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

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)

TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

GOVERNING BOARD REGULAR MEETING

WEDNESDAY, JUNE 18, 202 AT 5:00 P.M.
MHSA ADMINISTRATION BUILDING
2001 NORTH GAREY AVENUE, POMONA, CA 91767

To join the meeting on-line clink on the following link:
https://tricitymhs-org.zoom.us/j/85060627452?pwd=qXZHWUwxzs7MO7dpnHzXGcqRtQ7mJs.1

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 24 hours prior to the meeting.

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

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

Clinical Office / Child & 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

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.

POSTING OF AGENDA

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

CONSENT CALENDAR

1. APPROVAL OF MINUTES OF THE MAY 21, 2025 REGULAR JOINT MEETING OF THE GOVERNING BOARD AND THE MENTAL HEALTH COMMISSION

Recommendation: "A motion to approve the Minutes of the Governing Board and the Mental Health Commission Regular Joint Meeting of May 21, 2025."

2. APPROVAL OF MINUTES OF THE MAY 21, 2025 SPECIAL MEETING OF THE GOVERNING BOARD

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of May 21, 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. 786 ADOPTING THE AUTHORITY'S REVISED POLICIES AND PROCEDURES NOS.: CL.V.01 AND CL.V.02, EFFECTIVE JUNE 18, 2025

Recommendation: "A motion to adopt Resolution No. 786 establishing the revised Policy and Procedures Nos.: CL.V.01 and CL.V.02, effective June 18, 2025."

10. CONSIDERATION OF RESOLUTION NO. 787 ADOPTING THE AUTHORITY'S POLICIES AND PROCEDURES REQUIRED TO COMPLETE THE APPLICATION PROCESS FOR BOTH THE DEPARTMENT OF HEALTH CARE SERVICES (DHCS) ALCOHOL AND OTHER DRUGS (AOD) CERTIFICATION AND THE SAPC (SUBSTANCE ABUSE PREVENTION AND CONTROL) CONTRACT WITH THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, EFFECTIVE JUNE 18, 2025

Recommendation: "A motion to adopt Resolution No. 787 establishing the required Policies and Procedures to obtain AOD Certification from the DHCS and the SAPC Contract with the LAC Dept. of Public Health, effective June 18, 2025."

11. CONSIDERATION OF RESOLUTION NO. 788 ADOPTING THE AUTHORITY'S REVISED POLICY AND PROCEDURES NOS.: II.02; AND ADOPTING VARIOUS NEW POLICIES AND PROCEDURES, EFFECTIVE JUNE 18, 2025

Recommendation: "A motion to adopt Resolution No. 788 establishing the revised Policy and Procedures Nos.: II.02; and adopting new Policies and Procedures effective June 18, 2025."

12. APPROVAL FOR THE DISPOSAL OF OBSOLETE OR DAMAGED I.T. EQUIPMENT

Recommendation: "A motion to approve the disposal of I.T. equipment listed on the I.T. Equipment List for Disposal-June 2025."

13. CONSIDERATION OF RESOLUTION NO. 789 ADOPTING THE AUTHORITY'S REVISED POLICIES AND PROCEDURES NOS.: VIII.1 and VIII.4, EFFECTIVE JUNE 18, 2025

Recommendation: "A motion to adopt Resolution No. 789 establishing the revised Policy and Procedures No. VIII.1 – Additions to Fixed Assets, and Policy and Procedures No. VIII.4 – Disposal of Fixed Assets; effective June 18, 2025."

14. CONSIDERATION OF RESOLUTION NO. 790 APPROVING AN AFFILIATION AGREEMENT FOR STUDENT INTERNSHIPS WITH SIMMONS UNIVERSITY AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

Recommendation: "A motion to adopt Resolution No. 790 approving an Affiliation Agreement with Simmons University; and authorizing the Executive Director to execute the agreement and any amendments thereafter."

15. CONSIDERATION OF RESOLUTION NO. 791 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE TO INCLUDE THE REVISED JOB DESCRIPTIONS FOR MASTER OF SOCIAL WORK/MASTER OF MARRIAGE AND FAMILY THERAPY INTERN AND DATA ANALYST CLASSIFICATIONS

Recommendation: "A motion to adopt Resolution No. 791 approving the revised Job Descriptions for the Master of Social Work/Master of Marriage and Family Therapy Intern and Data Analyst classifications, and the Master Classification and Salary Schedule to reflect these changes."

16. CONSIDERATION OF RESOLUTION NO. 792 ADOPTING THE AUTHORITY'S REVISED SIGN-ON BONUS POLICY AND PROCEDURES NO. II.22, EFFECTIVE JUNE 18, 2025

Recommendation: "A motion to adopt Resolution No. 792 establishing the revised Sign-on Bonus Policy and Procedures No. II.22, effective June 18, 2025."

NEW BUSINESS

17. CONSIDERATION OF AWARDING TWENTY COMMUNITY WELLBEING GRANTS TOTALING $178,486.00 FOR FISCAL YEAR 2025-26 UNDER THE COMMUNITY CAPACITY BUILDING PROJECT OF THE PREVENTION AND EARLY INTERVENTION (PEI) PLAN

Recommendation: "A motion to award twenty (20) Community Wellbeing Grants totaling $178,486.00 to be funded under the MHSA PEI Plan in FY 2025-26."

18. CONSIDERATION OF RESOLUTION NO. 793 APPROVING THE THIRD AMENDMENT TO THE AGREEMENT WITH THE CITY OF POMONA FOR THE AUTHORITY'S USE OF THE CITY'S 'HOPE FOR HOME' YEAR-ROUND EMERGENCY SHELTER FACILITY, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE SAID AMENDMENT

Recommendation: "A motion to adopt Resolution No. 793 approving the Third Amendment to the Agreement with the City of Pomona for the Authority's exclusive use of 71 shelter beds in the City's H4H Year-Round Emergency Shelter in the amount of $1,943,625, effective July 1, 2025, and authorizing the Executive Director to execute said Amendment."

19. CONSIDERATION OF RESOLUTION NO. 794 AUTHORIZING AN AGREEMENT WITH SYRACUSE UNIVERSITY FOR THE IMPLEMENTATION OF THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PHASE II PROJECT EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2029, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO SIGN THE AGREEMENT

Recommendation: "A motion to adopt Resolution No. 794 authorizing the Executive Director to execute an Agreement with Syracuse University, in the amount of $500,000.00 for the implementation of the Multi-County Psychiatric Advance Directives (PADs) Phase II Project, effective July 1, 2025 through June 30, 2029."

20. CONSIDERATION OF AWARDING EIGHT MENTAL HEALTH STUDENT SERVICES ACT (MHSSA) SUB-GRANTS ROUND 3 TOTALING $257,871.84 BEGINNING JULY 1, 2025 THROUGH JUNE 30, 2026, UNDER THE MHSSA GRANT RECEIVED FROM THE CALIFORNIA MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)

Recommendation: "A motion to award eight (8) MHSSA Sub-Grants Round 3 totaling $257,871.84, beginning July 1, 2025 through June 30, 2026, to be funded under the MHSSA Grant received from the MHSOAC."

21. CONSIDERATION OF RESOLUTION NO. 795 AWARDING A ONE-YEAR AGREEMENT TO LESAR DEVELOPMENT CONSULTANTS FOR HOUSING ADVISORY AND CONSULTING SERVICES IN AN AMOUNT NOT TO EXCEED $50,000.00; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Recommendation: "A motion to adopt Resolution No. 795 authorizing the Executive Director to enter into a One-Year Agreement with LeSar Development Consultants for Housing Advisory and Consulting Services in an amount not to exceed $50,000.00, effective July 1, 2025 through June 30, 2026."

22. CONSIDERATION OF RESOLUTION NO. 796 AUTHORIZING THE EXECUTIVE DIRECTOR TO UTILIZE MENTAL HEALTH SERVICES ACT UNSPENT COMMUNITY SERVICES AND SUPPORT (CSS) PLAN FUNDS IN THE AMOUNT OF $8,552,475.00 FOR THREE HOUSING AND SHELTER PROJECTS APPROVED THROUGH A STAKEHOLDER PROCESS

Recommendation: "A motion to adopt Resolution No. 796 authorizing the Executive Director to fund three housing and shelter projects using MHSA CSS unspent funds in the total amount of $8,552,475.00 that are subject to reversion."

23. CONSIDERATION OF RESOLUTION NO. 797 ADOPTING TRI-CITY MENTAL HEALTH AUTHORITY'S PROPOSED OPERATING BUDGET & CASH FLOW BUDGET FOR FISCAL YEAR 2025-26

Recommendation: "A motion to approve Resolution No. 797 adopting the Authority's Fiscal Year 2025-26 Operating Budget and Cash Flow Budget."

GOVERNING BOARD COMMENTS

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

PUBLIC COMMENT

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

CLOSED SESSION

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

1) CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION
(Gov't Code § 54956.9) *Patricia Kears v. Tri-City Mental Health Authority, et al.*, LA Superior Ct. Case No. 21PSCV00953.

2) CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Gov't Code § 54956.9(d)(2). One case.

RECONVENE TO OPEN SESSION

The Governing Board will reconvene to an Open Session.

CLOSED SESSION REPORT

Any reportable action taken is announced.

ADJOURNMENT

The next regular meeting of the Governing Board will be held on **Wednesday, July 16, 2025 at 5:00 p.m.** in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

MINUTES

GOVERNING BOARD AND MENTAL HEALTH COMMISSION
REGULAR JOINT MEETING

MAY 21, 2024 – 5:00 P.M.

The Regular Joint Meeting of Governing Board and the Mental Health Commission was held on Wednesday, May 21, 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: Jed Leano, City of Claremont, Chair
Wendy Lau, City of La Verne, Vice-Chair
Lorraine Canales, City of Pomona, Board Member (arrived at 5:07 p.m.)
Carolyn Cockrell, City of La Verne, Board Member (arrived at 5:07 p.m.)
Sandra Grajeda, City of Claremont, Board Member
Paula Lantz, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member (arrived at 5:04 p.m.)
Beverly Johnson, City of Pomona Alternate Board Member

ABSENT: None

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Clarence D. Cernal, Commissioner
Sandra Christensen, Commissioner
Frank Guzman, Commissioner
Laura Mundy, Commissioner
Danette E. Wilkerson, Commissioner

ABSENT: Mildred Garcia, Commissioner
Ethel Gardner, Commissioner
Janet R. Roy, Commissioner

STAFF:

PRESENT: Ontson Placide, Executive Director

DRAFT

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
Micaela P. Olmos, JPA Administrator/Clerk

PRESENTATION

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

At 5:04 p.m. Board Member Elizabeth Ontiveros-Cole arrived at the meeting.

Dr. Ann Turner, Executive Director and Dean of Novel Programs at Claremont Lincoln University (CLU), stated that through a collaborative partnership between TCMHA and CLU, five TCMHA staff members from various departments participated in CLU's Vibrant Communities Team Program where they examined organizational challenges and worked to enhance internal agency's processes, noting that each participant completed graduate level coursework and earned 9 graduate credit units. She expressed being an honor and a privilege to witness the TCMHA staff growth and contribution, and acknowledged their incredible work performed.

At 5:07 p.m. Governing Board Members Carolyn Cockrell and Lorraine Canales arrived at the meeting.

Lee King, Associate Dean at Claremont Lincoln University, commended TCMHA for its vision in identifying a need and investing in its employees. She also acknowledged the team's resilience through organizational changes and noted that several participants are now continuing their graduate studies, marking this program as a significant step forward in their professional development.

Chief Clinical Officer Renteria introduced the participating team members which included Erin Sapinoso, Lisa Narajo, Mary Monzon, Nyla Thompson, and Keving Gong; and played a CLU video highlighting the project, which focused on strategies to improve communication within Tri-City Mental Health Authority.

Chair Leano presented certificates of recognition to the participating staff members in attendance.

Housing Manager Mary Monzon stated it was a great opportunity for communication and that it was a fun adventure and challenge. MHSA (PEI) Program Supervisor Lisa Naranjo stated it was a great opportunity and she was looking forward to the next phase. Grants Manager Erin Sapinoso expressed gratitude for the opportunity.

DRAFT

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

Chief Clinical Officer Renteria stated that TCMHA's Adult and Older Adult Full-Service Partnership (FSP) program provides comprehensive, field-based mental health services to individuals and families, targeting adults ages 26–59 and older adults aged 60 and above. She pointed out that the program is designed to support those with significant mental health needs, including individuals at risk of homelessness, institutionalization, or incarceration.

Jessica Sanchez, Clinical Supervisor, talked about the scope of services provided under FSP, which include intensive case management, therapy, medication support, housing assistance, employment services, and peer support. She explained that eligibility for the program is based on clinical need and vulnerability.

Kim Rioux, Clinical Program Manager, stated that the FSP program's multidisciplinary team structure includes clinical therapists, psychiatrists, medical support staff, behavioral health specialists, peer support specialists, housing and employment specialists, and supervisory and managerial staff, noting that this team-based approach ensures holistic, coordinated care tailored to each client's unique needs.

Clinical Supervisor Sanchez highlighted the "Pathway to Housing" of the FSP program which consists of several stages: interim or transitional housing, permanent housing, and home and community-based alternatives. She then talked about the "Getting Ready" phase, in which FSP teams prepare clients for housing by creating personalized plans, providing referrals, helping complete the Coordinated Entry System, and collecting necessary documentation.

Clinical Program Manager Rioux explained the complexity of the housing process which involves skill building through rehabilitation Interventions such as coaching, modeling, and role playing; using community resources through targeted case management; and care coordination by locating housing that meets qualification of income, including completing application process and securing financial funds for move-in cost, security deposits, and application fee. She commented that despite the challenges TCMHA's support is unwavering guided by the belief that everyone deserves a home, noting that after housing is secured, FSP continues to support clients with the transition through efforts aimed at adjustment, integration, and long-term maintenance; and discussed the importance of ensuring clients can sustain their housing through continuous clinical care, resource support, and independent living skills training.

Clinical Supervisor Sanchez shared a success story of a client and discussed the timeline for achieving housing with the help of the FSP team. Clinical Program Manager Rioux also discussed the simultaneous timeline of the care team, noting that positive outcomes require coordinated efforts across multiple departments and community partners.

Commissioner Christensen inquired about the client's whereabouts during the timeline referenced in the success story. Clinical Supervisor Sanchez stated that the client was staying at Hope for Home Homeless Services Center (H4H), left for a few days and returned during the housing process, and explained that clients must meet with case managers every 90 days to maintain eligibility for shelter services.

Board Member Ontiveros-Cole noted that participation at H4H requires voluntary commitment to the program's rules.

Commissioner Mundy expressed concern for the safekeeping of important personal documents during transitional housing phases. Clinical Supervisor Sanchez acknowledged that while some documents must remain in clients' possession, clinical staff work with them on document organization and storage as part of life skills training. Clinical Program Manager Rioux noted that H4H provides use of lockers to help with this issue.

Discussion ensued regarding the requirements to stay at H4H and the requirements and documentation for the broader housing application process.

Chair Leano referred to the timeline depicted in the success story and commented that a-year long stay in interim housing was significantly longer than intended, noting that a broader issue exists related to California's housing crisis; and inquired about the number of permanent supportive housing unit shortage in the three cities area, stating that former Executive Director Toni Navarro had stated it was 120 units a few years ago. Clinical Supervisor Sanchez confirmed that the extended timelines are largely due to the limited availability of permanent supportive housing units; that TCMHA staff are currently gathering data on the number of unhoused individuals and the number of housing units available, and that an update will be provided at a later time; and noted that that some clients are offered housing outside the three cities area but decline preferring to remain local, which can extend their timeline to find housing but aligns with the program's commitment to client voice and choice.

Chair Leano requested to set a short-term goal to identify the shortage of housing units, and a long-term goal to address the permanent housing unit deficit. Executive Director Placide stated that the Los Angeles Homeless Services Authority (LAHSA) has he Point In Time (PIT) homeless count but do not have the housing capacity; however, TCMHA could build on it. Board Member Lantz expressed interest in knowing the number of permanent housing units that TCMHA directly controls, excluding those managed by LAHSA, and talked about the importance of not relying solely on LA County data, but rather examining TCMHA data and recommended looking at TCMHA's history to find out how long it has taken in the past to house individuals to forecast future housing needs.

Executive Director Placide noted that new Behavioral Health Services Act (BHSA) requirements will mandate that TCMHA include such statistics in its planning documents, noting that information will be provided annually; however, TCMHA must collect data monthly.

Discussion ensued regarding the urgent need for targeted housing data and strategy development, as well as the value of FSP's integrated model in helping clients navigate a strained housing system while maintaining a person-centered approach.

MENTAL HEALTH COMMISSION

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

Chair Henderson opened the meeting to Public Comment, and there was no public comment.

There being no comment, Commissioner Wilkerson moved, and Commissioner Guzman seconded, to approve the Mental Health Commission Regular Meeting Minutes of April 8, 2025. The motion was carried by the following vote: AYES: GB Liaison Cockrell; Commissioners Cernal, Christensen, Guzman, Wilkerson; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: Commissioner Mundy. ABSENT: Commissioners Garcia, Gardner and Roy.

CONSENT CALENDAR

Board Member Lantz requested to pull Item No. 9 from Consent Calendar for discussion.

General Counsel Flower acknowledged that Vice-Chair Ryback was not participating in Agenda Item No. 11, as she is currently employed by PVHMC.

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 Item Nos. 1-8, 10, and 11. 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.

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 REPORT

Recommendation: "A motion to receive and file."

4. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Recommendation: "A motion to receive and file."

5. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Recommendation: "A motion to receive and file."

6. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Recommendation: "A motion to receive and file."

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

Recommendation: "A motion to receive and file."

8. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Recommendation: "A motion to receive and file."

DRAFT

10. CONSIDERATION OF RESOLUTION NO. 782 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE EFFECTIVE RETROATIVE 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

Agenda Item No. 9 was taken out of order from Consent Calendar.

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

Board Member Lantz inquired about the need to increase the funding allocated to NAMI (National Alliance on Mental Illness) for training services. Director of MHSA & Ethnic Services Barford explained that back in 2023 NAMI had originally been granted funding in the amount of $35,000 for one year to provide specific community trainings; however, due to disruptions caused by the COVID-19 pandemic, NAMI was unable to fulfill its original obligations within the planned timeframe, and rather than canceling the agreement, TCMHA opted to continue to give NAMI the funding to complete the training deliverables during a three-year period rather than one year only. Now NAMI is in a better position operationally, and has resumed spending and delivering the planned services, noting that the current agreement ends in June 2026; however, NAMI is currently requesting additional funds to support the remainder of the current fiscal year ending in June 2025 to complete its obligations.

Board Member Lantz sought clarification regarding the additional funding if it is to cover an entire additional year or multiple years. Director of MHSA & Ethnic Services Barford confirmed that the

request is for the remainder of the current fiscal year, and not to extend the agreement or a new multi-year commitment, noting that the scope of services remains unchanged.

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. 781 approving the Second Amendment to the MOU with NAMI-GLAC; and authorizing the Executive Director to execute said Amendment. 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.

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

Chief Financial Officer Acosta reported that the office lease for 1900 Royalty Drive will expire in June and was requesting a lease extension for an additional five years.

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

There being no further comment, Board Member Grajeda moved, and Board Member Cockrell seconded, to approve 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. 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.

13. 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

Executive Director Placide provided an update on Tri-City Mental Health Authority's efforts to strengthen internal capacity in preparation for major projects related to the transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). He then discussed the increasing need for specialized housing expertise, particularly in areas such as real estate transactions and development; therefore, the agency had begun evaluating potential external partners who can provide this expertise, noting that two proposals had been received for consideration; and expressed a desire to move forward and retain the services of a housing consultant to enhance TCMHA's ability to manage upcoming housing-related initiatives more effectively.

Board Member Lantz inquired about the agencies under consideration. General Counsel Flower stated that since negotiations were still in progress, the names of the bidding firms would not be disclosed at this time. Executive Director Placide added that the evaluation process was currently ongoing and that a final recommendation would be presented once the review was complete.

Vice-Chair Lau referred to Resolution No. 785, noting that there was a typographical error on the amount listed as $500,000, but it should be $50,000.

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 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. 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. STUDY SESSION ON CLAREMONT BUILDING ACQUISITION FOR ADMINISTRATION

Executive Director Placide reported that Tri-City Mental Health Authority was facing overcrowding and limited space for administrative functions and staff, noting that staff and space requirements are increasing at a rate of approximately 3% per month; however, that this challenge was a growth opportunity. He reported that management had evaluated several potential properties for acquisition, including a site located at 431 West Baseline Road in Claremont, which is under active consideration since it meets the requirements to have a consolidated and centralized space for administrative staff, and can accommodate up to 40 individuals including available parking. He commented that it would be great if administration can stay in Claremont and keep TCMHA footprint in the community.

Board Member Lantz expressed concern about the distance of the Baseline property from the current central locations. Executive Director Placide clarified that the new facility would be intended strictly for administrative use and would not serve clients directly, which would not result in having concerns about accessibility.

Board Member Canales inquired if a location in the City of Pomona had been considered. Chief Financial Officer Acosta replied that available properties in Pomona had proven to be cost-prohibitive as they require considerable remodel/improvements and had no suitable parking. She then stated that the Baseline property is currently listed at $3.8 million and that funding in the amount of $6.8 million is currently available in the CFTN (Capital, Facilities and Technology Needs) Plan, which can be used to purchase the property. She pointed out that the Baseline property includes a substantial parking lot. She added that another option would be to lease the property. Executive Director Placide stated that the agency's preferred option was an outright property purchase because using MHSA funds to purchase the property would be a viable and strategic plan to avoid potential reversion of MHSA funds, as opposed to leasing the property which would not address the issue of reversion.

Discussion ensued regarding the difference in size of the current administrative office location on Indian Hill Boulevard which is 4,000 sq. ft., and the Baseline property is 9,300 sq. ft. which is more than doubled the size of the current space; about additional anticipated expenditures within the next seven years that would draw on the remaining $6.7 million in administrative funds, such as technology infrastructure initiative, leaving a balance of approximately $6 million to spend that are entirely separate from housing funds and cannot be repurposed for housing projects.

Board Member Grajeda inquired if the property would be sufficient for future growth. Executive Director Placide replied that although the team would need to be space-efficient, the site offered flexibility and that no other properties that were evaluated had been as viable.

Board Member Canales inquired about the current lease status. Chief Financial Officer Acosta stated that the existing building is owned by the City of Claremont and that the lease expires in September 2025.

Board Member Lantz inquired whether the new property had room for expansion or additional parking. Executive Director Placide replied that the site includes ample parking, and that any expansion would require building upward.

Vice-Chair Lau asked whether the City of Claremont would allow a month-to-month lease extension if TCMHA were to purchase the new property. Chief Financial Officer Acosta stated that staff is currently working with the City of Claremont on this issue.

General Counsel Flower announced that staff had clear direction and would return to the Board with further updates and recommendations as property acquisition negotiations progress.

GOVERNING BOARD/MENTAL HEALTH COMMISSION COMMENTS

Commissioner Wilkerson inquired about the recently completed Data Notebook and whether the information gathered on the homeless population would help in any way the unhoused individuals. Vice-Chair Ryback clarified that the information was prepared for the State regarding homelessness within the behavioral health system and inquired if TCMHA tracks data on the unhoused population.

Chief Clinical Officer Liz Renteria stated that TCMHA tracked unhoused clients during the intake process, allowing staff to enter their homeless status in TCMHA's Electronic Health Record (EHR) system. Housing Manager Mary Monzon added that once individuals are referred for housing services, they are entered into a tracking process.

Vice-Chair Ryback inquired what does the State do with the Data Notebook data after it is submitted. Executive Director Placide asked whether the data was entered into the Homeless Management Information System (HMIS). In response, Mary Monzon clarified that TCMHA does not currently enter client data into HMIS, which is typically used by housing providers and local Continuums of Care.

Vice-Chair Ryback acknowledged Pomona Valley Hospital's observance of National Trauma Awareness Month, reminding everyone to remain mindful and safe.

Commissioner Guzman announced the upcoming Pomona Valley Pride Festival, scheduled to take place on June 14th, and highlighted the availability of resources for the LGBTQ+ community. He also shared that he will be traveling to Sacramento to advocate for civil rights and mental health policy on behalf of the community.

Board Member Canales announced an event called “Dia de los Padres” honoring men in the community, is scheduled for June 20th at The Union, referencing a local adaptation of “Día de los Niños”, though focused specifically on celebrating fatherhood and male caregivers; and asked for support and outreach. Chair Leano requested that flyers for all upcoming community events be shared with JPA Administrator/Clerk Olmos for distribution and visibility.

PUBLIC COMMENT

Chief Clinical Officer Liz Renteria announced the upcoming launch of the Mobile Crisis Care (MCC) team during a Community Resource Fair on June 24th, noting that that the event will serve as both a community engagement opportunity and a platform to highlight local resources; and that a flyer with event details will be shared once finalized.

Board Member Lantz referred to the MOU with Pomona Valley Hospital (PVH) for MCC and inquired if PVH is currently accepting 5150 psychiatric holds so that they are not transported to L.A. Chief Clinical Officer Renteria shared that TCMHA and PVMH have a great collaboration and the aim is to keep individuals locally as much as possible when in crisis, though the situation remains complex. Executive Director Placide added that he had recently met with PVH’s Chief Operating Officer to discuss the possibility of establishing an urgent care facility that would serve individuals who are medically cleared but still require mental health services, noting that this would be part of a longer-term strategy to enhance local crisis care infrastructure and reduce the need for transport outside the community.

Human Resources Director Torregano announced that TCMHA will also be hosting a hiring event at The Union in Pomona as part of the agency’s broader workforce development efforts to attract and retain qualified staff amid ongoing program expansion and community need, and will distribute a flyer with more information.

ADJOURNMENT

At 6:24 p.m., on consensus of the Governing Board and Mental Health Commission its joint meeting of May 21, 2025, was adjourned. 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.

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Micaela P. Olmos, JPA Administrator/Clerk

DRAFT

MINUTES

GOVERNING BOARD SPECIAL MEETING

MAY 21, 2024 – 5:00 P.M.

A Special Meeting of Governing Board was held on Wednesday, May 21, 2025, at 6:30 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 6:30 p.m., after the Regular Joint Meeting of the Governing Board and the Mental Health Commission ended.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
Wendy Lau, City of La Verne, Vice-Chair
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

ABSENT: None

STAFF:

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

PUBLIC COMMENT

There was no public comment.

CLOSED SESSION

The Governing Board recessed to a Closed Session pursuant to Gov't Code § 54956.9(d)(2): one case, conference with legal counsel -anticipated litigation due to significant exposure to litigation.

DRAFT

RECONVENE TO OPEN SESSION

At 6:51 p.m. the Governing Board reconvened to an Open Session.

CLOSED SESSION REPORT

There was no reportable action.

ADJOURNMENT

At 6:51 p.m., on consensus of the Governing Board its special meeting of May 21, 2025, was adjourned. 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.

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Micaela P. Olmos, JPA Administrator/Clerk

DRAFT

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, 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 this current Board meeting for approval and subsequent implementation starting in FY 25-26.

ONGOING PLANNING

As the state continues its large-scale transformation of the behavioral health system—including the **Behavioral Health Continuum Infrastructure Program (BHCIP)**, **BH Connect**, and the transition from **MHSA to the Behavioral Health Services Act (BHSA)**—Tri-City is actively monitoring these initiatives to understand their potential impact and ensure our region is not overlooked due to our carve-out status.

Current Focus Areas:

1. **Monitoring BHCIP and BH Connect Implementation:** LACDMH is leading many regional infrastructure and systems initiatives under BHCIP and BH Connect. Tri-City is reviewing these efforts to assess how state and federal funds are being distributed and to ensure that our jurisdiction has access to applicable infrastructure investments, data system enhancements, and service expansions.

2. **BHSA Transition Implications:** The transition from MHSA to BHSA will bring new funding rules, accountability measures, and reporting structures. Tri-City is conducting a detailed review to determine how these changes affect our direct allocations, local planning autonomy, and long-term operational model.

3. **Exploring Targeted Collaboration with LACDMH:** While preserving our independent governance, Tri-City continues to explore strategic collaboration opportunities with LACDMH, particularly in areas such as permanent supportive housing development, crisis response infrastructure, and workforce training. These partnerships will be limited to mutually beneficial efforts that do not compromise Tri-City's legal and operational independence.

4. **Future Funding and Program Growth Considerations:** In addition to state transformation initiatives, Tri-City is proactively identifying new and emerging funding streams to support future growth. This includes:

    - **Medi-Cal Behavioral Health reforms** under CalAIM and beyond
    - **Substance Use Disorder (SUD) treatment funding** and integration opportunities as we pursue new programming
    - **Realignment and county-based revenue allocations**, particularly in cases where Tri-City may be eligible or could advocate for inclusion in other countywide initiatives

These funding sources represent key areas for expanding services and meeting growing community needs, especially if Tri-City can align strategically without forfeiting local control.

Next Steps:

- Tri-City staff will continue engagement with DHCS, LACDMH, and regional partners to clarify the role of JPAs like Tri-City within the BHSA framework.

@TRICITYMHA.CA.GOV – NEW DOMAIN NAME APPROVED

Tri-City Mental Health Authority (TCMHA) will be transitioning its website and email domains from @tricitymhs.org to @tricitymha.ca.gov to better reflect our status as a governmental agency. This change is intended to reduce confusion among community members, partner agencies, and the broader public regarding Tri-City's identity and organizational structure. As a Joint Powers Authority (JPA) created by the Cities of Claremont, Pomona, and La Verne, TCMHA is a public agency governed independently by our own Board of Directors. Although we have a collaborative relationship with Los Angeles County Department of Mental Health (LACDMH), who is the County's Mental Health Plan, we believe the adoption of the ".ca.gov" domain will reinforce our distinct status as a local government entity. The transition to the new domain will occur in phases to ensure minimal disruption to communication. During this time, the existing .org domain will remain active to ensure a seamless user experience and allow time for all stakeholders to adapt to the change. This move reflects our ongoing commitment to transparency, public accountability, and alignment with best practices in digital communications for government agencies.

HUMAN RESOURCES

<u>Staffing – Month Ending May 2025</u>

- Total Staff is 220 full-time and 7 part-time plus 47 full-time vacancies 3 part-time vacancies for a total of 265 full-time equivalent positions.
- There were 3 new hires in May 2025.
- There were 6 separations in May 2025.

Workforce Demographics in May 2025

- American Indian or Alaska Native = 0.45%
- Asian = 6.82%
- Black or African American = 7.27%
- Hispanic or Latino = 64.55%
- Native Hawaiian or Other Pacific Islander = 0.45%
- Other = 2.27%
- Two or more races = 1.82%
- White or Caucasian = 16.36%

New Posted Positions in May 2025

- Behavioral Health Advocate I – Wellness Center (.5 FTE)
- Behavioral Health Specialist – Adult FSP (1 FTE)
- Clinical Therapist I – Adult FSP (1 FTE)
- Clinical Therapist I/II – FSP/TAY (1 FTE)
- Office Assistant – Access to Care (1 FTE)
- Peer Support Specialist I/II – Mobile Crisis (2 FTEs)
- Psychiatric Technician I/II (4 FTEs)

TCMHA Hiring Event

Tri-City will host a Behavioral Health Hiring Event on Wednesday, June 25, 2025, at The Union located at 350 Garey Avenue, Pomona, CA from 10:00AM to 4:00PM. Visit our website for details: https://www.tricitymhs.org/

NATIONAL & STATEWIDE UPDATES IN BEHAVIORAL HEALTH

President Trump's militarization of Los Angeles is illegal. Here's why.-
https://www.gov.ca.gov/2025/06/10/president-trumps-militarization-of-los-angeles-is-illegal-heres-why/

https://www.gov.ca.gov/2025/06/10/governor-newsoms-address-to-california-democracy-at-a-crossroads/

New study shows social media use predicted future depression in tweens*- As American adolescents experience both declining mental health and rising exposure to social media, parents and researchers alike have tried to better understand the link between the two: Does social media fuel mental health struggles? Or are struggling kids more likely to turn to social media? A new study indicates a possible answer. When researchers at the University of California at San Francisco examined social media use and depressive symptoms among tweens over a three-year period, they found that an*

increase in social media use predicted a future rise in symptoms of depression — but not the other way around.
Washington Post
https://www.pbs.org/newshour/show/new-study-finds-link-between-pre-teen-use-of-social-media-and-depression

Growing Uncertainty About the Future of the 988 Suicide and Crisis Lifeline's LGBTQI+ Service*- Since taking office, the Trump administration has pursued various policy actions that could limit health services and access for LGBTQ+ people, including those related to mental health. LGBTQ+ people experience elevated stigma, discrimination, and mental health challenges, along with greater unmet mental health needs. Dedicated services tailored specifically to LGBTQ+ individuals aim to address these distinct needs and experiences.*
Kaiser Family Foundation
https://www.kff.org/mental-health/issue-brief/growing-uncertainty-about-the-future-of-the-988-suicide-and-crisis-lifelines-lgbtqi-service/

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 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 TEN MONTHS ENDED APRIL 30, 2025 (2025 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the ten months ended April 30, 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 $9.4 million. MHSA operations accounted for approximately $7.4 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 $18.8 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 $2.0 million is from Clinic outpatient operations, which is the result of operations for the ten months ended April 30, 2025 which includes one-time payments made at the beginning of the year.

The total cash balance at April 30, 2025 was approximately $65.7 million, which represents an increase of approximately $17.9 million from the June 30, 2024 balance of

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 $6.1 million primarily as a result timing of cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately $11.8 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately $18.8 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately $19.6 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the ten months ended April 30, 2025. As of the date of the report (06/11/2025), approximately $5.1 million of additional receipts received are related to outstanding receivables. Of total receipts year-to-date, interim cost settlements account for approximately $3.0 million.

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 June 30, 2024	$	36,745,684	
Receivables net of Reserve for Cost Report Settlements		1,393,248	
Prudent Reserves		(2,200,000)	*
Estimated Remaining Expenses for Operations FY 2024-25		(1,755,031)	**
Reserved for future CFTN Projects		(6,417,848)	
Total Estimated Adjustments to Cash		(8,979,631)	
Estimated Available at June 30, 2025	$	27,766,053	
Estimated remaining MHSA funds to be received in FY 2024-25	$	650,000	

* 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.

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*	Total
	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	**16,870,739**	77,854,693
Expended 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	-	11,774,647
2024-25 **					**4,893,410**	**13,731,208**	**18,624,618**
2025-26							**-**
Total Expended	8,797,914	9,293,482	11,824,329	13,252,035	9,139,346	13,731,208	74,715,162
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	FY 2023-24*	Total
	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	2,260,797	4,175,846	19,134,606
Expended in:								
2017-18	726,119							726,119
2018-19	1,419,669	387,017						1,806,686
2019-20	-	1,644,825	-					1,644,825
2020-21		87,482	1,746,984	-				1,834,466
2021-22			426,126	1,309,696				1,735,822
2022-23				1,638,544	1,718,632			3,357,176
2023-24					***1,592,869***	***1,840,888***		**3,433,757**
2024-25 **						***419,909***	***3,586,503***	4,006,412
2025-26 **								-
Total Expended	2,145,788	2,119,324	2,173,110	2,948,240	3,311,501	2,260,797	3,586,503	18,545,263
Unspent Balance	-	-	-	-	-	-	589,343	589,343

*=Based on latest revenue projections
**=Planned Expenditures based on approved MHSA Plan

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

INN reversion waterfall analysis

INN	Reallocated AB 114	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	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: April 30, 2025 Unaudited Monthly Financial Statements

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF NET POSITION

	AT APRIL 30, 2025			AT JUNE 30, 2024		
	TCMH	**MHSA**	**Consolidated**	**TCMH**	**MHSA**	**Consolidated**
	Unaudited	**Unaudited**	**Unaudited**	**Audited**	**Audited**	**Audited**
Current Assets						
Cash	$ 16,866,212	$ 48,870,500	$ 65,736,713	$ 11,061,930	$ 36,745,684	$ 47,807,614
Accounts receivable, net of reserve for uncollectible accounts $736,573 at April 30, 2025 and $1,028,867 at June 30, 2024	4,569,074	5,247,726	9,816,799	6,958,443	6,511,598	13,470,040
	21,435,286	54,118,226	75,553,512	18,020,372	43,257,282	61,277,654
Property and Equipment						
Land, building, furniture and equipment	4,138,920	10,194,941	14,333,861	4,100,520	10,766,682	14,867,203
Accumulated depreciation	(2,956,668)	(5,236,133)	(8,192,801)	(2,864,375)	(4,972,020)	(7,836,395)
Rights of use assets-building lease	1,753,343	-	1,753,343	1,753,343	-	1,753,343
Accumulated amortization-building lease	(1,693,675)	-	(1,693,675)	(1,395,366)	-	(1,395,366)
Rights of use assets-SBITA	1,298,467	-	1,298,467	1,298,467	-	1,298,467
Accumulated amortization-SBITA	(588,073)	-	(588,073)	(588,073)	-	(588,073)
Total Property and Equipment	1,952,314	4,958,808	6,911,121	2,304,516	5,794,663	8,099,179
Other Assets						
Deposits and prepaid assets	273,252	63,245	336,497	93,757	63,245	157,002
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	2,225,566	7,822,053	10,047,619	2,398,273	8,657,908	11,056,181
Total Assests	23,660,852	61,940,279	85,601,131	20,418,645	51,915,190	72,333,835
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	6,257,996	-	6,257,996	6,257,996	-	6,257,996
Total Deferred Outflows of Resources	6,257,996	-	6,257,996	6,257,996	-	6,257,996
Total Assets and Deferred Outflows of Resouces	**$ 29,918,848**	**$ 61,940,279**	**$ 91,859,127**	**$ 26,676,641**	**$ 51,915,190**	**$ 78,591,831**
LIABILITIES						
Current Liabilities						
Accounts payable	616,582	55,286	671,867	608,213	452,165	1,060,378
Accrued payroll liabilities	739,282	171,987	911,269	93,247	262,608	355,855
Accrued vacation and sick leave	627,145	1,297,905	1,925,050	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	4,098,837	3,854,478	7,953,315	3,673,280	3,201,942	6,875,222
Current portion of lease liability	59,668	-	59,668	357,977	-	357,977
Current portion of SBITA liability	308,979	-	308,979	308,979	-	308,979
Total Current Liabilities	7,721,204	5,379,656	13,100,860	6,175,088	5,181,252	11,356,340
Intercompany Acct-MHSA & TCMH	(103,336)	103,336	-	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	-	16,728,062	16,728,062	-	1,383,814	1,383,814
Total Long-Term Liabilities	10,147,152	16,728,062	26,875,214	10,147,152	1,383,814	11,530,966
Total Liabilities	17,765,020	22,211,054	39,976,074	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	1,182,252	4,958,808	6,141,059	1,236,145	5,794,663	7,030,808
Restricted for MHSA programs	-	34,770,417	34,770,417	-	26,544,519	26,544,519
Unrestricted	10,814,888	-	10,814,888	8,784,153	-	8,784,153
Total Net Position	11,997,140	39,729,225	51,726,364	10,020,298	32,339,182	42,359,480
Total Liabilities, Deferred Inflows of Resources and Net Position	**$ 29,918,848**	**$ 61,940,279**	**$ 91,859,127**	**$ 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
TEN MONTHS ENDED APRIL 30, 2025 AND 2024

	PERIOD ENDED 4/30/25			PERIOD ENDED 4/30/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	$ 3,956,375	$ 5,766,974	$ 9,723,349	$ 4,485,036	$ 5,056,744	$ 9,541,780
Medi-Cal FFP FYE Prior Year	1,095,313	1,216,112	2,311,425	116,355	25,682	142,038
Medi-Cal SGF-EPSDT	1,004,150	2,005,217	3,009,368	886,169	907,951	1,794,119
Medi-Cal SGF-EPSDT Prior Year	156,884	155,828	312,712	51,816	52,750	104,565
Medicare	7,741	6,242	13,983	5,560	3,910	9,470
Contracts	-	26,785	26,785	15,000	25,654	40,654
Patient fees and insurance	-	-	-	446	614	1,061
Rent income - TCMH & MHSA Housing	10,780	66,871	77,652	9,240	55,831	65,071
Other income	639	698	1,337	787	559	1,346
Net Operating Revenues	**6,231,882**	**9,244,727**	**15,476,608**	**5,570,409**	**6,129,695**	**11,700,104**
OPERATING EXPENSES						
Salaries, wages and benefits	6,705,795	15,364,155	22,069,950	6,688,992	13,931,828	20,620,820
Facility and equipment operating cost	585,913	1,377,765	1,963,678	492,067	1,030,203	1,522,270
Client lodging, transportation, and supply expense	47,784	478,707	526,490	112,522	473,683	586,206
Depreciation & amortization	248,917	519,904	768,821	245,628	503,905	749,533
Other operating expenses	907,353	2,048,091	2,955,444	694,462	1,708,373	2,402,836
Total Operating Expenses	**8,495,762**	**19,788,621**	**28,284,383**	**8,233,671**	**17,647,993**	**25,881,664**
OPERATING (LOSS) (Note 1)	**(2,263,880)**	**(10,543,894)**	**(12,807,774)**	**(2,663,262)**	**(11,518,298)**	**(14,181,560)**
Non-Operating Revenues (Expenses)						
Realignment	3,046,126	-	3,046,126	3,207,785	-	3,207,785
Contributions from member cities & donations	58,236	-	58,236	70,236	-	70,236
MHSA funds	-	16,693,035	16,693,035	-	15,539,345	15,539,345
Grants and Contracts	745,855	-	745,855	783,162	-	783,162
Interest Income net with FMV	390,505	1,876,674	2,267,180	239,380	1,413,253	1,652,632
Gain/(Loss) on disposal of assets	-	(635,773)	(635,773)	-	-	-
Total Non-Operating Revenues (Expense)	4,240,721	17,933,937	22,174,658	4,300,563	16,952,598	21,253,160
INCOME (LOSS)	**1,976,841**	**7,390,043**	**9,366,884**	**1,637,301**	**5,434,300**	**7,071,600**
INCREASE (DECREASE) IN NET POSITION	**1,976,841**	**7,390,043**	**9,366,884**	**1,637,301**	**5,434,300**	**7,071,600**
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	**$ 11,997,140**	**$ 39,729,224**	**$ 51,726,364**	**$ 10,276,630**	**$ 33,941,158**	**$ 44,217,787**

(**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
TEN MONTHS ENDED APRIL 30, 2025 AND 2024

	PERIOD ENDED 4/30/25			PERIOD ENDED 4/30/24		
	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	$ 8,753,763	$ 11,013,464	$ 19,767,227	$ 5,805,316	$ 6,704,195	$ 12,509,510
Cash payments to suppliers and contractors	(1,868,801)	(4,443,126)	(6,311,927)	(1,139,628)	(3,524,004)	(4,663,631)
Payments to employees	(6,069,284)	(15,421,408)	(21,490,692)	(6,879,147)	(16,019,247)	(22,898,394)
	815,678	(8,851,070)	(8,035,392)	(2,213,459)	(12,839,056)	(15,052,515)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	18,848,395	18,848,395	-	18,089,926	18,089,926
CalHFA-State Administered Projects	-	532	532	-	30,266	30,266
Realignment	3,046,126	-	3,046,126	4,531,696	-	4,531,696
Contributions from member cities	58,236	-	58,236	70,236	-	70,236
Grants and Contracts	1,786,777	-	1,786,777	946,752	-	946,752
	4,891,139	18,848,927	23,740,065	5,548,684	18,120,192	23,668,876
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(38,400)	(178,136)	(216,536)	(216,898)	(237,529)	(454,427)
Intercompany-MHSA & TCMH	(280,750)	280,750	-	(357,897)	357,897	-
	(319,150)	102,614	(216,536)	(574,794)	120,368	(454,427)
Cash Flows from Investing Activities						
Interest received	384,194	1,857,997	2,242,192	216,446	1,267,559	1,484,004
	384,194	1,857,997	2,242,192	216,446	1,267,559	1,484,004
Cash Flows from Reorganization Items						
Receipt of SB90 claims previously reserved and accrued	-	-	-	241,378	-	241,378
	-	-	-	241,378	-	241,378
Net Increase (Decrease) in Cash and Cash Equivalents	5,771,862	11,958,468	17,730,330	3,218,255	6,669,062	9,887,317
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	**$ 16,833,791**	**$ 48,704,152**	**$ 65,537,944**	**$ 12,194,897**	**$ 36,787,808**	**$ 48,982,705**
Cash from the Balance Sheet	**16,866,212**	**48,870,500**	**65,736,713**	**12,237,128**	**37,051,089**	**49,288,217**
YTD Gain/(Loss) from GASB 31 Fair Market Value	**$ 32,421**	**$ 166,348**	**$ 198,769**	**$ 42,231**	**$ 263,281**	**$ 305,512**

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
TEN MONTHS ENDING APRIL 30, 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	$ 4,314,476	$ 4,919,926	$ (605,450)	$ 6,288,957	$ 9,197,532	$ (2,908,574)	$ 10,603,434	$ 14,117,458	$ (3,514,024)
Medi-Cal FFP Prior Year	930,748	-	930,748	1,107,059	-	1,107,059	2,037,807	-	2,037,807
Medi-Cal SGF-EPSDT	1,095,038	1,525,639	(430,601)	2,186,715	1,760,493	426,222	3,281,753	3,286,132	(4,379)
Medi-Cal SGF-EPSDT Prior Year	106,497	-	106,497	113,162	-	113,162	219,659	-	219,659
Medicare	7,741	4,167	3,574	6,242	2,167	4,075	13,983	6,333	7,649
Patient fees and insurance	-	833	(833)	-	417	(417)	-	1,250	(1,250)
Contracts	-	-	-	26,785	23,333	3,451	26,785	23,333	3,451
Rent income - TCMH & MHSA Housing	10,780	9,240	1,540	66,871	50,000	16,871	77,652	59,240	18,412
Other income	639	500	139	698	167	531	1,337	667	670
Provision for contractual disallowances	(448,990)	(644,557)	195,567	(703,481)	(1,095,798)	392,318	(1,152,470)	(1,740,355)	587,885
Provision for contractual disallowances prior year	214,951	-	214,951	151,719	-	151,719	366,670	-	366,670
Net Operating Revenues	**6,231,882**	**5,815,748**	**416,133**	**9,244,727**	**9,938,309**	**(693,582)**	**15,476,608**	**15,754,058**	**(277,449)**
OPERATING EXPENSES									
Salaries, wages and benefits	6,705,795	8,690,461	(1,984,666)	15,364,155	19,095,445	(3,731,290)	22,069,950	27,785,906	(5,715,956)
Facility and equipment operating cost	585,917	468,010	117,907	1,379,647	1,158,292	221,355	1,965,564	1,626,302	339,262
Client program costs	47,784	9,443	38,340	478,707	502,526	(23,819)	526,490	511,969	14,521
Grants	257,843	1,138,081	(880,238)	104,725	309,684	(204,959)	362,568	1,447,765	(1,085,197)
MHSA training/learning costs	-	-	-	79,597	59,768	19,829	79,597	59,768	19,829
Depreciation & amortization	248,917	164,566	84,351	519,904	520,260	(356)	768,821	684,826	83,995
Other operating expenses	649,507	433,140	216,367	1,861,886	2,300,969	(439,084)	2,511,392	2,734,109	(222,717)
Total Operating Expenses	**8,495,762**	**10,903,701**	**(2,407,939)**	**19,788,621**	**23,946,944**	**(4,158,323)**	**28,284,383**	**34,850,645**	**(6,566,262)**
OPERATING INCOME (LOSS)	**(2,263,880)**	**(5,087,953)**	**2,824,072**	**(10,543,894)**	**(14,008,635)**	**3,464,741**	**(12,807,774)**	**(19,096,588)**	**6,288,813**
Non-Operating Revenues (Expenses)									
Realignment	3,046,126	3,666,667	(620,541)	-	-	-	3,046,126	3,666,667	(620,541)
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	745,855	2,667,701	(1,921,846)	-	-	-	745,855	2,667,701	(1,921,846)
Interest (expense) income, net	390,505	162,433	228,072	1,876,674	1,141,668	735,006	2,267,180	1,304,102	963,078
Other income-loss on disposal of assets	-	-	-	(635,773)	-	(635,773)	(635,773)	-	(635,773)
Total Non-Operating Revenues (Expense)	**4,240,721**	**6,567,037**	**(2,326,315)**	**17,933,937**	**17,834,703**	**99,233**	**22,174,658**	**24,401,740**	**(2,227,082)**
INCREASE(DECREASE) IN NET POSITION	**$ 1,976,841**	**$ 1,479,084**	**$ 497,757**	**$ 7,390,043**	**$ 3,826,068**	**$ 3,563,974**	**$ 9,366,884**	**$ 5,305,153**	**$ 4,061,731**

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
TEN MONTHS ENDING APRIL 30, 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 lower than the budget by $277 for the following reasons:

1 **Medi-Cal FFP revenues for FY 2024-25** were approximately $3.5 million lower than the budget. Medi-Cal FFP revenues were $605 thousand lower for TCMH and approximately $2.9 million lower for MHSA. At TCMH, the adult program revenues were lower than budg by $550 thousand and the children program revenues were lower by $55 thousand. For MHSA, the adult and older adult FSP program were lower than budget by $2.7 million and the Children and TAY FSP programs were lower by $167 thousand. Additionally, as a resul 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-Ca FFP revenues were recorded to the current year operations.

2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2024-25** were lower than budget by $4 thousand of which $431 thousand lower were from TCMH and $426 thousand higher were from MHSA. As was mentioned above, additional $220 thousand in prior year Medi-Cal SGF-EPSDT revenues were recorded in the current year operations. SGF-EPSDT relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.

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 $18 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 $588 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 approximately $6.6 million for the following reasons:

1 **Salaries and benefits** are $5.7 million lower than budget and of that amount, salaries and benefits are approximately $2.0 million lower for TCMH operations and are $3.7 million lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than budget by $1.2 million due to vacant positions and benefits are lower than budget by $815 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 $2.2 million. The direct program salary costs are lower by $1.4 million due to vacant positions and the administrative salary costs are lower than budget by $758 thousand. Benefits are lower than the budget by another $1.5 millior Of that, health insurance was lower than budget by $528 thousand, retirement insurance $765 thousand, state unemployment insuranc $106 thousand, workers compensation $43 thousand, medicare tax $38 thousand. All other employee benefits are also lower than the budgets.

2 **Facility and equipment operating costs** were higher than the budget by $339 thousand of which $118 thousand higher was from TCMH and $221 thousand higher was from MHSA. Overall, furniture costs were higher than the budget by $41 thousand. Building and facility costs were higher by $154 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 $144 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 approximately $15 thousand.

4 **Grants for fiscal year 2024-25** are $1.1 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
TEN MONTHS ENDING APRIL 30, 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 $20 thousand higher than the budget.

6 **Depreciation and amortization** are $84 thousand higher than the budget.

7 **Other operating expenses** were lower than the budget by $223 thousand of which $216 thousand higher were from TCMH offset by $439 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 $2.2 million as follows:

1 **TCMH non-operating revenues** are approximately $2.3 million lower than the budget. Of that, realignment fund was lower than the budget by $621 thousand, contributions from member cities are lower by $12 thousand due to timing, grants and contracts were lower by approximately $1.9 million and lastly, interest income net with fair market value were higher by $228 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	$ 16,693,035	$ 16,693,035	$ -

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 $735 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 Neighborhools 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
TEN MONTHS ENDED APRIL 30, 2025 AND 2024

	PERIOD ENDED 4/30/25			PERIOD ENDED 4/30/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	$ 3,956,375	$ 5,766,974	$ 9,723,349	$ 4,485,036	$ 5,056,744	$ 9,541,780
Medi-Cal FFP FYE Prior Year	1,095,313	1,216,112	2,311,425	116,355	25,682	142,038
Medi-Cal SGF-EPSDT	1,004,150	2,005,217	3,009,368	886,169	907,951	1,794,119
Medi-Cal SGF-EPSDT Prior Year	156,884	155,828	312,712	51,816	52,750	104,565
Medicare	7,741	6,242	13,983	5,560	3,910	9,470
Realignment	3,046,126	-	3,046,126	3,207,785	-	3,207,785
MHSA funds	-	16,693,035	16,693,035	-	15,539,345	15,539,345
Grants and contracts	745,855	26,785	772,639	798,162	25,654	823,817
Contributions from member cities & donations	58,236	-	58,236	70,236	-	70,236
Patient fees and insurance	-	-	-	446	614	1,061
Rent income - TCMH & MHSA Housing	10,780	66,871	77,652	9,240	55,831	65,071
Other income	639	698	1,337	787	559	1,346
Interest Income	390,505	1,876,674	2,267,180	239,380	1,413,253	1,652,632
Gain (Loss) on disposal of assets	-	(635,773)	(635,773)	-	-	-
Total Revenues	**10,472,603**	**27,178,663**	**37,651,266**	**9,870,972**	**23,082,293**	**32,953,264**
EXPENSES						
Salaries, wages and benefits	6,705,795	15,364,155	22,069,950	6,688,992	13,931,828	20,620,820
Facility and equipment operating cost	585,913	1,377,765	1,963,678	492,067	1,030,203	1,522,270
Client lodging, transportation, and supply expense	47,784	478,707	526,490	112,522	473,683	586,206
Depreciation & amortization	248,917	519,904	768,821	245,628	503,905	749,533
Other operating expenses	907,353	2,048,091	2,955,444	694,462	1,708,373	2,402,836
Total Expenses	**8,495,762**	**19,788,621**	**28,284,383**	**8,233,671**	**17,647,993**	**25,881,664**
INCREASE (DECREASE) IN NET POSITION	**1,976,841**	**7,390,043**	**9,366,884**	**1,637,301**	**5,434,300**	**7,071,600**
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	**$ 11,997,140**	**$ 39,729,224**	**$ 51,726,364**	**$ 10,276,630**	**$ 33,941,158**	**$ 44,217,787**

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: June 18, 2025

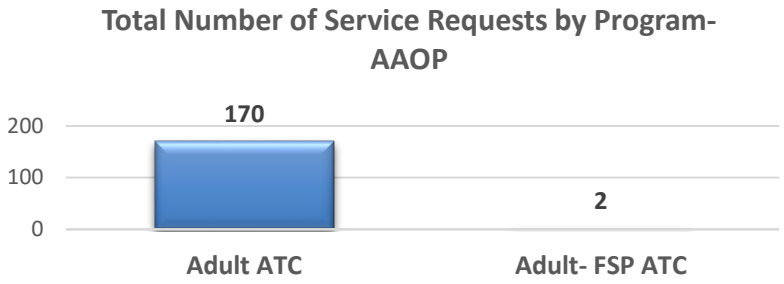
TO: Governing Board of Tri-City Mental Health Authority (TCMHA)
Ontson Placide, LMFT, Executive Director

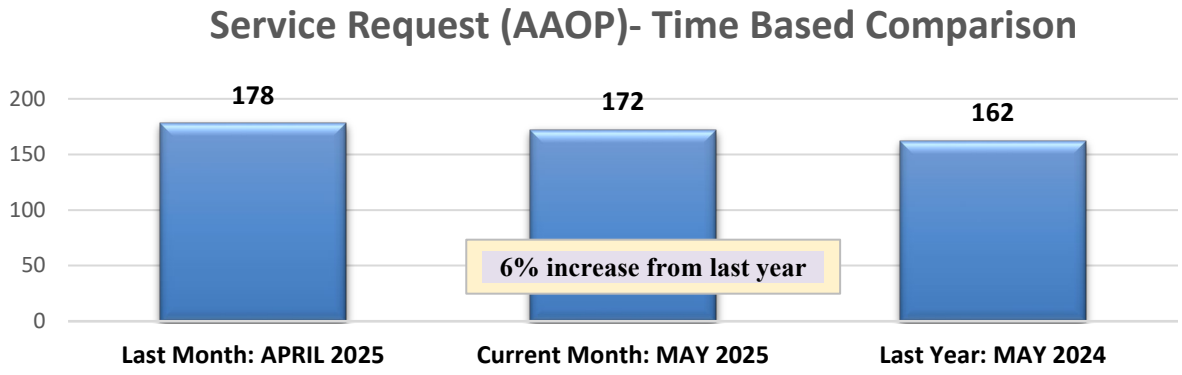
FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

CLINICAL SERVICES DATA UPDATE

Adult Programs Data

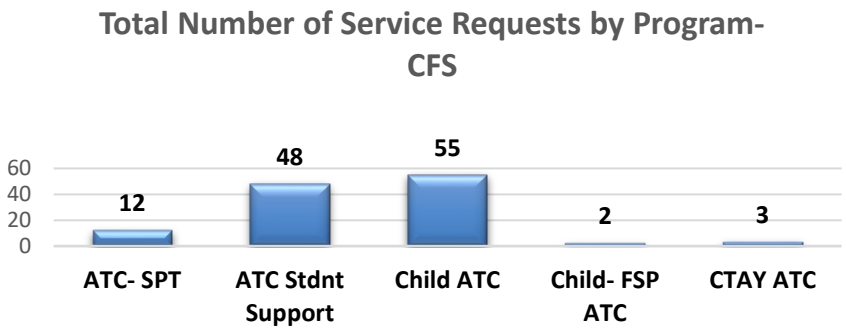


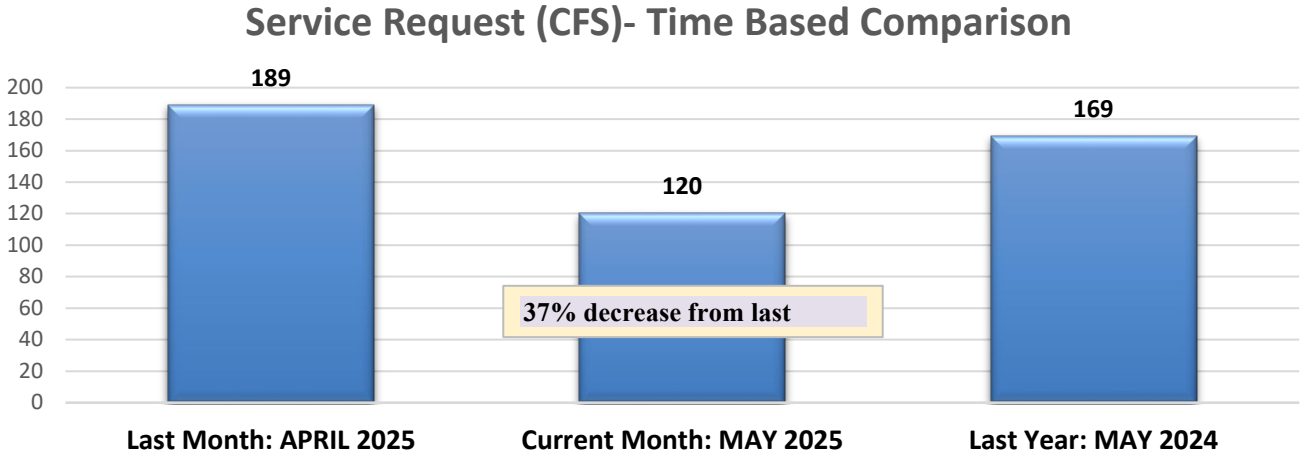


This graph above compares the number of services requests from last month, April 2025 and last year, May 2024 to the current month, May 2025. There was a 6% increase in the number of service requests from last year.

Child and Family Services Data

Total Number of completed Service Requests
120
110 Unique Individuals





This graph above compares the number of services requests from last month, April 2025 and last year, May 2024 to the current month, May2025. There was a 37% decrease in the number of service requests from last year.
Note: This data includes MHSSA Services requests. All reports prior to May 2024 did not include MHSSA service requests data.

CLINICAL SERVICES UPDATE

In light of recent ICE activity, the agency has begun discussing how these developments may be affecting service utilization among our clients and those seeking services. We want to reaffirm our commitment to maintaining a welcoming and safe environment for everyone we serve.

We recognize that fear related to immigration enforcement can discourage individuals from accessing essential health care and support services. Research over many years has shown that immigration enforcement actions can have serious impacts on the health and well-being of entire communities—this includes undocumented individuals, families of mixed status, and even U.S. citizens and legal residents.

As always, TCMHA remains dedicated to our mission: providing high-quality specialty mental health care to the residents of our three cities. We will continue to follow all legal requirements while upholding our values of dignity, respect, and access for our communities.

Sources:

Hacker K, Chu J, Arsenault L, Marlin RP. Provider's perspectives on the impact of Immigration and Customs Enforcement (ICE) activity on immigrant health. J Health Care Poor Underserved. 2012 May;23(2):651-65. doi: 10.1353/hpu.2012.0052. PMID: 22643614; PMCID: PMC3753075.

Jordan, M. (2019, July 11). *Migrants are skipping medical care, fearing ICE, doctors say*. *The New York Times*. https://www.nytimes.com/2019/07/11/us/migrants-health-care.html

Nwankwo E, Choi HY, Li S, Sudhinaraset M. Everyday Violence: Immigration Enforcement, COVID-19, and Depression among Undocumented Young Adults in California. Ethn Dis. 2024 Jul 2;34(2):84-92. doi: 10.18865/ed.34.2.84. PMID: 38973802; PMCID: PMC11223033.

Physicians for Human Rights. (2025, April). *Consequences of fear: How the Trump administration's immigration policies and rhetoric block access to health care* [Research brief]. Physicians for Human Rights.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 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 MAY 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 May:

- Total number of initial psychiatric evaluations: 48
- Total number of appointments with our psychiatrists: 502
- Total number of medication monitoring services: 544
- Total number of long-acting injections: 84

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 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)

This Juneteenth, we celebrate joy and support Black mental health

Juneteenth is almost here—a powerful day to honor the freedom of our ancestors and the ongoing journey toward justice and equity. As June 19 approaches, we invite you to reflect, celebrate, and care for yourself and your community.

This holiday is about more than history—it's about joy, healing, and resilience. As we prepare to honor Juneteenth, let's also reaffirm our commitment to supporting and protecting Black mental health. Joy is a form of resistance, and wellness is a right, not a reward.

In the spirit of rest and restoration, here are a few ways to recharge and reconnect:

- **Get enough sleep:** Aim for 7 to 9 hours each night. Rest gives your body and mind the energy to heal, grow, and show up fully.
- **Eat nourishing food:** Food is fuel. Choosing balanced, healthy meals helps improve your mood, energy, and focus.
- **Stay hydrated:** Drinking plenty of water keeps your brain sharp and your body strong. Avoiding sugary drinks can also boost your energy.
- **Move your body:** Whether it's a walk, a dance class, or just stretching, movement is a great way to release stress and lift your spirits.

As we head into Juneteenth, take time to do something that brings you joy. Celebrate your strength, your story, and your right to rest and wellness.

