any other right.

13. WAIVER

No delay or omission by TCMHA in exercising any right under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by TCMHA on any one occasion is effective only in that instance and will not be construed as a bar to or waiver of any right on any other occasion or a waiver of any other condition of performance under this Agreement.

14. EXECUTION

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Agreement Date.

**TRI-CITY MENTAL HEALTH
AUTHORITY**

**POMONA VALLEY HOSPITAL
MEDICAL CENTER**

By: _____
Ontson Placide, Executive Director

By: _____

Attest:

By: _____
Micaela P. Olmos, JPA Administrator/Clerk

Approved as to Form:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel

EXHIBIT A

BUSINESS ASSOCIATE AGREEMENT

This BUSINESS ASSOCIATE AGREEMENT (“**BAA**”) is made as of this 1st day of August, 2023 (the “**Effective Date**”) by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity (“**Covered Entity**” or “**CE**”) and POMONA VALLEY HOSPITAL MEDICAL CENTER (“**Business Associate**” or “**BA**”) (each a “**Party**” and, collectively, the “**Parties**”).

RECITALS

A. CE is a “covered entity” under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“**HIPAA**”) and, as such, must enter into so-called “business associate” contracts with certain contractors that may have access to certain consumer medical information.

B. Pursuant to the terms of one or more agreements between the Parties, whether oral or in writing, (collectively, the “**Agreement**”), BA shall provide certain services to CE. To facilitate BA’s provision of such services, CE wishes to disclose certain information to BA, some of which may constitute Protected Health Information (“**PHI**”) (defined below).

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“**HITECH Act**”), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (“**HIPAA Regulations**”) and other applicable laws, including without limitation state patient privacy laws (including the Lanterman-Petris-Short Act), as such laws may be amended from time to time. This BAA shall be governed by and construed in accordance with the laws of the State of California.

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI (defined below), as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations (“**C.F.R.**”) and contained in this BAA.

NOW, THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to this BAA, CE and BA agree as follows:

AGREEMENT

I. Definitions.

A. **Breach** shall have the meaning given to such term under 42 U.S.C. § 17921(1) and 45 C.F.R. § 164.402.

B. **Business Associate** shall have the meaning given to such term under 42 U.S.C. § 17921 and 45 C.F.R. § 160.103.

C. Consumer is an individual who is requesting or receiving mental health services and/or has received services in the past. Any consumer certified as eligible under the Medi-Cal program according to Title 22, Section 51001 is also known as a beneficiary.

D. Covered Entity shall have the meaning given to such term under 45 C.F.R. § 160.103.

E. Data Aggregation shall have the meaning given to such term under 45 C.F.R. § 164.501.

F. Designated Record Set shall have the meaning given to such term 45 C.F.R. § 164.501.

G. Electronic Protected Health Information or EPHI means Protected Health Information that is maintained in or transmitted by electronic media.

H. Electronic Health Record shall have the meaning given to such term under 42 U.S.C. § 17921(5).

I. Health Care Operations shall have the meaning given to such term under 45 C.F.R. § 164.501.

J. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

K. Protected Health Information or PHI means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under 45 C.F.R. § 160.103. Protected Health Information includes Electronic Protected Health Information.

L. Protected Information shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.

M. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

N. Subcontractor shall mean a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate, pursuant to 45 C.F.R. § 160.103.

O. Unsecured PHI shall have the meaning given to such term under 42 U.S.C. § 17932(h), 45 C.F.R. § 164.402 and guidance issued pursuant to the HITECH Act including, but not limited to that issued on April 17, 2009 and published in 74 Federal Register 19006 (April 27, 2009), by the Secretary of the U.S. Department of Health and Human Services (“**Secretary**”).