June is PRIDE Month

The RAINBOW Collaborative and Therapeutic Community Garden will attend the LOVE wins Pomona PRIDE Festival on Saturday, June 14th. This event is a meaningful opportunity for us to connect with the community, celebrate love and inclusion, and share valuable mental health resources. Together, we hope to spark open, healing conversations around wellness, resilience, and collective care.

We extend our heartfelt thanks to our partners at Kennedy Austin Foundation, Pomona Valley Pride, and Galan Cultural Center for opening their space to host a mental health inspired Bingo and Lotería games for May Mental Health Awareness Month. These events were not only fun and engaging but also incredibly well-received by the community.

Activities like these help us bring our community together in a meaningful and creative way, fostering greater awareness around mental wellness and self-care. We're grateful for the opportunity to connect, celebrate, and promote mental health in such an inclusive and joyful environment.

INNOVATIONS (INN)

New Community Engagement Opportunity: Together for Change
By Paulina Ale

We're excited to kick-off Be a Voice for Change—a new campaign site supporting Tri-City's Innovation Community Planning Process project. This campaign is designed to empower residents of Claremont, La Verne, and Pomona to actively participate in improving community mental health through events, public meetings, and educational opportunities.

As part of this effort, Tri-City will launch a community-based group, Together for Change, to provide an opportunity for residents, consumers and community partners to give ongoing feedback to support our transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). Participants commit to monthly meetings and receive a $50 stipend/per meeting for their time. **Application deadline is Friday, June 27**.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Wellbeing Grants

The selection committee for the Community Wellbeing Grant Program interviewed a total of 24 applicants with 20 applicants being selected to receive a grant in an amount not to exceed $10,000. The next steps include issuing contracts to the participants with an orientation meeting scheduled for June. In this meeting program staff will review important forms and procedures, address any questions grantees may have, and provide an opportunity for networking with other grantees.

Stigma Reduction

Program staff reached out and engaged over 16 schools and youth programs during the month of May for Mental Health Awareness Month. At each site, program staff provided giveaway items such as slap bracelets, color changing cups, fidget key chains, pens, octopus plushies, bucket hats, and mental health resources. Throughout the entire month of May, program staff were able to engage with over 250 students.

In addition to visiting the schools in the Tri-City area, program staff facilitated four community mental health events. Wednesday, May 14th was the Creative Minds art workshop where staff facilitated an Emotions in Motion Glitter Jar Making Workshop at Almond Haus Café in Claremont.

COMMUNITY NAVIGATORS (CN)

The Community Navigators are once again partnering with *Shoes That Fit* for their Back-to-School Backpack Campaign. *Shoes That Fit* reached out to the Navigators to help identify 20 school-aged children who receive services through Tri-City. Each of these children will receive a new pair of shoes, and a backpack filled with school supplies, which will be distributed in August.

WELLNESS CENTER (WC)

The Wellness Center has once again completed the outreach process to recruit master's in social work (MSW) 2nd year interns for the upcoming 2025/2026 academic year. A total of six candidates were interviewed, with four being matched to intern at Tri-City starting on September 3rd through May 2026. We are excited to provide them with the top-rated internship experiences in the southern CA consortium of social work schools. Training and giving back to the profession are the cornerstone of the internship experience at Tri-City.

The Wellness Center is also proud to once again host their annual Wellness Center Talent Show. This event is one of the main highlights of the year and promises an evening of fun and entertainment.

Tri-City Annual Wellness Center Talent Show

- **Friday, June 27, 2025**
  5:30 PM–7:00 PM
  Tri-City Wellness Center (1403 N Garey Ave, Pomona)

- Come and enjoy a free event of music, art, dance, poetry and much more! For more information or to sign up to showcase your talent, contact the Tri-City Wellness Center at (909) 242-7600 or wellness@tricitymhs.org. No registration required.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 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

BEST PRACTICE PROCESS DEVELOPMENTS

Best Practices has been working diligently to expand best practice oversight of agency services, by developing some new approaches and activities with our trainings, auditing/monitoring, data outcomes, and compliance processes. The objective of these process developments is to ensure that our agency maintains quality, compliance, and a posture of continuous improvement. Some of the planned expanded approaches include: 1) New types of required internal audits and increased accountability for audit outcomes; 2) More convenient dissemination of regulatory updates, guidelines, and important information (This will include an increase in video trainings and internal video broadcasts of critical information), and 3) The use of new data tools and more data reporting to monitor quality, compliance, performance, and improvement, with an emphasis on promoting accountability.

PROVIDED TRAININGS/IN SERVICES

Best Practice division staff continue to provide ongoing compliance/clinical documentation training, as well as electronic health record training. The purpose of compliance/clinical documentation training is to ensure that new service providers have a solid foundational understanding of quality documentation, compliance mandates, and claiming regulations and requirements. The purpose of electronic health record training is to ensure that service providers understand how to use and navigate the electronic health record. As mentioned above, trainings are in the process of being expanded in order to provide essential information to agency staff in an even more effective manner.

PROGRAM REVIEWS AND CHART AUDITS

Quality Assurance staff continue to complete chart reviews and monitor the quality of services and documentation, ongoing. Additionally in May 2025, quality assurance launched a new type of compliance review that gives clinical leadership a revitalized role in the quality audit and monitoring process. Collaboration with clinical leadership is an essential part of the quality assurance and quality improvement processes, as supervisors can have a valuable and direct impact on ensuring compliance and regulatory adherence, identifying areas for improvement, and enhancing quality and consistency among service providers.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **June 18, 2025**

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

FROM: **Ontson Placide, LMFT, Executive Director**

BY: **Seeyam Teimoori, MD, Medical Director**

SUBJECT: **Consideration of Resolution No. 786 Adopting Revised Policies and Procedures Nos.: CL.V.01 and CL.V.02, Effective June18, 2025**

Summary:

Policies and Procedures Nos.: CL.V.01 and CL.V.02 are revised to meet the requirements of Medication Assisted Treatments (MAT) to be included in our Drug Medi-Cal application.

Background:

The following policies and procedures were reviewed and revised to ensure that policies remain relevant, effective, and compliant with current laws, regulations, standards of care, industry standards, and will include Medication Assisted Treatments (MAT) which are used to treat wide range of substance use disorders.

Policy and Procedure No. CL.V.01 – Standards for Prescribing & Monitoring Medications: To establish a uniform standard for storing, administering, disposing and accountability of medications. This policy sets forth the principles for ensuring compliance with Federal, State, and County regulatory requirements.

Policy and Procedure No. CL.V.02 – Storing Administering Accountability of Medications: To establish a uniform standard for storing, administering, disposing and accountability of medications. This policy sets forth the principles for ensuring compliance with Federal, State, and County regulatory requirements.

The revised draft policies are included for Governing Board review and approval. Also included are the current policy versions, with annotations of all revisions.

Funding:

None Required.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 786 approving the revised Policy and Procedures Nos.: CL.V.01, and CL.V.02, effective June 18, 2025.

Attachments:

Attachment 9-A: Policy & Procedure CL.V.01 – Standards for Prescribing Medications

Attachment 9-B: Policy & Procedure CL.V.02 – Storing, Administering, Disposing, and Accountability of Medications

RESOLUTION NO. 786

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED POLICIES AND PROCEDURES NOS.: CL.V.01 AND CL.V.02, EFFECTIVE JUNE 18, 2025

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to update its Policies and Procedures Nos. CL.V.01 and CL.V.02**,** respectively, to meet the requirements of Medication Assisted Treatments (MAT).

B. TCMHA Policies and Procedures are routinely reviewed and updated to ensure they are relevant, effective, and compliant with current regulations, mandates, and processes.

2. Action

The Governing Board approves the Authority's revised Standards for Prescribing Medications Policy & Procedure No. CL.V.01; and Storing, Administering, Disposing, and Accountability of Medications Policy & Procedure No. CL.V.02, effective June 18, 2025 respectively, replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

ATTACHMENT 9-A

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Standards For Prescribing Medications	**CL.V.01**	**06/18/2025**	**1** of **6**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **04/16/2025**	**ORIGINAL ISSUE DATE:** **04/21/2010** **08/01/2019**	**RESPONSIBLE PARTIES:** Medical Director

1. PURPOSE

1.1 To provide guidelines for clinical policy regarding standards for prescribing and managing psychoactive medications and medications for addiction treatment (MAT) and to provide a foundation for quality management relating to the use of the major classes of psychoactive medications.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Furnish:** Order of medication or device by a Psychiatric Mental Health Nurse Practitioners (PMHNP); the act of making a pharmaceutical agent or agents available to the client in accordance with a standardized procedure (BPC § 2836).

2.2 **Furnishing Supervision:** A periodic review of the PMHNP furnishing practice conducted by a physician that supports professional collaboration.

2.3 **Order:** An instructional directive mandating the delivery of specific patient care services from a licensed physician or other licensed health care professional authorized to do so.

2.4 **Prescriber**: A licensed physician or other authorized licensed health care practitioner with legal authority to order or prescribe medication

2.5 **Prescription Medication**: An order for medications by a physician or other licensed health care professional with authority to write prescriptions.

2.6 **Psychiatric Mental Health Nurse Practitioners (PMHNP) Scope of Practice:** Advanced Practice Registered Nurse (APRN) specialized in Psychiatric Mental Health Nursing who possesses additional preparation and skills beyond the Registered Nurse (RN) scope of practice which includes physical diagnosis,

assessment and management of health-illness needs, the provision of psychotherapy and consultation services, and prescriptive or furnishing authority. PMHNPs utilize education, training, experience, and established standardized procedures to provide care beyond the RN's usual scope to perform the overlapping medical furnishing functions.

2.7 Standardized Procedures: Policies and protocols developed through collaboration among administrators and health professionals, including physicians, nurses, and pharmacists.

3. POLICY

3.1 The prescribing, ordering, and furnishing of medications must be compliant with all applicable federal and State regulations, Licensing Boards, and Standards of Care. Prescribing, ordering, and furnishing must be consistent with generally accepted professional and community standards.

3.2 The following licensed medical staff can prescribe dispense, and administer medication (including any required supervision):

Medical Staff and Requirements:	Allowable Activity
Physician **Must have: 1) An active Medical License from the Medical Board of California; 2) A Federal Drug Enforcement Administration (DEA) Number.*	– Prescribe, dispense, and administer medications. – Provide Medication Training and Support.
Psychiatric Mental Health Nurse Practitioner (PMHNP) **Must have: 1 An active Nurse Practitioner License from the California Board of Registered Nursing (BRN); 2) A Nurse Practitioner Furnishing Number from the California Board of Registered Nursing (BRN); and 3) A Federal Drug Enforcement Administration (DEA) Number.*	Under the supervision of a TCMHA physician: – Prescribe, dispense and administer medication – Provide Medication Training and Support.
All Trained Personnel	Administer intranasal Naloxone

3.3 Documentation regarding the prescribing, ordering, and furnishing of medications must be consistent with legal regulations, practice standards, as well as TCMHA documentation policies, guidelines and standards.

3.4 TCMHA workforce members authorized to prescribe, order, and furnish medications shall refer to the Los Angeles County DMH Parameters regarding medication as needed. In addition, TCMHA workforce members should also refer to the Los Angeles County, Substance Abuse Prevention and Control (SAPC) Provider Manual and TCMHA's Policy on Medications for Addiction Treatment.

3.4.1 The parameters apply to treatment of all individuals accessing outpatient mental health and substance use disorder services at TCMHA, regardless of the funding source for the prescribed medication/treatment.

3.4.2 The parameters are not absolute, and it is understood that the clinical condition of the client ultimately will dictate the course of action to be followed by the physicians. However, the specific reasons for deviation from these parameters should be clearly documented in the consumer's clinical record.

3.4.3 The parameters are designed to encourage consultation and monitoring at TCMHA clinical sites and to encourage departmental education and training.

3.4.4 Changes in the current medication regimens made for the purpose of conformity with these treatment parameters should be initiated only after careful consideration of the original reasons for the current medication regimen.

3.4.5 These parameters reflect current interpretations of best practices and change as new information and medications become available.

4. PROCEDURES

4.1 Guidelines for medical examination and medical monitoring should be in accordance with American Psychiatric Association, Professional Practice Standards, LACDMH Practice Parameters, LA County SAPC, and American Society of Addiction Medicine as appropriate for the clinical presentation.

4.2 Prescribing and monitoring of individuals taking any medication should be determined by the unique clinical situation and condition of the individual and should be done in accordance with American Psychiatric Association, Professional Practice Standards, LACDMH Practice Parameters, LA County SAPC, and American Society of Addiction Medicine as appropriate for the clinical presentation.

4.3 Refusal to undergo a medical examination and / or appropriate medical monitoring is a special situation that must be addressed by the prescribing physician. Risks and benefits of prescribing medication shall be discussed with the individual being treated. The physiologic dangers inherent in this situation must be considered and the nature and outcomes of such deliberations must be clearly documented in the clinical record.

4.4 Relevant information contained in progress notes from other clinical disciplines and staff should be reviewed and considered by the treating physician/PMHNP in formulating medication treatment planning. Factors influencing the physician's treatment decisions obtained from other treating clinicians should be documented.

4.5 Treatment of individuals known to the facility but not to the physician/PMHNP (i.e., cross coverage situations) should include a review of the relevant parts of the clinical record to appropriately prescribe/furnish.

4.6 Physicians/PMHNPs should be capable of utilizing the full spectrum of psychotropic agents available for the specific population being treated and consistent with the physician's background, training, and scope of practice.

4.7 In circumstances where multiple service providers are involved in the treatment, physicians//PMHNP should review and discuss medication treatment plans with other disciplines, as needed, and document this activity in the clinical record.

Medication Review and Informed Consent

4.8 The prescribing physician/PMHNP must document the review of medications with the client or authorized legal representative when:

4.8.1 A new medication is prescribed; or there is a change in dosage or dosage range.

4.8.2 The client resumes taking medication following documented withdrawal of consent for treatment.

4.9 The agency approved medication consent form(s) shall be used for all prescribers at all clinical sites. These forms shall be filed in the client's clinical record.

4.10 For clients who are dependents or wards of the juvenile court, the following must be done in addition to the agency approved medication consent (4.9).

4.10.1 The prescribing practitioner must complete as submit to the court for review and approval the Physician's Statement Attachment JV-220 (A) or the Physician's Request to Continue Medication Attachment JV-220 (B).

4.10.2 In response to physician attachments submitted by the prescribing practitioner, an official court order for psychoactive medication must be obtained from the Court (JV-223).

Supervision for Psychiatric Mental Health Nurse Practitioners (PMHNP)

4.1 Any psychiatrist furnishing supervision for PMHNP must meet minimum legal, practice, and regulatory requirements, and be approved by the TCMHA Medical Director or Lead Psychiatrist, in order to function as a Furnishing Supervisor.

4.2 Any furnishing supervisor must provide input into any PMHNP's performance evaluations.

4.3 Any furnishing supervisor must attest at least yearly to the continued clinical competence of the PMHNP based upon regular review of cases.

4.4 Supervision of the frequency and duration of furnishing must comply legal, ethical guidelines and practice standard requirements.

Monitoring and Quality Improvement

4.5 TCMHA's Medical Director or designee shall regularly measure performance against important components of standard clinical parameters. Monitoring and analysis will be used to improve practitioner performance, revise the guidelines, and enhance clinical decision-making.

4.6 All parameters related to the use of psychoactive medications and MAT shall be incorporated into existing medication monitoring standards and procedures.

4.7 Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to supervision, medication monitoring, peer review, and site visits.

5. REFERENCES

5.1 LACDMH Parameters for Medication Use

5.2 LACDMH Guidelines for the Use of DMH Parameters

5.3 LACDMH Psychiatric Mental Health Nurse Practitioner (PMHNP) Standard Procedures

5.4 Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, Provider Manual, Medications for Addiction Treatment[1]

5.5 American Society of Addiction Medicine, https://www.asam.org/

5.6 TCMHA's Policy on Medication for Addiction Treatment

[1] http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Standards For Prescribing Medications	**CL.V.01**	**06/18/2025**	**1** of **6**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **04/16/2025**	**ORIGINAL ISSUE DATE:** **04/21/2010** **8/01/2019**	**RESPONSIBLE PARTIES:** **Medical Director**

1. PURPOSE

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Deleted: DMH

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assessment and management of health-illness needs, the provision of psychotherapy and consultation services, and prescriptive or furnishing authority. PMHNPs utilize education, training, experience, and established standardized procedures to provide care beyond the RN's usual scope to perform the overlapping medical furnishing functions.

2.7 Standardized Procedures: Policies and protocols developed through collaboration among administrators and health professionals, including physicians, nurses, and pharmacists.

3. POLICY

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Medical Staff and Requirements:	Allowable Activity
Physician **Must have: 1) An active Medical License from the Medical Board of California; 2) A Federal Drug Enforcement Administration (DEA) Number.*	– Prescribe, dispense, and administer medications. – Provide Medication Training and Support.
Psychiatric Mental Health Nurse Practitioner (PMHNP) **Must have: 1 An active Nurse Practitioner License from the California Board of Registered Nursing (BRN); 2) A Nurse Practitioner Furnishing Number from the California Board of Registered Nursing (BRN); and 3) A Federal Drug Enforcement Administration (DEA) Number.*	Under the supervision of a TCMHA physician: – Prescribe, dispense and administer medication – Provide Medication Training and Support.
All Trained Personnel	Administer intranasal Naloxone

3.3 Documentation regarding the prescribing, ordering, and furnishing of medications must be consistent with legal regulations, practice standards, as well as TCMHA documentation policies, guidelines and standards.

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3.4 TCMHA workforce members authorized to prescribe, order, and furnish medications shall refer to the Los Angeles County DMH Parameters regarding medication as needed. In addition, TCMHA workforce members should also refer to the Los Angeles County, Substance Abuse Prevention and Control (SAPC) Provider Manual and TCMHA's Policy on Medications for Addiction Treatment.

3.4.1 The parameters apply to treatment of all individuals accessing outpatient mental health and substance use disorder services at TCMHA, regardless of the funding source for the prescribed medication/treatment.

3.4.2 The parameters are not absolute, and it is understood that the clinical condition of the client ultimately will dictate the course of action to be followed by the physicians. However, the specific reasons for deviation from these parameters should be clearly documented in the consumer's clinical record.

3.4.3 The parameters are designed to encourage consultation and monitoring at TCMHA clinical sites and to encourage departmental education and training.

3.4.4 Changes in the current medication regimens made for the purpose of conformity with these treatment parameters should be initiated only after careful consideration of the original reasons for the current medication regimen.

3.4.5 These parameters reflect current interpretations of best practices and change as new information and medications become available.

4. PROCEDURES

4.1 Guidelines for medical examination and medical monitoring should be in accordance with American Psychiatric Association, Professional Practice Standards, LACDMH Practice Parameters, LA County SAPC, and American Society of Addiction Medicine as appropriate for the clinical presentation.

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4.2 Prescribing and monitoring of individuals taking any medication should be determined by the unique clinical situation and condition of the individual and should be done in accordance with American Psychiatric Association, Professional Practice Standards, LACDMH Practice Parameters, LA County SAPC, and American Society of Addiction Medicine as appropriate for the clinical presentation.

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4.3 Refusal to undergo a medical examination and / or appropriate medical monitoring is a special situation that must be addressed by the prescribing physician. Risks and benefits of prescribing medication shall be discussed with the individual being treated. The physiologic dangers inherent in this situation must be considered and the nature and outcomes of such deliberations must be clearly documented in the clinical record.

4.4 Relevant information contained in progress notes from other clinical disciplines and staff should be reviewed and considered by the treating physician/PMHNP in formulating medication treatment planning. Factors influencing the physician's treatment decisions obtained from other treating clinicians should be documented.

4.5 Treatment of individuals known to the facility but not to the physician/PMHNP (i.e., cross coverage situations) should include a review of the relevant parts of the clinical record to appropriately prescribe/furnish.

4.6 Physicians/PMHNPs should be capable of utilizing the full spectrum of psychotropic agents available for the specific population being treated and consistent with the physician's background, training, and scope of practice.

4.7 In circumstances where multiple service providers are involved in the treatment, physicians//PMHNP should review and discuss medication treatment plans with other disciplines, as needed, and document this activity in the clinical record.

Medication Review and Informed Consent

4.8 The prescribing physician/PMHNP must document the review of medications with the client or authorized legal representative when:

4.8.1 A new medication is prescribed; or there is a change in dosage or dosage range.

4.8.2 The client resumes taking medication following documented withdrawal of consent for treatment.

4.9 The agency approved medication consent form(s) shall be used for all prescribers at all clinical sites. These forms shall be filed in the client's clinical record.

4.10 For clients who are dependents or wards of the juvenile court, the following must be done in addition to the agency approved medication consent (4.9).

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4.10.1 The prescribing practitioner must complete as submit to the court for review and approval the Physician's Statement Attachment JV-220 (A) or the Physician's Request to Continue Medication Attachment JV-220 (B).

4.10.2 In response to physician attachments submitted by the prescribing practitioner, an official court order for psychoactive medication must be obtained from the Court (JV-223).

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Supervision for Psychiatric Mental Health Nurse Practitioners (PMHNP)

4.1 Any psychiatrist furnishing supervision for PMHNP must meet minimum legal, practice, and regulatory requirements, and be approved by the TCMHA Medical Director or Lead Psychiatrist, in order to function as a Furnishing Supervisor.

4.2 Any furnishing supervisor must provide input into any PMHNP's performance evaluations.

4.3 Any furnishing supervisor must attest at least yearly to the continued clinical competence of the PMHNP based upon regular review of cases.

4.4 Supervision of the frequency and duration of furnishing must comply legal, ethical guidelines and practice standard requirements.

Monitoring and Quality Improvement

4.5 TCMHA's Medical Director or designee shall regularly measure performance against important components of standard clinical parameters. Monitoring and analysis will be used to improve practitioner performance, revise the guidelines, and enhance clinical decision-making.

4.6 All parameters related to the use of psychoactive medications and MAT shall be incorporated into existing medication monitoring standards and procedures.

4.7 Existing methods of monitoring and quality improvement will be utilized where appropriate. These methods include, but are not limited to supervision, medication monitoring, peer review, and site visits.

5. REFERENCES

5.1 LACDMH Parameters for Medication Use

5.2 LACDMH Guidelines for the Use of DMH Parameters

5.3 LACDMH Psychiatric Mental Health Nurse Practitioner (PMHNP) Standard Procedures

5.4 Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, Provider Manual, Medications for Addiction Treatment[1]

5.5 American Society of Addiction Medicine, https://www.asam.org/

5.6 TCMHA's Policy on Medication for Addiction Treatment

[1] http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf

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TRI-CITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Storing, Administering, Disposing, and Accountability of Medications	**CL.V.02**	**04/16/2025**	**1** of **8**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **8/1/2019**	**ORIGINAL ISSUE DATE:** **04/21/2010**	**RESPONSIBLE PARTIES:** **Medical Director**

1. PURPOSE

1.1 To establish a uniform standard for storing, administering, disposing and accountability of medications. This policy sets forth the principles for ensuring compliance with Federal, State, and County regulatory requirements.

2. DEFINITIONS

2.1 Authorized Medication Room Personnel: Workforce members who are authorized to have access to the medication room and who are authorized to handle medication.

2.2 Medication: A substance taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure.

2.3 Medication Administration: The act of administering a single dose of a prescribed medication, whether by injection, inhalation, ingestion, application, or other means into (or applied to) the body of the individual by an individual legally authorized to do so. Medication administration requires making a written record of each medication administered.

2.4 Medication Training and Support: The following activities are included in medication monitoring training and support: 1) Communicating the prescriber's order to a client in such a manner that the client self-administers his/her medication properly; 2) Reminding or coaching a client to take medication at the time ordered; 3) Observing a client to ensure medications were taken; 4) Providing/delivering to a specific client a package or container of medication that was lawfully prepared and/or labeled by a person authorize to prescribe/dispense medication. Medication Training and Support requires making a written record of each medication, training, and support intervention.

2.5 Medication Dispensing: Dispensing is the act of interpreting an order for a medication and, pursuant to that order, the proper selection, measuring, packaging, labeling, and insurance of the medication for a client.

2.6 Prescriber: A licensed physician or other authorized licensed health care practitioner with legal authority to order or prescribe medication.

2.7 Prescription Medication: Medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions.

2.8 Sample Medication: Pre-boxed medication that is provided to prescribers by pharmaceutical manufacturers to be order for and provided to specific clients. Pharmaceutical samples are not intended for sale or resale.

2.9 Terminated Medication: Any expired, obsolete, unused, damaged, contaminated or deteriorated or otherwise unusable or unwanted medication.

3. POLICY

3.1 Clinic and facility standards shall conform to Federal, State, and County regulatory requirements, as well as policy requirements

3.2 The Medical Director of Tri-City Mental Health Authority (TCMHA), or permissible designee, shall be responsible for overall control, access and accountability of medications and supplies at TCMHA.

3.3 The responsibility and implementing standards and for ensuring compliance at TCMHA clinical facilities is assigned to the Medical Director of TCMHA.

3.4 TCMHA must have a medication inventory control system that is approved by the Medical Director, which includes a secure medication storage area and logging system.

3.5 Only the following medication types can be stored at TCMHA/by TCMHA workforce members:

3.5.2 Medication orders and/or prescriptions written by TMCHA prescribers.

3.5.3 Sample Medication from pharmaceutical manufacturers.

3.5.2.1 Receipt of any sample medication must be authorized and signed for by a TCMHA psychiatrist.

3.6 Any medication received on behalf of TCMHA, stored at TCMHA, or handled by TCMHA workforce members shall only be used for prescribed clients.

3.6.1 Medications indicated in 3.6 shall never be used by TCMHA staff or other individuals/purposes.

3.7 All medications (ordered/prescribed medications and sample medications) that are stored at TCMHA or by TCMHA workforce shall only be stored designated locked medication cabinet(s), which shall be located inside of designated locked medication room(s).

3.7.1 Medication must be stored in accordance with Federal, State, and County regulatory requirements, as well as policy requirements to promote security as well as health and client safety.

3.8 Medications shall only be accessible to licensed medical, nursing, or pharmacy personnel authorized by the Medical Director and Medication Support Manager.

3.9 The medication support program shall have specific key control policies, procedures and protocols delineating which authorized staff members have access to the keys.

3.10 The following licensed medical staff can perform activities related to medication:

Workforce Member	Allowable Activities:
Physician **Must have: 1) An active Medical License from the Medical Board of California; 2) A Federal Drug Enforcement Administration (DEA) Number.*	– Prescribe, dispense, and administer medications. – Provide medication training and support. – Classified as authorized medication room personnel
Psychiatric Mental Health Nurse Practitioner (PMHNP) **Must have: 1 An active Nurse Practitioner License from the California Board of Registered Nursing (BRN); 2) A Nurse Practitioner Furnishing Number from the California Board of Registered Nursing (BRN); and 3) A Federal Drug Enforcement Administration (DEA) Number.*	Under the supervision of a TCMHA physician: – Prescribe, dispense, and administer medications – Provide medication training and support services – Classified as authorized medication room personnel
Registered Nurse (RN) **Must have: 1) An active Nurse License from the California Board of Registered Nursing (BRN);*	Under the supervision and order of a TCMHA physician and/or PMHNP: – Dispense Non-Controlled Medication – Administer Medication – Provide medication training and support services – Classified as authorized medication room personnel

License Psychiatric Technician (P.T.) **Must have: 1) An active California Psychiatric Technician License from the Board of Vocational Nursing,*	Under the supervision and order of a TCMHA physician and/or PMHNP: – Administer Medication – Provide medication training and support services – Classified as authorized medication room personnel
All Trained Personnel	Administer intranasal Naloxone in accordance with training and agency policy

3.11 All medications administered must be done in accordance with a written order and under the direct supervision an authorized TMCHA prescriber.

3.12 Only authorized workforce members, delineated in 3.6, are permitted to administer medications.

3.12.1 Workforce members administering medication shall inform the client and/or authorized legal representative of the intended benefit and potential clinically significant side effects of the medications.

3.13 Terminated medications shall immediately be removed from inventory and disposed of onsite in the proper disposal bin. Terminated medication shall be disposed of/destroyed by a designated and qualified medication destruction vendor.

3.14 Upon discovery of medication errors or near-miss events, TCMHA workforce members shall act in accordance with policies, procedures and protocols regarding incident reporting.

4. PROCEDURES

4.1 The overall medication acquisition, administration, disposal, and accountability is the direct responsibility of the medical director. Medication storage at each clinic is the direct responsibility of the Medication Support Program Manager or permissible designee.

Medication Logging

4.2 Any medication entering or exiting the medication cabinets, must be logged in or out officially, (This includes, but is not limited to prescriptions for individual clients, special request/orders for medications, sample medications).

4.3 Elements on the medication logs must be congruent with applicable regulatory standards, as well as State of California, Los Angeles Department of Mental Health certification/recertification standards and / or Los Angeles Department of Public Health, Substance Abuse Prevention and Control, as required.

4.4 Medication logs must be kept a minimum of three (3) years.

4.5 The Medical Director or his/her designee must review the medication log for accuracy on a monthly basis.

Medication Storage

4.6 Medications must be stored in a locked, secure area, not accessible to clinic client's, visitors, or unauthorized staff.

4.7 Medications shall be accessible only to licensed medical, nursing, or pharmacy personnel designated in accordance with key control policies and protocols.

4.8 Medications shall be stored in an orderly manner in cabinets, drawers, or carts of sufficient size to prevent crowding.

4.9 Containers that are cracked, soiled, or without secure closures shall not be used. Medication labels shall be legible.

4.10 All medications shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

4.11 Internal use medication in liquid, tablet, capsule, or powder form shall be stored separately from medication for external use.

4.12 Look-alike/sound-alike medication shall be separated and identified by Tall Man lettering and warning labels

4.13 Medications shall not be stored in the same refrigerator with food or beverages.

4.14 Test reagents, germicides, disinfectants, and other household substances shall be stored separately from medications.

4.15 Medications shall not be kept in stock after the expiration date on the label; and no contaminated or deteriorated medications shall be available for use. The Medical Director or his/her designee will dispose of such medications in a manner prescribed by law.

Labeling

4.16 All medications shall be labeled in compliance with State and Federal laws.

4.17 No person other than a pharmacist or a licensed prescriber shall label a prescription or alter any prescription labels.

4.18 All multi-dose vials shall be clearly initialed, marked with the date the first draw is taken and discarded 30 days from that date or manufacturer expiration date if earlier.

Temperature Monitoring in the Medication Storage Area

4.19 Medications shall be stored at appropriate temperatures.

4.20 All facilities must have a thermometer to monitor the room and refrigerator temperature in their medication storage area.

4.21 The temperature of the storage area shall be entered into a log on a weekly basis with each entry signed by the person responsible for monitoring.

4.22 Medications required to be stored at room temperature shall be stored at a temperature between 59 °F (15 °C) and 86 °F (30 °C)

4.23 Medications requiring refrigeration shall be stored in a refrigerator between 36 °F (2 °C) and 46 °F (8 °C).

Sample Medication

4.24 Receipt of Sample medication must be immediately logged in the medication inventory control system and stored in the locked medication area, in accordance with this policy.

4.25 Sample medication must be ordered by a licensed prescriber, in order for the sample to be provided to a client.

4.26 All sample orders must be documented in the client's medical record, along with documentation of client education and informed consent.

4.27 The ordering prescriber of the sample shall affix medication label with information required under Business and Professional Code 4076 and all packaging requirements of good pharmaceutical practice, including the use of childproof containers.

4.27.2 Sample medications shall be provided in the original manufacturer's packaging with ample directions on how to take the medication.

4.27.3 Sample medications shall only be provided when the date of expiration of the sample is prior to the date provided to the client.

4.28 Sample medication must be logged out of the medication inventorying control system before being provides to the client.

4.29 Once ordered and labeled and signed-out of the inventory control system, the sample medication can be provided to or delivered to the intended client by a physician, PMHNP, registered nurse, or psychiatric technician.

Medication and Medication Supply Disposal/Destruction

4.30 TCMHA workforce members shall follow all laws, regulations, standards, policies, procedures, and protocols regarding disposal/destructions of terminated medication.

4.31 All terminated medications shall be immediately removed from of inventory, by an authorized and licensed medication workforce member.

4.32 To remove a terminated medication from inventory, an authorized and licensed medication workforce member, with an accompanying authorized witness, must complete the following:

Remove the medication from inventory

Count the remaining inventory

Log the medication out of inventory

Prepare the medication for disposal/destruction

Place the medication in the designated disposal container in the medication room.

4.33 Terminated medications shall be picked up by a qualified contracted vendor for destruction on a regular basis. The Medication Services Program Manager must ensure expeditious transfer of the expired medication.

4.34 Sharps and used syringes and needles shall be disposed in the onsite sharps container provided through a qualified contracted vendor.

Compliance

4.35 Every six months, the program Medication Services Program Manager or permissible designee shall inspect the medication storage area and process of

the program for compliance with the applicable standards and regulations.

5. REFERENCE

5.1 California Business and Professions Code Division 2 Chapter 9 – California Pharmacy Law

5.2 Los Angeles Department of Mental Health Policy 352.10 Medication Administration (306.16)

5.3 Los Angeles Department of Mental Health Policy 352.19 Sample Medication

5.4 Los Angeles Department of Mental Health Policy 352.15 Patient's Own Medication

5.5 Los Angeles Department of Mental Health Policy 352.14 Medication Storage

5.6 Los Angeles Department of Mental Health Policy 352.08 Expired Medication and Device Disposal

5.7 Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, Provider Manual, Medication Services and Safeguarding Medications[1]

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TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Storing, Administering, Disposing, and Accountability of Medications	**CL.V.02**	**06/18/2025**	**1** of **8**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **04/16/2025**	**ORIGINAL ISSUE DATE:** **04/21/2010** **08/01/2019**	**RESPONSIBLE PARTIES:** **Medical Director**

1. PURPOSE

1.1 To establish a uniform standard for storing, administering, disposing and accountability of medications. This policy sets forth the principles for ensuring compliance with Federal, State, and County regulatory requirements.

2. DEFINITIONS

2.1 **Authorized Medication Room Personnel**: Workforce members who are authorized to have access to the medication room and who are authorized to handle medication.

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2.4 **Medication Training and Support:** The following activities are included in medication monitoring training and support: 1) Communicating the prescriber's order to a client in such a manner that the client self-administers his/her medication properly; 2) Reminding or coaching a client to take medication at the time ordered; 3) Observing a client to ensure medications were taken; 4) Providing/delivering to a specific client a package or container of medication that was lawfully prepared and/or labeled by a person authorize to prescribe/dispense medication. Medication Training and Support requires making a written record of each medication, training, and support intervention.

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3. POLICY

3.1 Clinic and facility standards shall conform to Federal, State, and County regulatory requirements, as well as policy requirements

3.2 The Medical Director of Tri-City Mental Health Authority (TCMHA), or permissible designee, shall be responsible for overall control, access and accountability of medications and supplies at TCMHA.

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3.5.2.1 Receipt of any sample medication must be authorized and signed for by a TCMHA psychiatrist.

3.6 Any medication received on behalf of TCMHA, stored at TCMHA, or handled by TCMHA workforce members shall only be used for prescribed clients.

3.6.1 Medications indicated in 3.6 shall never be used by TCMHA staff or other individuals/purposes.

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3.8 Medications shall only be accessible to licensed medical, nursing, or pharmacy personnel authorized by the Medical Director and Medication Support Manager.

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Psychiatric Mental Health Nurse Practitioner (PMHNP) **Must have: 1 An active Nurse Practitioner License from the California Board of Registered Nursing (BRN); 2) A Nurse Practitioner Furnishing Number from the California Board of Registered Nursing (BRN); and 3) A Federal Drug Enforcement Administration (DEA) Number.*	Under the supervision of a TCMHA physician: – Prescribe, dispense, and administer medications – Provide medication training and support services – Classified as authorized medication room personnel
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All Trained Personnel	Administer intranasal Naloxone in accordance with training and agency policy

3.11 All medications administered must be done in accordance with a written order and under the direct supervision an authorized TMCHA prescriber.

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4. PROCEDURES

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Sample Medication

4.24 Receipt of Sample medication must be immediately logged in the medication inventory control system and stored in the locked medication area, in accordance with this policy.

4.25 Sample medication must be ordered by a licensed prescriber, in order for the sample to be provided to a client.

4.26 All sample orders must be documented in the client's medical record, along with documentation of client education and informed consent.

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4.33 Terminated medications shall be picked up by a qualified contracted vendor for destruction on a regular basis. The Medication Services Program Manager must ensure expeditious transfer of the expired medication.

4.34 Sharps and used syringes and needles shall be disposed in the onsite sharps container provided through a qualified contracted vendor.

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4.35 Every six months, the program Medication Services Program Manager or permissible designee shall inspect the medication storage area and process of

the program for compliance with the applicable standards and regulations.

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5.7 Los Angeles County Department of Public Health, Substance Abuse Prevention and Control, Provider Manual, Medication Services and Safeguarding Medications[1]

[1] http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-08/SAPC-IN24-08-Provider-Manual-9.0-Att-II-10-04-2024.pdf

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Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Liz Renteria, LCSW, Chief Clinical Officer

SUBJECT: **Consideration of Resolution No. 787 Adopting the Authority's Policies and Procedures Required to Complete the Application Process for both the DHCS Alcohol and Other Drugs (AOD) Certification and the SAPC (Substance Abuse Prevention and Control) Contract with the LACDPH, Effective June 18, 2025**

Summary:

Staff is seeking Board approval for a suite of policies and procedures required to complete the application process for both the Department of Health Care Services (DHCS) Alcohol and Other Drugs (AOD) certification and the SAPC (Substance Abuse Prevention and Control) contract with the Los Angeles County Department of Public Health.

Background:

In order to deliver integrated behavioral health services, including co-occurring substance use and mental health treatment, our organization must obtain DHCS AOD certification and enter into a contract with the Los Angeles County SAPC. These steps require Board-approved policies and procedures to ensure compliance with state and county requirements.

Fiscal Impact:

Approval of these policies will position our organization to become Medi-Cal billable for substance use disorder services. This will generate sustainable reimbursement revenue and allow us to provide critical services to individuals with co-occurring disorders who are in urgent need of care.

Recommendation:

Staff recommends that the Board adopt Resolution No. 787 establishing the proposed suite of policies and procedures required for the Authority to obtain AOD Certification from the DHCS and the SAPC contract application with the LACDPH, effective June 18, 2025.

Attachments:

Attachment 10-A: Resolution No. 787 – Draft

Attachment 10-B: Disaster and Emergency Plan

Attachment 10-C: Drug Testing

Attachment 10-D: Eligible Participants

Attachment 10-E: Evidenced Base Practices

Attachment 10-F: Harm reduction

Attachment 10-G: Medication for Addiction Treatment (MAT) of Substance Use Disorders (SUD)

Attachment 10-H: Non-descrimination

Attachment 10-I: Priority Population

Attachment 10-J: Referral to Physical Health

Attachment 10-K: Referring to a Higher or Lower Level of Care

Attachment 10-L: Servicing and Coordinating Care for Individuals with Dissabilities

Attachment 10-M: Slips, Slides and Relapses in Substance Use

Attachment 10-N: Staff Training

Attachment 10-O: SUD Treatment Admission and Readmission

Attachment 10-P: Trafficking

Attachment 10-Q: Tuberculosis

Attachment 10-R: Weapon Free

Attachment 10-S: Well Child

RESOLUTION NO. 787

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S POLICIES AND PROCEDURES REQUIRED TO COMPLETE THE APPLICATION PROCESS FOR BOTH THE DHCS ALCOHOL AND OTHER DRUGS (AOD) CERTIFICATION AND THE SAPC CONTRACT WITH THE LACDPH, EFFECTIVE JUNE 18, 2025

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 establish a suite of policies and procedures required to complete the application process for the Department of Health Care Services (DHCS) Alcohol and Other Drugs (AOD) certification and the SAPC (Substance Abuse Prevention and Control) contract with the Los Angeles County Department of Public Health, as well as the Authority's best practices and internal procedures.

B. TCMHA Policies and Procedures are routinely reviewed and updated, or newly established, to ensure they are relevant, effective, and compliant with current regulations, mandates, and processes.

2. Action

The Governing Board approves and establishes the following Authority's Policies and Procedures effective June 18, 2025: 1) Disaster and Emergency Plan; 2) Drug Testing; 3) Eligible Participants; 4) Evidenced Base Practices; 5) Harm reduction; 6) Medication for Addiction Treatment (MAT) of Substance Use Disorders (SUD); 7) Non-descrimination; 8) Priority Population; 9) Referral to Physical Health; 10) Referring to a Higher or Lower Level of Care; 11) Servicing and Coordinating Care for Individuals with Dissabilities; 12) Slips, Slides and Relapses in Substance Use; 13) Staff Training; 14) SUD Treatment Admission and Readmission; 15) Trafficking; 16) Tuberculosis; 17) Weapon Free; and 18) Well Child.

[Continues on Page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Disaster and Emergency Plan			**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To provide guidelines to employees, contractors, interns, and volunteers in responding to emergencies or disasters.

1.2 To standardize and clarify the process for ensuring safety and continuity of care during emergencies at Tri-City Mental Health Authority.

1.3 To ensure compliance with OSHA regulations and alignment with SAMHSA best practices for disaster behavioral health preparedness and response.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 Emergency – As defined by OSHA 29 CFR 1910.38: “An unforeseen situation that threatens employees, clients, or the public; disrupts or shuts down operations; or causes physical or environmental damage.”

2.2 Disaster – Includes natural (e.g., earthquakes, hurricanes), technological (e.g., cyberattacks, power outages), or human-caused events (e.g., violence, terrorism) that significantly impact clinic operations.

2.3 Emergency Action Plan (EAP) – A site-specific document that outlines procedures for responding to emergencies. Stored in the shared drive: 🗀 Share Drive > Safety & Preparedness > Emergency Action Plan (EAP).docx

3. POLICY

3.1 To establish criteria and approval authority for emergency response and preparedness across Tri-City Mental Health Authority.

3.2 This policy applies to all staff, contractors, interns, and volunteers during operational hours and while representing the organization.

3.3 Areas of Responsibilities:

3.3.1 Chief Clinical Officer – Oversees emergency preparedness, ensures compliance with policy, and serves as liaison with external agencies.

3.3.2 Emergency Coordinator (Designated Staff) – Maintains the EAP, leads training, and directs emergency response efforts.

3.3.3 All Staff – Required to understand and follow emergency procedures, participate in training, and report any unsafe conditions.

3.4 General Provisions:

3.4.1 Emergency procedures are outlined in the EAP document.

3.4.2 Communication with the public and media is limited to the designated spokesperson.

3.4.3 Internal updates are disseminated by the Clinic Director or Emergency Coordinator.

3.4.4 Emergency exits and safe zones must remain accessible and clearly marked.

3.4.5 Staff and client confidentiality will be maintained during emergency response.

3.4.6 Special procedures are required for clients with mobility or sensory impairments.

3.5 Types of Emergencies Covered:

3.5.1 Fire

3.5.2 Medical Emergency

3.5.3 Active Shooter or Violent Intruder

3.5.4 Natural Disaster (e.g., earthquake, flood, hurricane)

3.5.5 Utility Failures, Hazardous Material Spill, Cybersecurity Breach, Pandemic

3.6 Continuity of Care:

3.6.1 Backup systems for client records and scheduling are maintained off-site and in the cloud.

3.6.2 In-person or telehealth services will resume when feasible.

3.6.3 Clients will be contacted regarding any service delays or alternative care arrangements.

3.7 Post-Emergency Follow-Up:

3.7.1 Staff and client debriefings will occur post-incident.

3.7.2 Crisis counseling will be provided or referred via SAMHSA Disaster Distress Helpline.

3.7.3 Incident reports must be completed within 24 hours and submitted to the Incident Report Distribution list.

3.7.4 Facility assessments will be conducted by qualified personnel.

3.8 Staff and Client Safety:

3.8.1 First aid kits and emergency supplies must be accessible and maintained.

3.8.2 Emergency exits must remain unobstructed at all times.

3.8.3 All staff must know their roles during evacuation or shelter-in-place.

3.8.4 Trauma-informed practices must guide emergency response.

3.8.5 Clients with special needs require customized emergency planning.

3.9 Training and Drills:

3.9.1 Annual mandatory training for all staff on the EAP.

3.9.2 Biannual drills (e.g., fire, lockdown, evacuation) will be conducted.

3.9.3 New employees will receive EAP training during onboarding.

3.10 Annual Review:

3.10.1 Policy and EAP are reviewed annually in Q1 or following a major incident.

3.10.2 Revisions will be documented and redistributed.

3.10.3 Updated documents will be stored in the shared drive.

4. PROCEDURES

4.1 Immediate Emergency Actions:

4.1.1 Ensure personal safety for staff and clients.

4.1.2 Initiate EAP protocol.

4.1.3 Alert emergency services (911) when appropriate.

4.1.4 Activate internal notification system (intercom/email/SMS).

4.1.5 Evacuate or shelter-in-place per EAP guidance.

4.1.6 Secure sensitive materials and maintain HIPAA compliance.

4.1.7 Follow role assignments and evacuation routes in EAP.

4.2 Communication:

4.2.1 Designated spokesperson to handle external communications.

4.2.2 Internal updates shared by Clinic Director or Emergency Coordinator.

4.2.3 Maintain communication logs if applicable.

4.2.4 Coordinate with local authorities as needed.

4.2.5 Notify clients of service interruptions or alternatives.

4.3 Post-Emergency Follow-Up:

4.3.1 Conduct staff/client debriefs.

4.3.2 Offer counseling support or referrals.

4.3.3 Complete and submit incident report within 24 hours.

4.3.4 Review event to identify procedural gaps.

4.3.5 Conduct facility safety assessment prior to reopening.

5. REFERENCES

5.1 OSHA 29 CFR 1910.38 – Emergency Action Plans

5.2 SAMHSA Disaster Behavioral Health Resources – https://www.samhsa.gov/dtac

5.3 FEMA Ready.gov – https://www.ready.gov

5.4 HIPAA Regulations for data protection during emergencies

POLICY & PROCEDURE

SUBJECT: Drug Testing	POLICY NO.: NEW	EFFECTIVE DATE:	PAGE: 1 of 5
APPROVED BY: Executive Director Governing Board	SUPERCEDES: NEW	ORIGINAL ISSUE DATE: NEW	RESPONSIBLE PARTIES: Executive Leadership

1. **INTRODUCTION**

This policy pertains to the inclusion of drug testing as an integral component in TCMHA's concurrent treatment of substance use disorders (SUDs) for clients who also have serious mental health disorders. TCMHA adopted the rationale for and approach to drug testing suggested in the 2017 Consensus Statement adopted by the American Society of Addiction Medicine (ASAM) entitled "Appropriate Use of Drug Testing in Clinical Addiction Medicine". (https://www.asam.org/quality-care/clinical-guidelines/drug-testing)

TCMHA regards drug testing as an important therapeutic tool within the context of treatment for clients with SUDs. Drug testing in conjunction with other methods can help inform the assessment of an SUD, monitor the effectiveness of the treatment plan, and support the client's recovery. TCMHA staff make every effort to explain these therapeutic purposes to clients in contrast with the screening and punitive purposes that may be used in some non-treatment settings.

TCMHA staff recognize the limitations of drug test results and are careful not to overinterpret them. A positive drug test is not sufficient to diagnose an SUD, explain a client's symptoms or impairments, or establish patterns over time. A negative test result does not mean a client has not used substances outside the window of detection and does not rule out an SUD. Drug testing provides an additional source of information to complement other sources, especially client self-report.

2. **PURPOSE**

2.1 To establish the rationale for drug testing in treatment of clients with co-occurring SUDs, and to set an approach and tone that is therapeutic and supports the client's treatment and recovery.

2.2 To outline procedures for implementing drug testing that will be most effective in helping clients reach their treatment and recovery goals.

3. **DEFINITIONS**

3.1 **Client:** For the purpose of this policy, the definition of client includes any individual who has been referred to, has requested, or has received, mental health or substance use services or programs.

3.2 **Definitive testing:** In contrast to presumptive testing, definite testing is performed using a method with high sensitivity and specificity that is able to identify specific drugs, their metabolites, and/or drug quantities. Definite testing is likely to take place

in a laboratory and each individual test can be expensive. Gas or liquid chromatography combined with mass spectrometry is the gold standard method in definitive drug testing.

3.3 **Negative test result:** the result reported by a test that fails to detect the presence of a target substance in a sample. This can indicate either a complete lack of the drug or drug metabolite or a level too low to be detected by the test.

3.4 **Point of collection test/point of care test (POCT):** A drug test performed at the site where the sample is collected using either an instrumented or non-instrumented commercial device (e.g., an immunoassay test strip or dipstick or a machine-based immunoanalyzer with optical reader).

3.5 **Positive test result:** The result reported by a test that detects the presence of a target substance in a sample. A positive test result refers to test results showing the use of non-prescribed addictive substances.

3.3 **Presumptive testing:** In contrast to definitive testing, testing performed using a method with lower sensitivity and/or specificity, which establishes preliminary evidence regarding the absence or presence of drugs or metabolites in a sample.

3.4 **Substance:** Illegal drugs, prescription medicines and over the counter drugs when overused, Cannabis ingredients and alcohol.

3.5 **Tracking and Reporting:** The process of documenting referrals for accountability

4. POLICY

4.1 TCMHA is committed to ensuring that all clients receive effective treatment services customized to address their needs. TCMHA staff use drug testing on an ongoing basis with each client to determine what those needs are, whether the treatment plan is working or requires adjustments, and whether subsequent adjustments are effective.

4.2 TCMHA staff maintain a respectful, confidential, and professional approach to substance use testing while ensuring compliance with applicable health and safety regulations. adheres to established best practices.

4.3 Efforts to test for the presence of each and every substance would be medically unnecessary and cost prohibitive, while use of an overly narrow test panel may miss findings with important treatment implications. TCMHA uses a drug panel that tests for the most common array of substances including the ones the client has used before.

4.4 TCMHA uses observed testing of urine as the most well-established and well-supported biological matrix for presumptive detection of substance use in addiction treatment settings.

4.5 TCMHA deploys a POCT presumptive testing method followed by therapeutically guided discussions with clients who test positive. If there is a question as to the validity of the test results, then the specimen is sent to the lab for definitive testing.

4.6 TCMHA recognizes that the ongoing training of staff members who conduct the drug testing is critical to maintaining their competency and the quality of the testing they provide.

4.7 Drug test results inform but are not used as the sole basis of decisions regarding diagnosis, treatment plan changes, and continuation of treatment. Those decisions involve consideration of additional information, especially discussion with the client.

4.8 TCMHA staff keep test results confidential to the extent permitted by law and use caution when sharing test results with outside entities. When sharing presumptive test results, staff ensure that they are clearly labeled as "presumptive". Staff are responsible for providing client education about confidentiality, consent, and sharing test results with outside entities.

5. PROCEDURES

5.1 Informed consent

5.1.1 At the time of intake into the co-occurring substance use treatment program, clients are informed of the integral role of drug testing in the treatment program, its therapeutic rationale, a brief overview of the drug testing procedures, and confidentiality protections. Each client is asked to sign an informed consent for drug testing as a required component of participating in the treatment program.

5.1.2 Clients are informed that refusal to make their test appointment or otherwise be tested will be regarded as a positive test.

5.1.3 Client are informed that they have the option to appeal a positive presumptive test result, in which case a definitive test will be conducted.

5.2 Timing of drug tests

5.2.1 The first drug test is administered at the day of initial admission into the co -occurring SUD treatment program.

5.2.2 Clinical staff determine the frequency of drug tests per client in an individualized and client-centered approach with consideration of what will support the client's treatment and recovery. Testing is conducted no more frequently than twice weekly, and no less frequently than once monthly. Clients begin with relatively more frequent testing which lessens over time. Positive tests may result in temporarily increased test frequencies.

5.2.3 The exact date of each testing for a specific client is set on a randomized schedule. Each client is contacted the morning of the day they are to be tested by a confidential method pre-arranged for convenience to the client (text, voice mail or email).

5.2.4 When it fits with the approximate frequency schedule of clients, drug testing is scheduled on days following weekends, holidays and paydays.

5.3 Drug testing site

5.3.1 The testing site is in the building where most of the treatment program Services are delivered. One of the onsite restrooms is reserved for testing on test days. The bathroom is ADA accessible.

5.4 Drug testing staff

5.4.1 Only staff specifically trained in substance use testing are authorized to conduct the tests. Training is arranged periodically and on an ongoing basis to ensure staff skills and knowledge of regulatory requirements are continually updated.

5.4.2 To avoid any real or perceived conflicts of interest, primary counselors or therapists providing direct treatment services to the client do not administer the testing processes.

5.4.3 The staff member for each client is the same gender as the client. If the client is transgender, that client may indicate their preferred gender of staff to administer the test.

5.5 Observed testing procedures

5.5.1 The client and testing staff member inspect the drug testing cup and associated supplies to ensure the package is intact and has not been tampered with. The staff member documents the client's full name, date of birth, and the date of the test on the testing supplies. The client confirms the accuracy of this information.

5.5.2 The testing staff member escorts the client to the restroom. If the client feels uncomfortable with the assigned staff member, they may request a different one. Staff will ensure the client has as much privacy as possible while taking steps to prevent tampering with the specimen. This includes requesting the client to leave personal items outside the restroom and empty pockets into a container held by the testing staff.

5.5.3 Staff will remain outside the restroom while the client provides the urine sample. Direct observation of the client during urination is prohibited. The client must return the sample to personnel immediately after collection, without flushing the toilet or washing hands.

5.5.4 Staff will wear medical gloves when handling the urine sample until it is fully packaged or disposed of. Validity checks (temperature, appearance) will be performed in the presence of the client.

5.6 Managing Presumptive Test Results

5.6.1 If the test results are negative, then no further testing is required until the next randomly scheduled testing.

5.6.2 If the test results are positive for substance use, the treatment team assesses what might be the cause of the positive result, considering factors such as withdrawal symptoms, medication, or recent substance use. If the positive test result is inconsistent with the client's report of recent drug use, the sample is sent to an outside lab for definitive testing.

5.6.3 If the test results are inconclusive, the sample is either retested within 24 hours or sent to an outside lab for definitive testing.

5.7 Specimen Disposal

5.7.1 Bodily substances free of blood will be disposed of by flushing the specimen in a toilet. Specimen containers will be disposed of in regular trash per Cal/OSHA guidelines. Specimens containing blood will be disposed of in biohazard containers.

5.8 Documentation and Reporting

5.8.1 Clinical staff are informed electronically of their client's testing dates. Clinical Staff look up their clients' test results from an electronic record display.

5.8.2 All test results, including no shows, negative, positive and inconclusive results are documented in the client's electronic health record (EHR). Documentation must be completed within 72 hours after the test, or as soon as possible.

5.9 Managing Definitive Test Results

5.9.1 If the client's definite test results are positive, then the counselor discusses possible changes with the client to their treatment plan. The changes may include:

- Increased frequency of drug testing.
- Referral to medication-assisted treatment (MAT).
- Education on overdose risks and provision of Naloxone (e.g., Narcan).
- Increased treatment frequency or involvement in additional therapeutic services.
- Adjusted coordination of care between the client's treatment providers.
- Only if required by law or a signed release of information (ROI), are the results reported to the appropriate authorities (e.g., court, parole officer).

5.9.2 Neither presumptive nor definitive test results will be the sole basis for:

- Diagnosis of a specific mental or substance use disorder.
- Decisions regarding interventions or treatment plans.
- Referral to a non-TCMHA treatment provider for withdrawal management or a more intensive level of treatment.

6. RESPONSIBILITIES

6.1 Program Managers: Ensure staff are trained and that the referral process is implemented effectively.

6.2 Staff: Engage with participants, document requests, and facilitate referrals as per this policy.

6.3 Quality Assurance Team: Monitor compliance and track referral data for reporting purposes.

7. LEGAL/REGULATORY AND BEST PRACTICES REFERENCES

2017 Consensus Statement adopted by the American Society of Addiction Medicine (ASAM) entitled "Appropriate Use of Drug Testing in Clinical Addiction Medicine". (https://www.asam.org/quality-care/clinical-guidelines/drug-testing)

Clinical Laboratory Improvement Amendments (CLIA) – waived tests. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/IVDRegulatoryAssistance/ucm124105.htm

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Eligible Participants			**1** of **6**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To provide guidelines to employees regarding the procedures for enrolling clients in appropriate levels of care and ensuring effective coordination of care.

1.2 To standardize the process of enrolling eligible clients in Medi-Cal, and other relevant programs.

1.3 To standardize and clarify the process of transferring Medi-Cal benefits to Los Angeles County.

1.4 To standardize and clarify the process for utilizing care coordination/case management benefits and providing sliding scale services when Medi-Cal benefits are denied or terminated.

2. DEFINITIONS

(This section is not needed for this policy as no specific terms need to be defined.)

3. POLICY

3.1 This policy applies to all TCMHA agency staff involved in client enrollment, care coordination, and case management, and those providing direct client services.

3.2 Areas of Responsibilities:

3.2.1 **Agency Management:** Ensure compliance with this policy and allocate necessary resources for effective implementation.

3.2.2 **Enrollment Coordinators:** Facilitate client enrollment in Medi-Cal, My Health LA, and other relevant programs; manage benefit transfers and assist with sliding scale services.

3.2.3 **Medical Staff, Counselors, and Clinical Therapists:** Provide clinical screenings and assessments to determine appropriate levels of care and client-centered treatment interventions using ASAM criteria. Oversee coordination of care across multiple programs to ensure clients receive appropriate services.

3.2.4 **Care Coordination/Case Management Staff:** Utilize care coordination and case management benefits to support clients through the enrollment process and assist with documentation.

3.3 General Provisions:

3.3.1 All eligible clients will be screened to determine eligibility for Medi-Cal, My Health LA, and other relevant programs.

3.3.2 Enrollment support will be provided to eligible clients who are not currently enrolled in Medi-Cal or My Health LA.

3.3.3 Clients requiring Medi-Cal benefit transfers to Los Angeles County will receive assistance to ensure uninterrupted access to care.

3.3.4 Care coordination and case management services will be utilized to ensure that clients receive comprehensive and individualized care.

3.3.5 Sliding scale services will be offered to clients who are denied or have terminated Medi-Cal benefits, based on their financial situation.

4. PROCEDURES

4.1 **Enrollment Procedures:**

4.1.1 **Identify Eligible Clients:** Screen clients to determine eligibility for Medi-Cal, My Health LA, or other relevant programs.

4.1.2 **Enroll in Medi-Cal:** Assist eligible clients not currently enrolled in Medi-Cal with the application process, ensuring timely enrollment at the appropriate level of care.

4.1.3 **Transfer Medi-Cal Benefits:** Facilitate the transfer process for clients whose Medi-Cal benefits need to be transferred to Los Angeles County.

4.1.4 **My Health LA Enrollment:** Verify the enrollment status of clients eligible for or currently enrolled in My Health LA and provide necessary support for continued coverage.

4.1.5 **Primary Care Services Coordination:** Coordinate with primary care providers to ensure comprehensive care management.

4.2 **Care Coordination and Case Management:**

4.2.1 Utilize care coordination and case management benefits to support clients through the enrollment process, including follow-ups and assistance with required documentation.

4.2.2 Develop individualized care plans that address the specific needs of each client, ensuring appropriate service delivery and regular updates.

4.2.3 Coordinate with healthcare providers as needed to ensure the effective delivery of care.

4.3 **Sliding Scale Services:**

4.3.1 **Assessment:** Assess the financial situation of clients whose Medi-Cal benefits are denied or terminated to determine eligibility for sliding scale services.

4.3.2 **Sliding Scale Application:** Implement a sliding scale fee structure, providing reduced-cost services based on the client's ability to pay.

4.3.3 **Documentation:** Maintain accurate records of sliding scale assessments and service provisions to ensure compliance with the policy.

4.4 **Monitoring and Reporting:**

4.4.1 Regularly review and audit the enrollment, care coordination, and case management processes to ensure compliance with this policy.

4.4.2 Report any challenges or issues related to client enrollment, benefit transfers, or sliding scale services to agency management for resolution.

5. REFERENCES

5.1 Medi-Cal Guidelines and Procedures

5.2 My Health LA Program Guidelines

5.3 Department of Health Services Policies

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Evidenced Base Practices			**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To ensure that TCMHA implements evidence-based practices (EBPs) that are recognized for their effectiveness in producing positive treatment outcomes.

1.2 To establish the processes for training counselors in EBPs, including Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), and other essential practices required by the DMC-ODS Waiver.

1.3 To ensure that counselors are trained in and maintain fidelity to the implementation of EBPs with the expected frequency and with ongoing supervision.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Evidence-Based Practices (EBPs)** – Therapeutic interventions that have been shown through research to be effective in treating substance use disorders and improving outcomes for clients.

2.2 **Motivational Interviewing (MI)** – A client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

2.3 **Cognitive Behavioral Therapy (CBT)** – A psycho-social intervention that aims to improve mental health by changing maladaptive behaviors and thought patterns.

2.4 **Relapse Prevention** – A therapeutic strategy that helps individuals develop coping skills to prevent substance use relapse.

2.5 **Trauma-Informed Treatment** – Approaches that recognize and respond to the impact of trauma, such as Seeking Safety and other related models.

2.6 **SAMHSA TIP 42** – Substance Abuse Treatment for Persons with Co-Occurring Disorders, a resource for integrating mental health and substance use disorder treatment.

3. POLICY

3.1 **Scope**: This policy applies to all counselors at TCMHA who provide substance use treatment, including those who work with clients with co-occurring mental health and substance use disorders.

3.2 **Training and Education**:

3.2.1 Counselors will receive training in evidence-based practices such as MI, CBT, Relapse Prevention, Trauma-Informed Treatment (e.g., Seeking Safety), and Psychoeducation.

3.2.2 Counselors will receive ongoing clinical supervision on how to select and implement these EBPs according to different client situations.

3.3 **Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT)**:

3.3.1 MI and CBT are required EBPs that must be incorporated into all treatment services.

3.3.2 Counselors will be trained on both MI and CBT and must maintain fidelity to these practices.

3.4 **Co-Occurring Disorders Treatment**:

3.4.1 TCMHA recognizes the importance of concurrent treatment for clients with co-occurring mental health and substance use disorders and follows SAMHSA's TIP 42 guidelines to integrate these treatments.

3.4.2 Counselors will be trained in how to deliver integrated treatment to clients with co-occurring disorders.

3.5 **ASAM Training**:

3.5.1 Counselors will complete ASAM training, including the e-Training modules titled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care."

3.5.2 Additional TCMHA-approved ASAM training will be provided to counselors as part of their ongoing education.

3.6 **Medication for Addiction Treatment (MAT)**:

3.6.1 Counselors will be trained in the basics of MAT and its potential benefits for clients.

3.6.2 Counselors will provide information on MAT to clients, encourage its consideration, and refer clients to appropriate medical personnel for MAT.