II. Obligations of Business Associate.

A. Permitted Access, Use or Disclosure. BA shall neither permit the unauthorized or unlawful access to, nor use or disclose, PHI other than as permitted or required by the Agreement, this BAA, or as required by law, including but not limited to the Privacy Rule. To the extent that BA carries out CE's obligations under the Privacy Rule, BA shall comply with the requirements of the Privacy Rule that apply to CE in the performance of such obligations. Except as otherwise limited in the Agreement, this BAA, or the Privacy Rule or Security Rule, BA may access, use, or disclose PHI (i) to perform its services as specified in the Agreement; and (ii) for the proper administration of BA, provided that such access, use, or disclosure would not violate HIPAA, the HITECH Act, the HIPAA Regulations, or applicable state law if done or maintained by CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) agreement from such third party to promptly notify BA of any Breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such Breach.

B. Prohibited Uses and Disclosures. Notwithstanding any other provision in this BAA, BA shall comply with the following requirements: (i) BA shall not use or disclose Protected Information for fundraising or marketing purposes, except as provided under the Agreement and consistent with the requirements of the HITECH Act, the HIPAA Regulations, and applicable state law, including but not limited to 42 U.S.C. § 17936, 45 C.F.R. § 164.508, and 45 C.F.R. § 164.514(f); (ii) BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates, 42 U.S.C. § 17935(a); 45 C.F.R. § 164.522(a); (iii) BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. § 17935(d)(2); 45 C.F.R. § 164.502(a)(5); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

C. Appropriate Safeguards. BA shall comply, where applicable, with the HIPAA Security Rule, including but not limited to 45 C.F.R. §§ 164.308, 164.310, and 164.312 and the policies and procedures and documentation requirements set forth in 45 C.F.R. § 164.316, and shall implement appropriate safeguards designed to prevent the access, use or disclosure of Protected Information other than as permitted by the Agreement or this BAA. BA shall use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of EPHI.

D. Reporting of Improper Access, Use, or Disclosure.

1. Generally. BA shall provide an initial telephone report to CE's Compliance Contact within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized access, use, or disclosure of PHI of which BA becomes aware and/or any actual or suspected access, use, or disclosure of data in violation of the Agreement, this BAA, or any applicable federal or state laws or regulations, including, for the avoidance of doubt, any Security Incident (as defined in 45 C.F.R. § 164.304). BA shall take (i) prompt corrective action to cure any deficiencies in its policies and procedures that may have led to the incident, and (ii) any

action pertaining to such unauthorized access, use, or disclosure required of BA by applicable federal and state laws and regulations.

2. Breaches of Unsecured PHI. Without limiting the generality of the reporting requirements set forth in Section D(1), BA shall report to CE any use or disclosure of the information not permitted by this BAA, including any Breach of Unsecured PHI pursuant to 45 C.F.R. § 164.410. Following the discovery of any Breach of Unsecured PHI, BA shall notify CE in writing of such Breach without unreasonable delay and in no case later than three (3) days after discovery. The notice shall include the following information if known (or can be reasonably obtained) by BA: (i) contact information for the individuals who were or who may have been impacted by the Breach (*e.g.*, first and last name, mailing address, street address, phone number, email address); (ii) a brief description of the circumstances of the Breach, including the date of the Breach and date of discovery (as defined in 42 U.S.C. § 17932(c)); (iii) a description of the types of Unsecured PHI involved in the Breach (*e.g.*, names, social security numbers, date of birth, addresses, account numbers of any type, disability codes, diagnostic and/or billing codes and similar information); (iv) a brief description of what the BA has done or is doing to investigate the Breach and to mitigate harm to the individuals impacted by the Breach; (v) any other available information that CE is required to include in notification to the individual under 45 C.F.R. § 164.404.

3. Mitigation. BA shall establish and maintain safeguards to mitigate, to the extent practicable, any deleterious effects known to BA of any unauthorized or unlawful access or use or disclosure of PHI not authorized by the Agreement, this BAA, or applicable federal or state laws or regulations; provided, however, that such mitigation efforts by BA shall not require BA to bear the costs of notifying individuals impacted by such unauthorized or unlawful access, use, or disclosure of PHI, unless (i) otherwise agreed in writing by the Parties, (2) BA bears responsibility for the unauthorized or unlawful access or use or disclosure of PHI, or (3) required by applicable federal or state laws or regulations; provided, further, however, that BA shall remain fully responsible for all aspects of its reporting duties to CE under Section D(1) and Section D(2).

E. Business Associate's Subcontractors and Agents. BA shall ensure that any agents or Subcontractors to whom it provides Protected Information agree to the same restrictions and conditions that apply to BA with respect to such PHI. To the extent that BA creates, maintains, receives or transmits EPHI on behalf of the CE, BA shall ensure that any of BA's agents or Subcontractors to whom it provides Protected Information agree to implement the safeguards required by Section C above with respect to such EPHI.

F. Access to Protected Information. To the extent BA maintains a Designated Record Set on behalf of the CE, BA shall make Protected Information maintained by BA or its agents or Subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.524. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. § 17935(e).

G. Amendment of PHI. To the extent BA maintains a Designated Record Set on behalf of CE, within ten (10) days of receipt of a request from the CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or Subcontractors shall make PHI available to CE so that CE may make any amendments that CE directs or agrees to in accordance with the Privacy Rule.

H. Accounting Rights. Within ten (10) days of notice by CE of a request for an accounting of disclosures of Protected Information, BA and its agents or Subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.528, and its obligations under the HITECH Act, including but not limited to 42 U.S.C. § 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or Subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment, or health care operations purposes are required to be collected and maintained for three (3) years prior to the request, and only to the extent BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include, to the extent known to BA: (i) the date of the disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. The accounting must be provided without cost to the individual or the requesting Party if it is the first accounting requested by such individual within any twelve (12) month period. For subsequent accountings within a twelve (12) month period, BA may charge the individual or Party requesting the accounting a reasonable cost-based fee in responding to the request, to the extent permitted by applicable law, so long as BA informs the individual or requesting Party in advance of the fee and the individual or requesting Party is afforded an opportunity to withdraw or modify the request. BA shall notify CE within five (5) business days of receipt of any request by an individual or other requesting Party for an accounting of disclosures. The provisions of this Section H shall survive the termination of this BAA.

I. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary for purposes of determining BA's compliance with the Privacy Rule. BA shall immediately notify CE of any requests made by the Secretary and provide CE with copies of any documents produced in response to such request.

J. Minimum Necessary. BA (and its agents or Subcontractors) shall request, use, and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use, or disclosure. Because the definition of "minimum necessary" is in flux, BA shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary." Notwithstanding the foregoing, BA must limit its (and its agents or Subcontractors) uses and disclosures of Protected Information to be consistent with CE's minimum necessary policies and procedures as furnished to BA.

K. Permissible Requests by Covered Entity. CE shall not request BA to use or disclose PHI in any manner that would not be permissible under HIPAA or the HITECH Act if done by CE or BA. CE shall not direct BA to act in a manner that would not be compliant with the Security Rule, the Privacy Rule, or the HITECH Act.

L. Breach Pattern or Practice. If CE knows of a pattern of activity or practice of the BA that constitutes a material breach or violation of BA's obligations under this BAA or other arrangement, CE must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, CE must terminate the applicable Agreement to which the breach and/or violation relates if feasible. If BA knows of a pattern of activity or practice of an agent or Subcontractor that constitutes a material breach or violation of the agent or Subcontractor's obligations under its BAA or other arrangement with BA, BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, BA must terminate the applicable agreement to which the breach and/or violation relates if feasible.

III. Indemnification; Limitation of Liability. To the extent permitted by law, BA shall indemnify, defend and hold harmless CE from any and all liability, claim, lawsuit, injury, loss, expense or damage resulting from or relating to the acts or omissions of BA or its agents, Subcontractors or employees in connection with the representations, duties and obligations of BA under this Agreement. Any limitation of liability contained in the applicable Agreement shall not apply to the indemnification requirement of this provision. This provision shall survive the termination of this BAA.