3.7 **Culturally and Linguistically Appropriate Services (CLAS)**:

3.7.1 Counselors will be trained in the national CLAS standards to ensure culturally and linguistically appropriate services are provided.

3.7.2 TCMHA will use quality management methods to ensure counselors continually improve their implementation of CLAS standards.

4. PROCEDURES

4.1 **Training on Evidence-Based Practices**:

4.1.1 Counselors will undergo initial and ongoing training in MI, CBT, Relapse Prevention, Trauma-Informed Treatment, and Psychoeducation.

4.1.2 Clinical supervision will be provided to ensure that counselors are effectively implementing EBPs with fidelity.

4.2 **Incorporation of EBPs into Treatment**:

4.2.1 MI and CBT will be incorporated into all treatment services, with counselors required to use these practices regularly and maintain fidelity.

4.2.2 Counselors will document the use of these practices in client treatment plans and progress notes.

4.3 **Co-Occurring Disorders Treatment**:

4.3.1 Counselors will use the most recent version of SAMHSA's TIP 42 for guidance on treating co-occurring disorders concurrently.

4.3.2 Counselors will integrate mental health and substance use disorder treatment and provide a holistic, client-centered approach.

4.4 **ASAM Training**:

4.4.1 Counselors will complete the required ASAM e-Training modules and any additional TCMHA-approved ASAM training.

4.4.2 Counselors will use ASAM training to help assess client needs and determine the appropriate level of care.

4.5 **MAT Referral Process**:

4.5.1 Counselors will inform clients of the benefits of MAT and provide written information to interested clients.

4.5.2 Counselors will refer clients to appropriate MAT providers and coordinate care with medical personnel.

4.6 **CLAS Standards Implementation**:

4.6.1 Counselors will apply CLAS standards to provide culturally and linguistically appropriate services to clients.

4.6.2 TCMHA will regularly assess counselors' implementation of CLAS standards through quality management processes.

5. REFERENCES

5.1 **SAMHSA TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders**
5.2 **National CLAS Standards** – A set of 15 action steps to ensure culturally and linguistically appropriate services.
5.3 **Motivational Interviewing and Cognitive Behavioral Therapy** – Evidence-based therapeutic approaches recognized for their effectiveness in substance use disorder treatment.
5.4 **ASAM Multidimensional Assessment** – A framework for assessing clients' treatment needs and determining the appropriate level of care.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Harm Reduction			**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To provide guidelines for the implementation of harm reduction and overdose prevention practices within TCMHA's substance use treatment programs.

1.2 To ensure that clients who do not intend to cease substance use are appropriately engaged in care, referred, and connected to an appropriate provider (e.g., syringe exchange programs).

1.3 To ensure all clients at risk of overdose are provided Naloxone (Narcan) as needed, regardless of their intention to remain sober.

1.4 To provide a framework for staff to engage clients in harm reduction strategies, minimizing the harmful effects of substance abuse while working toward treatment engagement.

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2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Harm Reduction** – A set of practical strategies and ideas aimed at reducing the negative consequences of substance use. It does not necessarily require abstinence but emphasizes safety and health.

2.2 **Naloxone (Narcan)** – A medication that can reverse the effects of opioid overdose. Naloxone is offered to clients, their families, and others who may be at risk of witnessing an overdose.

2.3 **Syringe Service Programs (SSPs)** – Programs that provide clean needles, syringes, and other harm reduction supplies to people who inject drugs to prevent the transmission of infectious diseases.

2.4 **Motivational Interviewing** – A therapeutic technique used to help clients explore and resolve ambivalence, encouraging behavior change, including the consideration of substance use treatment.

2.5 **SAPC Bulletin 19-04** – A document from the Los Angeles County Department of Public Health detailing guidelines for the administration and availability of Naloxone.

2.6 **Overdose Prevention** – Strategies and actions aimed at preventing overdoses, including the distribution of Naloxone, education, and community-based harm reduction services.

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3. POLICY

3.1 **Scope**: This policy applies to all staff, counselors, and service providers within TCMHA involved in substance use treatment and related services.

3.2 **Harm Reduction Practices**:

3.2.1 TCMHA will offer harm reduction alternatives for clients who are not yet ready to engage in full substance use treatment but are still at risk for harm due to their substance use.

3.2.2 Counselors will engage in motivational interviewing techniques with clients to understand their readiness for change and explore ways to minimize the harmful consequences of substance use.

3.2.3 TCMHA will refer clients who use intravenous (IV) drugs to Syringe Service Programs (SSPs) to access safer supplies and reduce the risk of infectious diseases.

3.2.4 For clients in the early stages of relapse, counselors will provide relapse prevention techniques to help them reduce or stop their substance use.

3.2.5 If clients experience a more advanced relapse with medical complications, they will be referred for withdrawal management and stepped-down levels of care to return to outpatient treatment.

3.2.6 TCMHA will continue to engage clients in treatment when clinically appropriate, except when engaging in illegal activities, such as drug possession or sale on TCMHA premises.

3.3 **Naloxone (Narcan) Administration and Availability**:

3.3.1 TCMHA staff will offer Naloxone (Narcan) kits to clients engaged in substance use treatment and to their close friends or family members, as part of overdose prevention efforts.

3.3.2 Naloxone training will be provided to both TCMHA staff and clients' family members to ensure they can safely administer Naloxone in case of an overdose.

3.3.3 TCMHA will ensure that staff are trained in the administration of Naloxone and can assist clients and their families in the event of an overdose.

3.4 **Overdose Prevention**:

3.4.1 Clients identified as having an opioid use disorder or other substance use disorder at risk for overdose will be offered Naloxone as a preventive measure.

3.4.2 TCMHA will provide ongoing education and training to staff on recognizing and responding to overdoses using Naloxone, as well as other harm reduction strategies.

3.5 **Referral to Appropriate Providers**:

3.5.1 Clients who express interest in harm reduction services, including syringe exchange programs, will be referred to appropriate providers within the community.

3.5.2 If a client is not ready to engage in formal substance use treatment, TCMHA will connect them to other harm reduction resources to minimize the risks of their substance use.

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4. PROCEDURES

4.1 **Engagement in Harm Reduction Practices**:

4.1.1 Counselors will initiate therapeutic dialogues with clients who report substance use or show signs of using substances. They will explore what led to the use and discuss potential harm reduction strategies.

4.1.2 Counselors will use motivational interviewing techniques to explore the client’s readiness to engage in substance use treatment while ensuring the client feels non-judged and supported.

4.1.3 When IV drug use is reported, counselors will provide clients with information about Syringe Service Programs (SSPs) and other harm reduction services available in the community.

4.2 **Offering Naloxone (Narcan)**:

4.2.1 At any point when a counselor identifies that a client is at risk of overdose, they will offer the client a Naloxone kit, as well as provide education and training on its use.

4.2.2 Counselors will also offer Naloxone to the client's family members or close friends who may be at risk of witnessing an overdose.

4.3 **Referral for Withdrawal Management or Higher Levels of Care**:

4.3.1 If a client is at risk of medical complications from substance use, they will be referred to appropriate withdrawal management or treatment programs.

4.3.2 Clients will be referred to a stepped-down treatment program when necessary, ensuring that they eventually return to TCMHA's outpatient services if clinically appropriate.

4.4 **Overdose Education and Training**:

4.4.1 All TCMHA staff will be trained in the recognition of overdose signs and the use of Naloxone.

4.4.2 Clients and their family members will be offered training in overdose prevention and the use of Naloxone.

4.5 **Documentation**:

4.5.1 All harm reduction interventions, including referrals to harm reduction services, Naloxone administration, and overdose prevention education, will be documented in the client's treatment records.

4.5.2 Staff will document the offering of Naloxone and any training provided in the client's file.

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5. REFERENCES

5.1 **SAPC Bulletin 19-04**: Naloxone Administration and Availability Link to Bulletin
5.2 **Motivational Interviewing**: Techniques used to explore and resolve ambivalence about behavior change.
5.3 **Syringe Service Programs (SSPs)**: Programs that provide clean needles and syringes to individuals who inject drugs to prevent the transmission of infectious diseases.
5.4 **Naloxone (Narcan)**: A medication that reverses opioid overdoses and is used as part of overdose prevention efforts.

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
[Policy Name]			5 of 5

POLICY & PROCEDURE

SUBJECT: Medication for Addiction Treatment (MAT) of Substance Use Disorders (SUD)	POLICY NO.: NEW	EFFECTIVE DATE:	PAGE: 1 of 12
APPROVED BY: Executive Director Governing Board	SUPERCEDES: NEW	ORIGINAL ISSUE DATE: NEW	RESPONSIBLE PARTIES: Executive Leadership

1. PURPOSE

Tri-City Mental Health Authority (TCMHA) offers clients access to Medications for Addiction Treatment (MAT) services as a component of their Substance Use Disorder (SUD) services for clients receiving treatment for co-occurring disorders. As an evidence-based tool, MAT can help alleviate alcohol- and opioid-related cravings, ease withdrawal symptoms, facilitate recovery and improve outcomes. It is considered a best practice in the field, and a core component of SUD treatment for individuals for whom it is clinically appropriate. MAT includes using FDA-approved medications to treat opioid and alcohol dependence. Examples of these medications are buprenorphine, naltrexone, disulfiram. MAT services are discussed and offered, preferably concurrently with counseling, as a treatment option for individuals with an alcohol- and/or opioid-related SUD. TCMHA offers these services through partnerships with external MAT providers and through their own providers.

To provide MAT services TCMHA meets the requirement of being a Medi-Cal fee-for-service provider. All MAT medications are prescribed in accordance with generally accepted standards of medical practice and best practice guidelines for the conditions being treated.

Medications for Addiction Treatment (MAT) is the use of medications, preferably in combination with counseling and behavioral therapies, to provide a “whole person” approach to the treatment of substance use disorders. Research has shown that for the treatment of addiction, a combination of medications and behavioral counseling is more successful than either intervention alone. The goal of MAT is recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve client survival.
- Increase retention in treatment.
- Decrease illicit opiate use and other criminal activity among people with substance use disorders.

- Increase clients' ability to gain and maintain employment.
- Improve birth outcomes among women who have substance use disorders and are pregnant.

1. DEFINITIONS

1.0. Addiction: The American Society of Addiction Medicine (ASAM) most recently updated their definition of addiction to be a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

1.1. Medications for Addiction Treatment (MAT): the use of Federal Drug Administration approved medications to treat addictions. TCMHA encourages the use of MAT concurrently with behavioral therapies to provide a whole client approach to treating alcohol and/or drug use.

1.2. Medication Services: prescribing or giving medicine for alcohol and/or drug treatment. This term also encompasses assessing side effects, results of medicine, and lab testing.

1.3. Outpatient Treatment: non-residential alcohol and/or other drug treatment services offered in a place that supports recovery. Treatment services include screening, assessment/intake, Treatment Planning, health status questionnaire and/or physical exam, group counseling, education, individual counseling, crisis intervention, family therapy, collateral services, medication services (including referral to MAT), alcohol/drug testing, discharge services, and case management. The frequency of outpatient SUD treatment services may be up to nine hours per week for adults and six hours per week for adolescents.

1.4. Pharmacotherapy (pharmacology): the treatment of a disorder or disease with medication.

1.5. Substance Use Disorder (SUD): The American Psychiatric Association's most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5tr) defines SUD for purposes of diagnosis as a problematic pattern of substance use that causes clinically significant impairment or distress, characterized by at least two of 11 diagnostic criteria. These include impaired control, social impairment, risky use,

and pharmacological criteria. The severity of the disorder is categorized as mild, moderate, or severe, depending on the number of criteria met.

2. **POLICY**

2.0. This Policy establishes service delivery for MAT services within TCMHA's outpatient treatment programs for clients identified as having a co-occurring mental health and substance use disorder.

2.1. MAT is discussed and offered as a concurrent treatment option for appropriate individuals with an SUD condition.

2.2. Following best practices, individuals referred for MAT are encouraged to be enrolled in the TCMHA SUD program or a SUD program at a community provider. There may be times in which clients stop attending SUD program services. Continuation of MAT services in these situations will be considered based on clinical guidelines as referenced in the ASAM criteria for level of care placement and the TCMHA policy on Addressing Slips, Slides and Relapses.

2.3. Effective January 2023, through the Congressional Consolidated Appropriations Act of 2023, prescribers are no longer required to complete Buprenorphine training or obtain a waiver to prescribe Buprenorphine. This waiver was previously referred to as the DEA-X waiver. TCMHA references published prescribing guidelines and other available resources to clients for additional information regarding MAT.

2.4. When MAT is part of the treatment plan, licensed prescribers operating within their scope of practice collaborate with the client in clinical decision-making, assuring that the client is aware of all appropriate therapeutic alternatives.

2.5. Informed consent is obtained from clients for the prescribing and monitoring of all pharmacotherapies. The process for obtaining this consent includes discussion about the advantages and disadvantages of MAT, taking into consideration the benefits, side effects, alternatives, cost, availability, and potential for diversion, among other factors.

2.6. When initiating MAT, medical assessments and testing are done according to current national guidelines established for the treatment being used.

2.7. All prescribed MAT should be consistent with generally accepted evidence-based practices and guidelines established by external agencies (e.g., SAPC, FDA, SAMHSA) and accreditation standards.

2.8. TCMHA will encourage but not require SUD clients to participate in other SUD services as a condition for accessing MAT services.

2.9. TCMHA is a prescribing provide. It does not administer, store, or dispose of medications (including MAT) as described in its policy on Storing, Administering, Disposing and Accountability of Medications .

2.10. Clients are permitted to use their preferred MAT medication, when the prescriber and the client determine the medication is clinically beneficial.

2.11. Clients will not be required to change their MAT medication to receive SUD treatment services. This includes medications the client is prescribed before beginning SUD services at TCMHA, as well as any potential changes (e.g., medications, dosage, discontinuance) during treatment.

Pregnancy

The use of MAT during pregnancy needs to include careful and individualized consideration of the potential impact of both treatment and lack of treatment on mother and baby. Though there is some risk in using medications during pregnancy, there is also known risk in the inadequate treatment of addiction during pregnancy, and this needs to be considered and discussed with the client. For pregnant women with opioid use disorders, MAT such as methadone and buprenorphine are the standard of care. Before MAT services can begin, the following should be obtained:

- A pregnancy test (highly recommended, but not required, however the prescriber may choose not to prescribe without a test).
- Informed consent, including discussions regarding Neonatal Abstinence Syndrome and what to expect at delivery.

The risks and benefits of breastfeeding while clients are receiving MAT need to be weighed on an individual basis. Methadone and buprenorphine maintenance therapy are not contraindications to breastfeeding.

Adolescents

The use of MAT for adolescents is promising, but the current and emerging knowledge base suggests that the routine use of MAT for adolescents is premature and requires further study. Exceptions are methadone and buprenorphine, which can be prescribed to youths of 16 and above if specific criteria are met and if they are under the treatment of a licensed prescriber. The use of other MATs for adolescents should be considered and used cautiously and only on a case-by-case basis when deemed clinically appropriate by a licensed prescriber. Prescribing MAT to minors under Drug Medi-Cal requires written consent of a parent or guardian and granted exception that complies with California Code of Regulations, Title 9, Section 10425.

FDA Approved Medications

The Food and Drug Administration (FDA) has approved several different medications to treat alcohol and opioid use disorders. MAT relieves the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body and can prompt problematic behaviors. Medications used for MAT are evidence-based treatment options for specific types of SUDs and any one medication cannot readily be substituted for another without careful consideration by a licensed prescriber.

3. **PROCEDURE**

3.0. Eligibility Criteria: To be eligible for Medication for Addiction Treatment, a client must meet all the following criteria:

3.0.1. Client reports difficulty with managing cravings and maintaining long term recovery on their own.

3.0.2. Client has recently been actively using alcohol, opioids, or other addictive drugs for which FDA-approved medications might prove effective.

3.0.3. Client is not in need of more in-depth monitoring (i.e., withdrawal management level of care).

3.1. Informing Clients About MAT Services

3.1.1. All clients are provided an informative MAT brochure during intake session regarding MAT services by their counselor. Information on the brochure includes:

i. Facts, benefits, and risks of MAT.

ii. Myths about MAT.

iii. How to let their provider know when they are ready to begin MAT services.

3.1.2. Clients can choose to participate in MAT services at any time during their treatment, even if they previously declined.

3.1.3. MAT education will be provided to clients at intake, during treatment and at discharge, as well as:

3.1.3.1. When determined clinically appropriate by their provider, even if the client previously showed ambivalence or declined MAT.

3.1.3.2. When determined clinically appropriate based on toxicology testing.

3.1.3.3. Upon the client's request.

3.1.4. Acceptance or refusal of MAT is documented in the Problem List on the progress note.

3.1.5. Once the client accepts MAT, a referral for consultation with the MAT prescriber is scheduled. Intake counselor will coordinate with the Administrative Assistant - Psychiatry for scheduling (if identified during intake) or refer to community partner.

3.2. Referrals:

3.2.1. Referrals for MAT services provided by a TCMHA prescriber can be made by: SUD providers, a client or potential client who self-refers, SAPC network providers, or Los Angeles County referral services such as the Substance Abuse Service Helpline (SASH) or Client Engagement and Navigation Services (CENS).

3.2.2. When a referral is received:

3.2.2.1. The person is screened for SUD services, unless already completed by TCMHA or by a County service, such as CENS or SASH.

3.2.2.2. If eligible for SUD services, an intake/assessment appointment is scheduled and the ASAM Assessment is completed.

3.2.2.3. The ASAM Assessment and MAT Screening are used to determine if a client with alcohol or other substance use disorders would benefit from and be interested in MAT services as a component of their SUD treatment.

3.2.3. Screening & Assessment:

3.2.3.1. TCMHA will use evidence-based screeners and assessments to be conducted at intake and used to determine if MAT would be beneficial for the client.

3.2.3.2. The results of the client's most recent physical examination if available. If not, the prescribing physician may conduct a screening and decide on an appropriate medication or require a complete physical exam first. Irrespective of whether SUD treatment begins with or without MAT, if no physical exam was completed within six months previous to the beginning of SUD treatment then it becomes a high priority to complete a full physical as soon as possible after beginning SUD treatment. Brief Addiction Monitor (BAM).

3.2.3.3. If the screening and assessment indicates that MAT services would be beneficial and the client consents, a prescribing provider will be assigned to the client. At this time, the following will occur:

3.2.3.3.0. Appropriate diagnostic and lab tests will be ordered.

3.2.3.3.1. A medication evaluation appointment will be scheduled with the client within forty (48) hours of the intake.

3.2.3.3.2. MAT medications will be provided to the client in alignment with this Policy, as deemed appropriate.

3.3. Refills

3.3.1. During the initial appointment with the prescriber, client will be provided with resources on where to find medication refills in an emergency or in the case of discharge.

3.4. Treatment

3.4.1. Initial MAT appointments will be scheduled with a physician on the same day as a prescheduled session with clinician so the clinician can confirm client has picked up medication and administer COWS or address any barriers to beginning MAT.

3.4.2. Counselor will check in twice weekly with client in the initial 2 weeks after MAT is initiated.

3.4.3. The prescribing MAT provider has a follow-up appointment with the client every 30 days, at a minimum.

3.4.4. Based on the assessment, the provision of MAT services will be added to the Problem List by the assigned clinician, in collaboration with the prescriber.

3.4.5. Information is provided to the client in the *Informed Consent for Medication*, which includes:

3.4.5.1. The diagnosis, condition, or indication for use for each medication,

3.4.5.2. Medication name, type, dose, frequency, method, and duration, and

3.4.5.3. Possible side effects.

3.4.5.4. Regular and ongoing assessment will be conducted to ensure the continued appropriateness of care throughout the use of MAT as an intervention; the prescriber and counselor will meet at least monthly for consultation.

3.5. Access to Buprenorphine

3.5.1. Clients are provided information regarding buprenorphine including the evidence base, effectiveness, associated risks and benefits, and key considerations to support informed consent.

3.5.2. Buprenorphine is not stored, administered, or dispensed by TCMHA prescribing providers.

3.5.3. If a client needs buprenorphine that the program does not provide, the following are the procedures for referral of buprenorphine medication:

3.5.3.1. Clients are given resources to identify locally available buprenorphine providers via the Department of Health Care Service's Open Data Portal to determine availability of providers within Los Angeles County: https://data.chhs.ca.gov/dataset/medication-assisted-treatment-in-medi-cal-for-opioid-use-disorders-quarterly-by-county

3.5.3.2. If a client needs a buprenorphine provider, a referral is made within 24 hours.

3.5.3.2.0. A provider will have the client sign a *Release of Information* for the buprenorphine provider and coordinate scheduling an appointment for the client.

3.5.3.3. Upon discharge, a provider will assist the client in confirming any follow-up appointments scheduled prior to discharge from the program.

3.6. Narcotic Treatment Program Medications

3.6.1. If it is determined that the client is not appropriate for oral MAT with a TCMHA prescriber but could benefit from a Narcotic Treatment Program (NTP), the counselor will refer the client to a NTP and support the client in being linked to the NTP.

3.6.2. Counselors will utilize the Department of Health Care Service's Open Data Portal to locate available NTPs within Los Angeles County: https://www.dhcs.ca.gov/individuals/Pages/NTP.aspx.

3.6.3. Referrals will be made within twenty-four (24) hours of request.

3.6.4. A provider will have the client sign a *Release of Information* for the NTP provider and coordinate scheduling an appointment for the client.

3.6.5. Upon discharge, a provider will assist the client in confirming any follow-up appointments scheduled prior to discharge from the program.

3.7. Urgent Needs

3.7.1. If an urgent need for medication arises, clients can be directed to a participating California Bridge Program hospital to receive 24/7 high-quality care for their SUD.

3.7.2. California hospitals providing MAT are listed on the California Bridge website: https://cabridge.org/impact/mat-sites/

3.8. External Providers

3.8.1. Clients may be receiving:

3.8.1.1. SUD treatment services at TCMHA, while their MAT services are provided at an external agency.

3.8.1.2. MAT services at TCMHA, while their SUD services are provided by an external agency.

3.8.2. TCMHA will work with the client and their external provider to ensure continuity of care.

3.8.3. If the provider is:

3.8.3.1. In the SAPC network: The *SAPC Release of Information – In-Network Form* will be required to coordinate care.

3.8.3.2. Out of the SAPC network: The *SAPC Release of Information – Out of Network Form* will be required to coordinate care.

3.8.4. Whenever possible and agreed upon by the client, TCMHA will work with the external provider and client to transition MAT and/or SUD services to TCMHA.

3.9. Discharge

3.9.1. Continuity of care is maintained when a client is transferred or after discharge.

3.9.2. The discharge planning process addresses the following as appropriate:

3.9.2.1. The plan for continuing outpatient care after the last dose of medication.

3.9.2.2. The plan for re-entry to MAT, as appropriate.

3.9.2.3. The plan for continuing MAT, if appropriate, if the client will be:

3.9.2.3.0. Transferring to another SUD provider.

3.9.2.3.1. If the new provider offers MAT services, discuss with the client the benefit of receiving MAT and SUD services together at the new provider.

3.9.2.3.2. Discharging from outpatient treatment services at TCMHA

3.9.2.4. When MAT services end, the prescribing provider documents the following In the Psychiatric Discharge Summary:

3.9.2.4.0. Reason MAT will no longer be utilized.

3.9.2.4.1. Plan for SUD treatment without MAT, if applicable.

3.10. Emergencies

3.10.1. SUD Program staff are trained to respond to medical emergencies that may be related to substance use, including

3.10.1.1. First Aid

3.10.1.2. Cardiopulmonary resuscitation (CPR)

3.10.1.3. Use of NARCAN for opioid overdose

3.10.1.3.0. Clients may be eligible for receiving a personal supply of Narcan, see Naloxone Administration and Distribution Policy and Procedure for additional details.

3.10.1.3.1. Clients will be continuously assessed for whether Narcan is appropriate to reduce the risk of overdose. Narcan may be prescribed or distributed to client, as appropriate.

3.11. Staff Training: TCMHA are trained on MAT during new hire orientation and annually. Trainings include:

3.11.1. Benefits and Risks of MAT

3.11.1.1. All TCMHA staff in the SUD program are trained on the benefits and risks of MAT upon hire and as needed.

3.11.1.2. Documentation of training is retained in the personnel files.

3.11.2. MAT Policy

3.11.2.1. All TCMHA staff in the SUD program are trained on this Policy upon hire.

3.11.2.2. Staff are provided the training during New Hire Orientation and responsible for reviewing and acknowledging their understanding of the policy.

3.11.2.3. Documentation of the acknowledgement is retained in the personnel files.

3.12. Monitoring

3.12.1. TCMHA develops and implements processes to assess and monitor compliance with policies and procedures.

3.12.2. When appropriate, monitoring measures are established and performance evaluated. When performance goals are not met, TCMHA:

3.12.2.1. Identifies opportunities for improvement,

3.12.2.2. Implements actions to improve performance,

3.12.2.3. Monitors actions taken, and

3.12.2.4. Reports results of actions taken.

3.12.3. An integrated approach to medication management facilitates effective risk management. As a part of TCMHA risk management efforts, medication data are reviewed on a quarterly basis for quality assurance.

3.12.4. Performance monitoring results are reported to the relevant department or audience.

3.12.5. Policies are reviewed at least annually to ensure a) consistency with current practice standards in behavioral health care and b) compliance with federal, state, and county regulations, licensure requirements and accreditation standards.

4. REFERENCES

1. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5 tr), American Psychiatric Association, 2022.
2. Definition of Addiction, American Society of Addiction Medicine, 2019.
3. Department of Health Care Services MHSUDS Information Notice 23-054 Medications for Addiction Treatment Services (Publication Date October 6, 2023).
4. Los Angeles County Substance Abuse Prevention and Control Substance Use Disorder Treatment Provider Manual, July 2020.
5. Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment. https://www.samhsa.gov/medication-assisted-treatment (accessed September 2, 2021).
6. The Joint Commission. Comprehensive Accreditation Manual for Behavioral Health and Human Services.
7. US Department of Health and Human Services. Medications for the Use of Alcohol Disorder: A Brief Guide

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Non- Discrimination Form			**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Chief Clinical Officer Chief Compliance Officer

1. PURPOSE

1.1 To establish guidelines to ensure equitable access to services for all clients, regardless of race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status, or political affiliation.

1.2 To standardize the process of non-discrimination in the provision of mental health and substance use services across all levels of service delivery.

1.3 To clarify and standardize the procedures for reporting and addressing complaints related to discrimination.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Discrimination** – Any action or omission that results in the unequal treatment of individuals or groups based on protected characteristics such as race, ethnicity, gender, age, etc.

2.2 **Culturally Competent Services** – Services that are responsive to the cultural, linguistic, and individual needs of clients.

2.3 **Protected Characteristics** – Characteristics protected by law from discrimination, including but not limited to race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status, or political affiliation.

2.4 **Service Provider** – Any staff member, contractor, or volunteer involved in providing services at TCMHA.

3. POLICY

3.1 This policy applies to all staff, contractors, and volunteers involved in providing services at TCMHA.

3.2 TCMHA prohibits discrimination in the provision of services based on any protected characteristics.

3.3 Areas of Responsibilities:

3.3.1 **Staff Responsibilities** – All staff members must adhere to the non-discrimination policy in every aspect of their work.

3.3.2 **Supervisors** – Supervisors must ensure that all staff members are informed of and follow the non-discrimination policies.

3.3.3 **Compliance Officer** – Responsible for addressing complaints of discrimination and ensuring proper investigations are conducted.

3.4 General Provisions:

3.4.1 All services shall be delivered with respect and dignity, ensuring fair treatment for every client.

3.4.2 No client will be denied access to services based on any protected characteristic.

3.4.3 TCMHA will regularly review and update this policy to comply with applicable laws and regulations.

3.4.4 All staff will receive ongoing training on non-discrimination and culturally competent practices.

3.5 Complaint Process:

3.5.1 Clients who believe they have been discriminated against will be able to report the incident to their direct supervisor or designated compliance officer.

3.5.2 Complaints will be addressed according to the TCMHA Grievance Procedure.

3.5.3 The investigation of complaints will be prompt and thorough, with appropriate corrective action taken where needed.

3.6 Monitoring and Review:

3.6.1 TCMHA will regularly monitor service delivery to identify any disparities or issues in the provision of services.

3.6.2 Annual reviews will be conducted to ensure ongoing compliance with all applicable laws and regulations.

3.6.3 Client feedback will be used to ensure that services remain responsive to the diverse needs of the community.

4. PROCEDURES

4.1 **Service Provision:**

4.1.1 Services will be delivered to clients without discrimination, respecting their individual and cultural needs.

4.1.2 Staff members will ensure clients are informed of their rights regarding discrimination.

4.1.3 Any incident of discrimination should be immediately reported to a supervisor or designated compliance officer.

4.1.4 TCMHA will investigate reports of discrimination promptly.

4.1.5 Clients will be informed of the steps taken in response to their complaint.

4.1.6 TCMHA will ensure that clients have the name of their direct supervisor to whom complaints can be addressed.

4.2 **Complaint Process:**

4.2.1 Clients can file a grievance using the established TCMHA Grievance Procedure.

4.2.2 All complaints will be acknowledged within 48 hours of submission.

4.2.3 The compliance officer will begin investigating the complaint within 5 business days.

4.2.4 Investigation findings will be reported to both the client and relevant parties.

4.2.5 Appropriate corrective actions will be taken based on investigation results.

4.2.6 All complaints will be treated with confidentiality.

4.2.7 TCMHA will follow up with clients to ensure the issue is resolved to their satisfaction.

5. REFERENCES

5.1 **California Code of Regulations** – Title 9, California Code of Regulations, Section 1810.410.

5.2 **Welfare and Institutions Code** – Sections 5600-5700, specifically regarding mental health services and client rights.

5.3 **County of Los Angeles – Department of Mental Health** – Policy on non-discrimination and equitable service provision.

5.4 **United States Department of Health and Human Services** – Office for Civil Rights, regulations regarding non-discrimination.

5.5 **United States Department of Justice – Civil Rights Division** – Civil Rights laws and policies regarding discrimination.

6. FORMS

6.1 **Exhibit A** – **Tri-City Mental Health Authority Non-Discrimination in Services Acknowledgment Form**

6.2 **Exhibit B** – **TCMHA Grievance Procedure Form**

Acknowledgment Form

Tri-City Mental Health Authority Non-Discrimination in Services Acknowledgment Form

I, the undersigned, acknowledge that I have received and reviewed the Tri-City Mental Health Authority Non-Discrimination in Services Policy. I understand that TCMHA prohibits discrimination in the provision of services based on race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, physical or mental disability, ancestry, marital status, and/or political affiliation.

I agree to uphold the principles of non-discrimination in my interactions with clients and colleagues.

Employee Name:_____

Signature: _____

Date:_____

Staff Member Name (if applicable): _____

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Priority Population			**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Chief Clinical Officer

1. PURPOSE

1.1 To provide guidance to Tri-City Mental Health Authority (TCMHA) staff on addressing capacity requirements for priority populations served by the Substance Use Disorder Treatment Program.

1.2 To ensure that vulnerable populations receive timely and appropriate care, even when immediate admission is not possible due to capacity constraints.

1.3 To prioritize services for vulnerable populations, including pregnant and parenting women, intravenous drug users, individuals with HIV/AIDS, and individuals with tuberculosis (TB).

3. POLICY

3.1 To prioritize admissions for vulnerable populations including pregnant and parenting women, intravenous drug users, individuals with HIV/AIDS, and individuals with tuberculosis (TB).

3.2 This policy applies to all Tri-City Mental Health Authority clients requesting substance use treatment services.

3.3 Areas of Responsibilities

3.3.1 Outreach to priority populations through promotion in media and notifications.

3.3.2 Admission prioritization as outlined in 45 CFR § 96.131.

3.3.3 Specialized additional treatment services for identified priority populations.

3.3.4 Capacity management to ensure treatment capacity is maintained and updated.

3.3.5 Accommodating new client admissions, ensuring proper screening and referrals.

3.4 General Provisions

3.4.1 TCMHA will provide timely care for priority populations, prioritizing pregnant and parenting women who inject drugs or abuse substances.

3.4.2 TCMHA will accommodate clients by providing interim services where immediate treatment is not possible.

3.4.3 The program will ensure that clients are periodically notified of their status if they are waiting for admission.

3.4.4 TCMHA will track and document all clients awaiting admission.

3.5 Specialized Services

3.5.1 Pregnant and Parenting Women

3.5.1.1 Specialized counseling for perinatal issues.

3.5.1.2 Referrals for perinatal health and mental health care.

3.5.1.3 Family counseling and parent education.

3.5.2 Intravenous Drug Users

3.5.2.1 Referrals to syringe exchange programs.

3.5.2.2 HIV and Hepatitis C testing.

3.5.2.3 Naloxone training and overdose prevention.

3.5.2.4 Referrals for health care, needle disposal, and vein care education.

3.5.3 Individuals with HIV/AIDS

3.5.3.1 Supportive counseling before and after each HIV test and re-test.

3.5.3.2 Referral to HIV treatment and support services.

3.5.4 Individuals with TB

3.5.4.1 Counseling, testing, and clinically appropriate treatment.

4. PROCEDURES

4.1 Outreach to Priority Populations

4.1.1 Promotion of prevention and treatment services on social media and in local print media.

4.1.2 Posters in targeted areas to raise awareness.

4.1.3 Frequent notifications to community-based organizations, healthcare providers, and social service agencies.

4.2 Admission Prioritization

4.2.1 Follow the prioritization criteria established in 45 CFR § 96.131.

4.2.2 Priority is given to pregnant and parenting women who inject drugs or abuse substances.

4.2.3 Other priority populations include intravenous drug users, individuals with HIV/AIDS, and individuals with tuberculosis.

4.2.4 The highest priority is given to pregnant and parenting women who inject drugs or abuse substances in other ways.

4.3 Capacity Management

4.3.1 Maintain an updated system to identify treatment capacity.

4.3.2 Adjust staffing based on overall census trends to meet client needs for both new admissions and ongoing treatment.

4.4 Accommodating New Client Admissions

4.4.1 Ensure clients meet residency, medical necessity, and level of care criteria during screening and assessment.

4.4.2 If higher-level care is required, refer to a non-TCMHA program providing the appropriate treatment.

4.4.3 If a waiting time is unavoidable, provide interim services within 48 hours of referral, including:

4.4.3.1 Treatment in the TCMHA outpatient substance use treatment program.

4.4.3.2 Counseling and education on HIV, TB, risks of needle sharing, and prenatal care.

4.4.4 If outpatient treatment is appropriate, admit the client or provide interim services within 48 hours.

4.4.5 Assign a staff member to track and monitor clients awaiting admission, ensuring progress and periodic follow-up.

4.4.6 Document relevant data for clients on the waiting list, including contact information and referral source.

5. REFERENCES

5.1 45 CFR § 96.131: Federal guidelines for prioritizing admissions in substance use treatment programs.

5.2 California Code of Regulations, Title 9, Section 820: State regulations for substance use disorder programs.

5.3 United States Department of Health and Human Services: Federal guidelines and policies on substance use and mental health treatment.

5.4 Tri-City Mental Health Authority Policies and Procedures: Local guidelines on substance use treatment programs.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Referral to Physical Health			**1** of **3**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE
1.1 To establish a comprehensive policy for referring clients of Tri-City Mental Health Authority (TCMHA) to necessary physical health, mental health, and emergency services, ensuring effective care coordination for both specialty mental health and co-occurring substance use treatment clients.

2. SCOPE
2.1 This policy applies to all staff members involved in the care coordination and case management of TCMHA clients, including those receiving specialty mental health services and those with co-occurring substance use disorders.

3. POLICY STATEMENT
3.1 TCMHA is committed to providing holistic care to its clients by facilitating access to essential physical health, mental health, and emergency services. This policy outlines the process for making referrals and emphasizes the importance of care coordination in ensuring that clients receive the comprehensive support they need.

4. DEFINITIONS
4.1 **Care Coordination**: A collaborative approach to healthcare that ensures clients receive appropriate services in a timely manner.
4.2 **Case Management**: A process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs.

5. PROCEDURE

5.1 Identification of Needs
5.1.1 **Assessment**: During initial assessments and ongoing evaluations, staff will identify clients' physical health, mental health, and emergency service needs. In addition, and per DHCS regulations, staff will refer clients to a physical health assessment within 30 days of intake unless the client can show they have received a physical health assessment within the previous six months.
5.1.2 **Client-Centered Approach**: Engage clients in discussions about their needs and preferences to facilitate informed decisions regarding referrals.

5.2 Referral Process
5.2.1 **Documentation**: All identified needs and referral decisions must be documented in the client's electronic health record (EHR).
5.2.2 **Referral Sources**: Staff may refer clients to:

- Physical health providers (e.g., primary care, specialists)
- Mental health providers (e.g., psychiatrists, therapists)
- Emergency services (e.g., crisis intervention, emergency rooms)

5.3 Care Coordination
5.3.1 **Collaboration**: Case managers will collaborate with service providers to whom clients are referred to ensure continuity of care.
5.3.2 **Follow-Up**: After a referral is made, staff will follow up with both the client and the service provider to confirm that the referral was successful and to address any barriers to access.
5.3.3 **Warm Handoffs**: When appropriate, facilitate warm handoffs to ensure clients transition smoothly between services.

5.4 Emergency Services
5.4.1 **Crisis Protocol**: In the event of a crisis, staff will activate emergency protocols, which may include contacting TCMHA's Mobile Crisis Care team, emergency services, or facilitating immediate hospital admissions as needed.
5.4.2 **Safety Planning**: Develop safety plans for clients at risk, including crisis resources and emergency contact information.

5.5 Evaluation and Feedback
5.5.1 **Client Feedback**: Regularly solicit feedback from clients regarding their referral experiences to improve the referral process.
5.5.2 **Outcome Monitoring**: Track outcomes related to referrals and care coordination to identify trends and areas for improvement.

5.6 Training and Support
5.6.1 **Staff Training**: Provide ongoing training for staff on the referral process, community resources, and effective care coordination practices.
5.6.2 **Resource Directory**: Maintain an updated directory of local physical health, mental health, and emergency service providers for staff reference. Continue to maintain community partnerships to ensure client referrals are easily facilitated.

6. CONFIDENTIALITY
6.1 All client information shared during the referral process must adhere to

HIPAA regulations and TCMHA confidentiality policies. Clients must provide consent before sharing their information with external service providers.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Referring to a Higher or Lower Level of Care			**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To establish the process for training TCMHA screeners and assessors in the application of ASAM criteria for assigning clients to the appropriate level of care.

1.2 To standardize the procedure for conducting substance use assessments and determining the most appropriate level of care for each client based on ASAM criteria.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **ASAM Criteria** – The American Society of Addiction Medicine's criteria for determining the appropriate level of care for individuals with substance use disorders.

2.2 **Certified Substance Use Counselor (SUD Counselor)** – A professional who conducts substance use assessments and determines the appropriate level of care using the ASAM criteria.

2.3 **Biopsychosocial Assessment** – An initial assessment conducted by a mental health therapist to evaluate a client's mental health and social history, which will be used in conjunction with the substance use assessment.

2.4 **Outpatient Substance Use Treatment** – A level of care where clients receive therapy and counseling for substance use disorders while remaining at home.

2.5 **Higher Level of Care** – A more intensive treatment setting, such as residential treatment or intensive outpatient treatment, which may be required if a client's needs surpass what can be provided in an outpatient setting.

3. POLICY

3.1 **Scope**: This policy applies to all TCMHA screeners, assessors, and Certified Substance Use Counselors involved in substance use assessments and the provision of substance use treatment.

3.2 **Training Requirements**: All TCMHA screeners and assessors must be trained in the application of ASAM criteria to ensure proper assignment of clients to the appropriate level of care.

3.3 **Substance Use Assessment**:

3.3.1 The Certified Substance Use Counselor will use the ASAM six dimensions as a framework for conducting a comprehensive substance use assessment.

3.3.2 The assessment will build upon the biopsychosocial assessment performed by the mental health therapist, with a focus on determining the type and severity of substance use problems, associated medical issues, psychological functioning, environmental factors, relapse risk, and motivation for treatment.

3.3.3 The Counselor will identify any special needs or preferences for treatment as part of the assessment.

3.4 **Determining the Level of Care**:

3.4.1 Based on the findings of the assessment, the counselor will determine whether the client qualifies for outpatient substance use treatment or another level of care (e.g., withdrawal management, residential treatment, intensive outpatient treatment, etc.).

3.4.2 If the client requires a higher level of care, the SUD staff will facilitate linkage to and coordination with external services using a SAPC-approved list of providers.

3.4.3 The counselor may need to go through the SASH line for approval and triaging the client, depending on the level of care required and SAPC policies.

3.4.4 A warm handoff will be initiated by the counselor to ensure the client is connected to the appropriate services.

3.5 **Return to Outpatient Care**:

3.5.1 Clients referred to a higher level of care may return to Tri-City's Co-Occurring Outpatient Substance Use Treatment Program as part of their discharge plan.

3.6 **Outpatient SUD Treatment**:

3.6.1 If a client requires outpatient substance use treatment that can be provided by TCMHA, the SUD counselor will begin formulating the frequency and types of treatment based on the findings of the assessment.

3.6.2 A more detailed explanation of treatment planning and program formulation can be found in the Treatment Planning section.

3.7 **Transition to Recovery Support Services**:

3.7.1 Clients will always be given the option to transition from outpatient treatment into recovery support services when a higher level of care is no longer needed.

4. PROCEDURES

4.1 **Substance Use Assessment Process:**

4.1.1 The Certified Substance Use Counselor will use the ASAM criteria to conduct a thorough assessment of the client's substance use and mental health needs.

4.1.2 The counselor will review the biopsychosocial assessment to build a comprehensive understanding of the client's treatment needs.

4.1.3 Based on the assessment, the counselor will determine the appropriate level of care for the client.

4.1.4 If the client requires a higher level of care, the counselor will consult with the TCMHA team and use external resources to facilitate the referral process.

4.1.5 The counselor will initiate a warm handoff to ensure that the client receives appropriate services.

4.1.6 The counselor will document the referral and follow-up on the client's progress and return to Tri-City's Co-Occurring Outpatient Substance Use Treatment Program if applicable.

4.2 **Treatment Planning for Outpatient Care:**

4.2.1 If the client is determined to require outpatient substance use treatment, the counselor will begin formulating the treatment plan, including the frequency and type of services needed.

4.2.2 A detailed explanation of treatment planning can be found in the Treatment Planning section below.

4.3 **Transition to Recovery Support Services:**

4.3.1 As the client's treatment needs evolve, the counselor will discuss the possibility of transitioning to recovery support services when appropriate.

5. REFERENCES

5.1 **American Society of Addiction Medicine (ASAM) Criteria** – The framework used to determine the appropriate level of care for individuals with substance use disorders.

5.2 **SAPC-Approved List of Providers** – A list of approved providers for external referrals in accordance with the Substance Abuse Prevention and Control guidelines.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Servicing and Coordinating Care for Individuals with Disabilities			**1** of **3**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To ensure equitable access to mental health services and substance use treatment services for individuals with physical, mental, hearing, and visual impairments, as well as those requiring interpreter services.

1.2 To outline the framework for accommodating these individuals, facilitating their participation in agency services, and detailing the referral process when necessary.

2. SCOPE

2.1 This policy applies to all employees, contractors, and volunteers of the Tri-City Mental Health Authority (TCMHA).

3. POLICY STATEMENT

3.1 Tri-City Mental Health Authority is committed to providing accessible mental health services and substance use treatment services that respect the rights and dignity of all individuals.

3.2 The agency will make reasonable treatment accommodations to meet the needs of clients with disabilities and will engage in ongoing efforts to identify and eliminate barriers to access.

4. PROCEDURE

4.1 **Disability Access Coordinator**

4.1.1 The agency shall designate at least one employee as the Disability Access Coordinator (DAC).

4.1.2 Responsibilities of the DAC include:

4.1.2.1 Ensuring program access for individuals with disabilities.

4.1.2.2 Serving as a point of contact for clients and staff regarding accessibility issues.

4.1.2.3 Receiving and addressing complaints related to accessibility.

4.2 **Accommodations**

4.2.1 TCMHA will provide appropriate accommodation based on individual disability needs, which may include:

4.2.1.1 Accessible facilities.

4.2.1.2 Modifications to policies, practices, or procedures.

4.2.1.3 Provision of auxiliary aids and services, such as sign language interpreters or

braille materials.
4.2.2 Clients may request accommodation at any point during their engagement with the agency.

4.3 **Engagement in Services**
4.3.1 The agency will actively engage individuals with disabilities in their care by:
4.3.1.1 Providing clear information about services available.
4.3.1.2 Involving clients in decision-making regarding their treatment and accommodation.
4.3.1.3 Ensuring all communication is accessible and understandable.

4.4 **Training and Awareness**
4.4.1 All staff will receive training on disability awareness, accommodation, and the importance of accessibility in service delivery.
4.4.2 The agency will promote awareness of this policy among clients and stakeholders.

4.5 **Monitoring and Evaluation**
4.5.1 The agency will regularly evaluate its accessibility practices and make adjustments as needed.
4.5.2 Feedback from clients will be sought to identify areas for improvement.

5. References

6. Forms

6.1 Exhibit A: Acknowledgement Form

Acknowledgment Form

Acknowledgment of Policy : Servicing and Coordinating Care for Individuals with Physical, Mental, Hearing, and Visual Impairments and those Requiring Interpreter Services

I, the undersigned, acknowledge that I have received and read the Tri-City Mental Health Authority Policy regarding servicing and coordinating care for individuals with physical, mental, hearing, and visual impairments and those requiring interpreter services.

I understand the following:
- I have the right to request accommodations to access services.
- The Disability Access Coordinator (DAC) is available to assist with any accessibility issues or complaints.
- My participation in decision-making about my care is encouraged.
- In certain situations, I may be referred to specialized services if my needs exceed the agency's capabilities.

Name: _____
Signature: _____
Date: _____

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Slips, Slides and Relapses in Substance Use			**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:**

1. **INTRODUCTION**

TCMHA recognizes that substance use disorders (SUDs) are chronic illnesses involving a recovery process that is long-term and fraught with setbacks. Clients may need to undergo several types of treatment programs more than once to gain stability in their recovery. For some, progress may initially be measured in lessened frequency, duration and severity of their setbacks, rather than in their complete absence.

In that context, TCMHA anticipates situations in which a client in treatment for an SUD will have a setback and use alcohol or another drug of their choice. This use may represent an initial slip, a protracted slide, or an extensive relapse. In any of these situations, the client may be amenable to an effective intervention that interrupts the downward process and moves the client back into treatment and recovery.

There are many types of situations in which a TCMHA treatment program counselor may become aware of a client setback involving alcohol or drug use. This policy, especially, although not exclusively, addresses situations in which the client is on the premises of the treatment program, and the staff member directly observes the client's signs and symptoms of alcohol or drug use or learns from the client's own report of their use. This type of situation is one with a strong opportunity for a staff member to help the client with an effective intervention. It is also a situation that, if not addressed, can also negatively impact other clients within the treatment milieu.

2. **PURPOSE**

2.1 To set a tone that recognizes:

2.2.1. The danger of alcohol and drug use to clients while in treatment for severe SUDs and therefore vulnerable to relapses.

2.2.2. The potential harm that clients with severe SUDs who actively use alcohol or other drugs can have upon those with whom they come into contact, especially their fellow clients in the treatment program milieu.

2.2.3 The importance of proactive and effective intervention by trained staff with their clients who they learn are experiencing the effects of recent use of alcohol or other drugs.

2.2 To establish a policy framework and set of procedures for responding to clients in treatment who displays observable signs and symptoms or self-report that they have recently used alcohol or drugs and are either under the influence or in withdrawal.
2.3 To establish a set of procedures to follow for intervening effectively with clients who demonstrate by observable signs and symptoms or by their own self report that they have recently used alcohol or drugs and are either under the influence or in withdrawal from the drug effects.

3. **DEFINITIONS**

1. **Client:** For the purpose of this policy, the definition of client includes any individual who has been referred to, has requested, or has received, mental health or substance use services or programs at TCMHA.
2. **Drugs:** Illegal drugs, prescription medicines and over the counter drugs when overused, Cannabis ingredients, and alcohol.
3. **Slip:** A slip is a temporary lapse in recovery, characterized by a single or a few instances of using substances after a period of abstinence. It's often unplanned and can be seen as a mistake or a moment of weakness. A slip usually doesn't involve a complete abandonment of recovery goals.
4. **Slide:** A slide begins with a slip into alcohol or drug use that then continues with

further recurrences and presents an increasing risk that the individual will abandon all recovery goals and relapse into a significant return to substance use.

5. **Relapse:** A relapse is a more significant return to substance use, often involving a

more prolonged and intense re-engagement with addictive behavior. It can indicate a return to previous patterns of use and can involve a complete abandonment of recovery efforts. Relapses can also be preceded by a slip, but it signifies a shift from a temporary lapse to a more sustained return to problematic use.

3.6 Substance Use Disorder: The overuse of addictive drugs with harmful effects as defined in DSM-5.

4. **POLICY**

4.1 It is the policy of TCMHA to prohibit any use of alcohol or drugs on the premises of the treatment program at any time prior to, during or after treatment sessions. Clients who violate this policy will be required to leave the premises. Depending upon the circumstances, they may subsequently be suspended or terminated from treatment.

4.2 It is the policy of TCMHA that counselors will address a client's slip, slide or relapse into alcohol or drug use directly and therapeutically during a treatment session if the client displays observable signs and symptoms of being intoxicated, or self-reports

being currently intoxicated. The counselor will follow the procedures within this policy on how to intervene most effectively with consideration of the safety of the client, the safety of the other clients if it is a group session, and how best to prevent the slip or slide from developing into an extended relapse.

4.3 It is the policy of TCMHA to provide client-centered care, recognizing that the most effective clinical interventions in a given situation are dependent upon many factors. Within the framework of client-centered care:

4.3.1 TCMHA encourages its counselors to use evidence-based practices as appropriate, and trains counselors in the implementation of those practices. Some of the practices that are most likely to be applicable for addressing a lapse into substance use are briefly mentioned in the procedures section of this policy.

4.3.2 If a slip, slide or relapse is part of a recurring pattern, TCMHA recognizes the appropriateness of considering a more intensive level of care. All counselors are trained in use of American Society of Addiction Medicine (ASAM) criteria to assess for the appropriateness of other levels of care for temporary referrals. The TCMHA counselors are also trained in the benefits of medication for addiction treatment (MAT). In the event of a client's lapse into substance use, counselors are strongly encouraged to also consult with the client's mental health counselor since there may be interactions between the two co-occurring disorders.

5. **PROCEDURES**

5.1 A counselor may observe a client displaying signs of being intoxicated or in withdrawal or learn of either of these situations from a client's own self-report. In such instances:

5.1.1 The first concern should be the client's safety, and the counselor should conduct a brief assessment to determine if the client's condition requires a medical intervention. If an overdose is imminent, counselors are trained in how to provide Narcan and Narcan kits are available on the premises. If such an intervention is necessary, it should include arranging concurrent contact with Emergency Medical Services. If there is concern about medical safety but not an imminent overdose, the counselor may facilitate a consultation with a physician or nurse on the premises. If there is cause for concern after the consultation, Emergency Medical Services may be contacted.

5.1.2 If a client's intoxication is not assessed as placing them in immediate medical danger but renders them unable to participate effectively in the session and/or disruptive to other clients (if in a group session), then they will be asked to leave. In such instances, the counselor must first assess what their next destination should be. If it is a sobering center or residential withdrawal management facility, then the counselor

should facilitate the admission and the transportation for the client to get there. If the destination is back home, then the counselor must assure that the client is able to get there safely without endangering themselves or others (such as by driving). This might entail having a family member or friend pick them up or hiring a taxi or other hired driver to take them safely home.

5.2 Whether a counselor learns of a client's substance use while the client is intoxicated or afterwards, they should use that instance as an opportunity to select from various evidence-based practices to intervene with the intent of preventing an extensive relapse.

5.2.1 Counselors are trained in a variety of Relapse Prevention techniques that they use in treatment and help clients apply in situations of high risk for relapses. The counselor for a relapsing client should inquire as to what triggered the event, remind the client of how to apply the relapse prevention techniques they may have already learned, and explore new techniques to apply that may be more effective.

5.2.2 Counselors are trained in a variety of Motivational Interviewing techniques that they might use to engage the client, motivate use of already learned recovery techniques, and motivate increased engagement in treatment.

5.2.3 Counselors are trained in use of ASAM Criteria to assess whether more intensive levels of care might be needed. Counselors might also assess whether MAT might be added to the treatment regimen if not already implemented.

5.2.4 When counselors refer clients to MAT or to more intensive treatment programs external to TCMHA, they should document the clinical rationale, the steps they took to facilitate a smooth referral transition, and the follow-up steps they took to assure effective coordination of care. The policy regarding MAT is referenced in Tab 18 of this DHCS application and the complete policy is included in the Appendices.

6. RESPONSIBILITIES

6.1 Program Counselors: Implement a client-centered care framework in their clinical decision-making and delivery of clinical services, so that treatment is customized to the specific needs of each individual client's situation. Deliver evidence-based practices appropriate to each client's situation and needs. Implement this policy's guidelines for interventions when a client begins to relapse.

6.2 Program Supervisors: Provide regularly scheduled clinical supervision to each counselor to assure that they are providing evidence-based practices within a client-centered framework.

6.3 Quality Assurance Team: Monitor compliance with this Policy and communicate QA findings and actions to the Clinical Director. This should in part be done through review of charts documenting how instances of relapses were addressed.

6.4 Clinical Director: Assure that counselors and supervisors receive regularly updated clinical training in best practices. Assure that appropriate and effective treatment is delivered. Assure that appropriate actions are taken in compliance with this Policy, especially when instances arise of clients intoxicated on the premises.

7. LEGAL/REGULATORY AND BEST PRACTICES REFERENCES

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-occurring
Conditions, Volume 1 Adults, Fourth Edition. American Society of Addiction Medicine, Rockville, Maryland, 2023.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
SUD Staff Training			**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUED**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To ensure that all personnel working in the Substance Use Disorder (SUD) treatment program are equipped with the necessary knowledge, skills, and competencies to provide high-quality, evidence-based care in alignment with the Los Angeles County Department of Public Health's Substance Abuse Prevention and Control (SAPC) standards and priorities.

1.2 To meet state and federal regulatory requirements and enhance staff capabilities in working with individuals who have substance use disorders and co-occurring mental health conditions, in accordance with SAPC training guidelines and values.

1.3 To provide a comprehensive and structured training framework for all SUD and mental health clinical staff, which reflects SAPC's commitment to clinical excellence, culturally responsive care, trauma-informed practice, and continuous quality improvement.

2. DEFINITIONS

Not applicable.

3. POLICY

3.1 To establish a comprehensive training protocol in alignment with SAPC standards that ensures regulatory compliance, clinical excellence, and responsiveness to client needs.

3.2 This policy applies to all clinical and administrative staff engaged in direct or indirect services within the SUD treatment program.

3.3 **Areas of Responsibilities**

3.3.1 **Program Supervisors**

- Ensure the scheduling, facilitation, and documentation of all staff training in accordance with SAPC reporting standards.
- Maintain records of completed trainings and ensure compliance with SAPC annual training requirements.

3.3.2 **Program Managers**

- Oversee the overall training program and ensure its alignment with SAPC's Treatment Provider Training Framework.
- Regularly evaluate and adapt training content to reflect updates from SAPC guidelines and community needs.

3.3.3 **Staff Members**

- Actively engage in all required training sessions and demonstrate integration of learning into daily practice.
- Complete continuing education annually as outlined by SAPC and licensure boards.

4. PROCEDURES

4.1 Training Modules Overview

4.1.1 **SAPC-Mandated Trainings**

Foundational trainings ensure staff meet the core competencies required by SAPC and relevant accrediting and funding agencies.

4.1.2 **Training Topics**

- **HIV/AIDS/STIs/Communicable Diseases:** Transmission, prevention, and precautions per SAPC health guidelines.
- **Cultural Competence and Humility:** Respectful care practices, cultural awareness, and trauma-informed approaches.
- **Trafficking Victims Protection Act (TVPA):** Identification and support strategies for clients experiencing trafficking.

- **Motivational Interviewing (MI):** Evidence-based communication techniques for enhancing client engagement.
- **Cognitive Behavioral Therapy (CBT):** Strategies for addressing maladaptive behaviors and thought processes.
- **ASAM Criteria:** Use of placement criteria for appropriate level-of-care determinations.
- **Hepatitis A, B, and C:** Risk identification, education, and prevention strategies.
- **Tuberculosis and Other Communicable Infections:** Detection and infection control protocols.
- **CPR/First Aid:** Life-saving response training including overdose interventions.
- **Confidentiality:** HIPAA and 42 CFR Part 2 compliance measures.
- **Medication for Addiction Treatment (MAT):** Overview of MAT protocols, referral procedures, and pharmacological options.

4.2 Other Clinical Skills and Therapeutic Approaches

4.2.1 **Co-occurring Mental Health Disorders**

Best practices for integrated treatment consistent with SAPC's Whole Person Care initiatives.

4.2.2 **Working with Diverse Populations**

Use of culturally adapted treatment for youth, LGBTQIA+ individuals, and other underserved groups.

4.2.3 **Case Management Techniques**

Comprehensive care coordination and resource linkage strategies.

4.2.4 **Crisis Intervention**

Crisis de-escalation and acute mental health risk management.

4.2.5 **Harm Reduction Models**

Implementation of SAPC-endorsed harm reduction strategies such as syringe exchange and naloxone distribution.

4.2.6 **Feedback-Informed Treatment**

Using client-reported outcomes to improve service delivery.

4.2.7 **Law and Ethics**

Legal responsibilities including confidentiality, consent, and reporting mandates.

4.2.8 **Fraud, Waste, and Abuse**

Identification and prevention protocols to uphold program integrity.

4.2.9 **Documentation Standards**

Recordkeeping consistent with SAPC billing and audit requirements.

4.2.10 **Naloxone Administration**

Education and practice in opioid overdose response.

4.2.11 **Drug Testing Procedures**

Proper use, interpretation, and ethical considerations of toxicology testing.

4.3 Training Delivery Methods

4.3.1 **In-Person Training**

Facilitated sessions including SAPC-led summits and peer-led learning circles.

4.3.2 **Online Modules**

SAPC LMS and other approved e-learning systems for flexible learning.

4.3.3 **Simulations and Role-Playing**

Interactive, practice-based instruction for skills like MI and crisis intervention.

4.4 Evaluation and Quality Assurance

4.4.1 **Pre- and Post-Training Assessments**

Measure training effectiveness through knowledge and skill acquisition.

4.4.2 **Participant Feedback Surveys**

Gauge training relevance, satisfaction, and areas for improvement.

4.4.3 **Supervisor Evaluations**

Ongoing supervision and observation to assess real-world application.

4.4.4 **Continuous Quality Improvement (CQI)**

Integrate feedback and performance data into SAPC-aligned CQI initiatives.

5. REFERENCES

5.1 California Code of Regulations, Title 9

5.2 Welfare and Institutions Code, Sections 5600 et seq.

5.3 County of Los Angeles – Department of Public Health – SAPC Training Guidelines

5.4 U.S. Department of Health and Human Services – SAMHSA Guidelines

5.5 U.S. Department of Justice – Civil Rights Division – TVPA Guidance

5.6 Los Angeles County SAPC Treatment Provider Manual

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TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Substance Use Disorder (SUD) Treatment Admission and Readmission			**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Management

1. PURPOSE

1.1 To provide guidelines to employees for engaging and admitting individuals seeking Substance Use Disorder (SUD) treatment at Tri-City Mental Health Authority (TCMHA).
1.2 To standardize the process of admitting clients regardless of their current readiness for abstinence.
1.3 To standardize and clarify the process for readmitting clients into services following a lapse, relapse, or disengagement from care.
1.4 To ensure integration of SUD treatment with mental health services and adherence to person-centered, recovery-oriented care principles.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:
2.1 **Lapse:** A short return to substance use after a period of abstinence, with continued willingness to engage in treatment.
2.2 **Relapse:** A prolonged period of substance use during which the individual is not open to therapeutic engagement.
2.3 **Stages of Change:** A behavioral model describing five stages of motivation for change: precontemplation, contemplation, preparation, action, and maintenance.
2.4 **Warm Handoff:** A direct, facilitated referral process between providers, ideally including a personal introduction and transportation support.
2.5 **Admission Agreement:** A formal document that outlines program expectations, informed consent, and client rights and responsibilities.
2.6 **TCMHA:** Tri-City Mental Health Authority, the agency providing integrated behavioral health services including SUD treatment.

3. POLICY

3.1 To establish criteria and approval authority for:
3.1.1 Admission to and readmission into SUD services at TCMHA.
3.1.2 Ensuring all clients have equal access to care regardless of abstinence status or stage of change.

3.1.3 Maintaining coordination of care through integration with TCMHA mental health services.

3.2 This policy applies to:

3.2.1 All staff responsible for client admissions and treatment delivery, including supervisors, LPHAs, certified/registered counselors, Medi-Cal Peer Support Specialists, and others involved in direct service.

3.2.2 All levels of care offered or referred by TCMHA, including:

- Outpatient SUD services
- Mental Health Treatment
- Withdrawal management (outpatient)
- Referrals to inpatient SUD services
- Referrals to Opioid Treatment Programs (OTP)
- Referrals to Recovery services
- Referrals to Recovery Bridge Housing
- Referrals to Recovery Housing

3.3 Areas of Responsibilities:

3.3.1 Intake staff must ensure timely, equitable, and culturally appropriate access to care.

3.3.2 Counselors and clinical staff must offer services regardless of abstinence status or previous engagement history.

3.3.3 Supervisors must monitor compliance with this policy and ensure training is completed.

3.3.4 All staff must facilitate warm handoffs when referrals are necessary.

3.3.5 TCMHA's mental health treatment team must coordinate referrals to internal and external services based on client needs.

3.4 General Provisions:

3.4.1 Individuals are not excluded from services based on substance use, prior lapses, or their current stage of change.

3.4.2 Clients must be active TCMHA mental health clients.

3.4.3 Abstinence is not a prerequisite for engagement, admission, or readmission.

3.4.4 Services must reflect individual recovery goals and cultural preferences.

3.4.5 Treatment planning must be collaborative and flexible.

3.4.6 A warm, trauma-informed, and inclusive environment must be maintained.

4. PROCEDURES

4.1 Referrals and Intake Engagement

4.1.1 Accept referrals from TCMHA treatment team members and actice TCMHA clients who want to engage in SUD services .

4.1.2 Use motivational interviewing to engage clients ambivalent about treatment.
4.1.3 Provide services in the client's preferred language using certified interpreters.
4.1.4 Ensure screenings accommodate clients with sensory disabilities.
4.1.5 Initiate interpreter or translation services per TCMHA protocols.

4.2 Admission Process

4.2.1 Offer same-day admission when possible; otherwise, schedule within 10 business days.
4.2.2 Do not require clients to demonstrate motivation through follow-up calls or wait periods.
4.2.3 Ensure Admission Agreements are reviewed and signed before services begin.
4.2.4 Assist clients in enrolling with TCMHA mental health services if not already active.
4.2.5 Verify that clients meet medical necessity per DSM and SAPC criteria.
4.2.6 Use SAPC's SBAT or RecoverLA.org to arrange appropriate warm handoffs if services cannot be provided at TCMHA.

4.3 Eligibility Criteria

4.3.1 Client expresses a desire to participate, even if not ready for abstinence.
4.3.2 Client agrees to and signs Admission Agreement.
4.3.3 Client is enrolled in, TCMHA mental health services.
4.3.4 Client meets clinical necessity for SUD services per DSM criteria.
4.3.5 Priority is given within 48 hours for:

- Pregnant individuals
- Individuals who inject drugs

4.3.6 Clients involved in the criminal justice system, using tobacco, or returning after a lapse or relapse are also eligible.

4.4 Readmission Criteria

4.4.1 Clients may return at any time, regardless of prior outcomes or abstinence.
4.4.2 No mandatory waiting periods apply between discharge and readmission.
4.4.3 Readmission requires:

- Agreement to Admission Agreement
- Active enrollment in TCMHA mental health services

4.4.4 The treatment team must reassess and update the care plan.
4.4.5 If the agency is unable to meet the client's needs, a warm handoff must be facilitated.

5. REFERENCES

5.1 California Code of Regulations, Title 9 – Substance Use Disorder Services

5.2 Welfare and Institutions Code §14000 et seq.
5.3 Los Angeles County Department of Mental Health – Provider Manual
5.4 Substance Abuse and Mental Health Services Administration (SAMHSA)
5.5 U.S. Department of Health and Human Services – Office for Civil Rights

6. FORMS

6.1 Exhibit A – Admission Packet (available in threshold languages)

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
[Policy Name]			5 of 5

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT: Trafficking	POLICY NO.:	EFFECTIVE DATE:	PAGE: 1 of 3
APPROVED BY: Governing Board Executive Director	SUPERCEDES:	ORIGINAL ISSUE DATE:	RESPONSIBLE PARTIES: Executive Leadership

1. PURPOSE

1.1 To comply with the Trafficking Victims Protection Act of 2000 (TVPA), Section 106(g), and its implementation in Los Angeles County.
1.2 To establish the requirements for notifying and educating Tri-City Mental Health Authority (TCMHA) employees, volunteers, and subcontractors about human trafficking and trafficking victim protections.

2. DEFINITIONS

2.1 **Trafficking Victims Protection Act of 2000 (TVPA)**: Federal law aimed at combating human trafficking and providing support for victims.
2.2 **Human Trafficking**: The exploitation of individuals through force, fraud, or coercion for purposes such as forced labor or commercial sex.

3. POLICY

3.1 TCMHA is committed to ensuring that all employees, volunteers, subcontractors, and affiliates are informed about human trafficking and the protections available under the TVPA.
3.2 This policy applies to all employees, volunteers, subcontractors, and affiliates working under TCMHA's purview.
3.3 Areas of Responsibilities

3.3.1 **Human Resources (HR)**
3.3.1.1 Ensure distribution of fact sheets and oversee training programs.
3.3.1.2 Maintain records of training and fact sheet distribution.

3.3.2 **Contract Managers**
3.3.2.1 Ensure subcontractors comply with the fact sheet distribution and training

requirements.
3.3.2.2 Review subcontractor compliance documentation.

3.3.3 **Employees and Subcontractors**
3.3.3.1 Acknowledge receipt of the fact sheet and complete the required training annually.
3.3.3.2 Report any suspected human trafficking cases to the appropriate authorities.

4. PROCEDURES
4.1 **Notification and Fact Sheet Distribution**
4.1.1 TCMHA will provide each employee with a fact sheet regarding the TVPA, Section 106(g), and its implementation in Los Angeles County.
4.1.2 TCMHA will ensure that all subcontractors also distribute the fact sheet to their employees.

4.1.3 **Fact Sheet Contents**
4.1.3.1 Overview of the Trafficking Victims Protection Act of 2000.
4.1.3.2 Details of the implementation of the Act in Los Angeles County.
4.1.3.3 Information on recognizing signs of human trafficking.
4.1.3.4 Resources and contact information for reporting suspected trafficking.

4.2 **Annual Training Requirements**
4.2.1 All employees must complete annual training on human trafficking awareness and the provisions of the TVPA.
4.2.2 The training will include education on identifying trafficking victims, reporting procedures, and available resources.

4.2.3 **Training Resources**
4.2.3.1 Employees and subcontractors will be directed to the Department of Homeland Security's Center for Countering Human Trafficking for additional resources. Training materials are available at: DHS Blue Campaign Awareness Training.

4.3 **Documentation and Compliance**
4.3.1 The TCMHA will maintain records of the distribution of fact sheets and the completion of training by employees and subcontractors.
4.3.2 Subcontractors are required to submit documentation confirming that their

employees have received the fact sheet and completed the training.

4.3.3 **Monitoring and Audits**
4.3.3.1 The TCMHA will periodically review compliance with this policy and conduct audits as necessary.
4.3.3.2 Non-compliance may result in corrective actions or termination of contracts with subcontractors.

5. REVIEW AND UPDATES
This policy will be reviewed annually and updated as needed to ensure ongoing compliance with the TVPA and any applicable local regulations.

TRI-CITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Tuberculosis			**1** of **3**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To establish a comprehensive policy for preventing the transmission of tuberculosis (TB) within Tri-City Mental Health Authority by implementing infection control procedures, screening individuals at high risk, and reporting active TB cases in compliance with California Code of Regulations (CCR), Title 17, Section 2500, and the Los Angeles County Health and Safety Code.

2. SCOPE

2.1 This policy applies to all staff, contractors, and volunteers within Tri-City Mental Health Authority who may come into contact with clients at risk for TB or who may serve individuals diagnosed with TB.

3. DEFINITIONS

When used in this policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

3.1 **Tuberculosis (TB)**: A bacterial infection caused by *Mycobacterium tuberculosis*, primarily affecting the lungs but can also affect other parts of the body.

3.2 **Active TB**: A stage of TB where the bacteria are actively multiplying, causing symptoms, and being transmissible to others.

3.3 **Latent TB Infection**: A condition where a person is infected with the TB bacteria but does not have active disease and cannot spread it to others.

4. POLICY STATEMENT

4.1 Tri-City Mental Health Authority is committed to protecting the health of its clients and staff by implementing effective TB prevention and control measures.

4.2 TCMHA will screen, identify, and assess all clients for TB at intake in compliance with relevant regulations to minimize transmission risks.

5. PROCEDURES

5.1 **Infection Control Procedures**

5.1.1 Implement standard precautions in all facilities and during all client interactions.

5.1.2 Ensure that appropriate personal protective equipment (PPE) is

available and used when necessary, particularly when interacting with high-risk i ndividuals or suspected TB cases.

5.2 **Screening and Identification**

5.2.1 All clients will undergo TB screening at intake and during annual health assessments.

5.2.2 Screening will include:

5.2.2.1 A risk assessment questionnaire to identify individuals at high risk for TB.

5.2.2.2 Tuberculin skin testing (TST) or Interferon Gamma Release Assays (IGRAs) as appropriate.

5.2.3 High-risk groups include:

5.2.3.1 Individuals with a history of TB or exposure to someone with active TB.

5.2.3.2 Individuals with weakened immune systems (e.g., HIV positive, recent organ transplant recipients).

5.2.3.3 Those who have traveled to areas with high TB prevalence.

5.3 **Reporting Active TB Cases**

5.3.1 Staff must immediately report any individual diagnosed with active TB to the Los Angeles County TB Control Program as required by law.

5.3.2 Reports should include:

5.3.2.1 Client's name, address, date of birth

5.3.2.2 Date of TB diagnosis

5.3.2.3 Contact information for the healthcare provider

5.3.3 All reports will be made in compliance with confidentiality regulations to protect client information.

5.4 **Education and Training**

5.4.1 Provide ongoing training for staff on TB prevention, transmission, and infection control procedures.

5.4.2 Distribute educational materials to clients regarding TB, its transmission, and the importance of screening.

5.5 **Monitoring and Compliance**

5.5.1 Regularly review and update TB policies and procedures in line with new guidelines and regulations.

5.5.2 Conduct audits of screening and reporting practices to ensure c ompliance and effectiveness of the TB program.

6. RESPONSIBILITIES

6.1 **Program Managers**

6.1.1 Ensure implementation of TB policies and adequate staff training.

6.2 **Staff**

6.2.1 Conduct screenings, report findings, and maintain client confidentiality.

6.3 **Quality Assurance Team**

6.3.1 Monitor compliance and evaluate the effectiveness of the TB prevention program.

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Title of Policy and Procedure			**1** of **3**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Executive Leadership

1. PURPOSE

1.1 To establish a safe, secure, and therapeutic environment for all individuals on the premises of Tri-City Mental Health Authority (TCMHA).
1.2 To comply with federal and California state laws regarding the possession and prohibition of weapons in healthcare and community-based settings.
1.3 To provide guidelines for enforcement, screening, and education regarding the possession or threat of weapons on TCMHA properties.

2. DEFINITIONS

For purposes of this policy, **"weapons"** include but are not limited to:
2.1 Firearms (loaded or unloaded)
2.2 Ammunition
2.3 Knives with blades exceeding 2.5 inches (except for culinary use by authorized personnel)
2.4 Switchblades or pocketknives with spring-loaded blades
2.5 Explosives, fireworks, or similar incendiary devices
2.6 Tasers or stun guns
2.7 Blunt-force objects (e.g., bats, batons, clubs, lighters)
2.8 Any object used in a threatening or violent manner

3. POLICY

3.1 Scope

This policy applies to all individuals present on any TCMHA-operated or affiliated property, including:

- Employees
- Contractors
- Volunteers
- Clients
- Visitors
- Vendors
- Other individuals on site

3.2 Prohibited Items

3.2.1 No person shall bring a weapon onto TCMHA premises, including administrative offices, mental health clinics, substance use disorder clinics,

community buildings, or housing facilities.
3.2.2 This prohibition applies regardless of any licensure (e.g., concealed carry permits).
3.2.3 Prohibited areas include parking lots, waiting areas, treatment rooms, entryways, and outdoor spaces.

3.3 Screening and Detection

3.3.1 TCMHA may utilize metal detectors (handheld or walkthrough) and inspect bags at entry points.
3.3.2 Refusal to participate in screening may result in denial of access to services or entry to the facility.
3.3.3 Clear “Weapons Prohibited” signage will be posted at all entrances in accordance with California Penal Code § 171b.

3.4 Enforcement and Consequences

3.4.1 Employees in violation may face disciplinary action up to and including termination.
3.4.2 **Clients or visitors** in violation may be denied services, removed from the premises, or reported to law enforcement.
3.4.3 If a weapon is discovered or a threat is perceived, TCMHA staff must immediately notify local law enforcement, report incident to executive leadership, complete an incident report and notify the safety officer.
3.4.4 The safety committee will track and review all incidents as well as develop corrective action plans.

3.5 Exceptions

3.5.1 Sworn **law enforcement officers** acting in their official capacity may carry weapons on duty.
3.5.2 Authorized **security personnel** performing official duties may carry weapons if approved by TCMHA.
3.5.3 Any exception must be approved by administration and documented in writing.
3.5.4 Any contractor accompanied by TCMHA staff or TCMHA staff performing repairs, maintenance or construction.

4. PROCEDURES

4.1 Training and Communication

4.1.1 All employees must complete annual training on this policy and associated de-escalation protocols.
4.1.2 Clients will be notified of the policy during the intake and orientation process.

4.1.3 Policy signage and printed materials will be made available in multiple languages, as appropriate

4.2 Policy Review

4.2.1 This policy will be **reviewed annually** by TCMHA leadership and legal counsel.

4.2.2 Updates will reflect changes in law, best practices, and organizational needs.

5. REFERENCES

5.1 **California Penal Code § 171b** – Prohibits weapons in public buildings

5.2 **California Penal Code § 626.9** – Gun-Free School Zone Act, applicable to mental health facilities under some ordinances

5.3 **Welfare and Institutions Code § 5150 et seq.** – Emphasizes safety in mental health care settings

5.4 **California Labor Code § 6400** – Employer responsibility for safe workplaces

5.5 **Gun-Free School Zones Act (18 U.S.C. § 922(q))** – Federal law prohibiting firearms near designated facilities

5.6 **Occupational Safety and Health Act (OSHA)** – Mandates safe and hazard-free workplaces

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Well Child			**1** of **3**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:** Chief Clinical Officer

1. PURPOSE

1.1 To ensure Tri-City Mental Health Authority's (TCMHA) compliance with the Los Angeles County Board of Supervisors Policy Manual, Chapter 3, Administration and Government, 3.116 Los Angeles County Child Wellness Policy.
1.2 To provide guidelines for promoting child wellness through current nutrition and physical activity information and age-appropriate guidelines for children in both out-of-home care and childcare settings.
1.3 To outline the responsibilities of TCMHA staff, parents, and caregivers in promoting and adhering to nutrition and physical activity guidelines.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Child Wellness Policy:** A policy promoting the physical, nutritional, and mental health of children, as defined by the Los Angeles County Board of Supervisors.
2.2 **CDC:** Centers for Disease Control and Prevention, which provides national guidelines for nutrition and physical activity.
2.3 **AAP:** American Academy of Pediatrics, which provides guidelines related to child health and wellness.
2.4 **Parents and Caregivers:** Individuals who are responsible for the care and well-being of children within TCMHA programs.
2.5 **Program Staff:** TCMHA employees responsible for implementing and supporting wellness programs and guidelines.

3. POLICY

3.1 **This policy applies to:**
3.1.1 All TCMHA staff, parents, and caregivers involved in the care and education of children within the agency's substance use disorder and mental health treatment programs.
3.1.2 Ensuring adherence to nutrition and physical activity guidelines in accordance with CDC and AAP recommendations.

3.2 **Areas of Responsibilities:**
3.2.1 **Agency Management**: Ensure policy implementation and resource availability for compliance.
3.2.2 **Program Staff**: Encourage adherence to wellness guidelines, provide training, and ensure that educational materials are developed and updated.
3.2.3 **Parents and Caregivers**: Engage with the provided wellness information, support the guidelines at home, and collaborate with the agency to promote child wellness.

3.3 **General Provisions:**
3.3.1 The agency shall provide current nutrition and physical activity information to parents, caregivers, and staff.
3.3.2 Educational materials shall be easily accessible, up-to-date, and easy to understand.
3.3.3 Information will be shared through workshops, newsletters, online resources, and in-person meetings.

3.4 **Nutritional and Physical Activity Guidelines:**
3.4.1 **Nutrition Guidelines:** Implement and promote age-appropriate nutritional guidelines that align with CDC and AAP recommendations.
3.4.2 **Physical Activity Guidelines:** Promote daily physical activity in children, including both structured and unstructured activities.

3.5 **Training and Development:**
3.5.1 Provide regular training sessions on best practices for nutrition and physical activity for all staff.
3.5.2 Encourage staff to attend workshops or obtain certifications related to child nutrition and physical activity.

3.6 **Monitoring and Evaluation:**
3.6.1 Regularly assess the implementation of the nutritional and physical activity guidelines.
3.6.2 Conduct surveys or assessments to measure the effectiveness of wellness programs.
3.6.3 Use feedback from staff, parents, and caregivers to make adjustments to the programs.

3.7 **Compliance and Reporting:**
3.7.1 Ensure all staff and caregivers are aware of and comply with this policy.
3.7.2 Report any non-compliance issues to management and take corrective action as needed.

4. PROCEDURES

4.1 **Nutrition and Physical Activity Information:**
4.1.1 Distribute up-to-date nutrition and physical activity information regularly.
4.1.2 Ensure materials are available through multiple communication channels, including online and in-person options.

4.2 **Implementation of Guidelines:**
4.2.1 Implement age-appropriate guidelines for both nutrition and physical activity in TCMHA programs.
4.2.2 Promote healthy eating and regular physical activity for children in care.
4.2.3 Adapt the guidelines to meet individual children's needs, including dietary restrictions or physical limitations.

4.3 **Staff Training:**
4.3.1 Conduct ongoing staff training on child nutrition and physical activity.
4.3.2 Provide updates on new research or guidelines from the CDC and AAP.

4.4 **Monitoring and Evaluation:**
4.4.1 Conduct regular assessments of the wellness programs to ensure compliance and effectiveness.
4.4.2 Use parent and caregiver feedback to refine and enhance the guidelines.

5. REFERENCES

5.1 Los Angeles County Board of Supervisors Policy Manual, Chapter 3, Administration and Government, 3.116 Los Angeles County Child Wellness Policy
5.2 Centers for Disease Control and Prevention (CDC) Guidelines
5.3 American Academy of Pediatrics (AAP) Recommendations

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

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

SUBJECT: Consideration of Resolution No. 788 Adopting Revised Policy and Procedure No. II.02, and Adopting various New Policies and Procedures, Effective June 18, 2025

Summary:

As part of our policy and procedure management plan, agency policies are created reviewed, and updated on an ongoing, or as needed basis to ensure that policies are up to date with the most current statutes, regulations, contract requirements, best practices, and internal procedures.

Background:

The policy listed below (number 1) was reviewed and revised to ensure that policies remain relevant, effective, and compliant with current laws, regulations, standards of care, industry standards, as well as internal procedures. The revised draft policy is included for Governing Board review and approval. Also included is the current policy version, with annotations of all revisions.

1. Policy and Procedure No. II.02 – Code of Ethics and Professional Conduct: This Policy sets forth a Code of Ethics and Professional Conduct for all workforce members to follow in pursuit of Tri-City Mental Health Authority's (TCMHA) mission and core values. As TCMHA strongly believes in the dignity and value of individuals and expects the same beliefs from its workforce, TCMHA expects all workforce members to act with the highest integrity when interacting with fellow workforce members, clients, other service providers, and the public. TCMHA expects all workforce members to abide by all applicable legal, professional, and ethical canons and codes.

Additionally, the policies listed below (numbers 2– 5) were created to establish expectations and ensure compliance with the most current regulations, internal processes, standards of care, and best practices. The new draft policies are included for Governing Board review and approval.

2. Access to Care Policy and Procedure: This policy establishes the standards and guidelines for accessing services, timely access requirements, and time and distance standards to ensure adherence to the Mental Health Plan (MHP) and Drug Medi-Cal

Organized Delivery System (DMC-ODS) contract terms, as well as state and federal regulations.

3. Grievances and Appeals for Substance Use Disorder Treatment and Related Service Policy and Procedure: This Policy delineates the complaint/grievance process for clients and their authorized representative participating in Substance Use Disorder Treatment or Related Services. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

4. Culturally and Linguistically Diverse Governance, Leadership, and Workforce Policy and Procedure: This policy establishes guidelines regarding Culturally and Linguistically Diverse Governance, Leadership, and Workforce at Tri-City Mental Health Authority (TCMHA).

5. Staff Attestation for the Confidentiality of Client Information Policy and Procedure: This policy establishes requirements for ensuring the privacy and confidentiality of client information and to ensure the adherence to all applicable County, State and Federal laws, rules and regulations pertaining to privacy and confidentiality. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members

Funding:

None Required.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 788 establishing the revised Policy and Procedure No. II.02; and adopting new Policies and Procedures effective June 18, 2025.

Attachments:

Attachment 11-A: Resolution No. 788 - Draft
Attachment 11-B: Code of Ethics and Professional Conduct Policy and Procedure No. II.02-Rev 06182025
Attachment 11-B: Code of Ethics and Professional Conduct Policy and Procedure No. II.02 -Annotated
Attachment 11-C: Access to Care Policy and Procedure - New
Attachment 11-D: Grievances and Appeals for Substance Use Disorder Treatment and Related Service Policy and Procedure - New
Attachment 11-E: Culturally and Linguistically Diverse Governance, Leadership, and Workforce Policy and Procedure - New
Attachment 11-F: Staff Attestation for the Confidentiality of Client Information Practice Policy and Procedure - New

RESOLUTION NO. 788

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED POLICY AND PROCEDURES NOS.: II.02; AND ADOPTING VARIOUS NEW POLICIES AND PROCEDURES, EFFECTIVE JUNE 18, 2025

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to update its Policy and Procedure No. II.02, and also establish various new policies and procedures to comply with current statues, regulatory requirements, contract requirements as well as the Authority's best practices and internal procedures.

B. TCMHA Policies and Procedures are routinely reviewed and updated to ensure they are relevant, effective, and compliant with current regulations, mandates, and processes.

2. Action

The Governing Board approves the Authority's revised Code of Ethics and Professional Conduct Policy and Procedure No. II.02, replacing and superseding all previous versions; and establishing the new Policies and Procedures: 1) Access to Care; 2) Grievances and Appeals for Substance Use Disorder Treatment and Related Service; 3) Culturally and Linguistically Diverse Governance, Leadership, and Workforce; and 4) Staff Attestation for the Confidentiality of Client Information Practice, effective June 18, 2025.

[Continues on Page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Code of Ethics and Professional Conduct	**II.02**	**6/18/2025**	**1** of **13**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **10/18/2006**	**ORIGINAL ISSUE DATE:** **07/15/1999**	**RESPONSIBLE PARTIES:** **Executive Leadership**

1. PURPOSE

1.1 To set forth a Code of Ethics and Professional Conduct for all workforce members to follow in pursuit of Tri-City Mental Health Authority's (TCMHA) mission and core values. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

1.2 TCMHA strongly believes in the dignity and value of individuals and expects the same beliefs from its workforce. As such, TCMHA expects all workforce members to act with the highest integrity when interacting with fellow workforce members, clients, other service providers, and the public. Professionals must also understand that this policy does not include an exhaustive list of all applicable ethical and professional rules of conduct. TCMHA expects all workforce members to abide by all applicable legal, professional, and ethical canons and codes.

1.3 TCMHA expects all workforce members to recognize that deviations from the accepted ethical, moral, social, professional and/or legal standards, can adversely impact the workforce member, clients, colleagues, as well as the agency.

2. DEFINITIONS

2.1 **Client:** An individual of any age who is receiving or has received services. For the purposes of this policy, the term "client" includes those who refer to themselves as clients, participants, consumers, survivors, patients, or ex-patients.

2.2 **Code of Ethics:** A written statement describing expectations for conducting treatment and business and behaving in a professional, fair and honest manner.

2.3 **Colleague:** Any member of the TCMHA workforce, any professional partnering, working with, connected to, or affiliated with TCMHA, and any individual who shares the same or related profession or field of work.

2.4 **Participant:** Any individual of any age who is participating or has participated in any non-clinical/treatment activities or programs.

2.5 **Workforce:** For the purpose of this policy, the definition of the Tri City Mental Health Authority (TCMHA) workforce includes employees, volunteers, interns, consultants, locum tenens, trainees, contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, support services and/or other products, goods or services.

3. POLICY

Professional Conduct and Behavior

3.1 Workforce members shall conduct all job duties in a legal and ethical manner, complying with ALL applicable laws, regulations, standards, and policies.

3.2 Workforce members are expected to be aware of, observant to, and uphold the ethical, legal, moral and professional requirements of both the behavioral health care industry and for their profession/line of work/job classification.

3.3 Workforce members are expected to maintain high standards of professional behavior, integrity, accountability and responsibility.

3.4 Workforce members shall not engage any illegal, unlawful, criminal, infamous, dishonest, immoral or disgraceful activities.

3.5 Workforce members shall demonstrate respect and dignity to those persons encountered in the line of work.

3.6 Workforce members shall make no distinction in their professional conduct toward colleagues on the basis of sex, gender, age, race, ethnicity, color, religion, national origin, disability, language, socioeconomic status, or sexual preference.

3.7 Professional opinions shall be respected, and appropriate forums shall be used to express disagreements. Confidences among colleagues shall be respected.

3.8 Workforce members shall avoid make disparaging, defamatory, or unsubstantiated comments about colleagues, supervisors, clients, or community members that may cause harm to their personal or professional reputation. This includes verbal statements, written communications, electronic messages, and content shared on social media or other public forums.

3.9 Concerns regarding a colleague's adherence to legal or ethical mandates, their standards of care, adherence to procedures shall be directed first to the colleague. Reporting of the concerns and/or consultation with program/department management shall be done in accordance with agency policies and procedures and departmental guidelines. When appropriate, a report to the appropriate third-party entities (professional association, credentialing board, police, and/or other administrators or boards) shall be made as required and appropriate as per statute/mandate (e.g., child abuse reporting).

3.10 Workforce members shall maintain a work environment that is free from harassment, discrimination, and inappropriate conduct toward others.

3.10.1 Workforce members shall never be appointed, reduced, removed, favored, or discriminated against in employment on the basis of any protected status identified under State and/or federal law(s).

3.10.2 Workforce members are prohibited from engaging in harassment, discrimination, bullying, intimidation, verbal, or physical harm (or threats of harm) or retaliation, etc. of any potential, current, or former colleague, client, stakeholder, or TCMHA community member. (See TCMHA Personnel Rules and Regulations).

3.10.3 Workforce members are prohibited from engaging in sexual harassment with any potential, current or former colleague, client, stakeholder, or TCMHA community member. Sexual harassment means any sexual advances, requests for sexual favors, and other inappropriate verbal or physical conduct of a sexual nature directed at another person, regardless of sex. (See TCMHA Personnel Rules and Regulations).

3.11 Workforce members are prohibited from using or being under the influence any drug, substance, or intoxicant that could impair cognitive function, physical ability, and/or judgment, during working hours.

3.11.1 No workforce member shall come to work or represent TCMHA if they are under the influence of any intoxicating substance or drug, unless it is prescribed by and is under the supervision of a physician, and the workforce member can clearly demonstrate ability to perform their duties.

3.12 Workforce members are prohibited from soliciting or receiving any payment or other benefit (e.g., lunch provided by pharmaceutical companies), directly or indirectly, for referring an individual for items or services reimbursable in whole or in part by any federally funded health care program.

3.13 Workforce members are prohibited from soliciting or receiving any payment or benefit in exchange for recommending or arranging for the purchase of goods or services for which a federal health care program will pay.

3.14 Workforce members are prohibited from engaging in any personal or political activity whatsoever during working hours or on TCMHA premises.

3.15 Workforce members are prohibited from directly or indirectly using official authority to interfere with any election or influence political actions of other workforce members or any member of the general public. However, designated and approved TCMHA workforce members may provide information concerning legislation or regulations being considered through recognized channels of communication.

Licensure, Certification, and Continuing Education

3.16 Workforce members with a job description, payroll title, or job duties that require a particular license, certification or certificate, must provide proof and maintain valid and active license/certification status, at all times. Additionally, workforce members are responsible for renewing their license/certification, prior to the expiration date. (See Policy II.03 – Licensure and Certification, for expanded details)

3.17 Workforce members shall avoid misrepresentation of their own professional qualifications, affiliations, and purposes, or those of the colleagues, institutions, and organization with which the staff member is associated.

3.18 Workforce members are responsible for maintaining adequate knowledge and skills to perform their duties.

3.19 TCMHA promotes workforce members to upgrade skills and knowledge for the effective performance of their job duties.

3.20 It is the responsibility of the workforce member to immediately notify their direct supervisor and program manager (who shall notify the Department Director), should any of the following occur:

3.14.1 The workforce member has any concerns about their ability to maintain standards of care requirements and expectations.

3.14.2 The workforce member has any action(s) from their licensing or certifying board or entity.

3.14.3 The workforce member becomes excluded, suspended or debarred from providing direct or indirect services (see policy II-18).

Confidentiality, Privileged Communication, and Privacy

3.21 All workforce members shall be aware of and abide by the laws and regulations pertaining to confidentiality of client/participant Protected Health Information (PHI). This includes, but is not limited to 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), Other relevant privacy and confidentiality regulations, applicable state law, and TCMHA Privacy Policies and Procedures.

3.22 All confidential information obtained from and about TCMHA is kept private and shall not be disclosed.

Treatment and Service Provision – General

3.23 TCMHA workforce members shall respect the dignity, privacy, self-worth and self-determination of all client/participants and shall abide by all of the legal and ethical requirements pertaining to client/participant rights.

3.24 TCMHA workforce members shall provide clients/participants with information regarding the rules, regulations, rights and privileges, and obligations that govern their participation in services at TCMHA.

3.25 TCMHA workforce members are responsible for maintaining high standards of professional competence and quality of service.

3.26 TCMHA workforce members shall not deny services and/or treatment to any client/participants on the basis of sex, gender, age, race, ethnicity, color, religion, national origin, disability, language, socioeconomic status, or sexual preference.

3.27 In additional to TCMHA policies, procedures, protocols and practice parameters, service/treatment providers must provide services as described in the most current versions of:

- The Los Angeles County Department of Mental Health (LACDMH) Mental Health Plan Organizational Provider's Manual. AND/OR
- Los Angeles Substance Department of Public Health – Substance Abuse Prevention and Control (SAPC) - Substance Use Disorder Treatment Provider Manual.

3.28 TCMHA workforce members that provide services/treatment, shall offer services and use techniques that are generally acceptable professional standards of practice, in terms of effectiveness and procedure, professional judgment, and the community expectations or more. Experimental and/or controversial approaches must be approved by the Deputy Director/Program Chief.

3.29 TCMHA workforce members that provide services/treatment, shall be responsible for recognizing the limitations of their scope of practice and scope of competence and will only provide services/treatments or use procedures for which they are qualified.

3.30 All workforce members have an obligation to seek appropriate consultation for problematic issues of client/participant care.

Professional/therapeutic relationship between the Service/Treatment Provider & the Client/Participant

3.31 The professional relationship between a service provider and a client/participant shall be based on acceptable therapeutic principles and standards as determined by TCMHA, and pertinent professional Codes of Ethics and professional standards.

3.32 The service provider shall maintain professional and objective personal conduct between the service provider, the client/participant's family and/or close associates.

3.33 The service provider shall have a professional concern for their client/participant. The service provider shall always maintain professional concern within the bounds of the service provider's professional responsibilities so as to safeguard the welfare of both current and former client/participants, both during and after treatment. Service providers recognize the influential position they have with regard to both current and former client/participants and shall avoid exploiting their trust and dependency.

3.34 The therapeutic relationship shall never include behaviors which would be abusive or damaging to the client/participant.

3.35 The development of personal favors and/or obligations in the therapeutic relationship is unacceptable. The service provider shall not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, financial, or business interests.

3.36 Workforce members shall comply with California Civil Code Section 43.93 define, which prohibit any sexual involvement with a client/participant during the period a client/participant is receiving services/treatment, and, within two years following the termination of treatment services.

3.37 Workforce members are prohibited from engaging in social and/or business relationships with clients/participants for personal and/or monetary gain.

3.38 Workforce members are prohibited from referring client/participants to any service (treatment related or non-treatment related) that may be of potential personal and/or monetary gain to the staff member or associates of the staff member.

3.39 Workforce members are prohibited from participating in any personal arrangements or business transactions which would generate potential conflicts of interest or compromise the workforce member's ability to provide treatment and/or other services fairly and objectively. Such prohibited arrangements include, but are not limited to: direct provision of services to family members, neighbors or acquaintances, joint vacations or trips which are not part of regular services provided by TCMHA, any exchange or loans

of funds or goods between a workforce member and a client/participant of services or their family members, any business or financial arrangement which would directly or indirectly benefit the staff member (e.g., a gift of funds from a client/participant to a staff member, etc.)

3.40 Service/treatment providers shall not deliver services/treatment to client/participants with pre-existing social ties and/or where familial or other relationship exists, as this constitutes a dual relationship.

3.41 Service/treatment providers, in consultation with their supervisor, shall attempt to terminate services and/or transfer the client/participant when it is reasonably clear that the client/participant will not benefit from the current therapeutic relationship, ensuring continuity of care during the process.

3.42 Care will be taken by the agency and workforce members to ensure clinical work is conducted in appropriate settings to protect both client/participant and service provider.

3.43 Service/treatment providers recognize that trust is a cornerstone of the therapeutic relationship. Counselors aspire to earn the trust of client/participants by creating an ongoing partnership, establishing, and upholding appropriate boundaries, and maintaining confidentiality. Service/treatment providers must communicate parameters of confidentiality in a culturally competent manner.

Commitment to preventing fraud, waste, and abuse.

3.44 TCMHA acknowledges that health care fraud is a crime, and it is the policy of TCMHA that detecting and preventing fraud, waste, and abuse is the responsibility of all workforce members. (See Policy IV.06 – Fraud Waste and Abuse Prevention, for expanded details)

3.45 TCMHA workforce members are required to understand, recognize, and prevent fraud and abuse. Workforce members are required report any actual or perceived violations of fraud, waste, and abuse to the Compliance Office.

3.46 TCMHA will not retaliate against anyone who makes a good faith report of potential fraud or other wrongful acts.

Concerns Related to Conduct, Ethics and Compliance

3.47 If a client/participant/stakeholder believes that there has been a violation of (or has a concern about related to) any policy, legal, ethical, or conduct standard by any workforce member, they are encouraged to speak with the program supervisor -AND- the TCMHA's Compliance Office. The client/participant/stakeholder will be provided information on the Issue Resolution: Grievance/Appeal Process for their respective program/service.

3.48 If a workforce member believes that that there has been a violation of (or has a concern about related to) any policy, legal, ethical, or conduct standard by any workforce member, the workforce member shall make a complaint verbally or in writing to any of following individuals: There is no need to follow the chain of command: a) Immediate Supervisor, b) Any Supervisor or Manager, c) Chief Clinical Officer/ Medical Director/ Deputy Director, e) Chief Compliance Office, f) Any Executive Team Member, g) Any Human Resources Staff.

3.49 Under no circumstance shall there be any reprisals against a client, participant, stakeholder, or workforce member for reporting violations or concerns, in accordance with this policy.

3.50 Any workforce member holding one of the positions as outlined in the preceding section who receives any complaint regarding any legal or ethical concern shall immediately notify the Compliance Office and the Human Resources Director.

3.51 TCMHA takes a proactive approach to potential violations and will conduct investigations, as warranted, upon notification of an ethical/legal, conduct, or compliance concern or violation.

3.52 Workforce members are required to cooperate with audits, evaluations, reviews, and investigations related to complaints and compliance activities.

3.53 The Chief Compliance Officer and/or Human Resources Director, in conjunction with the Department Director of the workforce member, will recommend prompt and effective remedial action. Action will be commensurate with the severity of the offense.

3.54 TCMHA will respond to requests and inquiries from Los Angeles MHP, Los Angeles SAPC and other State or Federal oversight agencies, properly and in a timely manner.

Acknowledgement of Receipt

3.55 All workforce members shall sign an acknowledgement, certifying that they have received a copy and will abide by the principles and standards set forth in the Code of Ethics and Professional Conduct.

3.56 In addition to 3.47, the TCMHA Medical Director must sign a supplemental acknowledgement, attesting to receipt and adherence to the code of conduct requirements as outlined in 22 CCR § 51341.1 (b) (28) (A) (i) (a-f)

3.57 Failure to sign the acknowledgement(s) may subject the employee to disciplinary measures up to and including discharge.

4 PROCEDURES

4.1 All workforce members shall receive a copy of the Code of Conduct, Ethics, and Compliance.

4.2 This policy will be made available to workforce members upon request and will also be posted in common areas (physical and virtual) for workforce members to reference.

4.3 Ethical codes of conduct will be included as part of general orientation to all new employees, including students and volunteers. Details regarding these ethical statements, as well as the methods for reporting suspected violations, will be included as part of that training, and documented in training materials.

4.4 Tri City Mental Health Authority shall conduct an annual review of formal complaints received in order to identify trends and areas for performance improvement, as well as the specific actions to be taken.

4 LEGAL/REGULATORY REFERENCES

5.1 Civil Code Section 4393

5.2 22 CCR § 51341.1

5.3 The Los Angeles County Department of Mental Health - Code of Conduct, Ethics, and Compliance

5.4 Los Angeles County Department of Public Health's Division of Substance Abuse Prevention and Control (SAPC) Bulletin No. 20-12

5.5 American Psychiatric Association – Code of Ethics

5.6 National Association of Social Workers – Code of Ethics

5.7 California Association of Marriage and Family Therapists – Code of Ethics

5.8 American Psychological Association – Code of Ethics

5.9 State of California AOD Counselor - Code of Conduct

5.10 CCAPP Credentialed Alcohol and Drug Professionals - Code of Conduct

5.11 ACCBC Addiction Counselor Certification Board of California (ACCBC)- Code of Ethics

5 FORMS

6.1 **Exhibit A** – Acknowledgment of Receipt – Code of Ethics and Professional Conduct Policy II.02

6.2 **Exhibit B** – Acknowledgment of Receipt – Supplemental Medical Director Attestation- Code of Ethics and Professional Conduct Policy II.02

EXHIBIT A

ACKNOWLEDGMENT OF RECEIPT
Code of Ethics and Professional Conduct Policy II.02

I, _____, have received, read, and understand the Tri-City Mental Health Authority's Code of Ethics and Professional Conduct Policy.

I understand that under no circumstances will there be any reprisals for reporting any known or suspected legal or ethical violations.

I commit to adhering to the policies and procedures outlined herein and understand that failure to do so could result in disciplinary action.

Workforce Member Name (Printed): _____

Workforce Member Signature: _____

Date: _____

EXHIBIT B

ACKNOWLEDGMENT OF RECEIPT
Supplemental Medical Director Attestation
Code of Ethics and Professional Conduct Policy II.02

I, _____, TCMHA Medical Director certify that I have read, understand, and will adhere to the medical director's responsibilities as outlined in 22 CCR § 51341.1 (b) (28) (A) (i) (a-f) and I attest that I will:

a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
b. Ensure that physicians do not delegate their duties to non-physician personnel.
c. Develop and implement medical policies and standards for the provider.
d. Ensure that physicians, registered nurse practitioners, and physician assistants follow all professional standards of care, agency policies, procedure, and protocols, as well as The Los Angeles County Department of Mental Health and The Los Angeles Substance Abuse Prevention and Control practice parameter.
e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
f. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

Medical Director Name (Printed): _____

Medical Director Signature: _____

Date: _____

TRI·CITY Mental Health Services

Policy & Procedure

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Code of Ethics	II.02	10/18/2006	2 of 13
APPROVED BY:	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:**	**RESPONSIBLE PARTIES:**
Executive Director		07/15/1999	All Staff

1. PURPOSE

1.1 To set forth a Code of Ethics and Professional Conduct for all ~~staff~~ workforce members to follow in pursuit of Tri-City Mental Health Authority's (TCMHA) mission and core values. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

1.2 TCMHA strongly believes in the dignity and value of individuals and expects the same beliefs from its workforce. As such, TCMHA expects all workforce members to act with the highest integrity when interacting with fellow workforce members, clients, other service providers, and the public. Professionals must also understand that this policy does not include an exhaustive list of all applicable ethical and professional rules of conduct. TCMHA expects all workforce members to abide by all applicable legal, professional, and ethical canons and codes.

1.3 TCMHA expects all workforce members to recognize that deviations from the accepted ethical, moral, social, professional and/or legal standards, can adversely impact the workforce member, clients, colleagues, as well as the agency.

2. DEFINITIONS

~~2.1 **Breach of Confidentiality.** Improper disclosure to a third-party (without consumer consent or court order) of Protected Health Information (PHI) that Tri-City has acquired within the consumer-provider relationship. By definition, an improper disclosure can be verbal communications exchanged by telephone, facsimile, or by electronic transmission (e.g., e-mail, health information networks, etc.), including the unlawful copying, release and exchange of written consumer information and/or records.~~

2.2 **Client:** An individual of any age who is receiving or has received services. For the purposes of this policy, the term "client" includes those who refer to themselves as clients, participants, consumers, survivors, patients, or ex-patients.

2.3 **Code of Ethics:** A written statement describing expectations for conducting treatment and business and behaving in a professional, fair and honest manner.

2.4 **Colleague:** Any member of the TCMHA workforce, any professional partnering, working with, connected to, or affiliated with TCMHA, and any individual who shares the same or related profession or field of work.

~~2.5 **Participant:** An individual of any age who is participating or has participated in any non-clinical/treatment activities or programs.~~

~~2.6 **PHI.** Protected Health Information.~~

2.7 **Workforce:** For the purpose of this policy, the definition of the Tri City Mental Health Authority (TCMHA) workforce includes employees, volunteers, interns, consultants, locum tenens, trainees, contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, support services and/or other products, goods or services.

3. POLICY

~~3.1 All Tri-City Mental Health Center personnel, including students and volunteers, must be committed to a belief in the dignity and worth of the individual human being. They shall maintain integrity with respect to their duties as they come in contact with consumers, other service providers, and the public. All staff shall be aware and observant of the laws, regulations, respective professional codes of ethics, and other regulations and policies which relate to their professional conduct.~~

~~3.2 Tri-City Mental Health Center takes a proactive approach to potential policy violations and will conduct an investigation upon notification that an ethical code violation may be occurring.~~

Professional Conduct and Behavior

3.3 Workforce members shall conduct all job duties in a legal and ethical manner, complying with ALL applicable laws, regulations, standards, and policies.

3.4 Workforce members are expected to be aware of, observant to, and uphold the ethical, legal, moral and professional requirements of both the behavioral health care industry and for their profession/line of work/job classification.

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3.35 The service provider shall have a professional concern for their client/participant. The service provider shall always maintain professional concern within the bounds of the service provider's professional responsibilities so as to safeguard the welfare of both current and former client/participants, both during and after treatment. Service providers recognize the influential position they have with regard to both current and former client/participants and shall avoid exploiting their trust and dependency.

3.36 The therapeutic relationship shall never include behaviors which would be abusive or damaging to the client/participant.

3.37 The development of personal favors and/or obligations in the therapeutic relationship is unacceptable. The service provider shall not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, financial, or business interests.

3.38 Workforce members shall comply with California Civil Code Section 43.93 define, which prohibit any sexual involvement with a client/participant during the period a client/participant is receiving services/treatment, and, within two years following the termination of treatment services.

3.39 Workforce members are prohibited from engaging in social and/or business relationships with clients/participants for personal and/or monetary gain.

3.40 Workforce members are prohibited from referring client/participants to any service (treatment related or non-treatment related) that may be of potential personal and/or monetary gain to the staff member or associates of the staff member.

3.41 Workforce members are prohibited from participating in any personal arrangements or business transactions which would generate potential conflicts of interest or compromise the workforce member's ability to provide treatment and/or other services fairly and objectively. Such prohibited arrangements include, but are not limited to: direct provision of services to family members, neighbors or acquaintances, joint vacations or trips which are not part of regular services provided by TCMHA, any exchange or loans of funds or goods between a workforce member and a client/participant of services or their family members, any business or financial arrangement which would directly or indirectly benefit the staff member (e.g., a gift of funds from a client/participant to a staff member, etc.)

3.42 Service/treatment providers shall not deliver services/treatment to client/participants with pre-existing social ties and/or where familial or other relationship exists, as this constitutes a dual relationship.

3.43 Service/treatment providers, in consultation with their supervisor, shall attempt to terminate services and/or transfer the client/participant when it is reasonably clear that the client/participant will not benefit from the current therapeutic relationship, ensuring continuity of care during the process.

3.44 Care will be taken by the agency and workforce members to ensure clinical work is conducted in appropriate settings to protect both client/participant and service provider.

3.45 Service/treatment providers recognize that trust is a cornerstone of the therapeutic relationship. Counselors aspire to earn the trust of client/participants by creating an ongoing partnership, establishing, and upholding appropriate boundaries, and maintaining confidentiality. Service/treatment providers must communicate parameters of confidentiality in a culturally competent manner.

Commitment to preventing fraud, waste, and abuse.

3.46 TCMHA acknowledges that health care fraud is a crime, and it is the policy of TCMHA that detecting and preventing fraud, waste, and abuse is the responsibility of all workforce members. (See Policy IV.06 – Fraud Waste and Abuse Prevention, for expanded details)

3.47 TCMHA workforce members are required to understand, recognize, and prevent fraud and abuse. Workforce members are required report any actual or perceived violations of fraud, waste, and abuse to the Compliance Office.

3.48 TCMHA will not retaliate against anyone who makes a good faith report of potential fraud or other wrongful acts.

Concerns Related to Conduct, Ethics and Compliance

3.49 If a client/participant/stakeholder believes that there has been a violation of (or has a concern about related to) any policy, legal, ethical, or conduct standard by any workforce member, they are encouraged to speak with the program supervisor -AND- the TCMHA's Compliance Office. The client/participant/stakeholder will be provided information on the Issue Resolution: Grievance/Appeal Process for their respective program/service.

3.50 If a workforce member believes that that there has been a violation of (or has a concern about related to) any policy, legal, ethical, or conduct standard by any workforce member, the workforce member shall make a complaint verbally or in writing to any of following individuals: There is no need to follow the chain of command: a) Immediate Supervisor, b) Any Supervisor or Manager, c) Chief Clinical Officer/ Medical Director/ Deputy Director, e) Chief Compliance Office, f) Any Executive Team Member, g) Any Human Resources Staff.

3.51 Under no circumstance shall there be any reprisals against a client, participant, stakeholder, or workforce member for reporting violations or concerns, in accordance with this policy.

3.52 Any workforce member holding one of the positions as outlined in the preceding section who receives any complaint regarding any legal or ethical concern shall immediately notify the Compliance Office and the Human Resources Director.

3.53 TCMHA takes a proactive approach to potential violations and will conduct investigations, as warranted, upon notification of an ethical/legal, conduct, or compliance concern or violation.

3.54 Workforce members are required to cooperate with audits, evaluations, reviews, and investigations related to complaints and compliance activities.

3.55 The Chief Compliance Officer and/or Human Resources Director, in conjunction with the Department Director of the workforce member, will recommend prompt and effective remedial action. Action will be commensurate with the severity of the offense.

3.56 TCMHA will respond to requests and inquiries from Los Angeles MHP, Los Angeles SAPC and other State or Federal oversight agencies, properly and in a timely manner.

Acknowledgement of Receipt

3.57 All workforce members shall sign an acknowledgement, certifying that they have received a copy and will abide by the principles and standards set forth in the Code of Ethics and Professional Conduct.

3.58 In addition to 3.47, the TCMHA Medical Director must sign a supplemental acknowledgement, attesting to receipt and adherence to the code of conduct requirements as outlined in 22 CCR § 51341.1 (b) (28) (A) (i) (a-f)

3.59 Failure to sign the acknowledgement(s) may subject the employee to disciplinary measures up to and including discharge.

4 PROCEDURES

4.1 This policy will be made available to workforce members upon request and will also be posted in common areas (physical and virtual) for workforce members to reference.

4.2 TCMHA takes a proactive approach to potential violations and will conduct investigation, as warranted, upon notification of an ethical/legal, conduct, or compliance concern.

4.3 All workforce members shall receive a copy of the Code of Conduct, Ethics, and Compliance.

4.4 Ethical codes of conduct will be included as part of general orientation to all new employees, including students and volunteers. Details regarding these ethical statements, as well as the methods for reporting suspected violations, will be included as part of that training, and documented in training materials.

4.5 Tri City Mental Health Authority shall conduct an annual review of formal complaints received in order to identify trends and areas for performance improvement, as well as the specific actions to be taken.

~~**Confidentiality, Privileged Communication and Privacy**~~

~~4.6 All staff members shall be aware of and abide by the laws and regulations pertaining to confidentiality of consumer Protected Health Information (PHI), as well as the applicable Privacy Policies enacted by Tri-City.~~

4.7 All confidential information obtained from and about Tri-City Mental Health Center is kept private and shall not be disclosed.

Conduct and Behavior

4.8 All staff members are expected to maintain high standards of behavior and responsibility at all times.

4.9 Professional opinions shall be respected and appropriate forums shall be used to express disagreements. Confidences among colleagues shall be respected.

4.10 A staff member shall avoid misrepresentation of his or her own professional qualifications, affiliations and purposes, or those of the colleagues, institutions, and organization with which the staff member is associated.

4.11 Concerns regarding a colleague's services or procedures shall be directed first to the colleague, when appropriate, and/or to appropriate third-party when superseded by statute/mandate (e.g., child abuse reporting). If necessary, the reporting of the concerns to the supervisor shall follow. In the case of mandated reporting, direct supervisor or Deputy Director/Program Chief MUST be consulted before the filing.

4.12 A staff member shall make no distinction in his/her professional conduct toward co-workers on the basis of the colleague's sex, age, race, color, religion, national origin, handicap or sexual preference.

4.13 A staff member shall not deny mental health services to consumers due to their race, color, religion, national origin, sex, age, handicap, or sexual orientation.

4.14 No staff member shall engage in sexual harassment with either a current or former co-worker, or treatment recipients. Sexual harassment means any sexual advances, requests for sexual favors, and other inappropriate verbal or physical conduct of a sexual nature directed at another person, regardless of sex.

4.15 No staff member shall come to work or represent Tri-City if they are under the influence of any intoxicant or drug, unless prescribed by and is under the supervision of a physician, and the person can clearly demonstrate his/her ability to perform his/her duties

Quality of Service

4.16 The maintenance of high standards of professional competence and quality of service is the responsibility of all Tri-City staff members.

4.17 Clinical staff shall offer services and use techniques that are generally acceptable professional standards of practice, in terms of effectiveness and procedure, professional judgment, and the community expectations or more. Experimental and/or controversial approaches must be approved by the Deputy Director/Program Chief.

4.18 Each member of the clinical staff shall be responsible for recognizing the limitations of his/her competence and will only provide services or use only procedures with which he/she is qualified and familiar.

4.19 All staff members have an obligation to seek appropriate consultation for problematic issues of consumer care.

4.20 Service Provider – Consumer Relationships

4.21 The professional relationship between a service provider and a consumer shall be based on acceptable therapeutic principles and standards as determined by Tri-City, and pertinent professional Codes of Ethics and professional standards.

4.22 The service provider shall maintain professional and objective personal conduct between the service provider, the consumer's family and/or close associates.

4.23 The service provider shall have a professional concern for his/her consumer. The service provider shall always maintain professional concern within the bounds of the service provider's professional responsibilities so as to safeguard the welfare of both current and former consumers, both during and after treatment. Service providers recognize the influential position they have with regard to both current and former consumers and shall avoid exploiting their trust and dependency.

4.24 A staff member shall not refer consumers receiving mental health services from Tri-City to any private service – whether psychological services, legal services, or the like – that may be of potential monetary gain to the staff member or associates of the staff member.

4.25 No staff member shall participate in a personal arrangement or business transaction which would generate potential conflicts of interest or compromise the staff member's ability to provide treatment and/or other services fairly and objectively. Such prohibited arrangements include, but are not limited to, direct provision of services to family members, neighbors or acquaintances, joint vacations or trips which are not part of regular services provided by Tri-City, any exchange or loans of funds or goods between staff member and a consumer of services or their family members, any business or financial arrangement which would directly or indirectly benefit the staff member (e.g., a gift of funds from a consumer to a staff member, etc..

4.26 The development of personal favors and/or obligations in the therapeutic relationship is unacceptable. The service provider shall not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, financial or business interests.

4.27 The therapeutic relationship shall never include behaviors which would be abusive or damaging to the consumer. Any sexual behavior is interpreted to be abusive and damaging.

4.28 Civil Code, Section 4393, prohibits sexual involvement with a consumer during the period a consumer is receiving services, and, within two years following the termination of treatment services.

4.29 A service provider, in consultation with his/her supervisor, shall attempt to terminate services and/or transfer the consumer when it is reasonably clear that the consumer will not benefit from the current therapeutic relationship.

4.30 Care will be taken by the agency to ensure an appropriate setting for clinical work to protect both consumer and service provider.

4.31 Service providers shall not deliver services to consumers with pre-existing social ties and/or where familial or other relationship exists, as this constitutes a dual relationship.

4.32 Each service provider shall make every effort to ensure the continuity of his/her consumer' care.

4.33 Staff members recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of consumers by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Staff members communicate for parameters of confidentiality in a culturally competent manner

4.34 Supervisors, Directors and/or Human Resources shall take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development shall address current knowledge and emerging developments related to social work practices and ethics.

4.35 Ethical codes of conduct will be included as part of general orientation to all new employees, including students and volunteers. Details regarding these ethical statements, as well as the methods for reporting suspected violations, will be included as part of that training and documented in training materials. Training materials will emphasize that under no circumstances will there be any reprisals to an informant for reporting unethical behavior.

4.36 Ethical codes of conduct will be included as part of general orientation to training materials. Training materials will emphasize that under no circumstances will there be any reprisals to an informant for reporting unethical behavior.

4.37 The Code of Ethics policy will be presented to the Governing Board for approval, as well as education.

4.38 Consumers/stakeholders will be made aware that this policy is posted in the lobby, on the Tri-City website, and will be made available to them upon request.

Ethical Code Violations

4.39 If a staff member believes that another staff member is violating or has violated an ethical standard, they may make a complaint verbally or in writing with any of the following. There is no need to follow the chain of command:

1.1.1.1 Immediate Supervisor

4.8.1.2 Any Supervisor

~~4.8.1.3 Deputy Director/Program Chief~~

~~4.8.1.4 Director of Operations~~

~~4.8.1.5 Executive Director~~

~~4.8.1.6 Chief Financial Officer~~

~~4.8.1.7 Executive Assistant~~

~~4.8.1.8 Human Resources Department and/or designee~~

~~4.40 Any staff member holding one of the positions as outlined in the preceding section who receives an ethical code violation shall notify the Human Resources Department immediately.~~

~~4.41 If conduct in violation of this policy occurred, Human Resources or designee will recommend prompt and effective remedial action. The action will be commensurate with the severity of the offense.~~

~~4.42 Tri City Mental Health Center takes a proactive approach to potential Policy violations and will conduct an investigation if its officers, supervisors, or managers become aware that an ethical code violation may be occurring, regardless of whether the recipient or third party reports a potential violation.~~

~~4.43 If a consumer/stakeholder believes that there has been a violation of an ethical standard by their counselor, they are encouraged to speak with the counselor's supervisor or ask to speak to Tri-City's Complaint Representative. Any actions taken as a result of a violation will not result in retaliation or barriers to service. If the violation does not get resolved at this level, they may file a Formal Grievance as described in 4.8.7.~~

~~4.44 The consumer/stakeholder will be made aware by their service provider of the procedure on how to respond to any allegations of violations of ethical codes. The consumer will be advised that under no circumstances will there be any reprisals for reporting unethical behavior, such as any retaliation or barriers to service.~~

~~4.45 If the consumer's/stakeholder's complaint is not resolved within the Informal Complaint Process, a Formal Grievance process is available to them. They may file a formal complaint orally or in writing at any time by filling out a Beneficiary/Client Grievance Form. (The remainder of this Formal Grievance and Appeal Process is the same as detailed in the Beneficiary/Client Problem Solution Guide.)~~

5 LEGAL/REGULATORY REFERENCES

5.1 Civil Code Section 4393

5.2 22 CCR § 51341.1

5.3 The Los Angeles County Department of Mental Health - Code of Conduct, Ethics, and Compliance

5.4 Los Angeles County Department of Public Health's Division of Substance Abuse Prevention and Control (SAPC) Bulletin No. 20-12

5.5 American Psychiatric Association – Code of Ethics

5.6 National Association of Social Workers – Code of Ethics

5.7 California Association of Marriage and Family Therapists – Code of Ethics

5.8 American Psychological Association – Code of Ethics

5.9 State of California AOD Counselor - Code of Conduct

5.10 CCAPP Credentialed Alcohol and Drug Professionals - Code of Conduct

5.11 ACCBC Addiction Counselor Certification Board of California (ACCBC)- Code of Ethics

~~**FORMS**~~

~~The forms associated with this Policy and Procedure may include but are not limited to:~~

~~5.1 Code of Ethics Statement~~

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Access to Care	CL.	6/18/2025	1 of 9
APPROVED BY: Governing Board Executive Director	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:** 6/18/2025	**RESPONSIBLE PARTIES:** Medical Director Chief Clinical Officer

1. PURPOSE

1.1 To establish standards and guidelines for accessing services, timely access requirements, and time and distance standards to ensure adherence to the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) contract terms, as well as state and federal regulations. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 Appointment: A time slot allotted for any service or intervention.

2.2 Client: An individual of any age who is receiving or has received services. For the purposes of this policy, the term “client” includes those who refer to themselves as clients, participants, consumers, survivors, patients, or ex-patients.

2.3 Follow -Up Appointment: A time slot allotted for any service or intervention that occurs after the intake appointment or initial medication appointment to provide continued services or care.

2.4 Intake Appointment: A period of time scheduled with a clinician for the purpose of initiating an assessment and providing necessary interventions.

2.5 Initial Medication Appointment: A period of time scheduled with a psychiatrist or psychiatric mental health nurse practitioner for the purpose of initiating an evaluation for medications and associated medication services.

2.6 Potential Client: An individual who is seeking, or for whom someone else is seeking, services and does not have a clinical record or whose treatment is considered inactive.

2.7 Screening: A brief interaction by any staff to determine the reason for presentation and service needs.

2.8 Service Request: Any request for services, whether made by the potential client or someone on behalf of the potential client, which requires completion of a new assessment.

2.9 Time and Distance Standards: Specifications set forth in regulations that address the geographic location of network providers and its clients, considering distance, travel time, and the means of transportation ordinarily used by clients.

2.10 Timely Access Standards: The number of days in which an appointment must be made available to a client from the date the client requests a medically necessary service. The urgency and need for service shall be considered when addressing timely access.

2.11 Workforce: Employees, volunteers, interns, consultants, locum tenens, trainees, and contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, and support services and/or other products, goods or services.

3. POLICY

Time and Distance Standards

3.1 Network adequacy standards require TCMHA to meet time and distance standards. Time and distance from client residence shall be up to fifteen (15) miles or thirty (30) minutes for both Specialty Mental Health Service (SMHS) and Substance Use Disorder Service (SUDS) (Outpatient/non-opioid).

3.1.1 Offered provider sites may be outside the time or distance standards if either the provider travels to the client to deliver services, or it is the client's preference to receive services from a clinic outside the time/distance standards.

3.2 Offered appointment times and service location shall be based upon client preference and availability of the necessary service provider.

3.3 The location where a potential client/client travels to receive a service, must meet the time and distance standards whether services are delivered in person or via telehealth.

3.3.1 Telehealth services may be used as long as the physical location where the client receives the telehealth services (eg clinic kiosk) is within the time and distance standards to the potential client/client's residence.

Timely Access to Service

3.4 All requests for service via telephone, walk-in, or written (whether made by the client, potential client, or someone on their behalf) shall be screened to determine whether the need for service is crisis, urgent, expedited, or routine (non-urgent).

3.5 All service providers shall ensure that: responses to requests for services, appointments offered, and services are performed within the required timeframes as outlined by both LACDMH and SAPC. If service capacity issues arise for substance use treatment, attention will be given to first admitting those in the four priority subpopulations for substance use disorders defined by SAMHSA (e.g., pregnant women who inject drugs, pregnant women who misuse substances, persons who inject drugs, and women with dependent children who misuse substances).

3.6 All appointments shall be offered within the time frames identified in the Procedures section.

3.6.1 If multiple time frame requirements are identified based on screening and/or triage (e.g., discharge from institution, about to run out of medications, has run out of medications), the provider must adhere to the shortest required time frame.

3.7 Missed or canceled appointments shall be screened at the point of non-attendance or cancellation to determine if the appointment needs to be re-scheduled and, if so, how soon the client or potential client needs to be seen.

3.8 If a provider is unable to meet a timeframe requirement for mental health treatment, as soon as the situation becomes apparent, the individual shall be referred to an appropriate provider or Service Area Navigator. Additionally, the individual shall be issued a timely and adequate Notice of Adverse Benefit Determination-E (NOABD) Form.

3.9 If a provider is unable to meet a timeframe requirement for substance use disorder treatment, then as soon as the situation becomes apparent, the individual shall be referred to interim services that, at a minimum, include education and counseling regarding: (a) HIV and tuberculosis; (b) risks of needle-sharing; (c) risks of transmission to sexual partners and infants; (d) steps to ensure that HIV and TB transmission does not occur; and (e) referral for HIV or TB treatment services, if necessary. In addition, interim service referrals may include referral to an appropriate provider or Service Area Navigator. Additionally, the individual shall be issued a timely and adequate Notice of Adverse Benefit Determination-E (NOABD) Form.

4. PROCEDURES

4.1 All service providers shall follow the agency's process for receiving and responding to requests for services in as timely a manner as possible.

4.1.1 If a request for services is made directly to a provider (e.g., via call or walk-in during business hours), the request shall be handled on the same business day.

4.1.2 If the request is not made directly to a provider (e.g., after-hours voicemail, Service Request Tracking System [SRTS], or faxed referral), the request shall be handled within the following time frames:

4.1.2.1 The initial request shall be reviewed within one (1) business day.

4.1.2.2 An attempt to contact the requesting individual or collateral shall occur as soon as possible and no later than three (3) business days.

4.2 If a client or potential client who requests services appears to need emergent services, every effort shall be made to handle the emergent need by the provider as soon as possible and in all cases within the same day as the request.

4.1.1 The services may be provided by the provider (in-person or telehealth) or through referral to an appropriate provider (e.g. Urgent Care Center).

4.1.2 If a referral is made to another provider, arrangements shall be made to ensure the safe transport of the client to that provider

4.3 All individuals who screen for concurrent medication needs (e.g., those who will run out of medications prior to their next routine appointment, have already run out of medications, and/or clinically present in distress for which medications may assist) will be connected to the Medication Support Services team for expedited medication coordination, linkage, and/or provided with an expedited initial medication appointment.

4.4 Intake Appointment are offered after a validated service request. Follow-Up Appointments are officer after a request.

4.5 Requests for Services will be recorded as follows:

4.3.1 Specialty Mental Health Service Requests will be recorded in the designated Electronic Health Record and provided to LACDMH Web Services, as required, for monitoring and oversight accountability.

4.3.2 Substance Use Disorder Service Requests will be recorded in the designated Electronic Health Record and shall include data entries for CalOMS/LACPRS, as required, for monitoring and oversight accountability.

4.6 Service Request dispositions for all services shall be recorded within five (5) business days from the initial date of contact or attempted contact with the potential client or representative.

Appointment Time frame Standards

4.7 Appointment time frames for Specialty Mental Health Services (SMHS)

Time frame for responding a to Request for Service ▪ Same business day - If the request is made directly to a provider. Or one (1) to three (3) business days – if request is not directly to a provider (e.g., after-hours voicemail, Service Request Tracking System [SRTS], or faxed referral)
Time frame for Offering a Crisis Priority Appointments – If client or potential client presents as danger to self or others or is gravely disabled. ▪ Appointment must be offered immediately.