IV. Business Associate's Insurance. BA shall obtain insurance for itself and all its employees, agents and independent contractors in an amount not less than Two Million Dollars (\$2,000,000) per occurrence and Four Million Dollars (\$4,000,000) annual aggregate of Commercial General Liability insurance, and One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) annual aggregate of Errors and Omissions insurance. The Errors and Omissions insurance shall cover, among other things, Breaches. If the general liability or the errors and omissions insurance do not cover, among other things, Breaches, Business Associate should also carry One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) annual aggregate of Cyber/Privacy insurance that covers, among other things, Breaches. BA shall provide CE with certificates of insurance or other written evidence of the insurance policy or policies required herein prior to execution of this BAA (or as shortly thereafter as is practicable) and as of each annual renewal of such insurance policies during the period of such coverage. Further, in the event of any modification, termination, expiration, non-renewal or cancellation of any of such insurance policies, BA shall give written notice thereof to CE not more than ten (10) days following BA's receipt of such notification. If BA fails to procure, maintain or pay for the insurance required under this section, CE shall have the right, but not the obligation, to obtain such insurance. In such event, BA shall promptly reimburse CE for the cost thereof upon written request, and failure to repay the same upon demand by CE shall constitute a material breach of this BAA.

V. Term and Termination.

A. Term. The term of this BAA shall be effective as of the Effective Date and shall terminate when all of the PHI provided by CE to BA, or created or received by BA on behalf of CE, is destroyed or returned to CE.

B. Termination.

1. Material Breach by BA. Upon any material breach of this BAA by BA, CE shall provide BA with written notice of such breach and such breach shall be cured by BA within thirty (30) business days of such notice. If such breach is not cured within such time period, CE may immediately terminate this BAA and the applicable Agreement.

2. Effect of Termination. Upon termination of any of the agreements comprising the Agreement for any reason, BA shall, if feasible, return or destroy all PHI relating to such agreements that BA or its agents or Subcontractors still maintain in any form, and shall retain no copies of such PHI. If return or destruction is not feasible, BA shall continue to extend the protections of this BAA to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible.

VI. Assistance in Litigation. BA shall make itself and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Agreements or this BAA available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its shareholders, directors, officers, agents or employees based upon a claim of violation of HIPAA, the HITECH Act, or other laws related to security and privacy, except where BA or its subcontractor, employee or agent is named as an adverse Party.

VII. Compliance with State Law. Nothing in this BAA shall be construed to require BA to use or disclose Protected Information without a written authorization from an individual who is a subject of the Protected Information, or without written authorization from any other person, where such authorization would be required under state law for such use or disclosure.

VIII. Compliance with 42 C.F.R. Part 2. CE is also subject to the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 C.F.R. Part 2, which requires certain programs to enter into contracts with qualified service organizations (as defined in 42 C.F.R. § 2.11) that may have access to certain patient medical information. BA acknowledges that in receiving, storing, processing, or otherwise dealing with any Records (as defined in 42 C.F.R. Part 2) from CE, BA is fully bound by 42 C.F.R. Part 2. BA agrees to resist in judicial proceedings any efforts to obtain access to patient records except as permitted by 42 C.F.R. Part 2. To the extent any provisions of 42 C.F.R. Part 2 restricting disclosure of Records are more protective of privacy rights than the provisions of this BAA, HIPAA, the HITECH Act, or other applicable laws, 42 C.F.R. Part 2 controls.

IX. Amendment to Comply with Law. Because state and federal laws relating to data security and privacy are rapidly evolving, amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. BA and CE shall take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. BA shall provide to CE satisfactory written assurance that BA will adequately safeguard all PHI. Upon the request of either Party, the other Party shall promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the applicable Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into

negotiations to amend the Agreement or this BAA when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its reasonable discretion, deems sufficient to satisfy the standards and requirements of applicable laws, within thirty (30) days following receipt of a written request for such amendment from CE.