Time frame for Offering an Urgent Priority Appointments – If client or potential client presents condition or situation that, if not addressed, would be highly likely to result in an immediate emergency condition. ▪ Appointment must be offered within 48 hours from the request. If a pre-authorization is required, the appointment shall be offered within 96 hours from the request.
Time frame for Offering a Hospital/Jail Discharge Priority Appointments – If client or potential client is being or was recently discharged from acute psychiatric inpatient facility, psychiatric hold, or an emergency room for a mental health emergency an appointment. ▪ Appointment must be offered within five (5) business days from the discharge date or date of request (if after the discharge date and within seven (7) days of discharge).
Time frame for Offering an Expedited Priority Appointments – If client's screening/triage indicates the client or potential client needs expedited services (e.g., in distress, has run out of medications, or is about to run out of medications) ▪ Appointment must be offered in such a time as to prevent significant deterioration in mental health status.
Time frame for Offering Routine Priority Appointments for Mental Health Services (MHS), Targeted Case Management (TCM), or Medication Support Services (MSS) ▪ For MHS, TCM, and non-psychiatry MSS – Appointment must be offered within business 10 days from the request date. ▪ For MSS with a Psychiatrist – Appointment must be offered within 15 business days from the request date. Appointment times for routine services may be extended beyond the 10 or 15 business day standard when: 1) The service provider with lead case authority has determined and documented in the client's clinical record that a longer waiting time shall not have a detrimental impact on the health of the client, and 2) The service is a follow-up for an on-going condition and the service is scheduled in advance according to the time frame set in accord with the frequency agreed upon by the client and practitioner providing the service.

4.8 Appointment time frames for Substance Use Disorder Services (SUDS) Outpatient 1.0

Time frame for Screening for Provisional Level of Care (LOC)

- All TCMHA clients are initially screened and admitted for mental health disorders. At the time of their biopsychosocial assessment, if a substance use condition is indicated for which outpatient treatment is deemed appropriate, then a referral is made to TCMHA's co-occurring SUD outpatient program. If a more intensive level of treatment or withdrawal management is deemed appropriate, a referral is made to two (2) alternate programs. In either case efforts are made to connect the client to the appropriate provider immediately and no later than within three (3) calendar days to schedule an intake assessment.

Time frame for Scheduling Intake Appointment

- Immediately, but no longer than three (3) calendar days after screening or referral.

Time frame for Conducting Intake Assessment

- Within 10 business days of screening or referral.

Time frame for Offering a Crisis Priority Appointment – If client or potential client presents as danger to self or others or is gravely disabled.

- Appointment must be offered immediately.

Time frame for Offering an Urgent Priority Appointment – If client or potential client presents condition or situation that, if not addressed, would be highly likely to result in an immediate emergency condition.

- Appointment must be offered within 48 hours from the request. If a pre-authorization is required, the appointment shall be offered within 96 hours from the request.

Time frame for Offering a non-urgent Follow-Up Appointments with a Non-Physician

- Appointment must be offered within business 10 days from the request date.

Time frame for Offering a non-urgent Follow-Up Appointments with Physician

- Appointment must be offered within 15 business days from the request date.

Notice of Adverse Benefit Determination (NOABD)

4.1 TCMHA workforce members shall provide the appropriate type of NOABD to clients when indicated:

4.12.2 For Specialty Mental Health Services (SMHS), an NOABD is required if any of the following occurs:
- The denial of a requested service based on not meeting medical necessity criteria.
- Termination of a previously authorized service.
- Failure to provide services in a timely manner.
- The failure to act within the required timeframes for standard resolution of grievances and appeals.

4.12.2 For Substance Use Disorder Service (SUDS), an NOABD is required if any of the following occurs:
- Termination of a previously authorized service.
- Failure to provide services in a timely manner.

4.2 TCMHA workforce members shall Include the following three required attachments with provider-initiated NOABDs:
- The NOABDs "Your Rights" Attachment
- The Beneficiary Non-Discrimination Notice
- The Language Assistance Taglines

4.3 TCMHA workforce members shall assist clients or potential clients who receive NOABDs in understanding their rights and who to contact.

4.4 TCMHA workforce members shall complete the required information in the NOABD/Appeal/Grievance Log and submit as required.

Quality Review of Access to Care and Initial Appointment Scheduling

4.5 TCMHA will ensure that quality review procedures are implemented, service access is timely and is handled in accordance with these standards.

A. REFERENCES

5.1 California Code of Regulations Title 28 Section 1300.67.2.2

5.2 Code of Federal Regulations Title 42 Section 438.68

5.3 Department of Health Care Services Behavioral Health Information Notice No.: 20-012

5.4 Los Angeles County Department of Mental Health Policy 302.07 Access to Care

5.5 Short Doyle/Medi-Cal Organizational Provider's Manual for Specialty Mental Health Services - Revision Date: June 26, 2024

5.6 Substance Use Disorder Treatment Services Provider Manual - Version 8.0 Last Updated: December 2023

5.7 Interim Services for Priority Populations - https://nasadad.org/wp-content/uploads/2019/07/Interim-Services-Fact-Sheet-7-15-19.pdf

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Grievances and Appeals for Substance Use Disorder Treatment and Related Services	**OP.I.**	**6/18/2025**	**1** of **5**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:** **6/18/2025**	**RESPONSIBLE PARTIES:** **Chief Compliance Officer**

1. PURPOSE

1.1 To delineate the complaint/grievance process for clients and their authorized representative participating in Substance Use Disorder Treatment or Related Services. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Appeal:** A request by the beneficiary or his/her representative for review of an adverse benefit determination.

2.2 **Client:** An individual of any age who is receiving or has received services. As used in these regulations, the term "client" includes those who refer to themselves as clients, participants, consumers, survivors, patients, or ex-patients.

2.3 **Grievance:** A formal expression of dissatisfaction about any matter other than an Adverse Benefit (or Action).

2.4 **Member (Beneficiary):** Any individual certified as eligible for services under the Medi-Cal program.

2.5 **Substance Use Disorder (SUD) Services:** Services proven to reduce the impact of substance use, abuse, and addiction. Services provided reflect the patient's clinical condition, including consideration for severity level and functional impairment. Services may include, but are not limited to, individual counseling, group counseling, family therapy, patient education, psychosocial

interventions, medications for addiction treatment, collateral services, Care Coordination, crisis intervention, treatment planning, Recovery Services, and discharge services.

2.6 Workforce: For the purpose of this policy, the definition of the Tri City Mental Health Authority (TCMHA) workforce includes employees, volunteers, interns, consultants, locum tenens, trainees, contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, support services and/or other products, goods or services.

3. POLICY

3.1 Grievances and Appeals for Drug Medi-Cal Beneficiaries shall support the resolution of issues related to Medi-Cal beneficiaries who are dissatisfied with Substance Use Disorder Services or when authorized services are denied, terminated, suspended, or reduced.

3.2 Tri-City Mental Health Authority (TCMHA) shall uphold the SAPC policies and procedures on grievances and appeals.

3.3 Grievance and Appeals Forms, along with other materials related to the Issue Resolution Process, shall be located in a conspicuous location at each service site. These materials shall be in English and the threshold languages. The location of the materials shall be such that the client does not have to make a verbal or written request to access the materials.

3.4 Information regarding grievances, appeals and the right to file at any time shall be provided to clients when they access services, when a client expresses dissatisfaction with TCMHA and/or SAPC systems of care, and upon request.

3.5 Clients should acknowledge (with written signature) that they have been informed of the grievance and appeals process and of their right to file. This signed form should be maintained in the client's record.

3.6 The Department of Health Care Services (DHCS) and Substance Abuse Prevention & Control (SAPC) require that the local issue resolution process be exhausted before accessing State departments to seek issue resolution or to file a complaint or grievance.

3.7 A grievance or appeal may be filed directly by the client or by an authorized designated representative to assist or to act on client's behalf (with appropriate

authorization). The client may choose a family member, friend, or another Tri-City staff person with whom he or she feels comfortable. Designated TCMHA workforce members shall also be available to assist the client with completing a grievance or appeal, if needed.

3.8 All communication involving use or disclosure of Protected Health Information (PHI) during the Grievance and/or Appeal process shall be in accordance with 42 CFR Part 2, the Health Insurance Portability and Accountability Act (HIPAA), Other relevant privacy and confidentiality regulations, applicable state law, and TCMHA Privacy Policies and Procedures.

3.9 If complaint is regarding the inappropriate use or disclosure of PHI, the complaint will be referred to the Tri-City Privacy Officer.

4. PROCEDURES

Grievance

4.1 Any client receiving specialty substance use disorder services can file a grievance at any time, if they experience or express dissatisfaction with substance use treatment or related services.

4.2 A grievance can be filed verbally or in writing by either calling directly or completing and submitting the Grievance/Appeal Issue Resolution Form to Los Angeles Substance Abuse Prevention and Control (SAPC).

- Phone: (626) 299-4532
- Email: SAPC_appeal@ph.lacounty.gov
- Fax: (626) 458-6692
- Mail: Substance Abuse Prevention & Control, Contracts and Compliance Branch
  1000 South Fremont Avenue, Building A9 East, 3rd Floor, Box 34
  Alhambra, California 91803

4.3 When a decision has been made regarding the grievance, the Los Angeles Substance Abuse Prevention and Control (SAPC) Contracts & Compliance Branch will notify client in writing within 60 calendar days. If the Los Angeles SAPC Contracts & Compliance Branch fails to provide a grievance decision on time, then Los Angeles SAPC Contracts & Compliance Branch will provide the client with a Notice of Adverse Benefit Determination.

Appeal:

4.4 A client that is a Medi-Cal beneficiary can file an appeal if or when they receive a Notice of Adverse Benefit Determination (NOABD) from Los Angeles SAPC or TCMHA substance use disorder program.

4.5 Clients are required to file an appeal within 60 calendar days from the date of the Notice of Grievance Outcome or Notice of Adverse Benefit Determination. If the appeal is made orally, the beneficiary will be asked to follow up with a signed, written appeal. The date of the oral or written appeal starts the timeline for when appeal must be resolved.

4.6 An appeal can be filed verbally or in writing by either calling directly or completing and submitting the Grievance/Appeal Issue Resolution Form to Los Angeles Substance Abuse Prevention and Control (SAPC).

- Phone: (626) 299-4532
- Email: SAPC_appeal@ph.lacounty.gov
- Fax: (626) 458-6692
- Mail: Substance Abuse Prevention & Control, Contracts and Compliance Branch
  1000 South Fremont Avenue, Building A9 East, 3rd Floor, Box 34
  Alhambra, California 91803

4.7 When a decision has been made regarding the Appeal, the Los Angeles Substance Abuse Prevention and Control (SAPC) Contracts & Compliance Branch will notify the client in writing within 30 Calendar days for a standard appeal or 72 hours for an expedited appeal. The written notice from SAPC will include the following:

- The results of the resolution process.
- The date it was completed.
- For appeals not resolved wholly in favor of the beneficiary:
  i. The right to request a Fair Hearing;
  ii. Procedure for filing for a Fair hearing; and
  iii. The right to request to receive benefits while the hearing is pending.
- The Fair Hearing is the final arbiter of all appeals, and there are no other appeal levels.

5. REFERENCES

5.1 Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No.: 18-010E

5.2 The Substance Use Disorder Treatment Services Provider Manual, December 2023

5.3 Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 438, Subpart F

5.4 Code of Federal Regulations, Title 42, Chapter IV, Subchapter C, Part 431, Subpart E

5.5 Code of Federal Regulations, Title 45, Subtitle A, Subchapter C, Part 164, Subpart E

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Culturally and Linguistically Diverse Governance, Leadership, and Workforce	**II.**	**6/18/2025**	**1** of **7**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:** **6/18/2025**	**RESPONSIBLE PARTIES:** **Executive Leadership**

1. PURPOSE

1.1 To establish guidelines regarding Culturally and Linguistically Diverse Governance, Leadership, and Workforce at Tri-City Mental Health Authority (TCMHA). This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members.

1.2

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **CLAS Standards**: The enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health care are a set of 15 standards developed by the United States Department of Health and Human Services, Office of Minority Health. These standards aim to advance health equity, improve quality, and help eliminate health care disparities by providing a framework for individuals and health care organizations to implement culturally and linguistically appropriate services. Overall, the CLAS Standards specify that health care organizations are federally required to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.2 **Client:** Any individual who has been referred for, has requested, or has received mental health and/or substance use services or programs. The term “client” includes those who meet the above criteria and may also be referred to as beneficiaries, clients, consumers, members, participants, survivors, patients, or ex-patients.

2.3 Culture: The integrated pattern of thoughts, communication, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as religious, spiritual, biological, geographical, or sociological characteristics. Elements of culture include the following: age, country of origin, degree of acculturation, educational level obtained, family and household composition, gender identity, sexual orientation, health practices, physical ability or limitations, cognitive ability or limitations, race and ethnicity, language, religious and spiritual beliefs, and socio-economic status, among others (CLAS in Health Care, April 2013 as cited in Los Angeles Department of Mental Health Policy 200.09 [2019]).

2.4 Cultural Competence: A set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations (CCPR Modification, 2011).

2.5 Cultural Competence Plan Requirements (CCPR): Requirements enforced by the California Department of Health Care Services (DHCS) to provide a framework for the planning, implementation, and evaluation of services with the goal of eliminating cultural, linguistic, racial, and ethnic mental health and substance use disorder disparities (CCPR Modification, 2011).

2.6 Cultural Humility: A lifelong process of self-awareness, self-reflection, and self-critique with the goal of identifying preconceptions, addressing power imbalances, striving to respect any differences while providing health care services, and developing partnerships with communities. (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.7 Cultural Inclusion and Diversity Committee: TCMHA's advisory committee for cultural competence throughout the TCMHA system of care.

2.8 Disparities: A type of health difference/outcome that is linked with social, economic, and/or environmental disadvantage which result in worse health or greater health risks than more advantaged social groups. (Center for Medicare Advocacy as cited in Los Angeles Department of Mental Health Policy 200.09 [2019]).

2.9 Ethnic Services Manager (ESM*)*: The designated County person responsible for aligning department's response to the local, State, and Federal cultural competence requirements; developing and implementing policies and procedures pertinent to cultural competence; tracking of service utilization

outcomes; and promoting the inclusion of cultural and linguistic competence in departmental practices, policies with the goal of increasing health equity and decreasing mental health disparities (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.10 Equity: According to the World health Organization, equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined as socially, economically, demographically, or geographically. Equity is the process, while equality is the outcome (see the graphic below). Equity focuses on justice and recognizes the need for fairness within the procedures and processes of institutions or systems, as well as in the distribution of resources. It is an intentional process that strives to be fair and impartial, beginning with acknowledgment that advantages and barriers exist. Resolving equity issues requires an understanding of the root causes of outcome disparities within our society. Equity addresses these disparities and demonstrates a commitment to correcting structural imbalance, ensuring equal access, power, voice, opportunity, and Inclusion for all. (JHM Office of Diversity and Inclusion Fast Facts Definition Sheet and DEI Mission)

2.11 Gender Identity: A person's deeply held core sense of self in relation to gender. Gender identity does not always correspond to sex assigned at birth. People become aware of their gender identity at many different stages of life, from as early as 18 months and into adulthood. Gender identity is a separate concept from sexuality (see Sexual Orientation) and gender expression. (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.12 Gender Expression: The manner in which a person communicates their gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation. While most people's understandings of gender expression relate to masculinity and femininity, there are countless variations that may incorporate both masculine and feminine traits, or neither, through androgynous expressions. All people have gender expressions, and an individual's gender expression does not automatically imply their gender identity. (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.13 Health Inequities: Differences in health status that occur among population groups defined by specific characteristics. These differences primarily result from inequalities in the distribution of the underlying determinants of health across populations. (Reducing Health Disparities – Roles of the Health Sector: Recommended Policy Directions and Activities) (Los Angeles Department of

Mental Health Policy 200.09, [2024])

2.14 Inclusion: Inclusion is an intentional effort to transform the status quo by creating opportunity for those who have been historically marginalized. A focus on inclusion emphasizes the outcome of diversity rather than assuming that simply increasing diversity automatically creates equity in access, opportunity, or enhanced organizational climate. Inclusion begins with the needs, wants, and quality of life of the historically minoritized population rather than those who have been historically privileged (Los Angeles Department of Mental Health Policy 200.09, [2024])

2.15 Workforce: For the purposes of this policy, the definition of the Tri City Mental Health Authority (TCMHA) workforce includes employees, volunteers, interns, consultants, locum tenens, trainees, contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, support services and/or other products, goods or services. (Los Angeles Department of Mental Health Policy 200.09, [2024])

3. POLICY

3.1 TCMHA shall advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3.2 TCMHA shall recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the service area population.

3.3 TCMHA shall educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

4. PROCEDURES

4.1 TCMHA will ensure that the agencies' mission, vision, and/or core values has inclusive language and promotes CLAS standards and health equity.

4.2 TCMHA will ensure that funding is allocated to endorse the provision of culturally and linguistically appropriate services. This includes, but not limited to training and skill development for workforce members, organizational assessments,

community-specific strategies to reduce disparities and language interpretation and translations services. (CCPR Criterion 1)

4.3 TCMHA will ensure that the development of agency strategic plans, cultural competence plans, and programming incorporate cultural and linguistic inclusion and competence needs and strategies to address health inequities and eliminate disparities. (CCPR Criterion 3)

4.4 TCMHA will ensure the appointment of an Ethnic Service Manager who is responsible for cultural competence implementation and maintenance. (CCPR Criterion 1)

4.5 TCMHA shall maintain a Cultural Inclusion and Diversity Committee that will inform, influence, and advise on various aspects of cultural and linguistic competence. (CCPR Criterion 4)

4.5.1 The committee will be overseen by the Ethnic Services Manager.

4.5.2 The committee will be egalitarian and diverse including administrators, staff, practitioners, clinicians, and community members.

4.5.3 The committee will promote internal review, monitoring, and discussion about cultural and linguistic equity, inclusion and competence issues and needs.

4.6 TCMHA will be committed to recruitment, hiring and retention practices to foster a culturally and linguistically diverse workforce. (CCPR Criterion 6)

4.7 TCMHA shall maintain a cultural competence training program for workforce members and stakeholders, with the goal of providing education and training to build cultural and linguistic inclusion and competence skills. (CCPR Criterion 5)

4.7.1 All Tri-City workforce members are required to participate in cultural competence training, minimally on an annual basis.

4.7.2 TCMHA tracks and monitor the completion of annual cultural competence training.

4.8 TCMHA will ensure that that staff working with clients and community member receive training to enhance cultural sensitivity, cultural humility, customer service and responsiveness to constituents and their community.

Culturally Sound Work Environment

4.9 TCMHA will promote a safe and culturally sound work environment for clients, family members, and workforce members.

4.10 Cultural words and symbols (i.e., political, religious, or social) displayed at all departmental facilities shall be culturally sensitive with special care taken to avoid the display of symbols that may have culturally specific negative connotation.

4.11 Aesthetic objects and decorations displayed at all departmental facilities shall be welcoming and comforting within the cultural traditions of clients, stakeholders, community members, and workforce members.

4.12 All TCMHA workforce members shall interact with consumers in ways that are as minimally threatening as possible to individuals of all cultural backgrounds.

4.13 All clients, stakeholders, community members, and workforce members shall be granted access to the restroom that corresponds with their gender identity; consumers should not be asked to "prove" their gender identity by showing identifying documentation reflecting their authentic gender.

TCMHA Leadership and oversight of workforce members.

4.14 TCMHA leadership staff should engage in frequent self-reflection and examination of cultural factors that may be influencing communication dynamics with supervises colleagues, clients, stakeholders, and community members.

4.15 TCMHA leadership staff should address their own biases and assumptions to foster relational safety with supervisees, colleagues, clients, stakeholders, and community members.

4.16 TCMHA leadership staff should practice strengths-based and reflective approaches to working with supervisees. Supervisors should model and promote balance, boundaries, and self-care, with the recognition that these may be influenced by the supervisor's or supervisee's cultural identities and experiences.

4.17 Supervisors should provide opportunities for their supervisee to examine their personal attributes (e.g., values, attitudes, and biases) as they pertain to their work performance.

5. REFERENCES

5.1 Los Angeles Department of Mental Health: Policy 200.09 Culturally and Linguistically Inclusive Services (2024).

5.2 California Department of Mental (Department of Health Care Services) - Cultural Competence Plan Requirements – CCPR (2010).

5.3 California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 14. Mental Health Services Act, Article 2: Definitions

5.4 United States Department of Health and Human Services - Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS).

TRI-CITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Staff Attestation for the Confidentiality of Client Information	**II.**	**6/18/2025**	**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:** **6/18/2025**	**RESPONSIBLE PARTIES:** **Executive Leadership**

1. PURPOSE

1.1 To establish Tri-City Mental Health Authority (TCMHA) requirements for ensuring the privacy and confidentiality of client information and to ensure the adherence to all applicable County, State and Federal laws, rules and regulations pertaining to privacy and confidentiality. This policy is applicable to all Tri City Mental Health Authority facilities, providers, and workforce members

2. DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Client:** For the purpose of this policy, the term “client” includes any individual who has been referred for, has requested, or has received mental health and/or substance use services or programs. The term “client” includes those who meet the above criteria and may also be referred to as beneficiaries, clients, consumers, members, participants, survivors, patients, or ex-patients.

2.2 **Confidentiality**: The act of keeping information private and the obligation to withhold information from others, unless legally and ethically permitted.

2.3 **Confidential Client Information:** Any information about a client or participant acquired during the course of a referral, service request, or services including details about a client’s identity, condition, services/treatment, and/or payment for services/treatment.

2.4 **Workforce:** For the purpose of this policy, the definition of the TCMHA workforce includes employees, volunteers, interns, consultants, locum tenens, trainees and contractors, whether or not they are paid by TCMHA. This includes individuals who provide services to clients and those who provide administrative, managerial, support services and/or other products, goods or services.

3. POLICY

3.1 TMCHA workforce members are expected and required to protect the privacy and confidentiality of all sources of client information and uphold compliance with all applicable confidentiality, privacy, and security mandates, including but not limited to:

- The Health Insurance Portability and Accountability Act (HIPAA)
- Confidentiality of Substance Use Disorder Client Records (42 CFR, Part 2)
- Lanterman-Petris-Short (LPS) Act
- Health Information Technology for Economic and Clinical Health Act. (HITECH)
- California Confidentiality of Medical Information Act (CMIA)
- California State Regulations and Policies
- Los Angeles Department Mental Health (LACDMH) Policies & Procedures
- Los Angeles County Substance Abuse Prevention and Control (SAPC) Policies & Procedures
- Tri-City Mental Health Authority Policies & Procedures

3.2 TCMHA workforce members shall review, sign and abide by all applicable confidentiality oaths.

3.3 All information and records developed in the course of providing services shall be deemed confidential unless otherwise indicated.

3.4 Confidentiality of client information shall be maintained in all formats, including paper, electronic mail, computerized information systems, photographs, audio and video recordings, communication with media, and other verbal and non-verbal communication (gesturing, etc.), in accordance with all applicable laws, regulations and procedures.

3.5 Workforce members shall take personal responsibility to ensure they understand and use current and relevant confidentiality laws, regulations and guidelines as applicable to their job responsibilities and duties.

3.6 Confidentiality shall be assured without compromising applicable legal rights of access for information by any appropriate party, including employees, clients, family, professionals and agencies or other pertinent groups.

3.7 Directors, Managers, and Supervisors shall be responsible for enforcing all confidentiality policies and regulations within their scope of responsibility.

4. PROCEDURES

4.1 Workforce members shall only use, disclose, and/or release confidential client information in accordance with all applicable confidentiality, privacy and security mandates, and as set forth in the TCMHA Privacy Manual.

4.2 Workforce members shall ensure that client records are stored, distributed, and maintained in a manner that will ensure access only to those workforce members authorized to have access. This shall include, but not be limited to, use and storage of passwords in a manner that assures they are not shared with unauthorized persons.

4.3 Workforce members shall only access the 'minimum necessary' confidential client information that the workforce member has the 'need to know', to perform their assigned work duties.

4.4 Workforce members shall never use confidential client information for any other purpose other than performing their designated TCMHA duties.

4.5 In addition to basic privacy regulations, such as HIPAA, that are common to all types of health care information, client information pertaining to any of the following types of information must be maintained and disclosed in accordance with the specific mandates that govern and are applicable to that particular type of confidential information, this includes but is not limited to:

- Mental Health Services Information
- Substance Use Disorder/Treatment Information
- Child and Dependent Adult Abuse and/or Reports Information
- HIV and AIDS Information
- Reproductive Health Information
- Gender Affirming Care Information
- Information contained in Psychotherapy Notes

4.6 Workforce members shall also apply this confidentiality policy to client information and documents not typically included in a clinical record, such as requests for services, incident reports, complaints/grievance, interpreter services as well as all information maintained on sign-in sheets, electronic messages, logs, etc.

4.7 Information stored in electronic data systems shall be maintained in keeping with all applicable confidentiality regulations. This shall include data from both microcomputer systems and Network computers.

4.8 Employees shall refer to the LACDMH Medical Records Manual, consult with appropriate supervisory personnel and request consultation from the LACDMH Custodian of Records regarding specific confidentiality matters.

4.9 Each Program Director and Manager shall regularly monitor operations to assure that confidentiality is being upheld within their department.

5. REFERENCES

5.1 45 CFR, Parts 160 and 164 Health Insurance Portability and Accountability Act (HIPAA).

5.2 42 CFR, Part 2 – Confidentiality of Substance Use Disorder Client Records.

5.3 California WIC § 5328 et seq – Lanterman-Petris-Short (LPS) Act

5.4 California CIV § 56 Confidentiality of Medical Information Act (CMIA)

5.5 California CIV § 1798.82.

5.6 California HSC § 123100 et seq. - Patient Access to Health Records Act

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Brian Cesario, Systems Administrator

SUBJECT: Approval of the Disposal of Obsolete or Damaged I.T. Equipment

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Summary:

I.T. is seeking approval from the Governing Board to authorize the disposal of decommissioned Tri-City I.T. hardware. Please reference the attached document for a list of devices in question.

Background:

The list is comprised of end-of-life hardware, damaged or unusable devices, as well as items that are no longer supported by their respective manufacturers. The disposal of these devices is needed to create more storage space for current I.T. inventory.

NOTE: All PC's e-recycling follow proper security protocol, with I.T. pulling the hard drives from the units and contacting the Tri-City partner, Iron Mountain, for proper disposal of sensitive data.

Fiscal Impact:

Disposal of the computers, laptops, and monitors will not incur any expense to the agency.

Recommendation:

Staff recommends that the Governing Board authorize the Executive Director to dispose of all of the devices listed on the I.T. Equipment Disposal List – June 2025.

Attachments

Attachment 12-A: IT Equipment Disposal List - June 2025

Surplus I.T. Equipment List for Disposal **JUNE 2025**

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
1	Garey	01114	2UA3401B0J	HP	Compaq Elite 8300 SFF	COMPUTER	N	OBSOLETE	Y	N	11	REPLACED
2	Garey	02478	MXL94330L8	HP	ELITEDESK 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
3	Garey	02479	MXL94330L9	HP	ELITEDESK 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	7	REPLACED
4	Garey	02481	MXL94330JR	HP	ELITEDESK 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	7	REPLACED
5	Garey	02482	MXL94330KZ	HP	ELITEDESK 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	7	REPLACED
6	Garey	02531	MXL9322MHS	HP	ELITEDESK 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	5	REPLACED
7	Garey	03390	MXL6050257	HP	COMPAQ dc5100 MT	COMPUTER	Y	OBSOLETE	Y	N	15	OBSOLETE
8	Garey	03393	MXL94330LJ	HP	ELITEDESK 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	7	REPLACED
9	Garey	00225	CND5350H4T	HP	L1706	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
10	Garey	00607	CNT008L332	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
11	Garey	00954	CNC2090K1Y	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
12	Garey	01513	CNC2090K3W	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
13	Garey	01518	CNC22403X9	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
14	Garey	01595	CNC2090K2M	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
15	Garey	01669	CNC313P75J	HP	LV2011	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
16	Garey	01889	TS00107650	HP	W2071D	MONITOR	Y	OBSOLETE	Y	N	6	REPLACED
17	Garey	01969	CNC634P3HS	HP	W2082A	MONITOR	Y	OBSOLETE	Y	N	6	REPLACED
18	Garey	02142	UD3181561010	Viewsonic	VA2055SA	MONITOR	Y	OBSOLETE	Y	N	5	REPLACED
19	Garey	02150	UD3181561012	Viewsonic	VA2055SA	MONITOR	Y	OBSOLETE	Y	N	5	REPLACED
20	Garey	03081	U91174741178	Viewsonic	VA1917A	MONITOR	Y	OBSOLETE	Y	N	5	REPLACED
21	Garey	00501	0017C5656B4E	SONICWALL	NSA 240	NETWORK DEVICE	Y	OBSOLETE	Y	N	10	REPLACED
22	Garey	01086	G091D04050	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	8	REPLACED
23	Garey	01177	SG34FLX136	HP	2920	NETWORK DEVICE	Y	BROKEN	Y	N	8	Wont turn on
24	Garey	01665	CSE21J402373	LINKSYS	WRT160N V3	NETWORK DEVICE	N	OBSOLETE	Y	N	7	REPLACED
25	Garey	01833	g091b31075	EATON	5PX 2200	NETWORK DEVICE	N	BROKEN	Y	N	8	Won't hold charge
26	Garey	03344	DP1614250029	DIGIUM	SWITCHVOX 260	NETWORK DEVICE	Y	OBSOLETE	Y	N	13	REPLACED
27	Garey	N/A	G086B34019	EATON	5PX 2200	NETWORK DEVICE	N	BROKEN	Y	N	8	Won't hold charge
28	Garey	N/A	G091G48017	EATON	5PX 2200	NETWORK DEVICE	N	BROKEN	Y	N	8	Won't hold charge
29	Garey	N/A	G086D21085	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	8	REPLACED
30	Garey	N/A	G086B34017	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	11	REPLACED
31	Garey	N/A	G086B32020	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	11	REPLACED
32	Garey	N/A	SC450RM1U	APC	SMART UPS	NETWORK DEVICE	Y	OBSOLETE	Y	N	10+	REPLACED
33	Garey	N/A	SG52FLZTLF	HP	J9729A	NETWORK DEVICE	Y	OBSOLETE	Y	N	10+	REPLACED
34	Garey	N/A	SUA3000MXL3U	EATON	3000XL	NETWORK DEVICE	Y	OBSOLETE	Y	N	10+	REPLACED
35	Garey	01030	A36D016090	FUJITSU	FI-7160	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	10	REPLACED
36	Garey	01135	416427	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	12	BAD FIRMWARE
37	Garey	01459	431702	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	12	BAD FIRMWARE
38	Garey	01462	416268	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	12	BAD FIRMWARE
39	Garey	01471	450735	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	OBSOLETE
40	Garey	03422	478931	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	OBSOLETE
41	Garey	02117	64167F87411F	Poly	VVX201	PHONE	N	BROKEN	Y	N	3	BROKEN
42	Garey	03648	4825674C9A29	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
43	Garey	03652	4825674A23BE	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
44	Garey	03658	4825674A25A6	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
45	Garey	03688	48256749BFB6	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
46	Garey	03702	4825674A2844	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
47	Garey	03758	4825674A23BA	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
48	Garey	03774	4825674E9515	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
49	Garey	03821	4825674A2808	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
50	Garey	03822	4825674A2812	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
51	Garey	03910	48256749AB48	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
52	Garey	03966	4825674AA62E	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
53	Garey	03967	4825674B8E4C	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
54	Garey	00034	CNDX302174	HP	LASERJET P4014n	PRINTER	N	OBSOLETE	Y	N	16	REPLACED
55	Garey	00083	DPX345746	XEROX	Phaser 6180	PRINTER	Y	OBSOLETE	Y	N	17	OBSOLETE
56	Garey	00311	HAT048983	XEROX	6130	PRINTER	N	OBSOLETE	Y	N	7	REPLACED
57	Garey	00877	NKA113263	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	7	REPLACED
58	Garey	00882	CNB9X67241	HP	LASERJET P2035	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
59	Garey	00913	HAT048981	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	7	REPLACED
60	Garey	01016	CNDF333460	HP	M451	PRINTER	N	BROKEN	Y	N	10	JAMMING
61	Garey	01083	VNG4S09317	HP	LaserJet 400 M401n	PRINTER	Y	OBSOLETE	Y	N	5	REPLACED
62	Garey	01101	CNDF221140	HP	M451DN	PRINTER	N	BROKEN	Y	N	8	BAD TRAY/FEEDER

ATTACHMENT 12-A

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
63	Garey	01619	VNB3F32082	HP	LASERJET P2035	PRINTER	Y	OBSOLETE	Y	N	10	OBSOLETE
64	Garey	01693	VNG3F16473	HP	M401	PRINTER	N	BROKEN	Y	N	6	BROKEN
65	Garey	01909	HAT048982	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
66	Garey	N/A	CNB7H1V02K	HP	M521DN	PRINTER	N	BROKEN	Y	N	9	BROKEN POWER SUPPLY
67	MHSA	00920	CNC119PKHZ	HP	S1933	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
68	MHSA	00825	0017C5656CDA	SONICWALL	NSA 240	NETWORK DEVICE	Y	OBSOLETE	Y	N	10	REPLACED
69	MHSA	01933	G091F33056	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	7	REPLACED
70	MHSA	00055	DPX342793	XEROX	6180N	PRINTER	N	BROKEN	Y	N	11	JAMMING
71	MHSA	00095	CNB9T17288	HP	P2035	PRINTER	N	BROKEN	Y	N	10	JAMMING
72	MHSA	00760	VNB3207463	HP	M401	PRINTER	Y	OBSOLETE	Y	N	12	REPLACED
73	MHSA	00868	NKA113260	XEROX	6280N	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
74	MHSA	01526	VNB3S08489	HP	M401	PRINTER	Y	OBSOLETE	Y	N	12	REPLACED
75	MHSA	01599	VNG3507775	HP	M401	PRINTER	N	BROKEN	Y	N	11	JAMMING
76	Royalty	00749	2UA212295W	HP	8200 ULTRASLIM	COMPUTER	N	BROKEN	Y	N	13	BROKEN
77	Royalty	02010	MXL9521LL1	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
78	Royalty	02015	MXL9521KDY	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
79	Royalty	02016	MXL9521LML	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
80	Royalty	02017	MXL9521K9F	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
81	Royalty	02018	MXL9521LNM	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
82	Royalty	02019	MXL9521LPP	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
83	Royalty	02020	MXL9521KF4	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
84	Royalty	02021	MXL9521K9V	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
85	Royalty	02023	MXL9521LMT	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
86	Royalty	02026	MXL9521LL0	HP	PRODESK 400 G5 MINI	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
87	Royalty	02177	MXL8311MNK	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	7	REPLACED
88	Royalty	02350	MXL9322MHJ	HP	ELITEDESK 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
89	Royalty	02487	MXL94330K3	HP	EliteDesk 800 G4 SFF	COMPUTER	N	OBSOLETE	Y	N	7	REPLACED
90	Royalty	02538	MXL94330LG	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	7	REPLACED
91	Royalty	00921	CND1141H93	HP	Elitebook 8440W	LAPTOP	Y	OBSOLETE	Y	N	16	OBSOLETE
92	Royalty	01033	CNU4389ZMG	HP	ELITEBOOK 9470M	LAPTOP	Y	BROKEN	Y	N	10	BROKEN
93	Royalty	01095	CND3310GHP	HP	SpectreXT Pro 13-b000 PC	LAPTOP	N	BROKEN	Y	N	10	BAD MOTHERBOARD
94	Royalty	01134	CNU3429SHQ	HP	ELITEBOOK 9470M	LAPTOP	N	OBSOLETE	Y	N	10+	REPLACED
95	Royalty	01946	5CG01771L5	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
96	Royalty	02062	CNU4249341	HP	ELITEBOOK 840 G1	LAPTOP	N	OBSOLETE	Y	N	9	REPLACED
97	Royalty	02103	5CG6425BWW	HP	ELITEBOOK 840 G3	LAPTOP	N	BROKEN	Y	N	5	BROKEN
98	Royalty	02301	5CG852847R	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
99	Royalty	02313	5CG017723R	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
100	Royalty	02327	5CG6170WN6	HP	ELITEBOOK 840 G3	LAPTOP	N	BROKEN	Y	N	8	BROKEN
101	Royalty	02328	5CG9256SQ4	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
102	Royalty	02347	5CG9255GTV	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	Broken hinge
103	Royalty	02357	5CG9255XWX	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	WILL NOT TURN ON
104	Royalty	02362	5CG9255KHG	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
105	Royalty	02368	5CG9255H51	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
106	Royalty	02377	5CG9255H7T	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken
107	Royalty	02385	5CG9255WSG	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
108	Royalty	02416	5CG9255SBQ	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BAD FIRMWARE
109	Royalty	02420	5CG9255HX1	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BAD MOTHERBOARD
110	Royalty	02423	5CG9255JVY	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken after fall
111	Royalty	02425	5CG949178H	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
112	Royalty	02458	5CG949178H	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
113	Royalty	02461	5CG9255H7P	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken Shell
114	Royalty	02462	5CG92557RW	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
115	Royalty	02464	5CG9255HHY	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	Broken
116	Royalty	02467	5CG9255J4T	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
117	Royalty	02471	5CG9255L12	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
118	Royalty	02473	5CG9255HJY	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN LCD
119	Royalty	02476	5CG9255X1C	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN CHASSIS
120	Royalty	02525	5CG0237L9D	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken Screen
121	Royalty	02529	5CG0237LYC	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
122	Royalty	02533	5CG9497DF2	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
123	Royalty	02542	5CG9254M64	HP	ELITEBOOK X360 830 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN LCD
124	Royalty	02547	5CG9253B98	HP	ELITEBOOK X360 830 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN LCD

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
125	Royalty	02551	5CG0225GH4	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN LCD
126	Royalty	02557	5CG0225GH0	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken Shell
127	Royalty	02576	5CG0237LYG	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
128	Royalty	02577	5CG0237M80	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN LCD
129	Royalty	02675	5CG04249M4	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
130	Royalty	02681	5CG04249GP	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN LCD
131	Royalty	02719	5CG9255XY2	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
132	Royalty	02762	5CG0425Y7C	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	Broken Motherboard
133	Royalty	02805	5CG6360PQT	HP	ELITEBOOK 840 G3	LAPTOP	N	OBSOLETE	Y	N	8	REPLACED
134	Royalty	02818	5CG509067L	HP	ELITEBOOK 840 G1	LAPTOP	N	BROKEN	Y	N	8	BROKEN
135	Royalty	02822	5CG510332C	HP	ELITEBOOK 840 G1	LAPTOP	N	BROKEN	Y	N	9	BROKEN
136	Royalty	02837	5CG0237LWB	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken
137	Royalty	02838	5CG0237LX5	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken shell
138	Royalty	02848	5CG036033R	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
139	Royalty	03061	5CG8526ZY4	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
140	Royalty	03079	5CG91720GV	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
141	Royalty	03273	5CG0424BL7	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken. Drink Spill
142	Royalty	03284	5CG0424BDW	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
143	Royalty	03289	5CG0424BL5	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
144	Royalty	03293	5CG0424BFN	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
145	Royalty	03424	5CG9343VV0	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BAD MOTHERBOARD
146	Royalty	03584	5CG9255H5B	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
147	Royalty	03595	5CG9344TDD	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
148	Royalty	03596	5CG9344D5X	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
149	Royalty	03598	5CG9343H6D	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
150	Royalty	03603	5CG9343HCH	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
151	Royalty	03607	5CG9343XW3	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
152	Royalty	03608	5CG9343SDJ	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
153	Royalty	03632	5CG92557NZ	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
154	Royalty	03635	2TK94905LT	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
155	Royalty	03964	5CG0424BLL	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	4	BROKEN
156	Royalty	03969	5CG9497NXL	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	6	BROKEN
157	Royalty	04138	5CG020CD4F	HP	ELITEBOOK 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
158	Royalty	00142	CNC834RJFG	HP	L1750	MONITOR	Y	OBSOLETE	Y	N	16	REPLACED
159	Royalty	00192	CNC5282MHZ	HP	L1706	MONITOR	Y	OBSOLETE	Y	N	19	REPLACED
160	Royalty	00374	CNT001N0LH	HP	LA2001X	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
161	Royalty	00485	CNT008L31J	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
162	Royalty	00508	CNT013F0X	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
163	Royalty	00712	CNC119RD2G	HP	S1933	MONITOR	N	OBSOLETE	Y	N	13	REPLACED
164	Royalty	00903	CNT021DG2M	HP	LE2001W	MONITOR	N	OBSOLETE	Y	N	10	REPLACED
165	Royalty	00908	CNT021DG33	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	10+	REPLACED
166	Royalty	00971	CNC3040399	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	10+	REPLACED
167	Royalty	01005	CNC318Q6MV	HP	LA2006X	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
168	Royalty	01207	3CQ33301SC	HP	ProDisplay P201	MONITOR	Y	OBSOLETE	Y	N	10	OBSOLETE
169	Royalty	01266	6CM442353Y	HP	S240ML	MONITOR	Y	OBSOLETE	Y	N	8	REPLACED
170	Royalty	01473	CNC2090K2V	HP	LE2002X	MONITOR	N	OBSOLETE	Y	N	12	REPLACED
171	Royalty	01500	CNC2220D3F	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	OBSOLETE
172	Royalty	01699	CNC315PSK9	HP	LA2006X	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
173	Royalty	01821	CN41280VK8	HP	S2032	MONITOR	Y	OBSOLETE	Y	N	4	REPLACED
174	Royalty	01977	6CM536057R	HP	P232	MONITOR	N	OBSOLETE	Y	N	8	REPLACED
175	Royalty	02047	6CM5410CN	HP	P232	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED
176	Royalty	02946	U91171041337	Viewsonic	VS16023	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
177	Royalty	00493	0017C5656F4A	SONICWALL	NSA 240	NETWORK DEVICE	Y	BROKEN	Y	N	7	BROKEN
178	Royalty	00726	CN119XJ03N	HP	Procurve 2810-48G	NETWORK DEVICE	Y	OBSOLETE	Y	N	6	REPLACED
179	Royalty	00826	7071BC9A2290	DIGIUM	SWITCHVOX 65	NETWORK DEVICE	Y	OBSOLETE	Y	N	10+	REPLACED
180	Royalty	00836	CN051XJ09Z	HP	ProCurve J9022A2	NETWORK DEVICE	Y	OBSOLETE	Y	N	5	REPLACED
181	Royalty	01624	TW2059Y09J	HP	WAP-200	NETWORK DEVICE	Y	BROKEN	Y	N	7	BROKEN
182	Royalty	01906	21AWM9UEB0739F17	GRANDSTREAM	UCM6510	NETWORK DEVICE	Y	OBSOLETE	Y	N	5	REPLACED
183	Royalty	N/A	LBADVA71162600771	ADVA	FSP150CCF	NETWORK DEVICE	N	OBSOLETE	Y	N	7	REPLACED
184	Royalty	N/A	FJC2035A165	CISCO	2911	NETWORK DEVICE	N	OBSOLETE	Y	N	5	REPLACED
185	Royalty	N/A	SG38FLY329	HP	J9728A	NETWORK DEVICE	Y	OBSOLETE	Y	N	6	REPLACED
186	Royalty	00737	CNU120W67H	HP	DOCKING STATION	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	10+	REPLACED

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
187	Royalty	00956	434188	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	BAD FIRMWARE
188	Royalty	01115	777940	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	10+	OBSOLETE
189	Royalty	01201	5CG524X5RB	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	Broken
190	Royalty	01289	CNU406Z87R	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	Broken
191	Royalty	01333	CNU422ZX0Y	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	10	Broken
192	Royalty	01361	A36DC11667	FUJITSU	FI-7160	NOTEBOOK COMPONENT	N	OBSOLETE	Y	N	10	REPLACED
193	Royalty	01362	A36DC11571	FUJITSU	FI-7160	NOTEBOOK COMPONENT	N	OBSOLETE	Y	N	10	REPLACED
194	Royalty	01804	5CG523Z8G3	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	6	Broken
195	Royalty	01953	5CG652ZTND	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	8	Broken
196	Royalty	02502	2TK931Z832	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	10	Broken
197	Royalty	02581	2TK941ZKGG	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	Broken
198	Royalty	02774	2TK052ZFTH	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	WILL NOT DISPLAY
199	Royalty	02786	2TK052ZFSZ	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
200	Royalty	02796	2TK052ZFW4	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
201	Royalty	02799	2TK052ZG8V	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	4	Broken
202	Royalty	03009	5CG745XPPS	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	6	Broken
203	Royalty	03073	5CG843WKLD	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	Broken
204	Royalty	03224	2TK052ZFZZ	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
205	Royalty	03225	2TK052ZFZW	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	4	Broken
206	Royalty	03226	2TK052ZG00	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
207	Royalty	03228	2TK052ZFJP	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
208	Royalty	03250	2TK052ZN9T	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
209	Royalty	03259	2TK052ZFWW	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	4	Broken
210	Royalty	03262	2TK052ZFW1	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	3	Broken
211	Royalty	03420	000100	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	BAD FIRMWARE
212	Royalty	03421	430170	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
213	Royalty	03423	478311	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	BAD FIRMWARE
214	Royalty	03620	8CL9451CN4	HP	THUNDERBOLT DOCK 120W G2	NOTEBOOK COMPONENT	N	BROKEN	Y	N	1	WILL NOT DISPLAY
215	Royalty	03634	175524	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	10+	OBSOLETE
216	Royalty	04439	376804	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	BAD FIRMWARE
217	Royalty	N/A	055952	FUJITSU	FI-6130Z	NOTEBOOK COMPONENT	N	BROKEN	Y	N	5	BAD FIRMWARE
218	Royalty	01823	0004f2f61470	Poly	IP6000	PHONE	Y	OBSOLETE	Y	N	10+	REPLACED
219	Royalty	00366	0004F2A52A35	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
220	Royalty	00401	0004F2E48709	Poly	Soundstation IP6000	PHONE	N	OBSOLETE	Y	N	16	REPLACED
221	Royalty	00442	0004F224BD18	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
222	Royalty	00475	0004F2E500CE	Poly	IP4000	PHONE	N	OBSOLETE	Y	N	10+	REPLACED
223	Royalty	00479	0004F2E484F0	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
224	Royalty	00757	AA08120973CC1	Poly	SOUNDSTATION 2W	PHONE	N	OBSOLETE	Y	N	8	REPLACED
225	Royalty	00761	0004F2A63566	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
226	Royalty	00800	0004F2EF097C	Poly	IP7000	PHONE	N	OBSOLETE	Y	N	5+	REPLACED
227	Royalty	01017	0004F2463D63	Poly	IP550	PHONE	N	OBSOLETE	Y	N	10	REPLACED
228	Royalty	01128	0004F2B46DF3	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
229	Royalty	01171	0004F2F18946	Poly	Soundstation IP6000	PHONE	N	OBSOLETE	Y	N	16	REPLACED
230	Royalty	01179	0004F2AE3034	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
231	Royalty	01189	0004F2B4A23E	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
232	Royalty	01208	0004F265B5BF	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
233	Royalty	01238	0004F265B9CE	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
234	Royalty	01240	0004F265B9D4	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
235	Royalty	01247	0004F24EF0F1	Poly	IP450	PHONE	N	OBSOLETE	Y	N	15	REPLACED
236	Royalty	01248	0004F24EEF22	Poly	IP450	PHONE	N	OBSOLETE	Y	N	15	REPLACED
237	Royalty	01249	0004F24EF23E	Poly	IP450	PHONE	N	OBSOLETE	Y	N	15	REPLACED
238	Royalty	01353	0004f24ef07c	Poly	IP450	PHONE	N	OBSOLETE	Y	N	10	REPLACED
239	Royalty	01360	64167F808EBA	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	2	REPLACED
240	Royalty	01378	0004F2A904AC	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
241	Royalty	01446	0004F22C8BAF	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
242	Royalty	01489	0004F2AC01B0	Poly	IP331	PHONE	N	OBSOLETE	Y	N	7	REPLACED
243	Royalty	01509	0004F22C8C21	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
244	Royalty	01545	0004D2AB94F5	Poly	IP331	PHONE	N	OBSOLETE	Y	N	10	REPLACED
245	Royalty	01775	64167F808EA8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
246	Royalty	01776	64167F808ECA	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
247	Royalty	01777	64167F808E4C	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
248	Royalty	01778	64167F808E9E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
249	Royalty	01779	64167F808E80	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
250	Royalty	01780	64167F808EE4	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
251	Royalty	01781	64167F808E8A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	2	REPLACED
252	Royalty	01783	64167F808AF7	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
253	Royalty	01784	64167f808ee8	Poly	VVX201	PHONE	N	BROKEN	Y	N	5	HAD BUGS IN IT
254	Royalty	01789	64167F808ADF	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
255	Royalty	01791	64167F808A25	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
256	Royalty	01792	64167F808A19	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
257	Royalty	01834	64167F808EDE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
258	Royalty	01837	64167F808E32	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
259	Royalty	01838	64167F808E48	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
260	Royalty	01840	64167F808E3E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
261	Royalty	01850	64167F808A93	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
262	Royalty	01852	64167F808EAE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
263	Royalty	01853	64167F808A29	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
264	Royalty	01890	64167F808E3A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
265	Royalty	01891	64167F808E5C	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
266	Royalty	01892	64167F808EA2	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
267	Royalty	01893	64167F808ED2	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
268	Royalty	01894	64167F808EDC	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
269	Royalty	01896	64167F8089E1	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
270	Royalty	01899	64167F808E96	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
271	Royalty	01900	64167F808E0A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
272	Royalty	01997	64167F83F079	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
273	Royalty	02035	64167F7F6C7A	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
274	Royalty	02036	64167F5607C0	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
275	Royalty	02037	64167FC5C500	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
276	Royalty	02038	64167F7F6F20	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
277	Royalty	02039	64167FC5AB43	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
278	Royalty	02040	64167F5633B5	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
279	Royalty	02112	64167F874137	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
280	Royalty	02113	64167F8740F5	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
281	Royalty	02114	64167F87412D	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
282	Royalty	02115	64167F86AB2E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
283	Royalty	02116	64167F87410A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
284	Royalty	02118	64167F86AB67	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
285	Royalty	02128	64167F86F9F0	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
286	Royalty	02129	64167F86F9CC	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
287	Royalty	02138	64167F86F9BA	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
288	Royalty	02139	64167F86F9C2	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
289	Royalty	02154	64167F875127	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
290	Royalty	02155	64167F875602	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
291	Royalty	02156	64167F875146	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
292	Royalty	02171	64167F88638A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
293	Royalty	02172	64167F886357	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
294	Royalty	02173	64167F88635E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
295	Royalty	02174	64167F88636E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
296	Royalty	02176	64167F886392	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
297	Royalty	02282	64167F83EF3D	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
298	Royalty	02288	64167f892a1c	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
299	Royalty	02289	64167F892585	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
300	Royalty	02290	64167f892583	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
301	Royalty	02291	64167F892575	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
302	Royalty	02292	64167F892570	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
303	Royalty	02296	64167F892950	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
304	Royalty	02297	64167F83408B	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
305	Royalty	02298	64167F835CAE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
306	Royalty	02321	64167f886081	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
307	Royalty	02338	64167F892560	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
308	Royalty	02374	64167F89257F	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
309	Royalty	02391	64167F8967B8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
310	Royalty	02392	64167F83F002	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
311	Royalty	02393	64167F8967AB	Poly	IP450	PHONE	N	OBSOLETE	Y	N	5	REPLACED
312	Royalty	02394	64167F8967D6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
313	Royalty	02395	64167F8967CF	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
314	Royalty	02396	64167F8340107	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
315	Royalty	02397	64167F83ECC4	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
316	Royalty	02398	64167F8967A6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
317	Royalty	02399	64167F8967B2	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
318	Royalty	02401	64167F835D62	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
319	Royalty	02402	64167f890d28	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
320	Royalty	02403	64167F89679E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
321	Royalty	02404	64167F8967B6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
322	Royalty	02405	64167F8926EC	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
323	Royalty	02406	64167F89690D	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
324	Royalty	02407	64167F896798	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
325	Royalty	02508	64167F1AD55F	Poly	VVX311	PHONE	N	OBSOLETE	Y	N	7	REPLACED
326	Royalty	02509	64167F1AE16A	Poly	VVX311	PHONE	N	OBSOLETE	Y	N	7	REPLACED
327	Royalty	02513	64167f88934f	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
328	Royalty	02514	64167F88C309	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
329	Royalty	02515	64167F88C3F7	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
330	Royalty	02516	64167F88C300	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
331	Royalty	02517	64167F88AA1A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
332	Royalty	02518	64167F88B919	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
333	Royalty	02519	64167F88C331	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
334	Royalty	02520	64167F88C2F9	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
335	Royalty	02699	64167FC5B2B3	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
336	Royalty	02700	64167FC5CE76	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
337	Royalty	02702	64167FC5A1A0	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
338	Royalty	02703	64167FC5AFCC	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
339	Royalty	02704	64167FC5B3AB	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
340	Royalty	02705	64167FC5B22B	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
341	Royalty	02706	64167FC5B5D3	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
342	Royalty	02707	64167F564D9D	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
343	Royalty	02775	64167F5632FC	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
344	Royalty	02776	64167F5636E7	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
345	Royalty	02803	64167F808E74	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
346	Royalty	02813	64167F86AB50	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
347	Royalty	02814	64167F86AB54	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
348	Royalty	02815	64167F86AB37	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
349	Royalty	02816	64167F86A96F	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
350	Royalty	02921	64167F844937	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
351	Royalty	02922	64167F844907	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
352	Royalty	02924	64167F817094	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
353	Royalty	02925	64167F8170C6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
354	Royalty	02926	64167F844920	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
355	Royalty	02927	64167F858813	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
356	Royalty	02928	64167f844992	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
357	Royalty	02929	64167f844901	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
358	Royalty	02930	64167f8449a1	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
359	Royalty	02931	64167F8170DA	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
360	Royalty	02932	64167f8170c8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
361	Royalty	02933	64167F8170D0	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
362	Royalty	02934	64167F844AA1	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
363	Royalty	02935	64167F844943	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
364	Royalty	02936	64167f8448c9	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
365	Royalty	02937	64167F8170AE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
366	Royalty	02938	64167f8170d8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
367	Royalty	02940	64167F8448FB	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
368	Royalty	02960	64167F817174	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
369	Royalty	02967	64167F852DCD	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
370	Royalty	02968	64167F81726E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
371	Royalty	02969	64167F85888B	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
372	Royalty	02970	64167F858804	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
373	Royalty	02971	64167F8170EC	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
374	Royalty	02972	64167F816826	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
375	Royalty	02973	64167F8171F6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
376	Royalty	02974	64167F81711A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
377	Royalty	02975	64167F817252	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
378	Royalty	02976	64167F85846A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
379	Royalty	02977	64167F817262	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
380	Royalty	02978	64167F8170F0	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
381	Royalty	02979	64167F858415	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
382	Royalty	02980	64167F858846	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
383	Royalty	02981	64167F8170EA	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
384	Royalty	02983	64167F817170	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
385	Royalty	02984	64167F8588AD	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
386	Royalty	02985	64167F8171F4	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	7	REPLACED
387	Royalty	02994	64167f844d36	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
388	Royalty	02999	64167F844D98	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
389	Royalty	03002	64167F844D11	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
390	Royalty	03003	64167f868bf8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
391	Royalty	03004	64167F86AB4C	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
392	Royalty	03005	64167F86AAE9	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
393	Royalty	03014	64167F844D49	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
394	Royalty	03015	64167F845194	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
395	Royalty	03016	64167f844d77	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
396	Royalty	03017	64167f844d22	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
397	Royalty	03018	64167F86AB38	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
398	Royalty	03019	64167F86AA22	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
399	Royalty	03020	64167F86AB14	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
400	Royalty	03021	64167f844d3b	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
401	Royalty	03022	64167f86ab24	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
402	Royalty	03023	64167F86AB26	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
403	Royalty	03024	64167F86AB36	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
404	Royalty	03028	64167f86ab7c	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
405	Royalty	03029	64167F86AAA2	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
406	Royalty	03030	64167F86AB6D	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	7	REPLACED
407	Royalty	03031	64167f86ab52	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
408	Royalty	03033	64167F86AB2F	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
409	Royalty	03041	64167F86F97A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
410	Royalty	03042	64167F86F9F1	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	7	REPLACED
411	Royalty	03071	64167F88606C	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
412	Royalty	03072	64167F83EB50	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
413	Royalty	03074	64167F83ED22	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
414	Royalty	03086	64167F8740D9	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
415	Royalty	03092	64167f8740f6	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
416	Royalty	03094	64167F87413B	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
417	Royalty	03098	64167f87411a	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
418	Royalty	03100	64167f87a600	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
419	Royalty	03101	64167F87A621	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
420	Royalty	03102	64167F87A60A	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
421	Royalty	03103	64167f87a5fe	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
422	Royalty	03111	64167F87DA8C	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
423	Royalty	03112	64167F87EB0D	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
424	Royalty	03123	64167F86F9A8	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
425	Royalty	03124	64167F86F9AE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	4	REPLACED
426	Royalty	03133	64167F875101	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
427	Royalty	03134	64167F875118	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
428	Royalty	03135	64167F8755E2	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
429	Royalty	03139	64167F8517BE	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
430	Royalty	03140	64167F85175E	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
431	Royalty	03141	64167F853B00	Poly	VVX201	PHONE	N	OBSOLETE	Y	N	5	REPLACED
432	Royalty	03336	64167F56308F	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
433	Royalty	03337	64167F563481	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	3	REPLACED
434	Royalty	03362	64167FC5A6C6	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	2	REPLACED

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
435	Royalty	03363	64167F7F5BFD	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
436	Royalty	03364	64167FC5B5F9	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
437	Royalty	03365	64167F565955	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
438	Royalty	03366	64167F7F584B	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
439	Royalty	03367	64167F7F50CA	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
440	Royalty	03368	64167F563A8B	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
441	Royalty	03369	64167fc5b642	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
442	Royalty	03371	64167F5630F2	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
443	Royalty	03372	64167fc5b37f	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
444	Royalty	03373	64167f7f64a4	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
445	Royalty	03374	64167FC5AEBC	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
446	Royalty	03375	64167F562D77	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
447	Royalty	03380	64167FC5CCD6	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
448	Royalty	03381	64167FC5B43B	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
449	Royalty	03395	64167FC5B962	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
450	Royalty	03396	64167F563995	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	2	REPLACED
451	Royalty	03397	64167f7f6e2f	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
452	Royalty	03400	64167f7f566e	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
453	Royalty	03892	4825674A24A6	Poly	VVX250	PHONE	N	BROKEN	Y	N	3	REPLACED
454	Royalty	03938	64167f563667	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
455	Royalty	03940	64167FC5B9A3	Poly	VVX150	PHONE	N	OBSOLETE	Y	N	4	REPLACED
456	Royalty	04241	482567AF908A	Poly	VVX250	PHONE	N	BROKEN	Y	N	1	BROKEN
457	Royalty	05-001435-06	0004F2E22593	Poly	SOUNDSTATION IP4000	PHONE	N	OBSOLETE	Y	N	10+	REPLACED
458	Royalty	N/A	AA0A132824B69	Poly	SOUNDSTATION 2W	PHONE	N	OBSOLETE	Y	N	8	REPLACED
459	Royalty	00314	HAT048977	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
460	Royalty	00321	HAT048978	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
461	Royalty	00345	CNB9R45676	HP	LASERJET P2035	PRINTER	N	BROKEN	Y	N	15	REPLACED
462	Royalty	00732	NKA125231	XEROX	6280N	PRINTER	Y	OBSOLETE	Y	N	10+	REPLACED
463	Royalty	00928	HAT048979	XEROX	6130N	PRINTER	Y	OBSOLETE	Y	N	10	REPLACED
464	Royalty	00986	VNG4S09319	HP	M401	PRINTER	N	OBSOLETE	Y	N	5	REPLACED
465	Royalty	01211	VNB3C15986	HP	M452NW	PRINTER	N	BROKEN	Y	N	6	JAMMING
466	Royalty	01766	VND3614974	HP	LaserJet P1109w	PRINTER	Y	OBSOLETE	Y	N	7	REPLACED
467	Royalty	01866	VNB3432135	HP	LASERJET P2035	PRINTER	N	OBSOLETE	Y	N	15	REPLACED
468	Royalty	N/A	VND3C43162	HP	LASERJET PRO M521DN	PRINTER	Y	BROKEN	Y	N	8	BROKEN
469	Royalty	00688	TS460HP16K8010	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
470	Royalty	00689	TS460HP16K8020	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
471	Royalty	00690	TS460HP16K8019	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
472	Royalty	00691	TS460HP16K8008	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
473	Royalty	00738	TS460HN12B7876	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
474	Royalty	00741	TS460HN12B7877	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
475	Royalty	00743	TS460HN12B7879	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
476	Royalty	00756	TS460HN12B7875	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
477	Royalty	00929	TS460HM10M2481	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
478	Royalty	00931	ts460hm11b1613	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
479	Royalty	00932	TS460HM11B1603	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
480	Royalty	00933	TS460HM11B1612	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
481	Royalty	00936	TS460HM11B1611	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
482	Royalty	00937	TS460HM11B1610	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
483	Royalty	00938	TS460HM11B1609	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
484	Royalty	00939	TS460HM10M2488	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
485	Royalty	00940	TS460HM11B1605	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
486	Royalty	00941	TS460HM11B1620	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
487	Royalty	00942	TS460HM11B1604	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
488	Royalty	00943	TS460HM10F183	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
489	Royalty	00945	TS460HM11B1621	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
490	Royalty	00949	TS460HM10M2077	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
491	Royalty	00957	TS460HM10F39333	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
492	Royalty	00958	TS460HM11B1608	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
493	Royalty	01031	TS460HM11B1614	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
494	Royalty	01173	TS460HM10F193	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
495	Royalty	01174	TS460HM11B1411	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
496	Royalty	01191	TS460HM10C38449	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
497	Royalty	01206	TS460HP14B2989	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
498	Royalty	01272	TS460HM10F197	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
499	Royalty	01355	TS460HP14B3002	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
500	Royalty	01356	TS460HP14B2983	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
501	Royalty	01357	TS460HP14B2993	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
502	Royalty	01363	TS460HM10F194	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
503	Royalty	01364	TS460HM10M2078	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
504	Royalty	01365	TS460HP14K922	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
505	Royalty	01367	TS460HM11B1617	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
506	Royalty	01374	TS460HP14B2994	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
507	Royalty	01375	TS460HP14B2995	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
508	Royalty	01376	TS460HP14B2985	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
509	Royalty	01379	TS460HP14B3001	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
510	Royalty	01380	TS460HP14B2991	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
511	Royalty	01409	TS460HM10M2487	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
512	Royalty	01411	TS460HN12B7889	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
513	Royalty	01413	TS460HN12B7882	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
514	Royalty	01415	TS460HN12B7887	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
515	Royalty	01416	TS460HN12B7880	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
516	Royalty	01417	TS460HN12B7892	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
517	Royalty	01426	TS460HM10F186	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
518	Royalty	01427	TS460HM10F39334	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
519	Royalty	01428	TS460HM11B1412	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
520	Royalty	01429	TS460HM10M2485	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
521	Royalty	01432	TS460HM10F184	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
522	Royalty	01440	TS460HM11B1618	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
523	Royalty	01442	TS460HM10F192	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
524	Royalty	01443	TS460HM10F198	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
525	Royalty	01445	TS460HM10F187	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
526	Royalty	01474	TS460HN12D1827	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
527	Royalty	01475	TS460HN12D1826	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
528	Royalty	01476	TS460HN12D1828	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
529	Royalty	01477	TS460HN12D1829	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
530	Royalty	01478	TS460HN12D1824	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
531	Royalty	01479	TS460HN12D1832	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
532	Royalty	01480	TS460HN112D1823	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
533	Royalty	01481	ts460hn12d1825	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
534	Royalty	01482	TS460HN12D1831	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
535	Royalty	01483	TS460HN12D1830	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
536	Royalty	01566	THS460HM10F202	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
537	Royalty	01623	TS460HM11B1607	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
538	Royalty	01630	TS460HM10M2482	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
539	Royalty	01632	TS460HM10F196	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
540	Royalty	01662	TS460HM11B1410	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
541	Royalty	01663	TS460HM10M2483	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
542	Royalty	01679	TS460HM11B1619	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
543	Royalty	01731	TS460HP13M5380	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
544	Royalty	01807	TS460HP14K911	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
545	Royalty	01808	TS460HP14K912	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
546	Royalty	01809	TS460HP14K915	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
547	Royalty	01810	TS460HP14K921	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
548	Royalty	01812	TS460HP14K914	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
549	Royalty	01814	TS460HP14K904	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
550	Royalty	01816	TS460HP14K903	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
551	Royalty	01818	TS460HM10F190	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
552	Royalty	01828	TS460HM11B1616	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
553	Royalty	01832	TS460HM10F201	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
554	Royalty	01856	TS460HM10F39316	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
555	Royalty	01857	TS460HP14B2992	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
556	Royalty	01858	TS460HP13M5381	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
557	Royalty	01867	TS460HM11B1615	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
558	Royalty	01908	TS460HP14B2984	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
559	Royalty	01910	TS460HM11B1414	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
560	Royalty	01911	THS460HM11B1415	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
561	Royalty	01912	TS460HM10F188	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
562	Royalty	01913	TS460HM11B1416	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
563	Royalty	01915	TS460HM10F185	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
564	Royalty	01929	TS460HM10F39315	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
565	Royalty	02027	TS460HR19G8674	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
566	Royalty	02030	TS460HR19G8592	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
567	Royalty	02031	TS460HR19G8676	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
568	Royalty	02532	TS460HM11B1409	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
569	Royalty	02563	TS460HR19M1935	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
570	Royalty	02565	TS460HR20A11556	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
571	Royalty	02566	TS460HR19H1964	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
572	Royalty	02567	TS460HR20A11548	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
573	Royalty	02568	TS460HR20A7391	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
574	Royalty	02569	TS460HR20A7390	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
575	Royalty	02570	TS460HR20A4469	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
576	Royalty	02571	TS460HR20A878	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
577	Royalty	02572	TS460HR19H1973	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
578	Royalty	02582	TS460HR19G8419	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
579	Royalty	02583	TS460HR19G8601	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
580	Royalty	02584	TS460HR19G8418	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
581	Royalty	02585	TS460HR19G8677	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
582	Royalty	02589	T-S460HR19G8673	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
583	Royalty	02687	TS460HR20H300	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
584	Royalty	02743	TS460HR20H292	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
585	Royalty	03326	TS460HR20H301	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
586	Royalty	03327	TS460HR20H302	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
587	Royalty	03328	TS460HR20H291	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
588	Royalty	03329	TS460HR20H298	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	OBSOLETE
589	Royalty	01768	F5IU00983	Hitachi	CP-AX2505	Video Device	N	BROKEN	Y	N	10	Will not power on
590	Royalty	01782	F6AU02140	Hitachi	CP-AX2503	Video Device	N	OBSOLETE	Y	N	10	REPLACED
591	Royalty	01903	F4EU02121	Hitachi	CP-AX2503	Video Device	N	BROKEN	Y	N	10	No longer visible
592	WELLNESS	00827	G091B31067	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	7	REPLACED
593	WELLNESS	00830	G091B31039	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	7	REPLACED
594	WELLNESS	N/A	G086B34018	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	7	REPLACED
595	WELLNESS	N/A	G086B34015	EATON	5PX 2200	NETWORK DEVICE	Y	OBSOLETE	Y	N	7	REPLACED
596	WELLNESS	N/A	DP0711300027	DIGIUM	AA65	NETWORK DEVICE	Y	OBSOLETE	Y	N	10	REPLACED
597	WELLNESS	00210	CNB9T12258	HP	P2035	PRINTER	Y	OBSOLETE	Y	N	10+	REPLACED
598	Royalty	03083	U91174741192	Viewsonic	VA1917	MONITOR	Y	OBSOLETE	Y	N	5	REPLACED
599	Royalty	02088	5CG635X873	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5+	REPLACED
600	Royalty	01320	CNU4129QC2	HP	ELITEBOOK 9470M	LAPTOP	N	BROKEN	Y	N	10+	BROKEN
601	Royalty	01041	6CM4310VX4	HP	EliteDisplay S240ml	MONITOR	N	BROKEN	Y	N	8	BROKEN
602	Royalty	03082	U91174741170	Viewsonic	VA1917	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
603	Garey	00707	CNC119PKJ9	HP	S1933	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
604	Garey	02151	5CG752ZPW0	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y	N	7	Not Displaying
605	Garey	02140	5CG752ZQSX	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
606	Garey	01301	CNU422ZWRN	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
607	Garey	02810	5CG732Z34P	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	8	REPLACED
608	Garey	02590	2TK002X19M	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
609	Garey	01751	5CG522X6NX	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
610	Garey	02965	5CG715XH4F	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	8	REPLACED
611	Garey	02132	U91181540075	Viewsonic	VA1917	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
612	Garey	01758	6CM5051BMN	HP	LV2311	MONITOR	Y	OBSOLETE	Y	N	10	REPLACED
613	Garey	02595	2TK002X14L	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
614	Garey	02823	V1X184600108	Viewsonic	VA2446MH	MONITOR	Y	OBSOLETE	Y	N	5	REPLACED
615	Garey	01595	CNC2090K2M	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
616	Garey	01508	CNC2090K3Q	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
617	Garey	00288	800YXH1	HP	Server	Computer	N	BROKEN	Y	N	10+	BROKEN
618	Garey	00871	001B2041721	OKI	Microline 390 Turbo	PRINTER	Y	OBSOLETE	Y	N	10+	REPLACED
619	Garey	00420	RH5095000014	Viewsonic	VA2223WM	MONITOR	Y	OBSOLETE	Y	N	16	REPLACED
620	Garey	02596	2TK002X14T	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED

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621	Garey	02905	CNU340ZS0S	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
622	Garey	02078	5CG623ZYT4	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	9	REPLACED
623	Garey	02137	5CG752ZPQF	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
624	Garey	01153	CNU406Z8DW	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	11	REPLACED
625	Garey	01793	6CM5270Q68	HP	EliteDisplay S240ml	MONITOR	N	BROKEN	Y	N	11	BROKEN
626	Garey	02885	5CG706Z3GQ	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	8	REPLACED
627	Garey	01342	6CM42337FD	HP	P191	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
628	Garey	00750	CNC2090K31	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
629	Garey	02127	5CG752ZQQV	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
630	Garey	00443	CNB9T41032	HP	P2035	PRINTER	Y	OBSOLETE	Y	N	16	REPLACED
631	Garey	02953	5CG720XWLB	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	8	REPLACED
632	Garey	02124	5CG752ZQSY	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
633	Garey	03130	5CG752ZPRP	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
634	Garey	03110	5CG803X2NF	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
635	Garey	01795	6CM4350PLG	HP	LV2311	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
636	Garey	02488	MXL94330L5	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
637	Garey	02479	MXL94330L9	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
638	Garey	02481	MXL94330JR	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
639	Garey	02482	MXL94330KZ	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
640	Garey	01373	CNU422ZZ4F	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	11	REPLACED
641	Garey	02494	UD3191961893	Viewsonic	VA2055SA	MONITOR	Y	OBSOLETE	Y	N	6	REPLACED
642	Garey	03394	6CM50519N6	HP	LV2311	MONITOR	Y	OBSOLETE	Y	N	10	REPLACED
643	Garey	02819	U91180841275	Viewsonic	VA1917	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
644	Garey	02452	V1X192701203	Viewsonic	VA2446MH	MONITOR	N	BROKEN	Y	N	6	BROKEN
645	Garey	01348	6CM42336TG	HP	P191	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
646	Garey	00542	CNT008L322	HP	LE2001X	MONITOR	Y	OBSOLETE	Y	N	15	REPLACED
647	Garey	01047	CNC320P0XC	HP	LA2006X	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
648	Garey	02887	5CG706Z3GC	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
649	Garey	02580	2TK941ZKG2	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	6	REPLACED
650	Garey	N/A	G086F47072	EATON	5PX 2200	NETWORK DEVICE	N	BROKEN	Y	N	8	BROKEN
651	Garey	04159	4825674F582A	Poly	VVX250	PHONE	N	BROKEN	Y	N	2	BROKEN
652	Garey	01292	CNU406Z969	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	11	REPLACED
653	Garey	03266	2TK052ZFQ0	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
654	Garey	02914	5CG719Y17Q	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	8	REPLACED
655	Garey	01327	CNU334Z05W	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	12	REPLACED
656	Garey	N/A	ER1435141289	Exacq	IPS-4000	NETWORK DEVICE	N	OBSOLETE	Y	N	10+	REPLACED
657	MHSA	02828	MXL94330L7	HP	EliteDesk 800 G4 SFF	COMPUTER	Y	OBSOLETE	Y	N	8	REPLACED
658	MHSA	01839	MY42JC106Z	HP	OfficeJet 150 Mobile	PRINTER	N	BROKEN	Y	N	5	BROKEN
659	MHSA	01106	2UA3451ZQP	HP	Z420 Workstation	COMPUTER	Y	OBSOLETE	Y	N	12	REPLACED
660	Royalty	02303	2TK919ZMGT	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
661	Royalty	02032	2TK002X18M	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
662	Royalty	02785	2TK052ZFWL	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
663	Royalty	03674	5CG0371JN7	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y	N	5	BROKEN
664	Royalty	02051	TS460HM10F39332	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	REPLACED
665	Royalty	02029	TS460HR19G8675	TOPAZ	T-S460-HSB-R	SIGNATURE PAD	Y	OBSOLETE	Y	N	10+	REPLACED
666	Royalty	04432	5CG0237LLD	HP	Elitebook 840 G6	LAPTOP	Y	BROKEN	Y	N	5	BROKEN
667	Royalty	01696	SG37FLY0F0	HP	2920-48G(J9728A)	NETWORK DEVICE	Y	OBSOLETE	Y	N	10	REPLACED
668	Royalty	02334	2TK919ZMD7	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
669	Royalty	03236	2TK052ZFXY	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
670	Royalty	02026	MXL9521LL0	HP	Prodesk 400 G5 Mini	COMPUTER	Y	OBSOLETE	Y	N	5	REPLACED
671	Royalty	02883	5CG706Z3GN	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
672	Royalty	02145	UD3181560988	Viewsonic	VA2055SA	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
673	Royalty	00672	CNK63814JF	HP	V244H	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED
674	Royalty	01437	CNC119PKJK	HP	S1933	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
675	Royalty	01978	6CM536057L	HP	Prodisplay P232	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED
676	Royalty	01739	CNK4480YN8	HP	V242H	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
677	Royalty	00678	CNK63814JG	HP	V244H	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED
678	Royalty	01267	6CM442354L	HP	S240ML	MONITOR	Y	OBSOLETE	Y	N	10	REPLACED
679	Royalty	02261	5CG752ZR3Y	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
680	Royalty	00819	CNC119RD2M	HP	S1933	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
681	Royalty	00485	CNT008L31J	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	15	REPLACED
682	Royalty	01743	CNK4480YN9	HP	V242H	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED

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683	Royalty	00670	CNK63814K8	HP	V244H	MONITOR	Y	OBSOLETE	Y	N	10	REPLACED
684	Royalty	01734	CNK4480Y9J	HP	V242H	MONITOR	Y	OBSOLETE	Y	N	9	REPLACED
685	Royalty	02715	CNK9240V2K	HP	P224	MONITOR	Y	OBSOLETE	Y	N	6	REPLACED
686	Royalty	03261	2TK052ZFY2	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
687	Royalty	01667	6CM311042G	HP	Prodisplay P201	MONITOR	Y	OBSOLETE	Y	N	12	REPLACED
688	Royalty	01749	6CM4310VX7	HP	S240ML	MONITOR	Y	OBSOLETE	Y	N	10	REPLACED
689	Royalty	00918	CNT004N6JJ	HP	LE2001W	MONITOR	Y	OBSOLETE	Y	N	15	REPLACED
690	Royalty	01467	CNC2090K39	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
691	Royalty	01468	CNC2090K37	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
692	Royalty	01184	CNU406Z9T5	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	11	REPLACED
693	Royalty	03131	5CG752ZPRT	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
694	Royalty	02888	5CG706Z3H6	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
695	Royalty	03008	5CG745XPPL	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
696	Royalty	02783	2TK052ZDFQ	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	5	REPLACED
697	Royalty	02260	5CG822ZKH8	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
698	Royalty	01205	5CG623ZC9S	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
699	Royalty	03249	2TK052ZFDZ	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
700	Royalty	03243	2TK052ZG6T	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
701	Royalty	01925	5CG518Z0VY	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	9	REPLACED
702	Royalty	02251	5CG822ZKHB	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
703	Royalty	01967	5CG652VTN3	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
704	Royalty	02267	5CG843WKLB	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	4	REPLACED
705	Royalty	01519	CNC22403X6	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	REPLACED
706	Royalty	02947	U91171041350	Viewsonic	VA1917A	MONITOR	Y	OBSOLETE	Y	N	8	REPLACED
707	Royalty	01018	6CM3492PTH	HP	P201	MONITOR	Y	OBSOLETE	Y	N	11	REPLACED
708	Royalty	01424	CN413414ZV	HP	S2032	MONITOR	Y	OBSOLETE	Y	N	14	REPLACED
709	Royalty	01993	UNN185150858	Viewsonic	VA1901A	MONITOR	Y	OBSOLETE	Y	N	7	REPLACED
710	Royalty	01209	FAEU01632	HITACHI	CP-AW2503	VIDEO DEVICE	N	BROKEN	Y	N	10+	BROKEN
711	Royalty	N/A	C0EAE4B21106	SONICWALL	NSA 2600	NETWORK DEVICE	N	BROKEN	Y	N	10	BROKEN
712	Royalty	01919	Q2LP-MBDS-A8YD	CISCO	MS220-48	NETWORK DEVICE	N	BROKEN	Y	N	7+	BROKEN
713	Royalty	00725	CN128ZR0D9	HP	PROCURVE 2610-24	NETWORK DEVICE	N	BROKEN	Y	N	10+	BROKEN
714	Royalty	00835	CN813ZS10Q	HP	PROCURVE 2610-48	NETWORK DEVICE	N	BROKEN	Y	N	10+	BROKEN
715	Royalty	00863	2UX8420A0C	HP	ProLiant DL380 G5	NETWORK DEVICE	N	BROKEN	Y	N	10+	BROKEN
716	Royalty	02597	2TK002X115	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED
717	Royalty	02792	2TK052ZN9P	HP	Ultraslim Docking Station	NOTEBOOK COMPONENT	Y	OBSOLETE	Y	N	7	REPLACED

		Total for Destruction	717		Total for Donation	0	717	Average Age of Devices (yrs)				
		Network Device	38		Network Device			5.2				
		PBX Phone	255		PBX Phone							
		Printer	33		Printer							
		Notebook PC/LAPTOP	70		Notebook PC/LAPTOP							
		Computer	31		Computer							
		Monitor	76		Monitor							
		Video Device	4		Video Device							
		Signature Pad	122		Signature Pad							
		Audio Device	0		Audio Device							
		Standing Desk	0		Standing Desk							
		Notebook Component	88		Notebook Component							

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **June 18, 2025**

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

FROM: **Ontson Placide, LMFT, Executive Director**

BY: **Diana Acosta, CPA, Chief Financial Officer**
Trevor Bogle, Controller

SUBJECT: **Consideration of Resolution No. 789 Adopting the Authority's Revised Policies and Procedures Nos.: VIII.1 and VIII.4, Effective June 18, 2025**

Summary:

As part of our policy and procedure management plan, agency policies are reviewed and updated on an ongoing, or as needed basis to ensure that policies are up to date with the most current statutes, regulations, contract requirements, best practices, and internal procedures.

Background:

The following policies and procedures were reviewed and revised to ensure that policies remain relevant, effective, and compliant with current laws, regulations, standards of care, industry standards, as well as internal procedures.

Policy and Procedure No. VIII.1 – Additions to Fixed Assets
Policy and Procedure No. VIII.4 – Disposal of Fixed Assets

The revised draft policies are included for Governing Board review and approval. Also included are the current policy versions, with annotations of all revisions.

Funding:

None Required.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 789 establishing the revised Policy and Procedures Nos.: VIII.1 and VIII.4, effective June 18, 2025.

Attachments:

Attachment 13-A: Resolution No. 789 -Draft
Attachment 13-B: Additions to Fixed Assets Policy and Procedure No. VIII.1
Attachment 13-C: Disposal of Fixed Assets Policy and Procedure No. VIII.4

RESOLUTION NO. 789

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED POLICIES AND PROCEDURES NOS.: VIII.1 and VIII.4, EFFECTIVE JUNE 18, 2025

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to update its Policies and Procedures Nos. VIII.1 and VIII.4, respectively, to comply with current statues, regulatory requirements, contract requirements as well as the Authority's best practices and internal procedures.

B. TCMHA Policies and Procedures are routinely reviewed and updated to ensure they are relevant, effective, and compliant with current regulations, mandates, and processes.

2. Action

The Governing Board approves the Authority's revised Additions to Fixed Assets Policy and Procedures No. VIII.1, and Disposal of Fixed Assets Policy and Procedures No. VIII.4, effective June18, 2025, replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

ATTACHMENT 13-A

TRI·CITY Mental Health Services

Accounting Department Policy & Procedure

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Additions to Fixed Assets		**06/18/2025**	**1 of 4**
APPROVED BY: Governing Board **Executive Director**	**SUPERCEDES:** **04/26/2006**	**ORIGINAL ISSUE DATE:** **04/26/2006**	**RESPONSIBLE PARTIES:** **Chief Financial Officer** **Controller** **Executive Team** **All Staff**

PURPOSE

1.1 To establish a system whereby all additions to property, plant and equipment are properly authorized; and, expenditures for tangible assets that benefit a period exceeding one fiscal year and exceed the cost threshold are capitalized.

1.2 To define and categorize fixed assets and to standardize the process of recording purchase of property, plant and equipment.

POLICY

2.1 Tri-City Mental Health Authority has implemented operational procedures for capital asset acquisitions to ensure that no unauthorized transactions have been made and that records of each transaction are accurate, complete and recorded in the appropriate period. Such purchases for Tri-City Mental Health Authority will be based on informed decisions including current year budgets, projected benefits and analysis of leasing versus purchase option.

LEGAL/REGULATORY FUNCTION

3.1 Generally Accepted Accounting Principles *(GAAP)*

PROCEDURES

4.1 **General Ledger Set-Up**

4.1.1 **Definition of Fixed Asset.** Fixed assets are tangible assets, i.e., usually equipment, furniture, fixtures or facilities that are actively used in the agency's operations, that provide benefit over a significant period *(life)* and are above a specified dollar value. For Tri-City Mental Health Authority, the following shall apply:

4.1.1.1 Life equals three or more years

4.1.1.2 Value equals $5,000 or more per item

4.1.2 **Categories of Fixed Asset.** Fixed assets are generally categorized by broad asset types. The categories approved for use by Tri-City are:

4.1.2.1 Buildings

4.1.2.2 Building Improvements

4.1.2.3 Land

4.1.2.4 Leasehold Improvements

4.1.2.5 Equipment

4.1.2.6 Furniture and Fixtures

4.1.2.7 Vehicles

4.2 **Acquisitions / Replacement Planning.** Planning for fixed assets is an ongoing process and an integral part of operations budgeting. As such, a definitive plan of proposed capital acquisitions must be brought to the Executive Management and Governing Board for capital outlay planning purposes. This process is normally performed at the time the budget is developed for the upcoming year. Tri-City Mental Health Authority's fiscal year is July 1 through June 30. Budget preparation normally occurs from April through June with final presentation in June or July. Therefore, departments must begin formulating a capital purchase plan in March/April for submission to Executive Management at the end of April.

4.3 **Purchasing of Fixed Assets.** All staff members must submit a Requisition Form for capital purchases. The department designee will prepare the Requisition Form, obtain approvals, and submit the form to Purchasing for processing. Only one Requisition Form should be used by each department when ordering capital items to avoid confusion and possible duplication of the order. Upon placement of the approved order, purchasing will instruct the vendor to send invoices to the attention of the accounting department.

4.3.1 **Requisition Form.** When completing the Requisition Form, the department designee enters the following information:

4.3.1.1 Department to be Charged for the purchase. *(Usually the program in which the asset will be placed into service.)*

4.3.1.2 Quantity to be ordered.

4.3.1.3 Stock Number if a specific pre-determined item is being ordered.

4.3.1.4 Item Description. *(Detailed description of item including size, components, model number, brand name, etc.)*

4.3.1.5 Estimated Costs. *(Includes all costs, i.e., base price, tax and delivery.)*

4.3.1.6 Total Cost based on the quantity ordered.

4.3.1.7 Required Date. *(When needed.)*

4.3.1.8 Explanation of Intended Usage. Must clearly identify the item as a capital asset detailing:

4.3.1.8.1 Intended Usage;

4.3.1.8.2 Projected benefits of the addition; and

4.3.1.8.3 Other requisition options considered *(e.g., lease vs. purchase, repair vs. replace)*.

4.3.2 **Approvals.** The Requisition form will then be approved by the Program Manager and a member of the Executive Team and forward to the Chief Financial Officer for review.

4.3.3 **Distribution of Forms.** All requisition forms are available on the Tri-City Intranet *(EXCEL)* in the Forms Folder.

4.3.4 **Delivery of Orders.** Purchasing will instruct all vendors when placing orders of a delivery address. Furniture and Equipment will be delivered to the office of the requestor. The date of delivery will be determined by the vendor at the time the order is placed. The requestor will be notified by Purchasing of the delivery date.

RESPONSIBILITIES

5.1 **Clinical, Clerical and Administrative Staff.** Submit all orders for furniture and equipment to the department staff. for processing.

5.2 **Department or Designated Staff.** Will prepare the Requisition form, obtain the necessary approvals by the Program Manager and/or a member of Executive Team for approval, and the Chief Financial Officer for review.

5.3 **Purchasing.** Will receive all Requisition Forms once approved by management, prepare the purchase order, place the order and arrange delivery.

5.4 **Executive Team, or designees** will approve all requisitions and purchase orders. All fixed asset requisitions and purchase orders must be reviewed by the Chief Financial Officer prior to order placement.

Accounting Department Policy & Procedure

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Additions to Fixed Assets			**1 of 4**
APPROVED BY: Governing Board **Executive Director**	**SUPERCEDES:** 04/26/2006	**ORIGINAL ISSUE DATE:** 04/26/2006	**RESPONSIBLE PARTIES:** **Chief Financial Officer** **Controller** **Executive Team** **All Staff**

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PURPOSE

1.1 To establish a system whereby all additions to property, plant and equipment are properly authorized; and, expenditures for tangible assets that benefit a period exceeding one fiscal year and exceed the cost threshold are capitalized.

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1.2 To define and categorize fixed assets and to standardize the process of recording purchase of property, plant and equipment.

POLICY

2.1 Tri-City Mental Health Authority has implemented operational procedures for capital asset acquisitions to ensure that no unauthorized transactions have been made and that records of each transaction are accurate, complete and recorded in the appropriate period. Such purchases for Tri-City Mental Health Authority will be based on informed decisions including current year budgets, projected benefits and analysis of leasing versus purchase option.

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LEGAL/REGULATORY FUNCTION

3.1 Generally Accepted Accounting Principles *(GAAP)*

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Additions to Fixed Assets		07/01/2024	2 of 4

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PROCEDURES

4.1 **General Ledger Set-Up**

4.1.1 **Definition of Fixed Asset.** Fixed assets are tangible assets, i.e., usually equipment, furniture, fixtures or facilities that are actively used in the agency's operations, that provide benefit over a significant period *(life)* and are above a specified dollar value. For Tri-City Mental Health Authority, the following shall apply:

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4.1.1.2 Value equals $5,000 or more per item

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4.1.2.4 Leasehold Improvements

4.1.2.5 Equipment

4.1.2.6 Furniture and Fixtures

4.1.2.7 Vehicles

4.2 **Acquisitions / Replacement Planning.** Planning for fixed assets is an ongoing process and an integral part of operations budgeting. As such, a definitive plan of proposed capital acquisitions must be brought to the Executive Management and Governing Board for capital outlay planning purposes. This process is normally performed at the time the budget is developed for the upcoming year. Tri-City Mental Health Authority's fiscal year is July 1 through June 30. Budget preparation normally occurs from April through June with final presentation in June or July. Therefore, departments must begin formulating a capital purchase plan in March/April for submission to Executive Management at the end of April.

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4.3 **Purchasing of Fixed Assets.** All staff members must submit a Requisition Form for capital purchases. The department designee will prepare the Requisition Form, obtain approvals, and submit the form to Purchasing for processing. Only one Requisition Form should be used by each department when ordering capital items to avoid confusion and possible duplication of the order. Upon placement of the approved order, purchasing will instruct the vendor to send invoices to the attention of the accounting department.

4.3.1 **Requisition Form.** When completing the Requisition Form, the department designee enters the following information:

4.3.1.1 Department to be Charged for the purchase. *(Usually the program in which the asset will be placed into service.)*

4.3.1.2 Quantity to be ordered.

4.3.1.3 Stock Number if a specific pre-determined item is being ordered.

4.3.1.4 Item Description. *(Detailed description of item including size, components, model number, brand name, etc.)*

4.3.1.5 Estimated Costs. *(Includes all costs, i.e., base price, tax and delivery.)*

4.3.1.6 Total Cost based on the quantity ordered.

4.3.1.7 Required Date. *(When needed.)*

4.3.1.8 Explanation of Intended Usage. Must clearly identify the item as a capital asset detailing:

4.3.1.8.1 Intended Usage;

4.3.1.8.2 Projected benefits of the addition; and

4.3.1.8.3 Other requisition options considered *(e.g., lease vs. purchase, repair vs. replace)*.

4.3.2 **Approvals.** The Requisition form will then be approved by the Program Manager and a member of the Executive Team and forward to the Chief Financial Officer for review.

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RESPONSIBILITIES

5.1 **Clinical, Clerical and Administrative Staff.** Submit all orders for furniture and equipment to the department staff. for processing.

5.2 **Department or Designated Staff.** Will prepare the Requisition form, obtain the necessary approvals by the Program Manager and/or a member of Executive Team for approval, and the Chief Financial Officer for review.

5.3 **Purchasing.** Will receive all Requisition Forms once approved by management, prepare the purchase order, place the order and arrange delivery.

5.4 **Executive Team, or designees** will approve all requisitions and purchase orders. All fixed asset requisitions and purchase orders must be reviewed by the Chief Financial Officer prior to order placement.

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TRI·CITY Mental Health Services

Accounting Department Policy & Procedure

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Disposal of Fixed Assets		**06/18/2025**	**1 of 2**
APPROVED BY: Governing Board; **Executive Director**	**SUPERCEDES:** **04/26/2006**	**ORIGINAL ISSUE DATE:** **04/26/2006**	**RESPONSIBLE PARTIES:** **Director of Operations Chief Financial Officer**

PURPOSE

1.1 To establish a system whereby the disposal of fixed assets will only occur after proper authorization has been given.

POLICY

2.1 Control over the disposition of property will be maintained not only to preserve the accuracy of the records, but also to ensure that:

2.11 Assets are safeguarded;

2.12 Improper disposal is avoided; and

2.13 The best possible terms are received for disposal.

LEGAL/REGULATORY FUNCTION

3.1 Generally Accepted Accounting Principles *(GAAP)*

PROCEDURES

4.1 **Documentation of Disposal.** The following procedures will apply to the retirement and disposal of agency assets:

4.1.1 No item of property, plant and equipment will be removed from the premises without a proper approval.

4.1.2 All items for disposals must be reviewed and approved by a responsible employee who is knowledgeable and not directly responsible for the asset. These assets will then be presented to the Governing Board for approval.

4.2 **Recording Disposal.** Once the retirement/disposal has been properly approved and documented, the following procedures apply to the recording of the transaction:

4.3.1 At the time the property is retired, the cost will be removed from the appropriate asset account;

4.3.2 The related accumulated depreciation, including depreciation to date of disposal, will be removed from the allowance for depreciation account;

4.3.3 The profit or loss, adjusted for the cost of removal, will be recorded as income *(gain)* or expense *(loss)* item; and

4.3.4 When the disposal is via a trade-in of a similar asset, the acquired asset will be recorded at the book value of the trade-in asset, plus any additional cash paid. In no instance will such cost exceed the fair market value for the new asset.

4.3 **Fully Depreciated Assets.** Fully depreciated assets will remain on the property records with the related accumulated depreciation as long as the property is still in use.

TRI·CITY Mental Health Services

Accounting Department Policy & Procedure

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Disposal of Fixed Assets			**1 of 2**
APPROVED BY: Governing Board **Executive Director**	**SUPERCEDES:** 04/26/2006	**ORIGINAL ISSUE DATE:** 04/26/2006	**RESPONSIBLE PARTIES:** **Director of Operations Chief Financial Officer**

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PURPOSE

1.1 To establish a system whereby the disposal of fixed assets will only occur after proper authorization has been given.

POLICY

2.1 Control over the disposition of property will be maintained not only to preserve the accuracy of the records, but also to ensure that:

2.11 Assets are safeguarded;

2.12 Improper disposal is avoided; and

2.13 The best possible terms are received for disposal.

LEGAL/REGULATORY FUNCTION

3.1 Generally Accepted Accounting Principles *(GAAP)*

PROCEDURES

4.1 **Documentation of Disposal.** The following procedures will apply to the retirement and disposal of agency assets:

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4.3 **Fully Depreciated Assets.** Fully depreciated assets will remain on the property records with the related accumulated depreciation as long as the property is still in use.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LFMT, Executive Director

BY: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Consideration of Resolution No. 790 Approving and Affiliation Agreement for Student Internships with Simmons University and Authorizing the Executive Director to Execute the Agreement and any Amendments Thereafter

---

Summary:

TCMHA would like to enter into an Agreement with Simmons University to host students participating in the Master of Social Work (MSW) Program. In exchange for training and supervision on duties and roles related to being a social worker in a public mental health system, these students provide direct service interventions in Tri-City Mental Health Authority directly operated clinics; they provide screening, clinical assessments, and therapy services within both the Adult and Child/Family Services Clinics; participate in program development and evaluation projects at the Wellness Center.

Background:

As the local mental health authority TCMHA has been a site for professional growth and development for the behavioral health workforce. It has established Memorandums of Understanding with various universities to serve as a practicum site for Master of Social work student interns. These interns assist TCMHA in fulfilling their mission to serve the public and help to develop the future workforce. We have an opportunity to provide additional intern placements and additional services by entering in an agreement with Simmons University to host Master Level Student interns. These interns will help meet the staffing shortage gap by providing additional behavioral health services in TCMHA directly operated clinics. Hosting Student Interns to provide services allows TCMHA to provide high quality services to residents of the catchment area for very low cost. Student Interns provide assessments and intervention services to clients without incurring costs for salaries and benefits.

Moreover, TCMHA's participation in the advancement of the profession of social work provides a source of future employee prospects— not only via students who are placed at TCMHA and may want to return following graduation, but also because of positive endorsements of TCMHA as a high-quality employer by students who participate in the MSW program and their university advisors.

Fiscal Impact:

There is no funding to be provided by TCMHA to participate in this Agreement.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 790 approving an Affiliation Agreement with Simmons University; and authorizing the Executive Director to execute the agreement and any amendments thereafter.

Attachments

Attachment 14-A: Resolution No. 790 – DRAFT

Attachment 14-B: TCMHA and Simmons Affiliation Agreement for Internship Program

RESOLUTION NO. 790

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING AN AFFILIATION AGREEMENT FOR AN INTERNSHIP PROGRAM WITH SIMMONS UNIVERSITY AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to enter into an Affiliation Agreement with Simmons University for an internship program for TCMHA to provide university students with field instruction and serve as a learning site offering facilities, resources, and training supervision to its students pursuant to the Affiliation Agreement.

B. The Authority affirms that Simmons University is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. The Agreement does not create or establish the relationship of employee and employer between Simmons University and TCMHA.

C. The Authority affirms that Simmons University students are considered learners who are fulfilling specific requirements for field experiences as part of a degree and/or credential requirement during their school calendar year, and are not employees, agents, joint venture or partners of TCMHA.

2. Action

The Governing Board approves the Affiliation Agreement with Simmons University for internship program, effective June 18, 2025; and authorizes the Authority's Executive Director to enter into and execute the Agreement and any amendments or extensions of such Agreement.

[continued on page 2]

DRAFT

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

WENDY LAU, BOARD MEMBER PRESIDING

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

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

www.tricitymhs.org

AFFILIATION AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

SIMMONS UNIVERSITY

DATED

JUNE 18, 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 14-B

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AGREEMENT

1. PARTIES AND DATE

This AGREEMENT ("Contract" or "Agreement") is made and entered into as of April 16, 2025 ("Agreement Date") by and between the TRI-CITY MENTAL HEALTH AUTHORITY ("TCMHA" or "Practicum Site"), a joint powers agency organized under the laws of the State of California, with its administrative office at 1717 N. Indian Hill Boulevard, #B, Claremont, California 91711, and SIMMONS UNIVERSITY ("UNIVERSITY" or "Sponsoring Institution"), with its principal place of business at 300 The Fenway, P – 108, Boston, Massachusetts 02115. TCMHA and UNIVERSITY are sometimes individually referred to as a "Party" and collectively as "Parties."

2. INDEPENDENT CONTRACTOR

The express intention of the Parties is that UNIVERSITY is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between UNIVERSITY and TCMHA or any employee, agent, or student at UNIVERSITY. At all times the UNIVERSITY shall be an independent contractor, and the UNIVERSITY shall have no power to incur any debt, obligation, or liability on behalf of TCMHA without the express written consent of TCMHA. Neither TCMHA nor any of its agents shall have control over the conduct of UNIVERSITY or any of UNIVERSITY's students, except as set forth in this Agreement.

3. SCOPE OF SERVICES

TCMHA will provide UNIVERSITY students ("Students") with education experience and field instruction ("Program") as set forth in the *Program Description* incorporated into and made a part of this Agreement as 'Exhibit A,' and serve as a learning site offering facilities, resources, and training supervision to UNIVERSITY students enrolled in UNIVERSITY's accredited educational program and approved for placement at TCMHA by UNIVERSITY.

4. PERFORMANCE OF SERVICES

A. <u>TCMHA (Practicum Site) Responsibilities</u>

1) Allow UNIVERSITY students reasonable access to its site in order to fulfil internship hours and requirements within the scope of services offered by TCMHA and to meet the UNIVERSITY's student learning objectives. When appropriate and agreed upon by the Parties, TCMHA may provide a remote or off-site internship experience with supervision by TCMHA staff. TCMHA shall determine the number of students it is capable of accepting for fieldwork placement, and the academic programs that it is willing to provide training.

2) Assign qualified employees to supervise, coordinate and oversee the internship experience, ensure the assigned students perform tasks consistent with UNIVERSITY's student learning objectives, verify hours completed and provide feedback on the student's performance. When required by state or professional licensing boards, TCMHA will assign a supervisor or preceptor that is a licensed practitioner in the applicable health sciences field to oversee the students in the clinical education training program.

3) TCMHA shall provide an orientation of its site and all relevant policies and procedures to assigned students and UNIVERSITY faculty. TCMHA shall inform the participating student of any potential health or safety risks associated with the location of their field placement.

4) Allow management or employees to participate in meetings with UNIVERSITY, complete verification forms or otherwise communicate with UNIVERSITY faculty regarding the program.

5) Coordinate emergency first aid or medical.

6) Have the right to refuse participation to any UNIVERSITY student who TCMHA determines is not participating satisfactorily in the Program. In the event that TCMHA determines a student is not satisfactorily participating in the Program, TCMHA will consult with UNIVERSITY regarding the reasons for denying participation of such student, but TCMHA shall make the final decision on such student's participation in its sole discretion and UNIVERSITY agrees to honor any such decision.

B. UNIVERSITY (Sponsoring Institution) Responsibilities

1) Be responsible for development, organization, and implementation of the academic curriculum and student learning objectives related to the internship Program; and provide TCMHA with a written statement of its educational goals, of appropriate learning experiences, and of its expectations for student performance in the Program.

2) Be responsible for the selection, placement, removal, and final grading of students placed with TCMHA. These decisions shall be made in consultation with TCMHA in accordance with the respective responsibilities of each Party to this Agreement.

3) Designate students in such numbers as are mutually agreed to by both Parties.

4) Maintain all attendance and academic records of students participating in the Program pursuant to this Agreement.

5) Assign a representative of its faculty to act as the UNIVERSITY's Program Coordinator between UNIVERSITY and TCMHA in the development and execution of the internship Program, rotation plan, the valuation of student performance, and to engage in such other activities as are of mutual concern in the provision of student training.

6) The Program Coordinator will exchange relevant information regarding the student's progress with TCMHA's Primary Supervisor as needed; and will also notify TCMHA's director in advance of: a) schedules of the students participating in the Program, b) placement of students in fieldwork assignments, and 3) changes in fieldwork assignments.

7) Be responsible for the students professional activities and conduct while they are at TCMHA locations; require every student to conform to all applicable TCMHA policies, procedures, and regulations, and all requirements and restrictions specified by TCMHA; and inform the students that they will serve as volunteers without compensation, and that they will not

be considered officers, agents or employees of TCMHA for any purpose, including Worker's Compensation purposes. These requirements shall include, but are expressly not limited to, that every student shall be required to successfully pass a criminal history background investigation as a condition of participation in the program.

8) In consultation and coordination with the TCMHA's staff, arrange for periodic conferences between appropriate representatives of UNIVERSITY and TCMHA to evaluate the fieldwork experience program provided under this Agreement.

5. COMPLIANCE

A. Students providing services pursuant to this Agreement may have access to Protected Health Information, as defined at 45 CFR §160.103, and 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.

B. During internship at TCMHA, students will be required to participate in training related to TCMHA's HIPAA Privacy and Security policies and procedures; and shall conform to all applicable TCMHA policies, procedures, regulation, and all requirements and restriction specified by TCMHA.

C. All of TCMHA's medical records and charts, created in connection with professional training for students enrolled in the internship Program, shall be and shall remain property of TCMHA.

D. The Parties agree that UNIVERSITY is not a "Business Associate" of TCMHA under HIPAA. UNIVERSITY shall not perform or assist in the performance of covered HIPAA functions on behalf of TCMHA. There shall be no exchange of individually identifiable protected health information between UNIVERSITY and TCMHA, or between any student and UNIVERSITY. Notwithstanding the foregoing, UNIVERSITY shall be bound by all the requirements of HIPAA, as applicable, and shall ensure that UNIVERSITY Personnel (as defined in Section 9 of this Agreement), and UNIVERSITY's students comply with all applicable HIPAA requirements.

6. TIME AND LOCATION OF WORK

Students shall perform the training required by this Agreement at any place or location and at any time as TCMHA deems necessary and appropriate, so long as they met the educational goals and objectives as required by UNIVERSITY's internship program.

7. TERM

The term of this Agreement shall commence June 18, 2025, and shall be and remain in full force and effect for three (3) years; unless it is amended or terminated pursuant to the provisions of Section 8 below.

8. TERMINATION

Either Party may terminate this Agreement at any time, without cause, upon thirty (30) calendar days' prior written notice to the other Party. Such termination shall not impair the activities of the students then at TCMHA and participating satisfactorily and in good standing in the internship Program, as determined by TCMHA pursuant to Section 4(A)(6). In the event of a material breach of this Agreement by either Party, the other Party may terminate this Agreement immediately upon written notice. Both Parties agree to cooperate fully in any such transition.

9. RESEARCH

UNIVERSITY and TCMHA agree that neither the UNIVERSITY nor TCMHA, nor any UNIVERSITY student, UNIVERSITY Personnel or TCMHA Personnel, will conduct any formal or informal survey, research or other study relating in any way to the patients treated under the Program at the TCMHA without first obtaining a written determination made by the UNIVERSITY Personnel and the TCMHA Coordinator (or their designated representatives) that appropriate consent has been obtained from any patient who is the subject of or participates in such survey, research or other study. As used in this Agreement, the term "UNIVERSITY Personnel" means and includes any official, officer, director, trustee, agent, employee, or contractor of UNIVERSITY. As used in this Agreement, the term "TCMHA Personnel" means and includes any elective or appointive official, officer, agent, employee, or contractor of TCMHA.

10. NO FINANCIAL AGREEMENT

TCMHA shall not compensate or reimburse UNIVERSITY, any of the UNIVERSITY's students, or any of the UNIVERSITY Personnel in connection with their participation in the Program under this Agreement. UNIVERSITY shall pay and administer all compensation and fringe benefits, if any, due its students and/or UNIVERSITY Personnel, and shall make any required federal or state income tax withholdings and all payments due as an employer's contribution under workers' compensation laws, or other laws, if applicable for any students and UNIVERSITY Personnel.

11. LICENSES.

UNIVERSITY declares that UNIVERSITY has complied with all federal, state, and local business permits and licensing requirements necessary to conduct business and to enter into this Agreement.

12. PROPRIETARY INFORMATION

UNIVERSITY agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning TCMHA's business, activities, programs, services, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of TCMHA. UNIVERSITY, UNIVERSITY Personnel and UNIVERSITY's students shall not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information, without written approval by Executive Director of TCMHA, either during or after its engagement with TCMHA, unless and until such Proprietary Information has become public knowledge without fault by the UNIVERSITY.

13. FAIR LABOR STANDARDS ACT AND DISPLACEMENT OF ORGANIZATION EMPLOYEES

It is not the intention of this Agreement for UNIVERSITY's students to perform services that would displace or replace regular employees of TCMHA. It is understood by the Parties that UNIVERSITY's students are not employees of TCMHA for any purpose and shall not be entitled compensation for services, employees' health, welfare and pension benefits, or other fringe benefits of employment, or worker's compensation insurance, from TCMHA. UNIVERSITY and TCMHA shall inform their students that no student is, or will be, entitled to any employment by either Party upon completion of their rotation.

14. CONFLICT OF INTEREST

UNIVERSITY hereby certifies that to the best of its knowledge or belief, no elected/appointed official or employee of TCMHA is financially interested, directly or indirectly, in the provision of services specified in this Agreement. Furthermore, UNIVERSITY represents and warrants to TCMHA that it has not employed nor retained any person or company employed by the TCMHA to solicit or secure the award of this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of the Agreement.

15. GENERAL TERMS AND CONDITIONS

A. Mutual Indemnification.

1. Indemnification by UNIVERSITY. UNIVERSITY shall, at its sole cost and expense, indemnify, defend and hold harmless TCMHA, its elective and appointive officers, officials, agents, employees, volunteers, and contractors who serve as TCMHA officers, officials or staff (collectively "TCMHA Indemnitees" in this Subsection (A)(1) of Section 15), from any and all demands, claims, costs or liability of personal injury, bodily injury (including death) and property damage, of any nature (collectively "Claims"), in law or in equity, whether actual, alleged or threatened, caused by or arising out of, in whole or in part, the acts or omissions of UNIVERSITY, its officers, trustees, directors, agents, employees, contractors, subcontractors, or their officers, trustees, directors, agents or employees, or any of UNIVERSITY's students (or any entity or individual that UNIVERSITY shall bear the legal liability thereof), (collectively "UNIVERSITY Indemnitors" in this Subsection (A)(1) of Section 15), including the UNIVERSITY Indemnitors' active or passive negligence, recklessness or willful misconduct in the performance of this Agreement, UNIVERSITY's for-credit internship course program, and/or the participation by any student in UNIVERSITY's for-credit internship course program, except as for Claims arising from the sole negligence or willful misconduct of TCMHA Indemnitees.

2. Indemnification by TCMHA. TCHMA shall, at its sole cost and expense, indemnify, defend and hold harmless UNIVERSITY, its officers, agents and employees (collectively "UNIVERSITY Indemnitees" in this Subsection (A)(2) of Section 15) from any and all demands, claims, costs or liability of personal injury, bodily injury (including death) and property damage of any nature (collectively "Liabilities"), in law or in equity, whether actual, alleged or threatened, caused by or arising out, in whole or in part, the acts or omissions of TCHMA, its officers, officials, agents, employees, volunteers, and contractors who serve as

TCMHA officers, officials or staff (collectively "TCMHA Indemnitors" in this Subsection (A)(2) of Section 15), including TCMHA Indemnitors' active or passive negligence, recklessness, or willful misconduct in the performance of this Agreement, except for Liabilities arising from the sole negligence or willful misconduct of UNIVERSITY Indemnitees.

B. Insurance. UNIVERSITY shall obtain and file with TCMHA, at UNIVERSITY's expense, certificates of insurance providing the following insurance before commencing any services under this Agreement as follows:

1. **Errors And Omissions Insurance**: $1,000,000.00 per occurrence, and $3,000,000 in the aggregate.

1. **Commercial General Liability And Property Damage Insurance**: General Liability and Property Damage Combined. $2,000,000.00 per occurrence including comprehensive form, personal injury, broad form personal damage, contractual and premises/operation, all on an occurrence basis. If an aggregate limit exists, it shall apply separately or be no less than two (2) times the occurrence limit. TCMHA accepts UNIVERISTY'S policy limits of $1,000,000 per occurrence and $3,000,000 in the aggregate; the insurance coverage difference will be covered by UNIVERSITY's umbrella policy to match TCMHA liability requirements.

2. UNIVERSITY, on behalf of students, shall maintain **General and Professional Liability**, as well as educator's **Errors and Omissions coverage**, through the Student Professional Liability Insurance (SPLIP) program, in the amount of $2,000,000 each occurrence and $4,000,000 general aggregate. TCMHA accepts UNIVERISTY'S policy limits of $1,000,000 per occurrence and $3,000,000 in the aggregate; the insurance coverage difference will be covered by UNIVERSITY's umbrella policy to match TCMHA liability requirements.

2. **Notice Of Cancellation**: TCMHA requires, and UNIVERSITY shall provide TCMHA with, 30 days' written notice of cancellation. Additionally, the notice statement on the certificate should not include the wording "endeavor to" or "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."

3. **Waiver of Subrogation:** Each insurance policy required by this Agreement shall expressly waive the insurer's right of subrogation against TCMHA and its elected and appointive officials, officers, employees, agents, volunteers and contractors serving as TCMHA officers, officials or staff. UNIVERSITY hereby waives all rights of subrogation against TCMHA.

4. **Certificate Of Insurance**: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to TCMHA, and it shall name "*Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as TCMHA officers, officials, or staff*" as additional insureds.

5. Delivery of Certificates and Endorsements: To prevent delay and ensure compliance with this Agreement, the insurance certificates and endorsements must be submitted to:

Tri-City Mental Health Authority
Attn: JPA Administrator/Clerk
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788

C. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, UNIVERSITY shall not discriminate against any employee, subcontractor, student or applicant for employment because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation gender, gender identity or expression. UNIVERSITY will take affirmative action to ensure that subcontractors and applicants are employed, that are treated during employment, without regard to their race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity.

D. Prohibition on Assignment. This Agreement shall not be assigned or transferred without advance written consent of TCMHA.

E. Changes to the Agreement. No changes or variations of any kind are authorized without the written consent of TCMHA's Executive Director. This Agreement may only be amended by a written instrument signed by both Parties. UNIVERSITY agrees that any written change after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

F. Contractor Attestation. Also in accordance with TCMHA's policies and procedures, TCMHA will not enter into contracts with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. TCMHA requires that UNIVERSITY certify that no staff member, officer, director, partner, or principal, sub-contractor, or Student is excluded from any Federal health care program, or federally funded contract and will sign attached *Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program*, attached hereto as 'Exhibit B' and incorporated herein by this reference. UNIVERSITY agrees that UNIVERSITY shall comply with this requirement.

G. Governing Law, Jurisdiction and Venue. This Agreement shall be governed by, and construed in accordance with, the laws of the State of California, except that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not be applied in interpreting this Agreement. The Parties agree that venue of any action that arises under or relates to this Agreement (whether contract, tort, or both) shall be resolved exclusively in a superior court or federal court in the County of Los Angeles, California.

H. Non-Use of Names. Except as required by applicable law, neither Party shall use the name of the other Party in any publicity without the prior written permission of the Party whose name is to be used.

I. No Third Party Beneficiaries. There is no intent by either Party to create or establish third Party beneficiary status or rights in any other Party, and no third party shall have the right to enforce any right or enjoy any benefit created or established under this Agreement.

16. 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. UNIVERSITY's Representative. UNIVERSITY 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 UNIVERSITY for all purposes under this Agreement.

C. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

If to Practicum Site:

Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788
Attn: Executive Director

If to Sponsoring Institution:

Simmons University
300 The Fenway, P – 108
Boston, MA 02115
Attention: Kelly Hager, Associate Provost
For Curriculum, Assessment, And Accreditation

Simmons University
Office of the General Counsel
300 The Fenway, Suite A-230
Boston, MA 02115

Any notices required by this Agreement shall be deemed received on (a) the day of delivery if delivered by hand during receiving Party's regular business hours or by facsimile before or during receiving Party's regular business hours; or (b) on the third business day following deposit in the United States mail, postage prepaid, to the addresses set forth below, or to such other addresses as the Parties may, from time to time, designate in writing pursuant to the provision of this Section. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

17. EXHIBITS

The following attached exhibit is hereby incorporated into and made a part of this Agreement:

Exhibit A: Simmons University Program Description, 3-Term Placement Structure and Requirements

Exhibit B: Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program

18. EFFECTIVE DATE

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

19. ENTIRE AGREEMENT

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

20. 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.

21. 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.

[SIGNATURES FOLLOW ON NEXT PAGE]

22. EXECUTION

a. Each person executing this Agreement on behalf of UNIVERSITY warrants that he or she is duly authorized to execute this Agreement on behalf of UNIVERSITY and that by his or her execution, UNIVERSITY is formally bound to the provisions of this Agreement.

b. UNIVERSITY certifies it is aware of the requirements of Sections 313 of the California Corporations Code. If UNIVERSITY is a corporate entity, it shall either: (i) provide City written proof that each person executing this Agreement on UNIVERSITY 's behalf is duly authorized to bind UNIVERSITY; or (ii) provide two signatories to this Agreement, of whom the first must be UNIVERSITY 's chairman of the board, president, or a vice president and the second must be UNIVERSITY 's secretary, an assistant secretary, its chief financial officer, or an assistant treasurer.

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

PRACTICUM SITE

Tri-City Mental Health Authority

By:_____
Ontson Placide, Executive Director

SPONSORING INSTITUTION

Simmons University

By: _____
Kelly Hager, Associate Provost
For Curriculum, Assessment, And
Accreditation

Attest:

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

Approved as to Form:
RICHARDS WATSON GERSHON LAW

By:_____
Steven L. Flower, General Counsel

EXHIBIT A

PROGRAM DESCRIPTION

3-TERM PLACEMENT STRUCTURE AND REQUIREMENTS

The first requirement for beginning an agency-based placement is the successful completion of the Simulated Field Experience (SFX) course.

Field Education Schedules

- Simulated Field Experience: Students complete a one term classroom course that prepares them for the agency based field placement. This course requires 4 hours of live session classroom time as well as approximately 1.5 hours of asynchronous work.
- Three-Term Agency-Based Placement: Students are in field placement three days a week (24 hours) for three terms.

Generalist Practice Field Experience

This first field experience (Simulated Field Experience and first term of agency-based placement) provides a foundation in generalist social work practice over the course of two consecutive terms. The generalist field education courses will prepare students with:

- An introduction to social work identity and the ethical standards and values that define the profession
- Exposure to the roles of social workers, such as clinicians, advocates, and case managers
- The ability to engage and assess individuals, families, groups, organizations, and communities
- Training, support, and feedback from experienced social work clinicians
- Skills in building therapeutic relationships with clients and integrating clinical practices into their work

Specialized Practice Field Experience

The specialized field experience (second and third terms of agency placement) will enable students to build on their generalist knowledge and hone assessment and intervention skills. This second clinical experience takes place over the course of two terms and provides students with:

- Increased clinical opportunities to practice engaging, assessing, intervening, and evaluating diverse client groups (individuals, families, and organizations)
- Regular practice applying theoretical concepts learned in the classroom to client interactions
- Increased exposure to evidence-informed practices
- Further practice applying their clinical skills while benefiting from the support and feedback of a skilled field instructor
- The knowledge and confidence to grow increasingly autonomous as professional social workers

3 Term Placement Length

- Students will attend field placement for 3 terms, a total of 46 weeks
- Students will complete 1,108 hours (24 hours per week)
  - Can use up to 7 days absence (for agency closings due to holidays and inclement weather, illness)
- 50% of hours in direct practice

Internship Requirements

- 1 hour of individual supervision from their field instructor each week
- Field instructor has an LCSW and 2+ years of clinical experience post-graduation
- 1 hour of group supervision or supervision by another mental health professional, if possible
- 1 Reflective Journaling Activity reviewed and commented on per week

Site Requirements

- Sites should provide advanced year/specialized learning opportunities. The first term should offer more training and opportunities to shadow and observation than the following terms that should transition to greater independent practice.
  - Faculty expectations
    - Students should have the opportunity to deepen assessment and intervention skills each term and should be able to articulate the rationale for the decisions they make by the time they graduate.
    - Students should spend more time in the "intervention" work with clients than in case management, psycho education, assessment or record keeping activities.
    - By the third term of the placement, students should be functioning independently

- Learning Opportunities
  - 50% of time to be in direct practice
    - Students should have the opportunity to practice in 2 modalities to include: individual, couples, families, groups, and/or large systems work.
      - In settings with extensive group work, students must have the opportunity to engage in either individual or family work.
    - Provide direct services, not just assessment and linkage to services, and/or monitoring.
    - Complete bio-psycho-social assessments
    - Participate in all phases of the work including engagement, assessment, intervention, evaluation.
    - Move from more guided work to independent work: Students must have the opportunity to work more independently, where they are given the opportunity to think critically and use their judgment to direct the work they are doing with their clients, with regular guidance from an appropriately qualified field instructor

- Work with an adequate number of clients-students need some diversity of experience over the course of the term.
- Case management/care coordination (10% of student time)
- Involvement in agency life, for example in staff meetings, group supervision, team meetings, informal interactions with other clinicians and agency personnel, in-service training, etc.
- Reflective supervision
- Work with other professional disciplines
- Interface with various systems
- A broad enough experience that learning can be applied to other settings
- The social work role in the setting should be well established.

First Term	Second Term	Third Term
• Develop therapeutic relationship and rapport • Looking to FI for step by step guidance on how to approach the work or using pre-prepared materials • Getting to agency policies, procedures and documentation • Getting to know the community and resources • Understanding the role via observation, training, and practice • Generalist intervention • Able to use basic counseling skills • Understanding person in environment/ecosystems • Strength based practice • Understands and follows confidentiality and other ethical principles	• Beginning to think more about specific interventions for the population/presenting concern • Beginning to implement more specific interventions • Beginning to be able to assess/evaluate progress with the client • With support being able to identify and address ethical challenges, safety concerns. • Increased use of critical thinking and opportunities to use clinical judgement to implement individualized treatment for clients.	• Student relying more on judgment and FI is in a greater consultative role • Deepening second term skills

Supervision Requirements

- Field Instructor (FI) to have an MSW, either someone with the highest level of licensure or provisional license plus 2 years of post-master's experience

- If FI has a provisional license, must be supervised by someone with the highest level of licensure
  - Person has to be employed by the agency for 6 months
  - Prior experience supervising students, at the graduate level
    - If no previous experience supervising students, the FI is required to complete the Virtual Guide
  - Experience in the area of practice where student is interning
  - As offsite supervisory arrangements are less than ideal for student learning, we will only consider these arrangements as a last resort
    - In cases of off site supervision, the FI should:
      - Be employed by the agency
      - Have recent knowledge of the policies, procedures, and approaches of the program/site where the student is placed
      - Have an established plan for student to have drop in or ad hoc supervision
      - Work with a qualified onsite task manager and have an appropriate coordination plan between task manager and field instructor

MSW can be considered as a last resort: must provide evidence of continuing education, supervision by a licensed social worker

EXHIBIT B

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

SIMMONS UNIVERSITY

Contractor's Name Last First

Contractor hereby warrants that neither it nor any of its staff members or students 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 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 or students currently barred from participation in any Federal or State funded health care program?

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

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

Kelly Hager, Associate Provost
For Curriculum, Assessment,
And Accreditation

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: June 11, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

BY: Kitha Torregano, Human Resources Director

SUBJECT: Consideration of Resolution No. 791 Adopting a Revised Master Classification and Salary Schedule to include the Revised Job Descriptions for Master of Social Work/Master of Marriage and Family Therapy Intern and Data Analyst Classifications

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Summary:

This report seeks the adoption of revised job descriptions for the Master of Social Work (MSW)/Master of Marriage and Family Therapy (MFT) Intern and Data Analyst classifications. These updates are designed to align each role with current workforce needs, emerging skill requirements, and Tri-City's strategic commitment to inclusive, data-informed service delivery. The revisions aim to broaden candidate pools, enhance career development pathways, and reflect contemporary expectations for analytical and entry-level support roles in public behavioral health settings.

Background:

MSW/MFT Intern Classification:

Internships at Tri-City provide valuable experiential learning opportunities aligned with the Authority's workforce development goals. A recent review of the Intern classification identified a need for greater flexibility in academic requirements, clearer articulation of expected competencies, and updated supervision guidelines. The revised job description includes:

- Expanded eligibility to students in a broader range of academic disciplines across behavioral health fields.
- Clearer learning objectives and performance expectations.
- Language affirming Tri-City's commitment to equitable access and mentorship.

These changes are designed to improve access for student populations and strengthen the Authority's talent pipeline in behavioral health and public service careers.

Data Analyst Classification:

The Data Analyst role has grown in scope due to increased reliance on data-driven decision-making, performance metrics, and compliance reporting across Tri-City programs. The revised job description reflects:

- Enhanced technical skill requirements in data visualization, reporting tools, and statistical analysis.
- Broader examples of essential duties to include program evaluation, quality improvement support, and equity-focused analytics.
- Clarified reporting structure and interdepartmental collaboration expectations.

These updates will strengthen Tri-City's ability to attract high-caliber candidates and retain data-literate professionals who support the agency's mission and performance goals.

Fiscal Impact:

No change. These classifications are already accounted for in the current fiscal year budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 791 approving the revised job descriptions for the Master of Social Work (MSW)/Master of Marriage and Family (MFT) Therapy Intern and Data Analyst classifications, and the Master Classification and Salary Schedule to reflect these changes.

Attachments

Attachment 15-A: Resolution No. 791 – Draft

Attachment 15-B: Data Analyst Job Description

Attachment 15-C: Master of Social Work (MSW)/Master of Marriage and Family Therapy (MFT) Intern Job Description

RESOLUTION NO. 791

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE REVISED JOB DESCRIPTION OF THE MSW/MFT THERAPY INTERN, AND DATA ANALYST 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:

Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to revise the job descriptions for the Master of Social Work (MSW)/Master of Marriage and Family Therapy (MFT) Intern, and Data Analyst classifications to align each role with current workforce needs, emerging skill requirements, and the Authority's strategic commitment to inclusive, data-informed service delivery; and update the Authority's Master Classification and Salary Schedule to reflect this change effective January 1, 2025.

A. 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.

2. Action

The Governing Board approves the revised job descriptions of the MSW/MFT Intern, and Data Analyst Classifications without altering the pay grade; 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.