X. No Third-Party Beneficiaries. Nothing express or implied in the Agreement or this BAA is intended to confer, nor shall anything herein confer upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

XI. Notices. All notices hereunder shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, or deposited with the overnight courier addressed as follows:

If to CE:

Tri-City Mental Health Authority
1717 N. Indian Hill Blvd., Suite B
Claremont, CA 91711
Attn: Privacy Officer

If to BA:

Pomona Valley Hospital Medical Center
1798 North Garey Avenue
Pomona, CA 91767
Attn:

With a copy to:

Hooper, Lundy & Bookman, P.C.
1875 Century Park East, Suite 1600
Los Angeles, CA 90067
Attn: Linda Kollar, Esq.
Fax: 310-551-8181

or to such other persons or places as either Party may from time to time designate by written notice to the other.

XII. Interpretation. The provisions of this BAA shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provision in this BAA. This BAA and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. Any ambiguity in this BAA shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. Except as specifically required to implement the purposes of this BAA, or to the extent inconsistent with this BAA, all other terms of the Agreement shall remain in force and effect.

XIII. Entire Agreement of the Parties. This BAA supersedes any and all prior and contemporaneous business associate agreements or addenda between the Parties and constitutes the final and entire agreement between the Parties hereto with respect to the subject matter hereof. Each Party to this BAA acknowledges that no representations, inducements, promises, or agreements, oral or otherwise, with respect to the subject matter hereof, have been made by either

Party, or by anyone acting on behalf of either Party, which are not embodied herein. No other agreement, statement or promise, with respect to the subject matter hereof, not contained in this BAA shall be valid or binding.

XIV. Regulatory References. A reference in this BAA to a section of regulations means the section as in effect or as amended, and for which compliance is required.

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

IN WITNESS WHEREOF, the Parties hereto have duly executed this BAA as of the BAA Effective Date.

AGREED AND ACCEPTED:

TRI-CITY MENTAL HEALTH
AUTHORITY

Name of Covered Entity

POMONA VALLEY HOSPITAL
MEDICAL CENTER

Name of Business Associate

Authorized Signature

Authorized Signature

ONTSON PLACIDE

Print Name

Print Name

EXECUTIVE DIRECTOR

Print Title

Print Title

Date

Date

EXHIBIT C

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

POMONA VALLEY HOSPITAL MEDICAL CENTER

Contractor's Name	Last	First
-------------------	------	-------

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

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

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

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

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

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

Date	Contractor or Vendor's Name	Contractor or Vendor's Signature
	Ontson Placide, Executive Director	
Date	TCMHA Executive Official's Name	TCMHA Executive Official's Signature

DISTRIBUTION:

COPIES: Contractor
Finance



Tri-City Mental Health Authority AGENDA REPORT

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

BY: Diana Acosta, Chief Financial Officer

SUBJECT: Consideration of Resolution No. 784 Authorizing the Executive Director to Negotiate and Execute the Renewal Lease Agreements with 1900 Royalty Drive, LLC, for Office Space located at 1900 Royalty Drive in Pomona, California

Summary:

Tri-City currently occupies and leases various suites for office space at the 1900 Royalty Ave. location in Pomona totaling approximately 18,000 square feet. The existing leases are set to expire on June 30, 2025 and at this time management is seeking to renew these existing leases for an additional 5 years.

Background:

Since approximately 2010 Tri-City has occupied office space at the 1900 Royalty Drive location in Pomona, CA and over the years, additional office space leases have been added. Currently, Tri-City occupies approximately 17,625 square feet in the 1900 Royalty Drive building with the leases expiring on June 30, 2025. At this time and after assessing the needs of Tri-City, the staff and programming, management is seeking to renew the leases for an additional 5 years. The negotiated terms of the renewal leases (which includes an annual increase to the base rent of 3%) are summarized as follows:

		Current Rates				
Suite	Sq Feet	Rent	Maint	Total	Per Month	Annual
180/280	5,651	\$ 1.98	\$ 0.50	\$ 2.48	\$ 14,014.48	\$ 168,173.76
170	3,676	\$ 1.98	\$ 0.50	\$ 2.48	\$ 9,116.48	\$ 109,397.76
290	4,914	\$ 1.98	\$ 0.50	\$ 2.48	\$ 12,186.72	\$ 146,240.64
205	2,350	\$ 1.98	\$ 0.50	\$ 2.48	\$ 5,828.00	\$ 69,936.00
200	1,034	\$ 1.98	\$ 0.50	\$ 2.48	\$ 2,564.32	\$ 30,771.84
	17,625				\$ 43,710.00	\$ 524,520.00

		Renwal Rates				
Suite	Sq Feet	Rent	Maint	Total	Per Month	Annual
180/280	5,651	\$ 2.04	\$ 0.50	\$ 2.54	\$ 14,353.54	\$ 172,242.48
170	3,676	\$ 2.04	\$ 0.50	\$ 2.54	\$ 9,337.04	\$ 112,044.48
290	4,914	\$ 2.04	\$ 0.50	\$ 2.54	\$ 12,481.56	\$ 149,778.72
205	2,350	\$ 2.04	\$ 0.50	\$ 2.54	\$ 5,969.00	\$ 71,628.00
200	1,034	\$ 2.04	\$ 0.50	\$ 2.54	\$ 2,626.36	\$ 31,516.32
	17,625				\$ 44,767.50	\$ 537,210.00

Fiscal Impact Year 1 \$ 12,690.00

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 784 Authorizing the Executive Director to Negotiate and
Execute the Renewal Lease Agreements with 1900 Royalty Drive, LLC, for Office Space
located at 1900 Royalty Drive in Pomona, California
May 21, 2025
Page 2

A summary of the expiring lease monthly terms and the renewal monthly terms are noted below:

	Expiring Monthly Base Rent	Renewal Terms/Monthly Base Rates with 3% Increases Per Year				
Suites	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30
180/280	\$ 11,189	\$ 11,525	\$ 11,870	\$ 12,227	\$ 12,593	\$ 12,971
170	7,278	7,496	7,721	7,953	8,191	8,437
290	9,730	10,022	10,323	10,632	10,951	11,280
205	4,653	4,793	4,936	5,085	5,237	5,394
200	2,047	2,108	2,172	2,237	2,304	2,373
Total Base Rent	\$ 34,898	\$ 35,944	\$ 37,022	\$ 38,134	\$ 39,276	\$ 40,455
Maint	8,813	8,813	8,813	8,813	8,813	8,813
Totals	\$ 43,710	\$ 44,757	\$ 45,835	\$ 46,947	\$ 48,089	\$ 49,268

Fiscal Impact:

The fiscal impact will be \$12,690 for year one (fiscal year 2025-26) and an annual increase of 3% for the remaining 4 years. The Funding will be from a combination of MHSA and Realignment. Due to rounding, the approximate total impact by fiscal year is summarized below:

Fiscal Year:	Approximate Total Fiscal Impact
2025-26	\$ 12,690
2026-27	12,936
2027-28	13,344
2028-29	13,704
2029-30	14,148
Total Fiscal Impact Over 5 Years	<u>\$ 54,132</u>

Recommendation:

Staff recommends that the Governing Board adopts Resolution No. 784 authorizing the Executive Director to execute the renewal lease agreements for the office space TCMHA currently occupies at 1900 Royalty Drive, in Pomona, California.

Attachments

Attachment 12-A: Resolution No. 784 - Draft

RESOLUTION NO. 784

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY
MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE
DIRECTOR TO NEGOTIATE AND EXECUTE THE RENEWAL
LEASE AGREEMENTS WITH 1900 ROYALTY DRIVE, LLC, FOR
OFFICE SPACE LOCATED AT 1900 ROYALTY DRIVE IN
POMONA, CALIFORNIA**

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) desires to renew the Lease Agreements and Addendums with 1900 Royalty Drive, LLC, Lessor, for Office Space TCMHA is currently occupying at 1900 Royalty Drive in Pomona, California.