[Continued on page 2]

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3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

EXHIBIT A

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 1, 2025
ADOPTED JUNE 18, 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 Reocrds 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/Master of Marriage & Family Therapy 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 Specialst I	38
Quality Assurance Specialst 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			4,045.55	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		1,868.29	1,961.70	2,059.79	2,162.78	2,270.92		23.35360	24.52130	25.74740	27.03480	28.38650
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	29.09620
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	41.11210
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	36.44540	38.26770	40.18100	42.19010	44.29960	46.51460
38	77,701.52	81,586.54	85,666.05	89,949.18	94,446.77	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	46.57000	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	3,727.82	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	8,692.81	9,127.44	9,583.81	3,465.77	3,639.06	3,821.01	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	106,921.36	112,267.38	117,880.88	7,696.90	8,081.74	8,485.83	8,910.11	9,355.61	9,823.41	3,552.42	3,730.03	3,916.54	4,112.36	4,317.98	4,533.88	44.40520	46.62540	48.95670	51.40450	53.97470	56.67350
46	94,671.82	99,405.49	104,375.65	109,594.37	115,074.13	120,827.82	7,889.32	8,283.79	8,697.97	9,132.86	9,589.51	10,068.99	3,641.22	3,823.29	4,014.45	4,215.17	4,425.93	4,647.22	45.51530	47.79110	50.18060	52.68960	55.32410	58.09030
47	97,038.66	101,890.46	106,985.01	112,334.35	117,950.98	123,848.61	8,086.55	8,490.87	8,915.42	9,361.20	9,829.25	10,320.72	3,732.26	3,918.86	4,114.81	4,320.55	4,536.58	4,763.41	46.65320	48.98580	51.43510	54.00690	56.70720	59.54260
48	99,464.56	104,437.84	109,659.68	115,142.56	120,899.79	126,944.69	8,288.71	8,703.15	9,138.31	9,595.21	10,074.98	10,578.72	3,825.56	4,016.84	4,217.68	4,428.56	4,649.99	4,882.49	47.81950	50.21050	52.72100	55.35700	58.12490	61.03110
49	101,951.20	107,048.66	112,401.12	118,021.28	123,922.24	130,118.35	8,495.93	8,920.72	9,366.76	9,835.11	10,326.85	10,843.20	3,921.20	4,117.26	4,323.12	4,539.28	4,766.24	5,004.55	49.01500	51.46570	54.03900	56.74100	59.57800	62.55690
50	104,500.03	109,724.99	115,211.20	120,971.76	127,020.40	133,371.26	8,708.34	9,143.75	9,600.93	10,080.98	10,585.03	11,114.27	4,019.23	4,220.19	4,431.20	4,652.76	4,885.40	5,129.66	50.24040	52.75240	55.39000	58.15950	61.06750	64.12080
51	107,112.51	112,468.10	118,091.38	123,996.08	130,195.94	136,705.71	8,926.04	9,372.34	9,840.95	10,333.01	10,849.66	11,392.14	4,119.71	4,325.70	4,541.98	4,769.08	5,007.54	5,257.91	51.49640	54.07120	56.77470	59.61350	62.59420	65.72390
52	109,790.30	115,279.84	121,043.73	127,095.90	133,450.72	140,123.36	9,149.19	9,606.65	10,086.98	10,591.33	11,120.89	11,676.95	4,222.70	4,433.84	4,655.53	4,888.30	5,132.72	5,389.36	52.78380	55.42300	58.19410	61.10380	64.15900	67.36700
53	112,535.07	118,161.68	124,069.92	130,273.31	136,787.04	143,626.29	9,377.92	9,846.81	10,339.16	10,856.11	11,398.92	11,968.86	4,328.27	4,544.68	4,771.92	5,010.51	5,261.04	5,524.09	54.10340	56.80850	59.64900	62.63140	65.76300	69.05110
54	115,348.48	121,115.90	127,171.62	133,530.18	140,206.77	147,216.99	9,612.37	10,092.99	10,597.63	11,127.51	11,683.90	12,268.08	4,436.48	4,658.30	4,891.22	5,135.78	5,392.57	5,662.19	55.45600	58.22880	61.14020	64.19720	67.40710	70.77740
55	118,232.19	124,143.76	130,350.90	136,868.37	143,711.78	150,897.55	9,852.68	10,345.31	10,862.57	11,405.70	11,975.98	12,574.80	4,547.39	4,774.76	5,013.50	5,264.17	5,527.38	5,803.75	56.84240	59.68450	62.66870	65.80210	69.09220	72.54690
56	121,187.87	127,247.33	133,609.63	140,290.18	147,304.56	154,669.84	10,098.99	10,603.94	11,134.14	11,690.85	12,275.38	12,889.15	4,661.07	4,894.13	5,138.83	5,395.78	5,665.56	5,948.84	58.26340	61.17660	64.23540	67.44720	70.81950	74.36050
57	124,217.60	130,428.48	136,949.90	143,797.47	150,987.20	158,536.56	10,351.47	10,869.04	11,412.49	11,983.12	12,582.27	13,211.38	4,777.60	5,016.48	5,267.30	5,530.67	5,807.20	6,097.56	59.72000	62.70600	65.84130	69.13340	72.59000	76.21950
58	127,323.04	133,689.30	140,373.58	147,392.34	154,761.98	162,500.00	10,610.25	11,140.77	11,697.80	12,282.69	12,896.83	13,541.67	4,897.04	5,141.90	5,398.98	5,668.94	5,952.38	6,250.00	61.21300	64.27370	67.48730	70.86170	74.40480	78.12500
59	130,506.06	137,031.44	143,882.96	151,077.06	158,630.99	166,562.66	10,875.51	11,419.29	11,990.25	12,589.75	13,219.25	13,880.22	5,019.46	5,270.44	5,533.96	5,810.66	6,101.19	6,406.26	62.74330	65.88050	69.17450	72.63320	76.26490	80.07820
60	133,768.75	140,457.20	147,480.11	154,854.13	162,596.72	170,726.61	11,147.40	11,704.77	12,290.01	12,904.51	13,549.73	14,227.22	5,144.95	5,402.20	5,672.31	5,955.93	6,253.72	6,566.41	64.31190	67.52750	70.90390	74.44910	78.17150	82.08010
61	137,112.98	143,968.66	151,167.12	158,725.42	166,661.66	174,994.77	11,426.08	11,997.39	12,597.26	13,227.12	13,888.47	14,582.90	5,273.58	5,537.26	5,814.12	6,104.82	6,410.06	6,730.57	65.91970	69.21570	72.67650	76.31030	80.12580	84.13210
62	140,540.82	147,567.89	154,946.27	162,693.65	170,828.32	179,369.63	11,711.73	12,297.32	12,912.19	13,557.80	14,235.69	14,947.47	5,405.42	5,675.69	5,959.47	6,257.45	6,570.32	6,898.83	67.56770	70.94610	74.49340	78.21810	82.12900	86.23540
63	144,054.35	151,256.98	158,819.86	166,760.88	175,098.98	183,853.90	12,004.53	12,604.75	13,234.99	13,896.74	14,591.58	15,321.16	5,540.55	5,817.58	6,108.46	6,413.88	6,734.58	7,071.30	69.25690	72.71970	76.35570	80.17350	84.18220	88.39130
64	147,655.66	155,038.42	162,790.37	170,929.82	179,476.34	188,450.29	12,304.64	12,919.87	13,565.86	14,244.15	14,956.36	15,704.19	5,679.06	5,963.02	6,261.17	6,574.22	6,902.94	7,248.09	70.98830	74.53770	78.26460	82.17780	86.28670	90.60110
65	151,347.04	158,914.50	166,860.10	175,203.18	183,963.31	193,161.49	12,612.25	13,242.87	13,905.01	14,600.27	15,330.28	16,096.79	5,821.04	6,112.10	6,417.70	6,738.58	7,075.51	7,429.29	72.76300	76.40120	80.22120	84.23230	88.44390	92.86610
66	155,130.77	162,887.30	171,031.74	179,583.25	188,562.40	197,990.62	12,927.56	13,573.94	14,252.65	14,965.27	15,713.53	16,499.22	5,966.57	6,264.90	6,578.14	6,907.05	7,252.40	7,615.02	74.58210	78.31120	82.22680	86.33810	90.65500	95.18780
67	159,009.14	166,959.52	175,307.39	184,072.93	193,276.51	202,940.40	13,250.76	13,913.29	14,608.95	15,339.41	16,106.38	16,911.70	6,115.74	6,421.52	6,742.59	7,079.73	7,433.71	7,805.40	76.44670	80.26900	84.28240	88.49660	92.92140	97.56750
68	162,984.22	171,133.46	179,690.16	188,674.72	198,108.35	208,013.73	13,582.02	14,261.12	14,974.18	15,722.89	16,509.03	17,334.48	6,268.62	6,582.06	6,911.16	7,256.72	7,619.55	8,000.53	78.35780	82.27570	86.38950	90.70900	95.24440	100.00660
69	167,058.94	175,411.81	184,182.34	193,391.54	203,061.04	213,214.14	13,921.58	14,617.65	15,348.53	16,115.96	16,921.75	17,767.85	6,425.34	6,746.61	7,083.94	7,438.14	7,810.04	8,200.54	80.31680	84.33260	88.54920	92.97670	97.62550	102.50680
70	171,235.38	179,797.07	188,787.04	198,226.29	208,137.70	218,544.56	14,269.61	14,983.09	15,732.25	16,518.86	17,344.81	18,212.05	6,585.98	6,915.27	7,261.04	7,624.09	8,005.30	8,405.56	82.32470	86.44090	90.76300	95.30110	100.06620	105.06950
71	175,516.22	184,291.95	193,506.56	203,181.89	213,341.02	224,008.10	14,626.35	15,357.66	16,125.55	16,931.82	17,778.42	18,667.34	6,750.62	7,088.15	7,442.56	7,814.69	8,205.42	8,615.70	84.38280	88.60190	93.03200	97.68360	102.56780	107.69620
72	179,904.19	188,899.36	198,344.22	208,261.46	218,674.56	229,608.29	14,992.02	15,741.61	16,528.69	17,355.12	18,222.88	19,134.02	6,919.39	7,265.36	7,628.62	8,010.06	8,410.56	8,831.09	86.49240	90.81700	95.35780	100.12570	105.13200	110.38860
73	184,401.78	193,621.79	203,302.94	213,468.11	224,141.42	235,348.46	15,366.81	16,135.15	16,941.91	17,789.01	18,678.45	19,612.37	7,092.38	7,446.99	7,819.34	8,210.31	8,620.82	9,051.86	88.65470	93.08740	97.74180	102.62890	107.76030	113.14830
74	189,011.68	198,462.37	208,385.42	218,804.77	229,744.94	241,232.16	15,750.97	16,538.53	17,365.45	18,233.73	19,145.41	20,102.68	7,269.68	7,633.17	8,014.82	8,415.57	8,836.34	9,278.16	90.87100	95.41460	100.18530	105.19460	110.45430	115.97700
75	193,737.02	203,424.00	213,595.20	224,274.96	235,488.66	247,263.12	16,144.75	16,952.00	17,799.60	18,689.58	19,624.05	20,605.26	7,451.42	7,824.00	8,215.20	8,625.96	9,057.26	9,510.12	93.14280	97.80000	102.69000	107.82450	113.21570	118.87650
76	198,580.51	208,509.60	218,934.98	229,881.81	241,375.89	253,444.67	16,548.38	17,375.80	18,244.58	19,156.82	20,114.66	21,120.39	7,637.71	8,019.60	8,420.58	8,841.61	9,283.69	9,747.87	95.47140	100.24500	105.25720	110.52010	116.04610	121.84840
77	203,545.06	213,722.29	224,408.29	235,628.85	247,410.18	259,780.77	16,962.09	17,810.19	18,700.69	19,635.74	20,617.51	21,648.40	7,828.66	8,220.09	8,631.09	9,062.65	9,515.78	9,991.57	97.85820	102.75110	107.88860	113.28310	118.94720	124.89460
78	208,633.57	219,065.39	230,018.67	241,519.62	253,595.47	266,275.36	17,386.13	18,255.45	19,168.22	20,126.63	21,132.96	22,189.61	8,024.37	8,425.59	8,846.87	9,289.22	9,753.67	10,241.36	100.30460	105.31990	110.58590	116.11520	121.92090	128.01700
79	213,849.38	224,542.03	235,769.04	247,557.44	259,935.31	272,932.19	17,820.78	18,711.84	19,647.42	20,629.79	21,661.28	22,744.35	8,224.98	8,636.23	9,068.04	9,521.44	9,997.51	10,497.39	102.81220	107.95290	113.35050	119.01800	124.96890	131.21740
80	219,195.81	230,155.54	241,663.34	253,746.48	266,433.86	279,755.42	18,266.32	19,179.63	20,138.61	21,145.54	22,202.82	23,312.95	8,430.61	8,852.14	9,294.74	9,759.48	10,247.46	10,759.82	105.38260	110.65170	116.18430	121.99350	128.09320	134.49780
81	224,675.57	235,909.44	247,704.91	260,090.06	273,094.64	286,749.42	18,722.96	19,659.12	20,642.08	21,674.17	22,757.89	23,895.79	8,641.37	9,073.44	9,527.11	10,003.46	10,503.64	11,028.82	108.01710	113.41800	119.08890	125.04330	131.29550	137.86030
82	230,292.40	241,807.07	253,897.49	266,592.35	279,922.03	293,918.14	19,191.03	20,150.59	21,158.12	22,216.03	23,326.84	24,493.18	8,857.40	9,300.27	9,765.29	10,253.55	10,766.23	11,304.54	110.71750	116.25340	122.06610	128.16940	134.57790	141.30680
83	236,049.84	247,852.38	260,244.82	273,257.09	286,919.98	301,265.95	19,670.82	20,654.37	21,687.07	22,771.42	23,910.00	25,105.50	9,078.84	9,532.78	10,009.42	10,509.89	11,035.38	11,587.15	113.48550	119.15980	125.11770	131.37360	137.94230	144.83940
84	241,951.01	254,048.70	266,751.06	280,088.64	294,093.07	308,797.63	20,162.58	21,170.73	22,229.25	23,340.72	24,507.76	25,733.14	9,305.81	9,771.10	10,259.66	10,772.64	11,311.27	11,876.83	116.32260	122.13880	128.24570	134.65800	141.39090	148.46040
85	247,999.86	260,399.78	273,419.74	287,090.75	301,445.25	316,517.55	20,666.65	21,699.98	22,784.98	23,924.23	25,120.44	26,376.46	9,538.46	10,015.38	10,516.14	11,041.95	11,594.05	12,173.75	119.23070	125.19220	131.45180	138.02440	144.92560	152.17190
86	254,199.92	266,909.76	280,255.25	294,268.00	308,981.50	324,430.50	21,183.33	22,242.48	23,354.60	24,522.33	25,748.46	27,035.87	9,776.92	10,265.76	10,779.05	11,318.00	11,883.90	12,478.10	122.21150	128.32200	134.73810	141.47500	148.54880	155.97620
87	260,554.74	273,582.61	287,261.73	301,624.75	316,706.00	332,541.25	21,712.89	22,798.55	23,938.48	25,135.40	26,392.17	27,711.77	10,021.34	10,522.41	11,048.53	11,600.95	12,181.00	12,790.05	125.26670	131.53010	138.10660	145.01190	152.26250	159.87560
88	267,068.67	280,422.06	294,443.14	309,165.38	324,623.73	340,854.80	22,255.72	23,368.51	24,536.93	25,763.78	27,051.98	28,404.57	10,271.87	10,785.46	11,324.74	11,890.98	12,485.53	13,109.80	128.39840	134.81830	141.55920	148.63720	156.06910	163.87250
89	273,745.47	287,432.70	301,804.26	316,894.45	332,739.26	349,376.14	22,812.12	23,952.73	25,150.35	26,407.87	27,728.27	29,114.68	10,528.67	11,055.10	11,607.86	12,188.25	12,797.66	13,437.54	131.60840	138.18880	145.09820	152.35310	159.97080	167.96930

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
90	280,589.09	294,618.48	309,349.46	324,816.96	341,057.81	358,110.69	23,382.42	24,551.54	25,779.12	27,068.08	28,421.48	29,842.56	10,791.89	11,331.48	11,898.06	12,492.96	13,117.61	13,773.49	134.89860	141.64350	148.72570	156.16200	163.97010	172.16860
91	287,603.68	301,983.97	317,083.10	332,937.28	349,584.14	367,063.42	23,966.97	25,165.33	26,423.59	27,744.77	29,132.01	30,588.62	11,061.68	11,614.77	12,195.50	12,805.28	13,445.54	14,117.82	138.27100	145.18460	152.44380	160.06600	168.06930	176.47280
92	294,793.82	309,533.54	325,010.19	341,260.82	358,323.89	376,239.97	24,566.15	25,794.46	27,084.18	28,438.40	29,860.32	31,353.33	11,338.22	11,905.14	12,500.39	13,125.42	13,781.69	14,470.77	141.72780	148.81420	156.25490	164.06770	172.27110	180.88460
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

DATA ANALYST

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:

Data Analyst – Exempt

DEFINITION:

Under general supervision and direction Data Analyst performs data development, data analysis and data reporting to maintain, monitor, and improve the quality of services and service delivery infrastructure. This includes data analysis of performance measures for quality improvement of all agency programs; creating program metrics, collecting data, and evaluating program outcomes; providing data to management staff to support program modification or implementation of new programs; planning, organizing, and implementing quality improvement activities of all assigned programs across the agency; and performing related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general supervision or direction from the Data Supervisor. Exercises no direct supervision over staff.

DISTINGUISHING CHARACTERISTICS:

Positions at this level work independently and exercise judgment and initiative in the performance of their duties. This role regularly makes independent decisions on data strategy and provides input on agency policy and program design based on analytical findings. Employees receive only occasional instruction or assistance as new or unusual situations arise and are fully versed in the operating procedures and policies of the work unit.

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

- Develop, implement, and maintain databases, data collection tools and systems, data analytics and other strategies to provide agency information and guidance for program fidelity, program performance, client outcomes, data quality, quality assurance, and compliance.

- Collects, compiles, and analyzes information from various sources. Prepares reports for management and supervisors to monitor and evaluate the efficiency and effectiveness of service delivery methods and data quality and procedures to identify opportunities for improvement based on data collected and analyzed.

- Prepares and organizes data to support the agency's entire system of care, including data entry and reporting for grant compliance and local and state regulatory requirements.
- Regularly exercises discretion and independent judgment in determining data methodologies, interpreting results, and recommending organizational strategies based on findings.
- Identifies the best way to summarize the data in reports and the best ways to present data in a manner that is understandable to the audience and can guide the next steps for a project or program. Effectively report on the data based on the agency needs and priorities.
- Creates surveys to gather input for agency and community needs and questions.
- Identifies the best method of data collection, data analysis, and data reporting; identifies, analyzes, and interprets trends or patterns in data sets using statistical techniques.
- Meets with all Authority programs and facilitates the process for the development of agency program performance measures. Creates statistical and data quality reports to be used for agency program development, implementation, and improvement.
- Prepares data to assist in required quarterly reports, annual updates, and other analyses and evaluations for all Authority programs.
- Develops, coordinates, and leads trainings and meetings to train on data quality and data literacy, and data requests.
- Maintains records and documentation of assigned program activities and events.
- Maintains client confidentiality in compliance with all Health Insurance Portability and Accountability (HIPAA) regulations.
- Observes and complies with all agency and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS

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

Education and Experience

Education:

- Equivalent to a master's degree from an accredited college or university with major coursework in clinical research, psychology, sociology, social work, behavioral health, public administration, business administration, or a related field.

- Advanced degree/training in a particular field may be required depending on grant funding or licensure/registration requirements by law.

Experience:

- One year of experience in clinical or social sciences research, program evaluation, quality improvement, data analysis, data quality or health services administration with an emphasis on program evaluation, monitoring, reporting, and improvement.

Licenses and Certifications:

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

Knowledge of:

- Principles of research, analysis, and report preparation.
- Principles and practices of program evaluation.
- Principles of effective communication
-
- Principles of data collection and data software, tools, and platforms.
- Results-Based Accountability and other models of quality improvement practices.
- Provisions of the Mental Health Services Act (MHSA) as it impacts data analytics.
- Principles, processes and practices of behavioral health systems of care.
- Principles and practices of direct client service delivery.
- Cultural, social, and environmental factors and influences affecting behavioral health.
- Principles, practices, and processes related to the assessment, care, treatment, and documentation of individuals with behavioral disorders.
- Community and governmental services and resources.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).
- Authority and mandated safety rules, regulations, and protocols
- Techniques for providing a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Analyze and interpret data to make sound procedural recommendations, to implement effective solutions, and to prepare complex reports.
- Produce analyses and documents using a variety of software programs.

- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Effectively represent the department and the Authority in meetings.
- Understand scope of authority in making independent decisions.
- Prepare clear and concise reports, business correspondence, and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects up to 10 pounds.

ENVIRONMENTAL CONDIITIONS

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

WORKING CONDITIONS

In accordance with California Government Code Section 3100, Tri-City Mental Health 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 test; and an administrative review.

DATA ANALYST

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DISTINGUISHING CHARACTERISTICS:

Positions at this level work independently and exercise judgment and initiative in the performance of their duties. This role regularly makes independent decisions on data strategy and provides input on agency policy and program design based on analytical findings. Employees receive only occasional instruction or assistance as new or unusual situations arise and are fully versed in the operating procedures and policies of the work unit.

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

- Develop, implement, and maintain databases, data collection tools and systems, data analytics and other strategies to provide agency information and guidance for program fidelity, program performance, client outcomes, data quality, quality assurance, and compliance.

- Collects, compiles, and analyzes information from various sources. Prepares reports for management and supervisors to monitor and evaluate the efficiency and effectiveness of service delivery methods and data quality and procedures to identify opportunities for improvement based on data collected and analyzed.

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- Prepares and organizes data to support the agency's entire system of care, including data entry and reporting for grant compliance and local and state regulatory requirements.
- Regularly exercises discretion and independent judgment in determining data methodologies, interpreting results, and recommending organizational strategies based on findings.
- Identifies the best way to summarize the data in reports and the best ways to present data in a manner that is understandable to the audience and can guide the next steps for a project or program. Effectively report on the data based on the agency needs and priorities.
- Creates surveys to gather input for agency and community needs and questions.
- Identifies the best method of data collection, data analysis, and data reporting; identifies, analyzes, and interprets trends or patterns in data sets using statistical techniques.
- Meets with all Authority programs and facilitates the process for the development of agency program performance measures. Creates statistical and data quality reports to be used for agency program development, implementation, and improvement.
- Prepares data to assist in required quarterly reports, annual updates, and other analyses and evaluations for all Authority programs.
- Develops, coordinates, and leads trainings and meetings to train on data quality and data literacy, and data requests.
- Maintains records and documentation of assigned program activities and events.
- Maintains client confidentiality in compliance with all Health Insurance Portability and Accountability (HIPAA) regulations.
- Observes and complies with all agency and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

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QUALIFICATIONS

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

Education and Experience

Education:

- Data Analyst: Equivalent to a master's degree from an accredited college or university with major coursework in clinical research, psychology, sociology, social work, behavioral health, public administration, business administration, or a related field.

- Advanced degree/training in a particular field may be required depending on grant funding or licensure/registration requirements by law.

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Experience:

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- One year of experience in clinical or social sciences research, program evaluation, quality improvement, data analysis, data quality or health services administration with an emphasis on program evaluation, monitoring, reporting, and improvement.

Licenses and Certifications:

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

Knowledge of:

- Principles of research, analysis, and report preparation.
- Principles and practices of program evaluation.
- Principles of effective communication
-
- Principles of data collection and data software, tools, and platforms.
- Results-Based Accountability and other models of quality improvement practices.
- Provisions of the Mental Health Services Act (MHSA) as it impacts data analytics.
- Principles, processes and practices of behavioral health systems of care.
- Principles and practices of direct client service delivery.
- Cultural, social, and environmental factors and influences affecting behavioral health.
- Principles, practices, and processes related to the assessment, care, treatment, and documentation of individuals with behavioral disorders.
- Community and governmental services and resources.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).
- Authority and mandated safety rules, regulations, and protocols
- Techniques for providing a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

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- Analyze and interpret data to make sound procedural recommendations, to implement effective solutions, and to prepare complex reports.
- Produce analyses and documents using a variety of software programs.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Effectively represent the department and the Authority in meetings.
- Understand scope of authority in making independent decisions.
- Prepare clear and concise reports, business correspondence, and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects up to 10 pounds.

ENVIRONMENTAL CONDIITIONS

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

WORKING CONDITIONS

In accordance with California Government Code Section 3100, Tri-City Mental Health 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.

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

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MASTER OF SOCIAL WORK (MSW)/MASTER OF MARRIAGE FAMILY AND THERAPY (MFT) INTERN

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 direct supervision, the Master of Social Work (MSW)/Master of Marriage Family and Family Therapy (MFT) Intern will learn to provide comprehensive, quality driven community mental health services for residents in the cities of Claremont, La Verne, Pomona and Bonita Unified School Districts. Assists in and learns to apply techniques and principles of clinical behavioral health therapy in a training program; may also be assigned additional agency projects, including macro-level assignments such as research, administrative projects, or other non-clinical work aligned with social work or family therapy training pathways. This job description is meant to encompass the essential duties and functions that this classification will perform outside of the graduate program schedule and beyond their field placement commitment.

The Intern will report to and receive direction and assignments from the applicable Clinical Program Manager, Program Manager, Clinical Supervisor, Program Supervisor and/or Clinical Therapist II ("Field Instructor").

DISTINGUISHING CHARACTERISTICS:

Positions allocable to this classification work under the close supervision of licensed clinical therapists, in accordance with requirements set forth by the Board of Behavioral Sciences. Incumbents are assigned to a program designed to provide a comprehensive and intensive overview of the methods, processes, and procedures for providing behavioral health services to an established client base, in order to gain practical experience.

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

- Attend and participate in individual and group supervision sessions, agency meetings, special projects, and staff training.
- Participate in weekly support groups with respective preceptor and/or team.
- Assigned to work at one of the elementary or high schools in the Bonita Unified School District (BUSD), providing brief behavioral modification and skill counseling services;
- Work in an area of community mental health services with either of two service populations: 1) children, youth, and families or 2) transitional aged youth (TAY), adults and older adults;
- Provide individual, group, and family therapy, as well as individual rehabilitation services in office, school, or field-based settings.
- Offer outreach, community support, case management, and other approved behavioral health services.
- Depending on program or department assignment, conduct crisis intervention services as needed, which may require working outside regular business hours.

- Engage in mandated reporting of child abuse/neglect and dependent/older adult abuse.
- Ensure timely documentation (within 24 hours) in the agency's Electronic Health Record System.
- Regularly consult with the treatment team, including the Preceptor, Field Instructor, and other staff, to monitor client progress and provide strength-based, recovery-oriented care.
- Complete documentation and other relevant training provided by Tri-City Mental Health Authority.
- Travel to field-based meetings, school sites, and other locations using a reliable and insured personal vehicle.
- Perform other duties as assigned**.**

QUALIFICATIONS:

Education, Training, and Experience:

- Enrollment in a Master's degree program in Social Work or Marriage and Family Therapy at an accredited college or university with an affiliation agreement with Tri-City Mental Health Authority.

Skill to:

- Operate a desktop computer and a variety of software programs to respond to email communications.

- Operate a motor vehicle safely.

Ability to:

- Ability to attend the internship for a minimum of 16 hours per week, but no more than 20 hours per workweek, including every Wednesday during the school year for a full day as required.
- Ability to continue school counseling services in accordance with the designated school calendar beyond the graduate program schedule;
- Ability to maintain, practice confidentiality and work in a professional manner;
- Ability to maintain appropriate client boundaries;
- Ability to work with clients with diverse history, background, life-stages, strengths, disabilities, gender orientation, culture, etc.
- Work safely and efficiently; and independently as required.
- Understand and follow verbal and written instructions.

- Communicate effectively with vendors, contractors, staff and management, both orally and in writing.
- Establish and maintain cooperative and effective working relationships with others including management, staff, contractors, customers, school staff and the general public.
- Maintaining appropriate boundaries with clients.

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 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.

PHYSICAL STANDARDS:

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.

MASTER OF SOCIAL WORK (MSW)/MASTER OF MARRIAGE FAMILY AND THERAPY (MFT) INTERN

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

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- Participate in weekly support groups with respective preceptor and/or team.
- Assigned to work at one of the elementary or high schools in the Bonita Unified School District (BUSD), providing brief behavioral modification and skill counseling services;
- Work in an area of community mental health services with either of two service populations: 1) children, youth, and families or 2) transitional aged youth (TAY), adults and older adults;
- Provide individual, group, and family therapy, as well as individual rehabilitation services in office, school, or field-based settings.
- Offer outreach, community support, case management, and other approved behavioral health services.
- Depending on program or department assignment, conduct crisis intervention services as needed, which may require working outside regular business hours.

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- Engage in mandated reporting of child abuse/neglect and dependent/older adult abuse.
- Ensure timely documentation (within 24 hours) in the agency's Electronic Health Record System.
- Regularly consult with the treatment team, including the Preceptor, Field Instructor, and other staff, to monitor client progress and provide strength-based, recovery-oriented care.
- Complete documentation and other relevant training provided by Tri-City Mental Health Authority.
- Travel to field-based meetings, school sites, and other locations using a reliable and insured personal vehicle.
- Perform other duties as assigned.

QUALIFICATIONS:

Education, Training, and Experience:

- Enrollment in a Master's degree program in Social Work or Marriage and Family Therapy at an accredited college or university with an affiliation agreement with Tri-City Mental Health Authority.

Skill to:

- Operate a desktop computer and a variety of software programs to respond to email communications.
- Operate a motor vehicle safely.

Ability to:

- Ability to attend the internship for a minimum of 16 hours per week, but no more than 20 hours per workweek, including every Wednesday during the school year for a full day as required.
- Ability to continue school counseling services in accordance with the designated school calendar beyond the graduate program schedule;
- Ability to maintain, practice confidentiality and work in a professional manner;
- Ability to maintain appropriate client boundaries;
- Ability to work with clients with diverse history, background, life-stages, strengths, disabilities, gender orientation, culture, etc.
- Work safely and efficiently; and independently as required.
- Understand and follow verbal and written instructions.
- Communicate effectively with vendors, contractors, staff and management, both orally and in writing.
- Establish and maintain cooperative and effective working relationships with others including management, staff, contractors, customers, school staff and the general public.
- Maintaining appropriate boundaries with clients.

Special Requirements:

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

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- 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.

PHYSICAL STANDARDS:

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.

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Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Kitha Torregano, Human Resources Director

SUBJECT: Consideration of Resolution No. 792 Adopting the Authority's Revised Sign-on Bonus Policy and Procedure No. II.22, Effective June 18, 2025

Summary:

Tri-City Mental Health Authority continues to face significant recruitment and retention challenges for behavioral health professionals, consistent with national trends in the public mental health workforce. Although the Sign-on Bonus Policy was initially developed in response to the workforce impacts of the COVID-19 pandemic, the hiring environment remains highly competitive. Accordingly, the policy has been updated to reflect its continued use as a strategic recruitment tool rather than a temporary, crisis-based measure. The revised policy also includes language to clarify that rehires are not eligible for a sign-on bonus and removes the two-year repayment provision to enhance hiring appeal and reduce hiring friction.

These revisions reflect Tri-City's ongoing efforts to remain competitive in the marketplace and to attract high-quality, mission-aligned talent in positions that are consistently difficult to recruit and retain.

Background:

Since its inception, the Sign-on Bonus Policy has helped attract qualified candidates into hard-to-fill behavioral health roles. Despite easing pandemic conditions, recruitment challenges have persisted due to national staffing shortages and increased demand across the behavioral health sector. The revised policy maintains the $2,500 maximum sign-on bonus but updates the purpose and eligibility criteria to align with Tri-City's long-term workforce strategy.

Notably, the revised policy excludes former employees (rehired staff) from eligibility for a sign-on bonus. This change ensures that the incentive is used solely to draw new external candidates to the organization.

Fiscal Impact:

The cost for sign-on bonuses has and continues to be accounted for in annual budget.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 792 approving the revised Sign-on Bonus Policy and Procedure No. II.22, effective June 18, 2025.

Attachments

Attachment 16-A: Resolution No. 792 -Draft

Attachment 16-B: Sign-on Bonus Policy and Procedure No. II.22-Revised 06182025

RESOLUTION NO. 792

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING THE AUTHORITY'S REVISED SIGN-ON BONUS POLICY AND PROCEDURE NO. II.22, EFFECTIVE JUNE 18, 2025

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA") on September 21, 2021, adopted the Sign-On Bonus Policy and Procedure No. II.22, which offered a $2,500 sign-on bonus per vacancy to remain competitive in the public behavioral health field during a time when it was experiencing, along with the rest of nation, high turnover due to the COVID-19 pandemic.

B. The Authority wishes to update its Sign-On Bonus Policy and Procedure No. II.22 to reflect revised eligibility criteria to align with TCMHA's long-term workforce strategy rather than a temporary, crisis-based measure to attract and recruit behavioral health professionals to serve our community.

2. Action

The Governing Board approves the Authority's revised Sign-On Bonus Policy and Procedure No. II.22, which maintains the $2,500 maximum sign-on bonus, effective June18, 2025, replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

ATTACHMENT 16-A

DRAFT

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Sign-on Bonus	**II.22**	**06/18/2025**	**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **09152021**	**ORIGINAL ISSUE DATE:** **9/15/2021**	**RESPONSIBLE PARTIES:** **Human Resources** **Finance**

1. PURPOSE

1.1 To outline the requirements and responsibilities of both Tri-City ("Agency") and the employee in relation to the sign-on bonus, which has been established as a strategic recruitment and retention tool to attract competitive talent in the behavioral health field.

1.2 To standardize and clarify the process for which sign-on bonuses are paid, the timing of payments, the eligibility requirements and repayment, if applicable.

1.3 In recognition of persistent workforce shortages within the behavioral health profession, originally heightened during the COVID-19 pandemic, the Agency has revised and implemented the sign-on bonus as a long-term recruitment strategy. This policy applies to full-time, regular or probationary positions, except where excluded in Section 3.3. The policy remains in effect until such time as the Human Resources Director, Chief Financial Officer, or Executive Director determines that staffing levels, financial constraints, or other considerations no longer necessitate the use of sign-on bonuses. Thereafter, bonuses may be applied on a case-by-case basis as outlined in Sections 3.4 and 4.1

DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

2.1 **Employee** –is defined as a full-time employee who has a probationary appointment serving a probationary work test period for a regular position in a classification in which he/she/they are currently employed.

2. POLICY

3.1 To establish criteria and approval authority for the administration of sign-on bonuses.

3.2 This policy applies to all new hire employees who have signed a conditional offer of employment in acceptance of a full-time probationary or regular position. In addition to signing the conditional offer, employees must successfully complete a background check and obtain medical clearance prior to commencement of employment. This policy does not apply to lateral transfers or appointments within the Agency.

3.3 This policy does not apply to the following classifications: Executive Management, Psychiatrist, part-time, provisional/interim, and internship classifications and positions.

3.4 Areas of Responsibilities.

3.4.1 Upon determination that an employee is eligible for the sign-on bonus and after communication to the employee of such eligibility, but prior to the payment of the sign on bonus, the new hire is responsible for the following:

3.4.1.1 Agreeing to and signing a conditional offer of employment between the employee and the Agency to assure the understanding of and the agreement to the stipulations of the bonus.

3.4.1.2 Agreeing to and signing in acknowledgement of understanding and receipt of this sign-on bonus policy.

3.4.2 Tri-City's Human Resources Director is responsible for determining, based on past experience and historical or current staffing patterns, which classifications are deemed difficult to recruit and/or retain. This determination will be further reviewed and approved by the Finance Department.

3.4.3 Sign-on bonuses will be utilized for classification titles only and not for specific individuals when other recruitment methods have been unsuccessful.

3.4.4 Key factors in determining if a classification is difficult to recruit or retain consist of turnover frequency, existing vacancies, labor market factors, conditions of and staffing patterns for other like agencies in the same industry, results of previous recruitment/retention methods, specific qualifications for the classification and the difficulty in attaining such qualifications, and availability of funds for the purpose of a sign-on bonus.

3.4.5 Before communication of the sign-on bonuses to eligible employees, approval must be received from the Human Resources and Finance Departments.

3.5 Eligibility.

3.5.1 Employee must have applied for and successfully competed in a full-time, probationary or regular position recruitment.

3.5.2 The classification for which the employee is being offered a position must have been determined and approved to be difficult to recruit or retain as set forth in Section 3.4.4.

3.5.3 Employee must have signed a conditional offer of employment in acceptance of a position that is eligible for a sign-on bonus as set forth in this policy.

3.5.4 Former employees or "rehires" who are re-employed by the Agency are not eligible for a sign-on bonus, regardless of the duration of their prior separation or the position they are rehired into. This exclusion is intended to ensure that sign-on bonuses are used solely as a tool to attract new external talent to the agency.

3.5.5 Part-time employees who have not been previously employed by the Agency in a full-time regular or probationary capacity may become eligible for the sign-on bonus if they are hired into a full-time regular or probationary position that is designated as difficult to recruit or retain, as defined in this policy. Eligibility is contingent upon the employee not having received a sign-on bonus during any prior full-time employment with the Agency.

4. PROCEDURES

4.1 The Hiring Department Director may request or recommend the issuance of sign-on bonuses for classifications/positions that have been designated or determined to be difficult to recruit or retain. The Hiring Department Director may make such a request in writing to the attention of the Human Resources Director. The Human Resources Director shall review the request in accordance with the requirements in this policy.

4.1.1 Said requests shall not be made for positions that have not been actively recruited for a minimum of six months.

4.2 For eligible classifications/positions, Human Resources will notify eligible employees of the sign-on bonus, include language regarding eligibility in the conditional offer of employment, and provide this policy to the employee.

4.2.1 Human Resources will obtain acceptance of the sign-on bonus via acceptance of the conditional offer of employment.

4.2.2 Human Resources will obtain a signed acknowledgement of receipt for this policy from the employee with the completion of all other applicable Agency specific policies and procedures

4.3 The amount of the sign-on bonus shall not exceed $2,500.

4.3.1 The first installment of $1,000 shall be paid to the eligible employee effective the first full pay period following the date of hire, provided satisfactory performance.

4.3.2 The second and final installment of $1,500 shall be paid effective the first full pay period following the completion of the probationary period. The employee shall receive the second and final installment of the sign-on bonus if the employee's final probationary evaluation is an overall "Meets standards" or above. In the event that an employee's probationary period is extended, the employee will receive the second and final installment upon satisfactory completion of the extended probationary period.

4.4 Each bonus shall be subject to all applicable Federal and State taxes.

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Sign-on Bonus Policy	**II.22**	**06/18/2025**	**1** of **4**
APPROVED BY: **Governing Board** **Executive Director**	**SUPERCEDES:** **09152021**	**ORIGINAL ISSUE DATE:** **9/15/2021**	**RESPONSIBLE PARTIES:** **Human Resources** **Finance**

1. PURPOSE

1.1 To outline the requirements and responsibilities of both Tri-City ("Agency") and the employee in relation to the sign-on bonus, which has been established as a strategic recruitment and retention tool to attract competitive talent in the behavioral health field.

1.2 To standardize and clarify the process for which sign-on bonuses are paid, the timing of payments, the eligibility requirements and repayment, if applicable.

1.3 In recognition of persistent workforce shortages within the behavioral health profession, originally heightened during the COVID-19 pandemic, the Agency has revised and implemented the sign-on bonus as a long-term recruitment strategy. This policy applies to full-time, regular or probationary positions, except where excluded in Section 3.3. The policy remains in effect until such time as the Human Resources Director, Chief Financial Officer, or Executive Director determines that staffing levels, financial constraints, or other considerations no longer necessitate the use of sign-on bonuses. Thereafter, bonuses may be applied on a case-by-case basis as outlined in Sections 3.4 and 4.1

DEFINITIONS

When used in this Policy, the following terms shall have the meanings hereinafter set forth unless the context indicates otherwise:

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Deleted: <#>In an effort to meet dire hiring needs within the behavioral health profession as a result of the current pandemic, effective immediately, following Governing Board approval, sign on bonuses will be applied to all full-time, regular or probationary positions, except where excluded in Section 3.3, until such time that the pandemic declaration has ceased, been repealed, or staffing has been replenished to acceptable levels, or at such time that the Human Resources Manager, Chief Financial Officer or Executive Director deem it necessary due to stabilization of staffing levels, financial reasons or otherwise. At such time, sign on bonuses will be instituted on a case-by-case basis as set forth in Sections 3.4 and 4.1 below.¶

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Deleted: is defined as a person whom is employed by Tri-City in, or has signed a conditional offer of employment for, a full-time, regular or probationary position.

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3.2 This policy applies to all new hire employees who have signed a conditional offer of employment in acceptance of a full-time probationary or regular position. In addition to signing the conditional offer, employees must successfully complete a background check and obtain medical clearance prior to commencement of employment. This policy does not apply to lateral transfers or appointments within the Agency.

3.3 This policy does not apply to the following classifications: Executive Management, Psychiatrist, part-time, provisional/interim, and internship classifications and positions.

3.4 Areas of Responsibilities.

3.4.1 Upon determination that an employee is eligible for the sign-on bonus and after communication to the employee of such eligibility, but prior to the payment of the sign on bonus, the new hire is responsible for the following:

3.4.1.1 Agreeing to and signing a conditional offer of employment between the employee and the Agency to assure the understanding of and the agreement to the stipulations of the bonus.

3.4.1.2 Agreeing to and signing in acknowledgement of understanding and receipt of this sign-on bonus policy.

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Deleted: <#>The employee must maintain employment at the Agency for a minimum of two (2) years from the completion date of the probationary period.¶

Deleted: If the employee is unable to satisfy the 2-year minimum requirement as referenced above and chooses to separate before that point, the employee is responsible for repayment of the pro-rated portion of the sign-on bonus as set forth in this policy in Section 4.5.¶
¶

3.4.2 Tri-City's Human Resources Director is responsible for determining, based on past experience and historical or current staffing patterns, which classifications are deemed difficult to recruit and/or retain. This determination will be further reviewed and approved by the Finance Department.

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3.4.3 Sign-on bonuses will be utilized for classification titles only and not for specific individuals when other recruitment methods have been unsuccessful.

3.4.4 Key factors in determining if a classification is difficult to recruit or retain consist of turnover frequency, existing vacancies, labor market factors, conditions of and staffing patterns for other like agencies in the same industry, results of previous recruitment/retention methods, specific qualifications for the classification and the difficulty in attaining such qualifications, and availability of funds for the purpose of a sign-on bonus.

3.4.5 Before communication of the sign-on bonuses to eligible employees, approval must be received from the Human Resources and Finance Departments.

3.5 Eligibility.

3.5.1 Employee must have applied for and successfully competed in a full-time, probationary or regular position recruitment.

3.5.2 The classification for which the employee is being offered a position must have been determined and approved to be difficult to recruit or retain as set forth in Section 3.4.4.

3.5.3 Employee must have signed a conditional offer of employment in acceptance of a position that is eligible for a sign-on bonus as set forth in this policy.

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3.5.4 Former employees or "rehires" who are re-employed by the Agency are not eligible for a sign-on bonus, regardless of the duration of their prior separation or the position they are rehired into. This exclusion is intended to ensure that sign-on bonuses are used solely as a tool to attract new external talent to the agency.

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3.5.5 Part-time employees who have not been previously employed by the Agency in a full-time regular or probationary capacity may become eligible for the sign-on bonus if they are hired into a full-time regular or probationary position that is designated as difficult to recruit or retain, as defined in this policy. Eligibility is contingent upon the employee not having received a sign-on bonus during any prior full-time employment with the Agency.

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4. PROCEDURES

4.1 The Hiring Department Director may request or recommend the issuance of sign-on bonuses for classifications/positions that have been designated or determined to be difficult to recruit or retain. The Hiring Department Director may make such a request in writing to the attention of the Human Resources Director. The Human Resources Director, shall review the request in accordance with the requirements in this policy.

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4.1.1 Said requests shall not be made for positions that have not been actively recruited for a minimum of six months.

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4.2 For eligible classifications/positions, Human Resources will notify eligible employees of the sign-on bonus, include language regarding eligibility in the conditional offer of employment, and provide this policy to the employee.

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4.2.1 Human Resources will obtain acceptance of the sign-on bonus via acceptance of the conditional offer of employment.

4.2.2 Human Resources will obtain a signed acknowledgement of receipt for this policy from the employee with the completion of all other applicable Agency specific policies and procedures

4.3 The amount of the sign-on bonus shall not exceed $2,500.

4.3.1 The first installment of $1,000 shall be paid to the eligible employee effective the first full pay period following the date of hire, provided satisfactory performance.

4.3.2 The second and final installment of $1,500 shall be paid effective the first full pay period following the completion of the probationary period. The employee shall receive the second and final installment of the sign-on bonus if the employee's final probationary evaluation is an overall "Meets standards" or above. In the event that an employee's probationary period is extended, the employee will receive the second and final installment upon satisfactory completion of the extended probationary period.

4.4 Each bonus shall be subject to all applicable Federal and State taxes.

Deleted: <#>Repayment. Repayment of said bonus shall be required in the following installments if an employee in receipt of a sign-on bonus separates from employment as specific below:¶
¶
Employment Duration ...

SIGN-ON BONUS POLICY

ACKNOWLEDGEMENT OF RECEIPT (AOR)

This is to acknowledge that I have received a copy of the **Sign-on Bonus Policy and Procedure No. II.22**. I further understand that this policy contains Tri-City's provisions for eligibility and repayment, if applicable, of said bonus, and that I will familiarize myself with this material.

I understand that benefits and policies described herein are not intended to be an employment contract and do not entitle me to remain employed by Tri-City for any specified length of time.

EMPLOYEE NAME (Printed): _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Dana Barford, Director of MHSA & Ethnic Services
Daisy Martinez, Community Capacity Organizer

SUBJECT: **Awarding Twenty Community Wellbeing Grants Totaling $178,486.00 for Fiscal Year 2025-26 under the Community Capacity Building Project of the Prevention and Early Intervention (PEI) Plan**

Summary:

In February 2010, the Governing Board approved the Community Wellbeing Project to be funded under the Mental Health Services Act Prevention and Early Intervention (MHSA-PEI). Accordingly, Community Wellbeing Grants are awarded annually as part of the Community Wellbeing Project. For upcoming Fiscal Year 2025-26, Tri-City received a total of 36 applications and 20 are being presented to the Governing Board for its approval to award the funding.

Background:

During the MHSA-PEI planning in February 2010, under Stakeholders approved the establishment of the Community Capacity Building Project. The Community Wellbeing Program/Grants is a part of the Community Capacity Building Project designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. The program reflects several foundational premises, including:

- Families and communities have primary responsibility for promoting and sustaining the mental and emotional wellbeing of their members;
- Families and communities have strengths and assets that already support their members' health and wellbeing;
- With culturally appropriate support and training, communities can leverage and extend their strengths and assets to improve and sustain the wellbeing of their members over time.

Under the Community Wellbeing Program, communities can apply for funding for up to $10,000 for three years from a community grants fund to support community-driven actions that focus on mental and emotional wellbeing. There is a lifetime award limit of

three years. In addition to the monies, communities receive ongoing training and support from Tri-City staff so that they are able to generate and analyze reliable and timely data to assess the effectiveness of their efforts.

Communities will also be able to participate in various learning circles and other meeting structures that help them share and receive lessons learned with other communities who are also participating in this program.

Fiscal Impact:

Awarding the thirteen (20) Wellbeing Grants will impact Tri-City's PEI budget by $178,486 in Fiscal Year 2025-26. Tri-City has the funds available to support this project.

Recommendation:

Staff recommends that the Governing Board awards the selected twenty (20) Community Wellbeing Grants totaling $178,486 to be funded under the MHSA-PEI Plan in Fiscal Year 2025-26.

Attachments

Attachment 17-A: Fiscal Year 2025-26 Community Wellbeing Program Selected Applicants Summary

Attachment 17-B: Sample Contract for Community Wellbeing Grantees

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**4Kids WorldWide**
Project Name:	**Girls Got Game**
Fiscal Sponsor:	**4Kids WorldWide**
Amount:	**$10,000**

Community Description:

The Girls Got Game project aims to support girls in Pomona in grades 6 through 12. It features weekly after-school basketball clinics from Monday to Thursday, with games on Saturdays. Two days each week are dedicated to homework assistance, academic skills development, and mental health strategies. The ultimate goal is for each participant to graduate high school prepared for college, which requires both mental and emotional well-being alongside academic success.

Basketball serves as a motivating tool to improve academic performance and foster essential mental and emotional skills such as cooperation, determination, forgiveness, teamwork, self-reflection, confidence, and self-control. Additionally, the project offers "Girl's Time Out" mental health activities each season, focusing on girls' specific needs. These sessions address topics like body image, healthy eating and sleeping habits, trauma support, strengthening relationships, suicide and drug prevention, stress management, and other mental health concerns. All activities are conducted in a girl-only, safe environment that encourages open sharing of feelings and questions.

Community Name:	**Cal Poly Pomona**
Project Name:	**Connect and Play**
Fiscal Sponsor:	**Cal Poly Pomona**
Amount:	**$10,000**

Community Description:

Connect and Play is a program that hosts monthly events designed to strengthen community, alleviate stress, and support both students and their children. Held at Cal Poly Pomona, these events offer parenting students a welcoming space to connect with peers and participate in engaging activities with their children. Activities include read-aloud sessions, musical experiences, play-based activities, and calming exercises. The Connect and Play events provide an opportunity for parenting students to share their experiences, exchange advice, and foster a supportive network while balancing school, work, and caregiving responsibilities.

ATTACHMENT 17-A

Community Name:	**Character Champions Foundation**
Fiscal Sponsor:	**Character Champions Foundation**
Amount:	**$10,000**

Community Description:
Character Champion Kids: Rising Together as Compassionate Families will focus on the parents /caregivers of their youngest learners. This project will support youth development across the 0-25 age range and beyond., creating a compassionate, multi-generational learning environment that promotes character, social-emotional wellbeing, and family resilience. This program uses the research-based Character Champions Framework, which integrates character development, social-emotional learning, and synergy mindset coaching across the lifespan. Through unique partnerships with PUSD (Village Academy & Parent University), the city, and community leaders, they are building a citywide movement of compassionate families rising together, equipped to support one another, lead with compassion (& ALL the related Character Champion Kids virtues), and thrive.

Community Name:	**House of Ruth**
Project Name:	**Beyond Limits Program**
Fiscal Sponsor:	**House of Ruth**
Amount:	**$8,071**

Community Description:
Beyond Limits will engage a cohort of 15 youth in job readiness training, nonprofit mentorship, and violence prevention initiatives. The vision for Beyond Limits is to cultivate empowered, knowledgeable, and passionate youth advocates who will benefit personally and professionally, ultimately making a positive impact on their communities.

Community Name:	**Costanoan Rumsen Carmel Tribe**
Project Name:	**Ohlone Youth Summit**
Fiscal Sponsor:	**ReScape**
Amount:	**$9,000**

Community Description:
The Ohlone Youth Summit is designed to address barriers related to distance, enhance cultural understanding through place-based education, and provide tangible cultural experiences—all while fostering a supportive community. The summit is open to youth ages 6 to 25 years old.

The Costanoan Rumsen Tribe is committed to preserving the rich cultural heritage of their ancestors. Their goal is to inspire Ohlone youth to connect with their ancestral lands and embrace place-based knowledge. This week-long summit will promote unity, peace, well-being, and a strong sense of identity through cultural education and activities.

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**City of Pomona-Community Services Division**
Fiscal Sponsor:	**City of Pomona**
Amount:	**$7,800**

Community Description:
Heartful Hands Project will serve 500 teens to provide them with essential leadership skills and tools to become effective agents of change in our community. The project is targeted at youth ages 13-18 years old and will employ a combination of hand-on activities, mentoring and community projects to teach participants vital leadership skills, such as decision-making, communication, problem-solving, and teamwork.

Community Name:	**Assistance League of Pomona Valley**
Fiscal Sponsor:	**Assistance League of Pomona Valley**
Amount:	**$10,000**

Community Description:

The Assistance League of Pomona Valley will provide a broad array of essential personal hygiene items and supplies to support approximately 300 community members, ranging from toddlers to 12th-grade students, who face challenges in accessing or affording hygiene products.

Community Name:	**Human Values Center**
Fiscal Sponsor:	**Human Values Center**
Amount:	**$10,000**

Community Description:
WE ALL LEAD Peer Counselor Program for high school students is a resiliency-based leadership development program that focuses on individual and collective wellbeing. A student development model that begins with inner-development and develops into actionable steps to outward and positive change, this program tackles the teenage mental health crisis directly yet gently and holistically. This combined program covers all aspects of SEL, aligning with the CASEL framework and offers a comprehensive integrative model for personal and community development.

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**Roynon Elementary School**
Fiscal Sponsor:	**Roynon Elementary School**
Amount:	**$10,000**

Community Description:
The Roynon Elementary School project will host a Student Wellbeing Parent Education Series, offering educational events for parents and guardians to provide evidence-based strategies that promote the development of well-rounded, resilient children who thrive academically and socially-emotionally. Additionally, the project will support the school's team of counselors, administrators, and staff by providing participation in intensive, evidence-based professional development opportunities. The initiative will also introduce and implement the *Incredible Years* curriculum for students who experience emotional regulation challenges that significantly impact their behavior in the classroom.

Community Name:	**La Verne Parent Participation Preschool**
Fiscal Sponsor:	**La Verne Parent Participation Preschool**
Amount:	**$10,000**

Community Description:
La Verne Parent Participation Preschool (LVPPP) is a non-profit, cooperative preschool in La Verne, California. They serve about 70 children ages 12 months to Kindergarten and their families.
The Root & Bloom: Community Space for Connection, Wellbeing, & Growth project will transform their outdoor space into a vibrant, healing, and community-centered environment that fosters social connection and emotional wellbeing for our children ages 1 to 6 and their families. LVPPP will work with Sustainable Claremont (SC), a local nonprofit with expertise in designing and installing school gardens, to create an intentional space that enhances mental wellness, strengthens relationships, and provides a calming transition for young children. Their goal is to:
• **Create a therapeutic "Root & Bloom" garden** where children can engage in sensory play, grow plants, experience nature, and develop emotional regulation skills.
• **Develop a welcoming gathering area** with seating and shade to foster family connections and peer support.
• **Establish a transition space** where children and families can decompress before and after school, reducing stress and anxiety during times of transition.
• **Enhance the school's entrance and visibility**, reinforcing LVPPP's commitment to play-based learning and whole-person education.

Daisy Martinez, Community Capacity Organizer | dmartinez@tricitymhs.org

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**LEAF-Latine-Identity Empowerment, Advise, and Friendship**
Fiscal Sponsor:	**Pomona College-Draper Center for Community Partnerships**
Amount:	**$3,400**

Community Description:
LEAF (Latine-Identity Empowerment, Advice, and Friendship) is a transformative program dedicated to supporting the mental health and identity development of Latine youth ages 13-21, including those in K-12 and college, within the Claremont area and surrounding communities. Through, mentorship, LEAF creates meaningful, lasting relationships that foster open dialogue around mental health, identity, and culture. This program will provide a safe, supportive space for youth to explore and embrace their cultural and personal identities, promoting self-acceptance, emotional well-being, and empowerment. Through this project LEAF will have a profound impact by helping both youth (mentees) and emerging adults (mentors) strengthen their sense of belonging, raise mental health awareness, and cultivate the positive, lasting community connections essential for thriving at this critical stage of life.

Community Name:	**Purpose Church**
Fiscal Sponsor:	**Purpose Church**
Amount:	**$10,000**

Community Description:
The Cultivating Change project will support foster youth aged 15 to 21 in the City of Pomona. The initiative will focus on all eight dimensions of wellness: Physical, Emotional, Intellectual, Spiritual, Social, Environmental, Occupational, and Financial Wellness. The primary goal is to build trust and rapport with foster youth through consistent, reliable engagement. In its first year, the project aims to establish a safe and welcoming space where foster youth can explore and develop their identities. The program seeks to ensure that youth in foster care feel seen, heard, and connected to a supportive community. Ultimately, it aims to make a positive difference in their lives by providing guidance and support during these formative years.

Daisy Martinez, Community Capacity Organizer | dmartinez@tricitymhs.org

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**Sowing Seeds For Life**
Fiscal Sponsor:	**Sowing Seeds For Life**
Amount:	**$10,000**

Community Description:
The Mobile Pantry Program will deliver personal hygiene care items to un-housed and low-income students attending CalPoly Pomona. The recipients of this program are all under the age of 25. The goal of this program is to eliminate stigma which often affects individuals lacking access to basic hygiene. This program also serves to introduce young people to supportive care services available to them in a judgment-free, welcoming, and inclusive manner.

Community Name:	**Galan Cultural Center**
Fiscal Sponsor:	**Galant Cultural Center**
Amount:	**$10,000**

Community Description:
The Galan Cultural Center currently serves the youth of Pomona and their families. The Teatro Terapia program is a 10-week bilingual theater workshop aimed at supporting the emotional well-being, cultural identity, and social connections of youth in Pomona. This program will be open to community members aged 6 to 25. Over the course of ten weeks, participants will explore Latino and Latina cultural contributions and their historical significance in Southern California through bilingual scripts, character development, and scene work. This immersive experience will foster a sense of cultural pride and belonging. Additionally, participants will learn storytelling, improvisation, movement, and performance techniques to develop healthy emotional understanding and self-reflection tools. The program will conclude with a final performance celebrating each individual's personal journey, helping to boost their self-confidence.

Daisy Martinez, Community Capacity Organizer | dmartinez@tricitymhs.org

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**Hope Through Housing Foundation**
Fiscal Sponsor:	**Hope Through Housing Foundation**
Amount:	**$10,000**

Community Description:
The Veterans Park project provides 60 apartment homes for over 30 youth aged 0-18. All 121 residents are either veterans or have a veteran family member living on-site. Thirty of these apartments are specifically reserved for formerly homeless veterans and their families. As part of this initiative, a community food pantry will be established, operating weekly or bi-weekly. The addition of food staples aims to help reduce residents' stress and address food insecurity, ensuring they have access to essential nutrition and support.

Community Name:	**Created 4 The Kid Inc.**
Fiscal Sponsor:	**The African American Museum of Beginnings**
Amount:	**$10,000**

Community Description:
The Kids' Creative Reading Circle is an engaging, in-person literacy program designed to support children ages 2 to 7 in developing early reading skills. Created by For The Kid, the program has partnered with the African-American Museum of New Beginnings to include Sankofa Reading Time, during which African American books and authors are invited to read to the children. This collaboration offers young readers a culturally enriching environment where they can connect with stories that reflect diverse experiences. The program aims to strengthen early literacy skills, laying a foundation for future academic success while creating an inclusive, positive learning space that fosters confidence and enthusiasm for reading. Additionally, it supports families by providing tools and strategies to reinforce reading at home. By making reading an exciting and rewarding experience, the Kids' Creative Reading Circle aspires to nurture a generation of confident, lifelong learners.

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**LINC-Learning In Collaboration**
Fiscal Sponsor:	**Pomona College-Draper Center for Community Partnerships**
Amount:	**$2,715**

Community Description:
LINC's Family Nights Project offers youth-centered programming held in downtown Pomona at the Pomona College Community Engagement Center (PCCEC). The initiative aims to foster connections between K-6 students from the Pomona Unified School District (PUSD) and student volunteers from Claremont Colleges outside of the classroom. Family Nights provides a welcoming space for meaningful relationships to develop between young students and older volunteers. Through arts and crafts activities, volunteers support the social and emotional growth of the children. The event also offers an opportunity for families from the community to come together and enjoy a free, family-friendly environment.

Community Name:	**The Common Good LA**
Fiscal Sponsor:	**The Common Good LA**
Amount:	**$7,500**

Community Description:
The Common Good LA is a nonprofit organization based in Pomona, dedicated to supporting at-risk transitional-age youth (TAY) aged 18 to 24. Operating as a drop-in center, this project will directly assist these individuals by providing nutritious, grab-and-go meal options and expanding our hygiene kit supplies. The program will focus on offering healthier food choices, including fresh fruits, vegetables, protein-rich snacks, and easy-to-prepare meals. Additionally, a portion of the funds will be allocated to purchasing an extra refrigerator, enabling us to store a wider variety of perishable items such as yogurt, string cheese, applesauce, and fresh produce. This enhancement will help them better address the nutritional needs of their clients while maintaining a welcoming and supportive environment.

Daisy Martinez, Community Capacity Organizer | dmartinez@tricitymhs.org

COMMUNITY WELLBEING GRANT

Descriptions

Community Name:	**The African American Museum of Beginnings**
Fiscal Sponsor:	**The African American Museum of Beginnings**
Amount:	**$10,000**

Community Description:
The African American Museum of Beginnings will serve a diverse community ranging from prenatal individuals to young adults up to age 25, with a strong focus on promoting positive values and family stability. This project aims to strengthen the future of Black families by fostering intergenerational connections. It pairs 10 Black expectant mothers with 10 elder Black women quilters, encouraging meaningful relationships through community events, phone calls, and visits. Each elder will create a unique African quilted blanket for the newborn, symbolizing cultural heritage and support. This initiative will help enhance the emotional, behavioral, and overall well-being of Black youth from infancy through young adulthood.

Community Name:	**The African American Advisory Alliance**
Fiscal Sponsor:	**The African American Advisory Alliance**
Amount:	**$10,000**

Community Description:
The Social Media Harm Reduction project aims to mitigate the risks of social media use and help youth, and their caregivers know how to identify, prevent and decrease the impact of social media harms. Participants will be equipped with evidence-based research on social media harms, best practices for active bystander intervention, and information on community-based support services if there is a need for an intervention in response to identified harm caused by social media use (e.g. mental and behavioral health services). The intended outcomes will be achieved by offering Social Media First Aid workshops to the community, where youth and their caregivers will receive age-specific information that will help both age-groups work together to promote health and wellness for those that use social media. Intended outcomes include:

- Increase in help-seeking behavior by deepening participant knowledge of community-based resources for various levels of mental health support (e.g. crisis response, psychotherapy, and psychoeducation).
- Demonstrate a scalable model for social media intervention that can be implemented in diverse educational and community settings by community members, further enhancing best practices for Social Media Harm Reduction (i.e. Social Media First Aid Ambassadors).
- Contribute to "policy recommendations" based on strategies and interventions used in Social Media First Aid, such as mandating Social Media Awareness Day, or the implementation of a Social Media Harm Reduction programs like Social Media First Aid for students, parents, and professionals in other communities, cities, etc.

Daisy Martinez, Community Capacity Organizer | dmartinez@tricitymhs.org

HOPE. WELLNESS. COMMUNITY.

Let's find it together.

TRI·CITY Mental Health

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

www.tricitymhs.org

SAMPLE

INDEPENDENT CONTRACTOR AGREEMENT (COMMUNITTY WELLBEING GRANT)

BETWEEN

TRI-CITY MENTAL HEALTH AUTHORITY

AND

DATED

July 1, 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 17-B

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AGREEMENT

This AGREEMENT is by and between **«Community»**, (GRANTEE) with its principal office of operations at **«Address» «Address_city», CA «Address_zip»** and its fiscal sponsor, **«Fiscal_Sponsor»,** (FISCAL SPONSOR) a 501(c)(3) organization organized under the laws of the State of California with its principal office of operations at **«Mailing_Address» «Mailing_Address_City», CA «Mailing_Address_zip»** (GRANTEE AND FISCAL SPONSOR together as the GRANTEES) and Tri-City Mental Health Authority (TCMHA), a Joint Powers Agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Claremont, California 91767.

WHEREAS, TCMHA has received approval from the California State Department of Mental Health to implement a Community Capacity and Wellbeing (CCW) program as defined in TCMHA's Prevention and Early Intervention (PEI) Plan; and

WHEREAS, the award of funds to communities to implement programs that qualify under the PEI CCW program to provide prevention and early intervention of mental health illness is an integral part of such PEI Plan and will benefit residents in the cities of Claremont, La Verne and Pomona; and

WHEREAS, GRANTEES have submitted to TCMHA a Community Wellbeing Project that has met all of the required criteria to qualify as a PEI CCW program project that will promote prevention and early intervention of mental health illness; and

WHEREAS, TCMHA is willing to fund the Community Wellbeing Project proposed by the GRANTEES as part of its approved CCW program in accordance with its budget, in consideration of the terms and conditions of this AGREEMENT;

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed, and in consideration of the mutual benefits to be derived there from, the parties hereby mutually agree as follows:

1. SCOPE OF PROJECT: GRANTEE shall perform the activities as described in the proposal entitled **«Community»**, which is attached hereto as Attachment A and made a part of this AGREEMENT, and is hereafter referred to as "PROJECT."

   Any requested modification to the project and/or budget must be submitted in writing using the Project Modification Form. Any modifications requested by the GRANTEE must be approved by TCMHA prior to funds being spent in a way inconsistent with the approved budget or plan.