B. The Authority affirms that 1900 Royalty Drive, LLC, is not an employee, agent, joint venture or partner of TCMHA; and that the Lease Agreements do not create or establish the relationship of employee and employer between Lessor and TCMHA.

2. Action

The Governing Board approves the Lease Agreements and Addendums to existing Lease Agreements, with 1900 Royalty Drive, LLC, for suites 170,180/280, 200, 205 and 290 through June 30, 2030; and authorizes the Executive Director to negotiate with 1900 Royalty Drive, LLLC, and execute the Lease Agreements and any Amendments thereafter.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 21, 2025 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

ATTACHMENT 12-A



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

DATE: May 21, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Micaela P. Olmos, JPA Administrator/Clerk

SUBJECT: Consideration of Resolution No. 785 Authorizing the Executive Director to Retain the services of a Mental Health Services Act (MHSA) Housing Consultant in an Amount not-to-exceed \$50,000

Summary:

Tri-City Mental Health Authority (TCMHA) issued a request for bids to obtain bids from qualified technical consulting agencies to provide Mental Health Services Act (MHSA) housing advisory services. This RFB is expected to result in a fixed price contract. The Executive Director is seeking authorization to negotiate and enter into an agreement with the selected proposer at the conclusion of the RFB process.

Background:

The Authority is seeking to retain a consultant to provide MHSA housing advisory services to help staff with 1) creating an overall strategy for expenditure of MHSA funds consistent with stakeholder input priorities of the three cities and TCMHA's core competencies; 2) housing development planning and implementation; 3) services options for expenditure planning and implementation; and 4) ongoing housing project management, education, and capacity building for Board and staff.

Accordingly, a request for bids for MHSA Housing advisory services was issued and the process is currently on-going. In addition, the end of the Fiscal Year 2024-25 is fast approaching, and it is important to secure these housing consulting services before June 30, 2025. In the interest of time, staff is asking for Governing Board authorization to use MHSA funds in an amount not to exceed \$50,0000 to enter into a contract with the successful proposer at the conclusion of the RFB process, and also authorizing the Executive Director to execute said contract.

The agreement will follow the Authority's procurement policies and procedures, including attorney's review. After the contract is awarded and fully executed, staff will present it to the Governing Board at a later meeting to ratify the award of contract.

Fiscal Impact:

An amount not to exceed \$50,000 from MHSA Funds.

Governing Board of Tri-City Mental Health Authority

Consideration of Resolution No. 785 Authorizing the Executive Director to Retain the services of an MHSA Housing Consultant in an Amount not-to-exceed \$50,000

May 21, 2025

Page 2

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 785 authorizing the Executive Director to retain the services of a Housing Consultant in an amount not to exceed \$50,000 and execute the agreement any documents related thereto.

Attachments

Attachment 13-A: Resolution No. 785 - Draft

RESOLUTION NO. 785

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO RETAIN THE SERVICES OF A MENTAL HEALTH SERVICES ACT (MHSA) HOUSING CONSULTANT IN AN AMOUNT NOT-TO-EXCEED \$50,000; AND EXECUTE ANY DOCUMENTS RELATED THERETO

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) desires to retain a consultant to provide MHSA housing advisory services to help staff with creating an overall strategy for expenditure of MHSA funds consistent with stakeholder input priorities of the three cities and TCMHA’s core competencies.

B. TCMHA issued a request for bids to obtain bids from qualified technical consulting agencies to provide MHSA housing advisory services, which will result in a fixed price contract.

2. Action

The Governing Board authorizes the Executive Director to retain the services of an MHSA Housing Consultant using MHSA funds in an amount not to exceed \$50,0000 to enter into a contract with the successful proposer at the conclusion of the RFB process, and also authorizing the Executive Director to execute said contract.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 21, 2025 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