2. PRINCIPAL SUPERVISORS: PROJECT shall be under the supervision of **«Project_Leader»** who shall serve as Project Leader; **«Community_Leader»** who shall serve as Community Leader; and **«Fiscal_Sponsor1»** who shall serve as Fiscal Sponsor Representative. If for any reason the Principal Supervisors shall be unable to continue to serve and a successor acceptable to both parties is not available, this AGREEMENT shall be terminated as hereafter provided.

3. PERIOD OF PERFORMANCE: The activities of PROJECT shall commence immediately upon execution of this agreement and continue through completion, not later than **June 30, 2026**. This period will be subject to modification or renewal only by mutual written agreement of the parties hereto.

4. PAYMENT OF COSTS: In consideration of GRANTEE'S performance hereunder, TCMHA agrees to support GRANTEE'S costs incurred conducting the activities of this PROJECT, in the amount not to exceed ten thousand dollars(**«Amount»**). This amount shall not be exceeded by GRANTEE without the written authorization of TCMHA. A payment equal to 25% of the total granted amount shall be made to GRANTEE upon execution of this agreement. All remaining payments equal to 25% of the total granted amount shall be made to GRANTEE quarterly upon receipt of GRANTEE's quarterly Financial Report, along with copies of invoices and/or receipts showing funds were spent according to the project, if justified. Justification of any subsequent payments shall be rebuttably presumed if the sum of Spent Funds and Projections for the Next Quarter exceeds the amount received by GRANTEE in the previous quarters. Should justification of additional payments not be met, payment shall be withheld until a Financial Report meeting justification is received by Community Wellbeing Program Staff, no later than June 30, 2026.

   If the funds are needed earlier in any given quarter to continue project activities, an advance of funds may be requested by completing an Early Distribution of Funds Request Form and submitting it to Community Wellbeing Program staff. The Early Distribution of Funds Request Form must be accompanied by invoices from funds spent and projections. Funds will be advanced following review and approval of GRANTEE's request.

   The payments due under the AGREEMENT shall be made payable to **«Fiscal_Sponsor»,** and the initial payment shall be mailed with a copy of this AGREEMENT to:

   «Fiscal_Sponsor»
   ATTN: «Fiscal_Sponsor1»
   «Mailing_Address»
   «Mailing_Address_City», CA «Mailing_Address_zip»

5. POLICIES AND PROCEDURES: The PROJECT conducted hereunder shall be performed in accordance with the policies and procedures of GRANTEE AND ITS FISCAL SPONSOR.

6. REPORTS: GRANTEE shall deliver to TCMHA quarterly reports showing the detail of expenditures to date and projections for following quarter as applicable until the PROJECT is complete. Financial Reports and supporting documents verifying funds were spent such as: copy of receipts, paid invoices, or proof of payments shall be due fifteen (15) days after quarter ends: October 15th, Jan 15th, April 15th, and July 15th. Reports shall be signed by Project Leader, Community Leader, and Fiscal Sponsor Representative confirming review and accuracy of report. In addition, the GRANTEE shall deliver the results of PROJECT performed within ninety (90) days of the completion of PROJECT.

7. RESPONSIBILITY OF FISCAL SPONSOR: Fiscal Sponsor is responsible for review and accuracy of all supporting documentation related to PROJECT including Financial Report. Additionally, Fiscal Sponsor shall be responsible for maintaining records of expenditures related to PROJECT for a period of five (5) years following conclusion of the project.

8. SPECIAL FUNDING PROVISIONS. This PROJECT is funded by California Mental Health Services Act funds. As such, the use of the funds is subject to certain obligations and limitations that are set forth in Attachment B and made a part of this AGREEMENT. GRANTEES covenant and agree to comply with the provisions of Attachment B.

9. TERMINATION: Performance under this AGREEMENT may be terminated by either party upon thirty (30) days written notice to the authorized personnel listed in the notices section of this agreement. Upon termination by TCMHA, GRANTEES will be entitled to retain sufficient funds to reimburse it for all costs and non-cancelable commitments incurred in performance of the AGREEMENT prior to the date of termination in an amount not to exceed the total commitment set forth in Paragraph 4. Upon termination by GRANTEES, all costs and non-cancelable commitments incurred thereafter will be the responsibility of GRANTEES. GRANTEES will return any unused funds to TCMHA within three (3) months of the written notice of termination.

10. INDEMNIFICATION: GRANTEES shall jointly and severally indemnify, defend and hold harmless TCMHA, its officers, employees, representatives, and agents from and against any and all claims, liability, loss, damage, demands, suits, judgments, expenses and costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the GRANTEES' negligent acts, willful misconduct, or omissions arising from, or alleged to arise from, or related to, performance hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of TCMHA.

11. PROPRIETARY INFORMATION: Any proprietary information disclosed by one party to the other shall be disclosed in writing and designated as proprietary, or if disclosed orally, shall be confirmed in writing and designated proprietary within thirty (30) days of such disclosure. A party receiving proprietary information, hereunder referred to as "RECIPIENT," agrees to use the proprietary information only for the purpose of this AGREEMENT and further agrees that it will not disclose or publish such information except that foregoing restrictions shall not apply to:

(a) information which is or becomes publicly known through no fault of RECIPIENT;
(b) information learned from a third party entitled to disclose such information;
(c) information already known to or developed by RECIPIENT prior to receipt hereunder, as shown by RECIPIENT'S prior written records;
(d) information which is published in the necessary course of the prosecution of patent applications based upon inventions developed pursuant to this AGREEMENT; or
(e) information required to be disclosed by operation of law or court order.

The obligation of confidentiality imposed by this provision shall expire two (2) years following the expiration or termination of this AGREEMENT. Each party will use a reasonable degree of care to prevent the inadvertent, accidental, unauthorized or mistaken disclosure or use by its employees of proprietary information disclosed hereunder.

12. USE OF NAMES: GRANTEES shall not employ or use the name of TCMHA in any promotional materials, advertising, or in any other manner without the prior express written permission of TCMHA, except that TCMHA and GRANTEES may, during the term of this Agreement or thereafter state that TCMHA is sponsoring, or has sponsored, the PROJECT.

13. NOTICES: Any notice given under this AGREEMENT shall be in writing to the individuals below and shall be deemed delivered three (3) days after deposit in the United States mail, certified or registered, postage prepaid, and addressed to the parties as follows:

Grantees: **«Community»**
«Community_Leader» & «Project_Leader»
«Address»
«Address_city», CA «Address_zip»
«Fiscal_Sponsor»
ATTN: «Fiscal_Sponsor1»
«Mailing_Address»
«Mailing_Address_City», CA «Mailing_Address_zip»

TCMHA: Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard #B
Claremont, CA 91711-2788
Attn: Ontson Placide MA, LMFT
(909) 623-6131
E-Mail: oplacide@tricitymhs.org

14. INDEPENDENT CONTRACTOR: For purpose of this AGREEMENT, the parties hereto shall be independent contractors and shall at all times be considered neither an agent nor employee of the other. No joint venture, partnership, or like relationship is created between the parties by this AGREEMENT. TCMHA and FISCAL SPONSOR are independent legal entities and none have any authority to act for, or on behalf of, or bind another to, any contract, without the other's written approval or except as otherwise expressly set forth in this AGREEMENT.

15. ASSIGNMENTS: This AGREEMENT shall be binding upon and inure to the benefit of the parties hereto, and may be assigned only to the successors of these parties. Any other assignment by either party without prior written consent of the other party shall be void.

16. OWNERSHIP: Title to any equipment purchased or manufactured in performance of the PROJECT funded under this AGREEMENT shall vest with TCMHA.

17. FORCE MAJEURE: GRANTEES shall not be liable for any failure to perform as required by this AGREEMENT, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, failures of any required governmental approval, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, material shortages, disease, or similar occurrences.

18. SEVERABILITY: In the event that a court of competent jurisdiction holds any provision of this AGREEMENT to be invalid, such holding shall have no effect on the remaining provisions of this AGREEMENT, and they shall continue in full force and effect.

19. SIMILAR RESEARCH: Nothing in this AGREEMENT shall be construed to limit the freedom of GRANTEES, or of its agents who are participants under this AGREEMENT, to engage in similar activities under other grants, contracts, or agreements with parties other than TCMHA.

20. GOVERNING LAW: The formation, interpretation and performance of this AGREEMENT shall be governed by the laws of the State of California. Venue for mediation, arbitration and/or actions arising out of this AGREEMENT shall be in Los Angeles County, California.

21. AUTHORITY: Each party represents to the other that the person signing on its behalf has the legal right and authority to execute, enter into and bind such party to the commitments and obligations set forth herein.

22. COUNTERPARTS: This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

23. ENTIRE AGREEMENT: Unless otherwise specified herein, this AGREEMENT embodies the entire understanding of the parties for this PROJECT and any prior contemporaneous representations, either oral or written, are hereby superseded. No amendments or changes to this AGREEMENT including, without limitation, changes in the activities of the PROJECT, total estimated cost, and period of performance, shall be effective unless made in writing and signed by authorized representatives of both parties. If any provisions stated in the AGREEMENT, resulting purchase orders, and the project proposal are in conflict, the order of precedence, from first to last shall be: (a) Attachment B, (b) AGREEMENT, (c) other attachments, (d) the project proposal, and (e) the purchase order, it being understood and agreed that any purchase order or similar document issued by GRANTEES will be for the sole purpose of establishing a mechanism for payment of any sums due and owing hereunder. Notwithstanding any terms and conditions contained in said purchase order, the purchase order will in no way modify or add to the terms of this AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT by their duly authorized officers or representatives as of the latest date set forth below.

TCMHA

TRI-CITY MENTAL HEALTH AUTHORITY

By:_____
Ontson Placide, Executive Director

Dated:_____

GRANTEES

«Community»

By:_____
«Community_Leader»
Community Leader

Dated:_____

By:_____
«Project_Leader»
Project Leader

Dated:_____

Fiscal Sponsor

By:_____
«Fiscal_Sponsor1»
Fiscal Sponsor Representative

Dated:_____

ATTACHMENT A

PROPOSAL OF CWB GRANTEE

ATTACHMENT B

MENTAL HEALTH SERVICES ACT CONTRACT PROVISIONS

1. **Compliance.** In performance of this agreement, GRANTEE (RECIPIENT) will fully comply with:

   A. The provisions of the Mental Health Services Act and all applicable regulations, related statutes, directives, policies, procedures and amendments.

   B. State of California, Department of General Services, Terms and Conditions which can be accessed at http://www.documents.dgs.ca.gov/ol/GTC-307.doc.

   If, at any point during the duration of this Agreement, Tri-City Mental Health Authority (TCMHA) determines that RECIPIENT is out of compliance with any provision in this Agreement, TCMHA may request a plan of correction, after providing RECIPIENT with written notification and the basis for the finding of noncompliance.

   This agreement contains the entire agreement of the parties and supersedes all negotiations, verbal or otherwise and any other agreement between the parties hereto. This agreement is not intended to and will not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between TCMHA and the RECIPIENT. The RECIPIENT represents and warrants it is free to enter into and fully perform this agreement.

2. **Certification / Assurances.** Except as otherwise indicated, the following certifications apply to the RECIPIENT:

   A. Unenforceable Provision: In the event that any provision of this agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this agreement have force and effect and shall not be affected hereby.

   B. Indemnification: Pursuant to the provision of Section 895.4 of the California Government Code, each party agrees to indemnify and hold the other party harmless from all liability for damage to persons or property arising out of or resulting from acts or omissions of the indemnifying party.

3. **Standards of Conduct.** The following standards apply to the RECIPIENT:

   A. Every reasonable course of action will be taken by the RECIPIENT in order to maintain the integrity of this expenditure of public funds and to avoid favoritism and questionable or improper conduct. This Agreement will be administered in an impartial manner, free from efforts to gain personal, financial or political gain.

   B. An executive or employee of the RECIPIENT or an elected official of a RECIPIENT, will not solicit or accept money or any other consideration from a third person, for the performance of an act reimbursed in whole or part by TCMHA. Supplies, materials, equipment or services purchased with Agreement funds will be used solely for purposes allowed under this Agreement. No member of a RECIPIENT's Board will cast a vote on the provision of services by that member (or any organization, which that member represents) or vote on any matter which would provide direct financial benefit to that member (or immediate family of the member) or any business or organization which the member directly represents.

C. TCMHA, by written notice to the RECIPIENT, may terminate the right of the RECIPIENT to proceed under this Agreement if it is found, after notice and hearing by TCMHA, that gratuities were offered or given by the RECIPIENT or any agent or representative of the RECIPIENT to any officer or employee of TCMHA with a view toward securing a contract or securing favorable treatment with respect to the awarding, amending, or performing of such Agreement, provided that the existence of the facts upon which TCMHA makes such findings that shall be an issue may be reviewed in any competent court.

In the event this Agreement is terminated as provided in the paragraph above, TCMHA shall be entitled:

a) to pursue the same remedies against the RECIPIENT as it could pursue in the event of the breach of the Agreement by the RECIPIENT, and
b) as a predetermined amount of liquidated damages in addition to any other damages to which it may be entitled by law, to exemplary damages in an amount which shall be not less than three times the cost incurred by the RECIPIENT in providing any such gratuities to any such officer or employee.

The rights and remedies of TCMHA provided in this clause shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement. The RECIPIENT warrants by execution of this Agreement that no person or selling agency has been employed or retained to solicit or secure this Agreement upon a Contract or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees of the RECIPIENT, for the purpose of securing business. For breach or violation of this warranty, TCMHA shall have the right to annul this Agreement without liability, paying only for the values of the work actually returned, or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

4. Subcontracting. The RECIPIENT certifies that:

A. Any of the work or services specified in this agreement which will be performed by other than the RECIPIENT will be evidenced by a written agreement specifying the terms and conditions of such performance.

B. The RECIPIENT will maintain and adhere to an appropriate system, consistent with federal, state and local law, for the award and monitoring of contracts which contain acceptable standards for insuring accountability.

C. The system for awarding contracts will contain safeguards to insure that the RECIPIENT does not contract with any entity whose officers have been convicted of fraud or misappropriation of funds.

D. Subcontractors will comply with the Confidentiality requirements set forth in provision 17 of this Agreement.

5. Insurance. The RECIPIENT hereby warrants that it carries and shall maintain in full force and effect during the full term of this contract and any extensions to said term:

A. Sufficient and adequate Worker's Compensation Insurance for all of its employees who will be engaged in the performance of this Agreement and agrees to furnish to TCMHA satisfactory evidence thereof at any time TCMHA may request the same; and,

B. Sufficient and adequate Liability Insurance to cover any and all potential liabilities and agrees to furnish to TCMHA satisfactory evidence thereof upon request by the TCMHA.

9. Amendments. This Agreement may be unilaterally modified by TCMHA only under any of the following circumstances:

A. There is a change in state law or regulation requiring a change in the provisions of this agreement.

11. Reporting. The RECIPIENT will compile and submit reports of services, activities, performance attainment, expenditures, status of cash and closeout information by the specified dates as prescribed by TCMHA in regulations, directives, and policies. Failure to adhere to the specified reporting requirements may result in funds not being released.

13. Records

A. The RECIPIENT will retain all records pertinent to this Agreement for a period of five (5) years from the date of expiration of this Agreement. If, at the end of five (5) years, there is litigation or an audit involving those records, the RECIPIENT will retain the records until the resolution of such litigation or audit.

B. TCMHA or its designee will have access to and right to examine, monitor and audit all records, documents, conditions and activities related to programs funded by this Agreement. For purposes of this section, "access to" means that the RECIPIENT shall at all times maintain a complete set of records and documents related to programs funded by this agreement and shall make these records available to TCMHA or their designee in a central location. The RECIPIENT's performance under the terms and conditions herein specified will be subject to an evaluation by TCMHA of the adequacy of the services performed, timeliness of response and a general impression of the competency of the RECIPIENT and its staff.

14. Audits

A. From time to time, TCMHA may inspect the facilities, systems, books and records of the RECIPIENT to monitor compliance with this Agreement. The RECIPIENTS shall promptly remedy any violation of any provision of this Agreement and shall certify the same to TCMHA in writing. The fact that TCMHA inspects, or fails to inspect, or has the right to inspect, the RECIPIENT's facilities, systems and procedures does not relieve the RECIPIENTS of its responsibilities to comply with this Agreement. TCMHA's failure to detect or detection, but failure to notify the RECIPIENT or require the RECIPIENT's remediation of any unsatisfactory practice, does not constitute acceptance of such practices or a waiver of TCMHA's enforcement rights under this Agreement.

B. The RECIPIENT will maintain and make available to auditors, at all levels, accounting and program records including supporting source documentation and cooperate with all auditors.

C. The RECIPIENT and/or auditors performing monitoring or audits of the RECIPIENT or its sub-contracting service providers will immediately report to TCMHA any incidents of fraud, abuse or other criminal activity in relation to this agreement, the MHSA, or its regulations.

17. Confidentiality Requirements. Acknowledging the RECIPIENT's continuing obligation to follow existing legal mandates regarding protection and/or release of information maintained by the RECIPIENT, the following Confidentiality Requirements apply:

A. General Requirements:

a) The RECIPIENT will not disclose data or documents or disseminate the contents of the final or any preliminary report without express permission of TCMHA.

b) Permission to disclose information or documents on one occasion or at public hearings held by TCMHA relating to the same shall not authorize the RECIPIENT to further disclose such information or documents on any other occasions.

c) The RECIPIENT will not comment publicly to the press or any other media regarding the data or documents generated, collected, or produced in connection with this Agreement, or TCMHA's actions on the same, except to TCMHA's staff, the RECIPIENT's own personnel involved in the performance of this Agreement, at a public hearing, or in response to the questions from a legislative committee.

d) If requested by TCMHA, the RECIPIENT shall require each of its employees or officers who will be involved in the performance of this Agreement to agree to the above terms in a form to be approved by TCMHA and shall supply TCMHA with evidence thereof.

e) Each subcontract shall contain the foregoing provisions related to the confidentiality of data and nondisclosure of the same.

f) After any data or documents submitted has become a part of the public records of TCMHA, the RECIPIENT may, if it wishes to do so, at its own expense and upon approval by TCMHA, publish or utilize the same but shall include the following legend:

> LEGAL NOTICE: This report was prepared as an account of work sponsored by the Department of Mental Health, but does not necessarily represent the views of the Department or any of its employees except to the extent, if any, that it has formally been approved by the Department. For information regarding any such action, communicate directly with the Department at P.O. Box 952050, Sacramento, California, 94252-2050. Neither said Department nor the State of California, nor any officer or employee thereof, or Tri-City Mental Health Authority make any warranty, express or implied, or assumes any legal liability whatsoever for the contents of this document. Nor does any party represent that use of the data contained herein would not infringe upon privately owned rights without obtaining permission or authorization from any party who has any rights in connection with the data.

g) "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.

h) "Proprietary data" is such data as the RECIPIENT has identified in a satisfactory manner as being under Recipient's control prior to commencement of performance of this Agreement and which has been reasonably demonstrated as being of a proprietary force and effect at the time this Agreement is commenced.

i) "Generated data" is that data, which a RECIPIENT has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the RECIPIENT in the performance of this Agreement at RECIPIENTS expense, together with complete documentation thereof shall be treated in the same manner as generated data.

j) "Deliverable data" is that data which under terms of this Agreement is required to be delivered to TCMHA. Such data shall be property of TCMHA.

k) "Generated data" shall be the property of TCMHA unless and only to the extent that it is specifically provided otherwise herein.

l) The title to the Recipient's proprietary data shall remain in the Recipient's possession throughout the term of this Agreement and thereafter. As to generated data which is reserved to the RECIPIENT by express terms of this Agreement and as to any preexisting or proprietary data which has been utilized to support any premise, postulate or conclusion referred to or expressed in any deliverable hereunder, the RECIPIENT shall preserve the same in a form which may be introduced in evidence in a court of competent jurisdiction at the Recipient's own expense for a period of not less than three years after receipt by TCMHA of the final report or termination of this Agreement and any and all amendments hereto, or for three years after the conclusion or resolution of any and all audits or litigation relevant to this Agreement, whichever is later.

m) Prior to the expiration of such time and before changing the form of or destroying any such data, the RECIPIENT shall notify TCMHA of any such contemplated action; and TCMHA may within 30 days after said notification determine whether it desires said data to be further preserved and, if TCMHA so elects, the expense of further preserving said data shall be paid for by TCMHA. The RECIPIENT agrees that TCMHA shall have unrestricted reasonable access to the same during said three-year period and throughout the time during which said data is preserved in accordance with this Agreement, and the RECIPIENT agrees to use best efforts to furnish competent witnesses or to identify such competent witnesses to testify in any court of law regarding said data.

n) Each party shall designate an employee who shall be responsible for overall security and confidentiality of its data and information systems and each party shall notify the other of any changes in that designation.

B. Confidentiality Requirements relating to the Health Insurance Portability and Accountability Act (HIPAA). The Parties agree that no information or services subject to HIPAA form part of the services to be provided under this Agreement. The RECIPIENT agrees not to use any portion of the funds received under this Agreement for purposes that would be subject to HIPAA requirements.

ATTACHMENT 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

_____

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: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: **Consideration of Resolution No. 793 Approving the Third Amendment to the Agreement with the City of Pomona for the Authority's Use of the City's "Hope For Home" Year Round Emergency Shelter Facility, and Authorizing the Executive Director to Execute said Amendment**

Summary:

In December 2018, the City of Pomona opened the "Hope for Home" Year-Round Emergency Shelter. Prior to the shelter's opening, in July 2018, Tri-City Mental Health Authority (TCMHA) entered into an agreement with the City to reserve 28 shelter beds at a discounted rate of $35 per bed, per day, totaling $357,700 for a 10-month term. In October 2019, a First Amendment to the agreement increased the number of reserved beds to 31. A Second Amendment, initiated in June 2022, continued the reservation of 31 beds.

To further meet the growing housing needs of its clients, TCMHA now proposes increasing the number of reserved beds from 31 to 71. Demand for emergency shelter has grown in recent years, and this proposed expansion aligns with the Behavioral Health Services Act (BHSA) focus on housing as a foundation for mental health recovery. Increasing bed availability will ensure timely and consistent access to safe, stable shelter for TCMHA clients experiencing homelessness, supporting their recovery and long-term stability.

Background:

TCMHA emphasizes immediate access to shelter as a critical first step in the recovery process and sustained engagement in mental health services. Under the Behavioral Health Services Act (BHSA), funds may be used to support housing assistance for individuals receiving behavioral health care. The partnership between TCMHA and the City of Pomona through the "Hope for Home" Year-Round Emergency Shelter has proven to be a successful collaboration, providing timely and reliable shelter for TCMHA clients experiencing homelessness.

Fiscal Impact:

Funding for the proposed 71 reserved beds at the "Hope for Home" Shelter will be provided through MHSA CSS funds. These funds will be specifically allocated to support emergency shelter for TCMHA mental health clients. The daily rate per bed has increased to $75 per bed per day, and the total cost for the term will not exceed $1,943,625. TCMHA anticipates continued support for this initiative under BHSA, as housing remains a prioritized and eligible use of these funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 793 approving the Third Amendment to the Agreement with the City of Pomona for the Authority's exclusive use of 71 shelter beds in the City's H4H Year-Round Emergency Shelter in the amount of $1,943,625 annually, for the term July 1, 2025, through June 30, 2026.

Attachments

Attachment 18-A: Resolution No. 793 - Draft

Attachment 18-B: Third Amendment to Agreement with the City of Pomona for H4H Homeless Shelter-Effective 06182025

RESOLUTION NO. 793

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A THIRD AMENDMENT TO THE AGREEMENT WITH THE CITY OF POMONA FOR THE AUTHORITY'S USE OF THE CITY'S 'HOPE FOR HOME' YEAR-ROUND EMERGENCY SHELTER FACILITY

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") entered into an Agreement with the City of Pomona effective December 1, 2018, ("Agreement") for TCMHA's financial participation in the City's Hope For Home year-round emergency shelter and homeless service center ("Facility") for the purpose of reserving access to shelter beds for Tri-City's Mental Health Service Act clients and for TCMHA to have access to programming space.

B. On October 16, 2019, the Governing Board adopted Resolution No. 501 approving the First Amendment to the Agreement to change the term of the Agreement through June 30, 2022; and increase to 31 the number of shelter beds reserved for the exclusive use of TCMHA.

C. December 21, 2022, the Governing Board adopted Resolution No. 688 approving the Second Amendment to the Agreement to extend the term of the Agreement for an additional three years beginning on July 1, 2022 through June 30, 2025; request a quarterly report of the usage of the number of shelter beds reserved for the exclusive use of TCMHA; and update the contact information of the Parties.

D. The Authority desires to amend the Agreement again to extend the term of the Agreement for one (1) additional year through June 30, 2026; and increase the number of shelter beds reserved from 31 to 71 at the rate of $75 per bed/day for the exclusive use of TCMHA.

E. The Authority has MHSA funds to be exclusively used for the housing needs of its MHSA clients that are homeless and the City has the availability of beds in its Facility to accommodate the agreed upon number of beds in exchange for TCMHA's financial participation.

[Continues on Page 2]

2. Action

The Authority's Executive Director is authorized to enter into and execute the Third Amendment to the Agreement for the Authority's exclusive use of 71 shelter beds in the City of Pomona's Hope For Home Year-Round Emergency Shelter Facility and pay the sum of $1,943,625 ($75/bed x 71 beds = $5,325/day x 365 days) for a period of one (1) year beginning July 1, 2025 through June 30, 2026.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

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

www.tricitymhs.org

THIRD AMENDMENT

TO

AGREEMENT FOR USE OF THE CITY OF POMONA'S HOPE FOR HOME YEAR-ROUND EMERGENCY SHELTER

BY AND BETWEEN

THE CITY OF POMONA

AND

TRI-CITY MENTAL HEALTH AUTHORITY

DATED

JUNE 18, 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 18-B

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THIRD AMENDMENT

AGREEMENT BY AND BETWEEN THE CITY OF POMONA AND TRI-CITY MENTAL HEALTH AUTHORITY FOR USE OF THE CITY'S HOPE FOR HOME YEAR-ROUND EMERGENCY SHELTER

1. PARTIES AND DATE

This Third Amendment ("Third Amendment") is made and entered into as of June 18, 2025 ("Third Amendment Date"), by and between TRI-CITY MENTAL HEALTH AUTHORITY, a California joint powers authority ("Tri-City") and the CITY OF POMONA, a California charter city and municipal corporation (the "City"). Tri-City and City are sometimes individually referred to as a "Party" and collectively as "Parties."

2. RECITALS

2.1. The City and Tri-City entered into an Agreement effective December 1, 2018, ("Agreement") for Tri-City's financial participation in the City's Hope For Home year-round emergency shelter and homeless service center ("Facility") for the purpose of reserving access to 28 shelter beds for the exclusive use of Tri-City's Mental Health Service Act (MHSA) clients and for Tri-City to have access to programming space at the Facility.

2.2. On July 1, 2019, the Parties executed the First Amendment to the Agreement to change the term of the Agreement, and increase the number of shelter beds reserved from 28 to 31 for the exclusive use of Tri-City.

2.3. On December 21, 2022, the Parties executed the Second Amendment to the Agreement extending the term of the Agreement for an additional three years ending on June 30, 2025; requesting a quarterly report of the usage of the number of shelter beds reserved for the exclusive use of Tri-City; and updating the contact information of the Parties.

2.4. The Parties desire to amend the Agreement again to extend the term of the Agreement for one (1) additional year through June 30, 2026; and increase the number of shelter beds reserved from 31 to 71 for the exclusive use of Tri-City.

2.5. 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 Third Amendment.

3. AMENDMENT

Article 1 (Term of Agreement), Article 2(a), Article 3(a), and Article 5(a) are amended to read as follows:

"**1. TERM OF AGREEMENT.** The initial term of this Agreement that began on December 1, 2018 and concluded on June 30, 2022, was extended an additional three years beginning on July 1, 2022 through June 30, 2025, and is extended an additional one (1)

year beginning on July 1, 2025 through June 30, 2026 ("Term"), and will be reconsidered by the Parties thereafter upon expiration.

2. TRI-CITY SHALL:

a. Reserve and pay for its exclusive use of seventy-one (71) beds in the Crisis Housing Building of the Facility, beginning July 1, 2025 for the Sum of $1,943,625 ($75/bed x 71 beds = $5,325/day x 365 days) for a period of one (1) year beginning July 1, 2025 through June 30, 2026. Payment in the Sum of $1,943,625 shall be made to the City by January 15, 2026. The Parties agree that the City will provide 71 beds and partitions/storage units for the 71 beds (furniture fixtures). Such furniture fixtures become the property of the City for use at the Facility and shall be reserved for the exclusive of Tri-City for the duration of the Term of this Agreement.

3. THE CITY OF POMONA SHALL:

a. Reserve 71 beds in the Crisis Housing Building of the Facility for Tri-City's exclusive use for the Term of this Agreement. In the event that any quantity of the 71 reserved beds are unavailable for use by a Tri-City referred client, the City shall provide a credit at the rate of $75/day for those days, times the number of beds that are unavailable for such days. Such credit shall be applied against the next payment of the Total Sum under this agreement, or as a refund at the end of the agreement Term. Accordingly, the City will provide Tri-City a quarterly report about the usage of the 71 beds reserved for the exclusive use of Tri-City, including the number of days during which were unavailable for use.

5. NOTICE AND CONTACT INFORMATION.

a. The representatives of the Parties who are primarily responsible for the administration of this AGREEMENT, (including assuring compliance with the rules for use of the Facilities), and to whom formal notice, demands and communications shall be given, are as follows:

To City:	To Tri-City:
Anita D. Scott, City Manager City of Pomona 505 South Garey Avenue Pomona, CA 91769 (909) 620-3773	Ontson Placide, Executive Director Tri-City Mental Health Authority 1717 N. Indian Hill Blvd, #B Claremont, CA 91711 (909) 623-6131

4. REAFFIRMATION OF OTHER TERMS

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

5. EXECUTION

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

CITY OF POMONA

By: _____
Anita D. Scott, City Manager

Attest:

By: _____
Rosalia A. Butler, City Clerk

Approved as to Form and Content:
BEST BEST & KRIEGER, LLP

By: _____
Sonia Carvalho, City Attorney

TRI-CITY MENTAL HEALTH AUTHORITY

By: _____
Ontson Placide, Executive Director

Attest:

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

Approved as to Form and Content:
RICHARDS WATSON & GERSHON

By: _____
Steven L. Flower, General Counsel

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Dana Barford, Directory of MHSA and Ethnic Services

SUBJECT: **Consideration of Resolution No. 794, Authorizing an Agreement with Syracuse University for the implementation of the Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase II Project Effective July 1, 2025 through June 30, 2029, and Authorizing the Executive Director to Sign the Agreement**

Summary:

The MHSA INN project proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs) is a collaboration between Tri-City Mental Health and six other California counties. For this collaboration, Syracuse University was selected to act as a consultant to assist in the development and implementation of the PADs project. Tri-City seeks approval of enter into a second Personal Services Agreement with Syracuse University for Phase II of this project in the amount of $500,000 for a period of four years. Phase II (July 1, 2025 to June 30, 2029)

Background:

Psychiatric Advance Directives (PADs) are used to support treatment decisions for people who may not be able to consent to or participate in treatment decisions during a mental health crisis. A PAD allows a person's wishes and priorities to inform mental health treatment. Phase One (July 1, 2022 to June 30, 2025) tested the functionality, usability, and training of the cloud-based PADs platform. Phase Two (July 1, 2025 to June 30, 2029) expands the participants to eight counties, collecting data through live testing with law enforcement, crisis teams, and hospital staff to assess the platform's effectiveness and potential for statewide use in California.

In support of this project, the counties involved in the Multi-County Collaborative Psychiatric Advance Directives (PADs) have entered into an agreement with Syracuse University whose Burton Blatt Institute has expertise in the field of evaluation, disability rights, technology, and legislative efforts to assist in the development of the PAD training, evaluation, technology PAD platform, and overall project management. It is the intent of Tri-City to continue this project by executing a second service agreement which will support the final phase of this project.

Fiscal Impact:

The Agency has funds available under the MHSA INN Plan component to support the cost of this four-year service agreement (July 1, 2025 to June 30, 2029).

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 794 authorizing the Executive Director to execute an Agreement with Syracuse University, in the amount of $500,000.00 for the implementation of the Multi-County Psychiatric Advance Directives (PADs) Phase II Project, effective July 1, 2025 through June 30, 2029.

Attachments

Attachment 19-A: Resolution No. 794 - Draft

Attachment 19-B: Agreement with Syracuse University for PADs Phase II Project

RESOLUTION NO. 794

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING AN AGREEMENT WITH SYRACUSE UNIVERSITY IN AN AMOUNT OF $500,000.00 FOR THE IMPLEMENTATION OF THE MULTI-COUNTY COLLABORATIVE PADs PHASE II PROJECT EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2029, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO SIGN THE AGREEMENT

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") adopted Resolution No. 660 on June 15, 2022, authorizing the Agreement with Syracuse University, in an amount not to exceed $313,264, for the development and implementation of the Multi-County Collaborative Psychiatric Advance Directives (PADs) project for TCMHA, effective July 1, 2022 through June 30, 2025.

B. The Authority desires to enter into another Agreement with Syracuse University, in the amount of $500,000.00 to implement the Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase II Project for TCMHA.

C. PADs was an approved Innovation project designed to support treatment decisions for individuals who may not be able to consent to, or participate in, treatment decisions because of a mental health condition. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment.

D. The Authority affirms that Syracuse University is an independent contractor and not an employee, agent, joint venture or partner of Tri-City. The Agreement does not create or establish the relationship of employee and employer between Syracuse University and TCMHA.

2. Action

The Governing Board approves the Agreement with Syracuse University for the implementation of the Multi-County Collaborative Psychiatric Advance Directives Phase II Project for TCMHA in an amount $500,000.00, effective July 1, 2025 through June 30, 2029; and authorizes the Authority's Executive Director to execute the Agreement and any Amendments or extensions of such Agreement.

[Continues on page 2.]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

PERSONAL SERVICES AGREEMENT BETWEEN

SYRACUSE UNIVERSITY AND TRI-CITY MENTAL HEALTH AUTHORITY

This **Personal Services Agreement** (hereinafter "Agreement") is made by and between the Tri-City Mental Health Authority, a joint powers agency organized under the laws of the State of California (hereinafter "TCMHA"), and Syracuse University, on behalf of its Burton Blatt Institute (hereinafter "UNIVERSITY"). TCMHA and UNIVERSITY being collectively referred to as the "Parties" and each individually a "Party."

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

1.0 GENERAL DESCRIPTION.

1.01 TCMHA hereby engages UNIVERSITY to perform, and UNIVERSITY hereby agrees to perform, the services described in **Exhibit A, Statement of Work,** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

The Psychiatric Advance Directives Project, Phase 2 (PADs 2), a multi-county collaborative Behavioral Health Services Act innovation project in the State of California, will engage UNIVERSITY, whose Burton Blatt Institute has expertise in the field of project evaluation, disability rights, technology, and legislative efforts at the request of counties may assist in the development and implementation of the PADs 2 Project. Professor Peter Blanck, PhD., J.D. of the Burton Blatt Institute will lead these efforts in an advisory role as well as overseeing the PADs 2 evaluation component on behalf of the UNIVERSITY. In addition, UNIVERSITY will provide fiscal and administrative support and oversight of PADs 2 subcontractors and/or consultants. TCMHA is recognized as a county for purposes of the Behavioral Health Services Act and PADs 2.

2.0 PAYMENT PROVISIONS.

2.01 TCMHA shall pay the UNIVERSITY in accordance with the payment provisions set forth in **Exhibit A** subject to the limitations set forth in this Agreement.

3.0 TERM OF AGREEMENT.

3.01 The term of this Agreement is from **July 1, 2025** to **June 30, 2029** unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both UNIVERSITY and TCMHA and with TCMHA signing last, and **UNIVERSITY may not commence work before TCMHA signs this Agreement.**

4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

4.01 The following attached exhibit is incorporated herein by reference and constitute a part of this Agreement: **Exhibit A, Statement of Work,** which includes the following components: 1) Scope of Services, 2) Approved Budget, including budget detail and budget narrative, and 3) Payment Terms**.**

5.0 PERFORMANCE STANDARDS.

5.01 UNIVERSITY provides reasonable assurance that UNIVERSITY and UNIVERSITY's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and, to the best of its knowledge, are not employees of TCMHA, or immediate family of an employee of TCMHA.

5.02 UNIVERSITY, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.

5.03 UNIVERSITY shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. UNIVERSITY shall not use TCMHA premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

6.0 PAYMENT CONDITIONS.

6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in Paragraph 6.02. In no event shall the maximum amount payable under this Agreement exceed **$500,000**.

6.02 Negotiations for rate changes shall be commenced, by UNIVERSITY, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by TCMHA and the UNIVERSITY.

6.03 UNIVERSITY shall submit such invoice not more frequently than monthly, but at least quarterly, or at the completion of services, but in any event, not later than 60 days after completion of services.

6.04 UNIVERSITY's invoice shall be on a form approved or supplied by TCMHA and provide such information as is required by TCMHA. Payments to UNIVERSITY

should be released by TCMHA no later than thirty (30) calendar days after receipt of the correctly completed invoice.

6.05 All invoices to TCMHA shall be supported, at UNIVERSITY, by source documentation including, but not limited to, ledgers, journals, time sheets, invoices, bank statements, canceled checks, receipts, receiving records and records of services will be provided upon request.

6.06 TCMHA may withhold or delay any payment if UNIVERSITY fails to comply with any provision of the Contract.

6.07 TCMHA shall not reimburse UNIVERSITY for services provided beyond the expiration and/or termination of the Contract, except as may otherwise be provided under the Contract, or specifically agreed upon in a subsequent Contract.

6.08 Payment Terms specific to the services provided by the UNIVERSITY are located in Exhibit A, Statement of Work, of this Agreement. To the extent inconsistency exists between Article 6.0, Payment Conditions, and Exhibit A Payment Terms of this Agreement, the Payment Terms of Exhibit A shall prevail in the order of precedence.

7.0 TERMINATION.

7.01 During the term of this Agreement, either Party may terminate the Agreement with cause, with 30 calendar days written prior notice to the other Party. "Cause" shall include, but is not limited to, the failure of UNIVERSITY to perform the required services in a manner materially inconsistent with this Agreement. In the event of termination for cause, the Party alleged to be in failure of performance shall have 20 calendar days from the date of notice to cure the stated failure in performance ("Cure Period"). To the extent a longer period of cure may be reasonably necessary, the Parties may agree to extend the Cure Period beyond the initial 20 calendar days. If the Party fails to cure the breach within the Cure Period, or its extension as applicable, the Agreement shall be deemed terminated as of the date the Cure Period expires.

7.02 In the event of termination for cause by TCMHA, the amount payable to UNIVERSITY under this Agreement shall be reduced in proportion to the services provided, including non-cancelable commitments, prior to the date of termination. In the event of termination for cause, TCMHA may proceed with the work in any manner that TCMHA deems proper. Any costs incurred by and/or owed to TCMHA as a result of the termination for cause, including procuring a new provider to complete the Agreement, shall be deducted from any sum due the UNIVERSITY under this Agreement.

7.03 TCMHA reserves the right to terminate this Agreement without cause upon 30 calendar days prior written notice to UNIVERSITY. In the event of such a termination, the UNIVERSITY shall be paid for all work performed, all costs incurred, and all non-cancelable commitments in place up to and including the date

of termination. The UNIVERSITY may terminate this Agreement without cause in the event of the departure from employment of UNIVERSITY key personnel, such that UNIVERSITY would no longer possess the expertise to the complete the services hereunder.

7.04 TCMHA's payments to UNIVERSITY under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for TCMHA's purchase of the indicated quantity of services, then TCMHA may give written notice of this fact to UNIVERSITY, and the obligations of the Parties under this Agreement shall terminate immediately, or on such date thereafter as TCMHA may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement. In the event of such a termination, TCMHA shall pay UNIVERSITY for all services provided and any non-cancelable commitments made prior to the date of termination.

8.0 INDEMNIFICATION.

8.01 UNIVERSITY shall indemnify, defend with counsel approved in writing by TCMHA, and hold harmless TCMHA, its officials, officers, agents, and employees from and against any and all third-party claims, liabilities and losses arising out of or related to the UNIVERSITY's negligence or more culpable conduct in connection with the UNIVERSITY's performance of work under this Agreement (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees), unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of TCMHA. This paragraph shall survive the expiration or termination of this Agreement for at least one (1) year.

9.0 INSURANCE REQUIREMENTS.

9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the UNIVERSITY shall provide a "Certificate of Insurance" or evidence of self-insurance certifying that all coverage and endorsements as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate.

UNIVERSITY agrees to keep such insurance coverage, Certificates of Insurance, evidence of self-insurance and endorsements on deposit with TCMHA during the entire term of this Contract. In addition, all subcontractors performing work on behalf of UNIVERSITY pursuant to this Contract shall obtain insurance subject to the same terms and conditions as set forth herein for UNIVERSITY.

UNIVERSITY shall ensure that all subcontractors performing work on behalf of UNIVERSITY pursuant to this Contract shall be covered under UNIVERSITY's insurance as an Additional Insured or maintain insurance

subject to the same terms and conditions as set forth herein for UNIVERSITY. UNIVERSITY shall not allow subcontractors to work if subcontractors have less than the level of coverage required by TCMHA from UNIVERSITY under this Contract. It is the obligation of UNIVERSITY to provide notice of the insurance requirements to every subcontractor and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of insurance must be maintained by UNIVERSITY through the entirety of this Contract for inspection by TCMHA representative(s) at any reasonable time.

This verification of coverage shall be sent to TCMHA's Contracts/Purchasing Department unless otherwise directed. The UNIVERSITY shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and TCMHA has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the UNIVERSITY.

9.02 Qualifying Insurers:

All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VIII, according to the current A.M. Best's Key Rating Guide or a company of equal financial stability.

If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

9.03 Insurance Coverage Requirements:

Without limiting UNIVERSITY's duty to indemnify, UNIVERSITY shall maintain in effect throughout the term of this Agreement a policy or policies of insurance or self-insurance with the following minimum limits of liability:

Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than $1,000,000 per occurrence.

Professional Liability Insurance, $1,000,000 per claims made with $1,000,000 aggregate.

Workers' Compensation Insurance, if UNIVERSITY employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer' s Liability limits not less than $1,000,000 each person, $1,000,000 each accident and $1,000,000 each disease.

9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to TCMHA and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date UNIVERSITY completes its performance of services under this Agreement.

Each liability policy shall provide that TCMHA shall be given notice in writing at least thirty (30) days in advance of any endorsed reduction in coverage or limit cancellation or intended non-renewal thereof. UNIVERSITY shall notify TCMHA in writing within ten (10) days for non-payment of premium and provide a copy of the cancellation notice to TCMHA. Failure to provide written notice of cancellation may constitute a material breach of the Contract, upon which TCMHA may suspend or terminate this Contract.

Each policy shall provide coverage for UNIVERSITY and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements. Commercial general liability shall provide an endorsement naming the Tri-City Mental Health Authority, its elected and appointed officials, officers, agents, and employees as Additional Insureds or provide blanket coverage, which will state AS REQUIRED BY WRITTEN CONTRACT with respect to liability arising out of the UNIVERSITY's work, including ongoing and completed operations and shall further provide that such insurance is primary. Any insurance or self-insurance maintained by TCMHA shall be excess and non-contributing. and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the UNIVERSITY'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000) or a form at least as broad. The required endorsement for primary non-contributing is ISO form CG 20 01 04 13, or a form at least as broad.

The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against the Tri-City Mental Health Authority, its elected and appointed officials, officers, agents and employees or provide blanket coverage, which will state AS REQUIRED BY WRITTEN CONTRACT.

All insurance policies required by this Contract shall waive all rights of subrogation against the Tri-City Mental Health Authority, its elected and

appointed officials, officers, agents and employees when acting within the scope of their appointment or employment.

The Commercial General Liability policy shall contain a severability of interests clause also known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).

Prior to the execution of this Agreement by TCMHA, UNIVERSITY shall file certificates of insurance with TCMHA's contract administrator and TCMHA's Contracts/Purchasing Division, showing that the UNIVERSITY has in effect the insurance required by this Agreement. The UNIVERSITY shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file.

Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

UNIVERSITY shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by TCMHA, annual certificates to TCMHA's Contract Administrator and TCMHA's Contracts/Purchasing Division. If the certificate is not received by the expiration date, TCMHA shall notify UNIVERSITY and UNIVERSITY shall have five business days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by UNIVERSITY to maintain such insurance is a default of this Agreement, which entitles TCMHA, at its sole discretion, to terminate this Agreement immediately.

All self-insured retentions (SIRs) shall be clearly stated on the Certificate of Insurance. Any self-insured retention (SIR) in an amount in excess of Fifty Thousand Dollars ($50,000) must be specifically approved in advance by TCMHA's Risk Manager, or designee, upon review of UNIVERSITY's current audited financial report. If UNIVERSITY's SIR is approved, UNIVERSITY, in addition to, and without limitation of, any other indemnity provision(s) in this Agreement, agrees to all of the following:

1) In addition to the duty to indemnify and hold TCMHA harmless against any and all liability, claim, demand or suit resulting from UNIVERSITY's, its agents, employee's or subcontractor's performance of this Agreement, UNIVERSITY shall defend TCMHA at its sole cost and expense with counsel approved by Board of Supervisors against same; and

2) UNIVERSITY's duty to defend, as stated above, shall be absolute and irrespective of any duty to indemnify or hold harmless; and

3) The provisions of California Civil Code Section 2860 shall apply to any and all actions to which the duty to defend stated above applies, and the

UNIVERSITY's SIR provision shall be interpreted as though the Agreement was an insurer and TCMHA was the insured.

TCMHA expressly retains the right to require UNIVERSITY to increase or decrease insurance of any of the above insurance types throughout the term of this Contract. Any increase or decrease in insurance will be as deemed by the Tri-City Mental Health Authority Risk Manager as appropriate to adequately protect TCMHA.

TCMHA shall notify UNIVERSITY in writing of changes in the insurance requirements. If Contractor does not deposit copies of acceptable Certificates of Insurance and endorsements with TCMHA incorporating such changes within thirty (30) days of receipt of such notice, this Contract may be in breach without further notice to UNIVERSITY, and TCMHA shall be entitled to all legal remedies.

If the UNIVERSITY fails to maintain insurance acceptable to TCMHA for the full term of this Agreement, TCMHA may terminate this Agreement for cause.

10.0 RECORDS AND CONFIDENTIALITY.

10.01 Confidentiality. UNIVERSITY and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. UNIVERSITY shall not disclose any confidential records or other confidential information received from TCMHA or prepared in connection with the performance of this Agreement unless TCMHA specifically permits UNIVERSITY to disclose such records or information, provided, however, that UNIVERSITY may make any disclosures required by and law and respond to a subpoena lawfully issued by a court of competent jurisdiction. UNIVERSITY shall promptly transmit to TCMHA any and all requests for disclosure of any such confidential records or information. UNIVERSITY shall not use any confidential information gained by UNIVERSITY in the performance of this Agreement except for the sole purpose of carrying out UNIVERSITY's obligations under this Agreement.

10.02 Subcontractor Confidentiality. UNIVERSITY shall execute an agreement with its subcontractors, as appropriate, to ensure any client data collected and maintained as part of the PADs 2 Project is protected and kept confidential using safeguards and other protections that are consistent with standards set forth in applicable federal and state confidentiality laws, including HIPAA and 42 CFR Part 2.

10.03 TCMHA Records. When this Agreement expires or terminates UNIVERSITY shall upon TCMHA's request, return to TCMHA any TCMHA records which UNIVERSITY used or received from TCMHA to perform services under this Agreement.

10.04 Maintenance of Records. UNIVERSITY shall prepare, maintain, and preserve all reports and records that may be required by federal, state and

TCMHA rules and regulations related to services performed under this Agreement. UNIVERSITY shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception or other action relating to this Agreement is pending at the end of the three-year period, then UNIVERSITY shall retain said records until such action is resolved.

10.05 Access to and Audit of Records. With reasonable prior written notice, and at times during UNIVERSITY's normal business hours, TCMHA shall have the right to examine, monitor and audit those records, documents, conditions and activities of the UNIVERSITY and its subcontractors that are directly related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of $10,000, the Parties to this Agreement may be subject, at the request of TCMHA or as part of any audit of TCMHA, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.

10.06 Royalties and Inventions. TCMHA shall have a royalty-free, non-exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced by UNIVERSITY under this Agreement. UNIVERSITY shall not publish any material containing any confidential information TCMHA disclosed in connection with this Agreement without the prior written approval of TCMHA.

11.0 NON-DISCRIMINATION.

11.01 Non-Discrimination. In the performance of this Contract, UNIVERSITY agrees that it will comply with the requirements of Section 1735 of the California Labor Code and not engage nor permit any subcontractors to engage in discrimination in employment of persons because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex of such persons. UNIVERSITY acknowledges that a violation of this provision shall subject UNIVERSITY to penalties pursuant to Section 1741 of the California Labor Code.

12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by TCMHA pursuant to a contract with the state or federal government in which TCMHA is the grantee, UNIVERSITY will comply with all the provisions of said contract, to the extent applicable to UNIVERSITY as a subgrantee under said contract and said provisions shall be deemed a part of this Agreement, as

though fully set forth herein. Upon request, TCMHA will deliver a copy of said contract to UNIVERSITY, at no cost to UNIVERSITY.

13.0 INDEPENDENT CONTRACTOR.

13.01 In the performance of work, duties, and obligations under this Agreement, UNIVERSITY is at all times acting and performing as an independent contractor and not as an employee of TCMHA. No offer or obligation of permanent employment with TCMHA or particular TCMHA department or agency is intended in any manner, and UNIVERSITY shall not become entitled by virtue of this Agreement to receive from TCMHA any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. UNIVERSITY shall be solely liable for and obligated to pay directly all applicable taxes including federal and state income taxes and social security, arising out of UNIVERSITY's performance of this Agreement. In connection therewith, UNIVERSITY shall defend, indemnify, and hold TCMHA harmless from any and all liability which TCMHA may incur because of UNIVERSITY' s failure to pay such taxes.

14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to TCMHA and UNIVERSITY' S contract administrators at the addresses listed below:

FOR TCMHA

1717 N Indian Hill Blvd., Suite B
Claremont, CA 91711
(909) 623-6131
Attn: Ontson Placide Executive Director

FOR UNIVERSITY

211 Lyman Hall
Syracuse, NY 13244
315-443-9356
Attn: Stuart Taub, Director

15.0 MISCELLANEOUS PROVISIONS.

15.01 Standard of Performance. UNIVERSITY shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with TCMHA interests. In addition to UNIVERSITY, this obligation shall apply to UNIVERSITY's employees, agents, and subcontractors associated with the provision of goods and services provided under this Agreement. UNIVERSITY's efforts shall include, but not be limited to establishing rules and procedures

preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence TCMHA staff or elected officers in the performance of their duties.

15.02 Consent to Breach Not Waiver: No term or provision of this Contract shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

15.02 Amendment. This Agreement may be amended or modified only by an instrument in writing signed by TCMHA and the UNIVERSITY.

15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by TCMHA and the UNIVERSITY. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

15.04 UNIVERSITY. The term "UNIVERSITY" as used in this Agreement includes UNIVERSITY's officers, agents and employees acting on UNIVERSITY's behalf in the performance of this Agreement.

15.05 Dispute Resolution. Any dispute or disagreement among the Parties in relation to this Agreement (a "Dispute") shall initially be referred to senior representatives of each Party with authority to resolve such Dispute, who shall use good faith efforts to resolve such Dispute. In the event that the parties' representatives are unable to resolve a Dispute pursuant to the foregoing sentence within thirty (30) days, before resorting to any other legal remedy (other than provisional equitable remedies such as temporary injunction and/or restraining order), the parties shall attempt in good faith to resolve any such controversy or claim by mediation before and in compliance with the rules established by any mutually acceptable alternative dispute resolution organization, including, but not limited to the CPR Institute for Dispute Resolution ("CPR"). If the matter has not been resolved by mediation within sixty (60) days of the commencement of such procedure (which period may be extended by mutual agreement), either party may seek relief in a court of competent jurisdiction.

15.06 Successors and Assignment. The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the Parties. Furthermore, neither the performance of this Contract nor any portion thereof may be assigned by UNIVERSITY without the express written consent of TCMHA. Any attempt by UNIVERSITY to assign the performance or any portion thereof of this Contract without the express written consent of TCMHA shall be invalid and shall constitute a breach of this Contract.

15.07 Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.

15.11 Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.

15.12 Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.

15.13 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.

15.14 Non-exclusive Agreement. This Agreement is non-exclusive and both TCMHA and UNIVERSITY expressly reserve the right to contract with other entities for the same or similar services.

15.15 Construction of Agreement. TCMHA and UNIVERSITY agree that each Party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.

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

15.17 Authority. Any individual executing this Agreement on behalf of TCMHA, or the UNIVERSITY represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the patty to the terms and conditions of this Agreement.

15.18 Integration. This Agreement, including the exhibits, represent the entire Agreement between TCMHA and the UNIVERSITY with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between TCMHA and the UNIVERSITY as of the effective date of this Agreement which is the date that TCMHA signs the Agreement.

15.19 Interpretation of Conflicting Provisions. Except for Article 6.00 Payment Provisions, where Exhibit A Payment Terms shall prevail, in the event of any conflict or inconsistency between any other provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

15.20 Force Majeure. The UNIVERSITY will not be liable for any failure or delay in performing its obligations under this Agreement due to any cause, event or circumstance beyond its or its subcontractors' reasonable control, including without limitation, acts of God, riots, war, terrorist act, epidemic, pandemic,

quarantine, civil commotion, breakdown of public utilities or internet service providers, natural catastrophes, governmental acts or omissions or fire. TCMHA acknowledges and agrees that COVID-19 is and shall continue to be a force majeure event to the extent that any law, regulation, governmental order, quarantine requirement or health or safety concern affects the UNIVERSITY's or its subcontractors' ability to perform the services set forth in this Agreement.

15.21 Severability. If any term, covenant, condition or provision of this Contract is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.

15.22 Debarment. UNIVERSITY shall certify that neither UNIVERSITY nor its principles are presently debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in the transaction by any federal department or agency. Where UNIVERSITY as the recipient of federal funds, is unable to certify to any of the statements in the certification, UNIVERSITY must include an explanation with their bid/proposal. Debarment, pending debarment, declared ineligibility or voluntary exclusion from participation by any federal department or agency may result in the bid/proposal being deemed non-responsible.

15.23 Lobbying. On best information and belief, UNIVERSITY certifies no federal appropriated funds have been paid or will be paid by, or on behalf of, UNIVERSITY to any person for influencing or attempting to influence an officer or employee of Congress; or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

15.24 Taxes. Unless otherwise provided herein or by law, price quoted does not include California state sales or use tax. Out-of-state contractors shall indicate California Board of Equalization permit number and sales permit number on invoices, if California sales tax is added and collectable. If no permit numbers are shown, sales tax will be deducted from payment. The Auditor-Controller will then pay use tax directly to the State of California in lieu of payment of sales tax to the UNIVERSITY.

15.25 Patent/Copyright Materials/Proprietary Infringement. Unless otherwise expressly provided in this Contract, UNIVERSITY shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Contract. UNIVERSITY warrants that any software as modified through services provided hereunder will not infringe upon or violate any patent, proprietary right, or trade secret right of any third party. UNIVERSITY agrees that, in accordance with the more specific requirement contained in Section 8, above, it shall indemnify, defend and hold TCMHA and TCMHA Indemnitees harmless from any and all such infringement claims.

15.26 Changes. UNIVERSITY shall make no changes in the work or perform any additional work without TCMHA's specific written approval.

15.27 Change of Ownership/Name, Litigation Status, Conflicts with TCMHA Interests. UNIVERSITY agrees that if there is a change or transfer in ownership of UNIVERSITY's business prior to completion of this Contract, and TCMHA agrees to an assignment of the Contract, the new owners shall be required under the terms of sale or other instruments of transfer to assume UNIVERSITY's duties and obligations contained in this Contract and complete them to the satisfaction of TCMHA.

In addition, UNIVERSITY has the duty to notify TCMHA in writing of any change in the UNIVERSITY's status with respect to name changes that do not require an assignment of the Contract. The UNIVERSITY is also obligated to notify TCMHA in writing if the UNIVERSITY becomes a party to any litigation against TCMHA, or a party to litigation that may reasonably affect the UNIVERSITY's performance under the Contract, as well as any potential conflicts of interest between UNIVERSITY and TCMHA that may arise prior to or during the period of Contract performance. While UNIVERSITY will be required to provide this information without prompting from TCMHA any time there is a change in UNIVERSITY's name, conflict of interest or litigation status, UNIVERSITY must also provide an update to TCMHA of its status in these areas whenever requested by TCMHA.

The UNIVERSITY shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with TCMHA interests. In addition to the UNIVERSITY, this obligation shall apply to the UNIVERSITY's employees, agents, and subcontractors associated with the provision of goods and services provided under this Contract. The UNIVERSITY's efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence TCMHA staff or elected officers in the performance of their duties.

15.26 Compliance with Laws. UNIVERSITY represents and warrants that services to be provided under this Contract shall materially comply, at UNIVERSITY's expense, with all, laws, statutes, restrictions, ordinances, and regulations (collectively "laws"), including, but not limited to those issued by TCMHA in its governmental capacity and all other laws applicable to the services at the time services are provided to and accepted by TCMHA. Contractor acknowledges that TCMHA is relying on UNIVERSITY to ensure such compliance, and pursuant to the requirements of paragraph 8.0. UNIVERSITY agrees that it shall defend, indemnify and hold TCMHA and TCMHA Indemnitees harmless from all liability, damages, costs and expenses arising from or related to a violation of such laws.

15.27 Attorney Fees. In any action or proceeding to enforce or interpret any provision of this Contract, each Party shall bear their own attorney's fees, costs and expenses.

15.28 Interpretation. This Contract has been negotiated at arm's length and between persons sophisticated and knowledgeable in the matters dealt with in this Contract. In addition, each Party had been represented by experienced and knowledgeable independent legal counsel of their own choosing or has knowingly declined to seek such counsel despite being encouraged and given the opportunity to do so. Each Party further acknowledges that they have not been influenced to any extent whatsoever in executing this Contract by any other Party hereto or by any person representing them, or both. Accordingly, any rule or law (including California Civil Code Section 1654) or legal decision that would require interpretation of any ambiguities in this Contract against the Party that has drafted it is not applicable and is waived. The provisions of this Contract shall be interpreted in a reasonable manner to affect the purpose of the Parties and this Contract.

15.29 Employee Eligibility Verification. The UNIVERSITY warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirement set forth in Federal statutes and regulations. The UNIVERSITY shall obtain from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal or State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The UNIVERSITY shall retain all such documentation for all covered employees for the period prescribed by the law. The UNIVERSITY shall indemnify and hold harmless TCMHA, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the UNIVERSITY or TCMHA or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

15.30 COUNTERPARTS/ELECTRONIC, FACSIMILE, AND PDF SIGNATURES. This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act ("CUETA") Cal. Civ. Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital

signature is a type of "electronic signature" as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

----------*This section left blank intentionally*----------

16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, TCMHA and UNIVERSITY have executed this Agreement as of the day and year written below.

TRI-CITY MENTAL HEALTH AUTHORITY

By: _____
Ontson Placide
Executive Director

Date: _____

ATTEST

By: _____
Micaela Olmos

APPROVED AS TO FORM:

By: _____
Steven L. Flower
General Counsel

SYRACUSE UNIVERSITY

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT A

Tri-City Mental Health Authority
The Psychiatric Advance Directives Project, Phase 2 (PADs 2)

I. Scope of Work (SOW)

Syracuse University (SU) will serve as the fiscal administrator for the multi-county Psychiatric Advance Directives Project, Phase 2 (PADs 2). With assistance and approval from the Project Director, Kiran Sahota of Concepts Forward Consulting, SU will engage the selected subcontractors on each county's behalf and provide oversight of subcontractors' budgets and invoices, including approved direct and indirect costs. Moreover, SU will administer and manage all applicable contracts and provide financial oversight, including financial reporting to counties, subcontractors, and project management. TCMHA is recognized as a county for purposes of the Behavioral Health Services Act and PADs 2.

To achieve these objectives, SU will provide a dedicated team to coordinate all related operational, legal, and fiscal activities within the various departments at SU, including the Offices of Sponsored Programs and Sponsored Accounting, Payroll, Purchasing, Disbursements, and the Burton Blatt Institute as the principal investigator and engaged external evaluator for the implementation of PADs 2 across all counties. Activities handled by SU will include:

- Drafting, finalizing, renewing, and updating all contracts with counties, subcontractors, and other parties as required.
- Reviewing contracts to ensure completeness, accuracy, and conformity with TCMHA policies and applicable California state and federal regulations.
- Overseeing the confidentiality requirements of vendors and subcontractors as established in Section 10.0 of this Agreement.
- Performing background vetting and checks of potential vendors and subrecipients.
- Completing financial risk analyses of potential vendors and subrecipients.
- Reviewing invoices for accuracy, compliance, and alignment with the project scope.
- Ensuring that payments to vendors and subrecipients are made accurately and promptly.
- Establishing appropriate formats and a schedule for financial updates.
- Coordinating deliverables and communications with project management and counties.
- Attending meetings with counties and project management to provide financial updates.
- Advising on various financial, accounting, or related legal issues as they arise.

II. Budget – Tri-City Mental Health Authority

	2025-2026	2026-2027	2027-2028	2028-2029	Total
Personnel Costs					
Salaries	8,280	8,528	8,784	9,048	34,640
Fringe benefits	2,248	2,315	2,385	2,456	9,405
Total Personnel Costs	**10,528**	**10,844**	**11,169**	**11,504**	**44,044**
Other Direct Opertating Costs					
Travel	793	793	793	793	3,171
Materials and supplies	38	38	38	40	153
Total Other Direct Opertating Costs	**831**	**831**	**831**	**832**	**3,324**
Subcontracts and Services					
Burton Blatt Institute (Syracuse University)	19,742	18,808	17,686	17,818	74,053
Concepts Forward Consulting	21,709	21,709	21,709	21,709	86,835
Chorus Innovations	45,777	45,777	45,777	45,777	183,109
Painted Brain	9,439	9,439	9,439	9,439	37,755
Idea Engineering	9,439	9,439	9,439	9,439	37,755
Alpha Omega Translations	1,888	1,888	1,888	1,888	7,551
Legal Consultant (vendor)	1,481	1,481	1,481	1,481	5,925
Total Subcontracts and Services	**109,475**	**108,540**	**107,418**	**107,550**	**432,983**
Total Indirect Costs	**5,541**	**4,741**	**4,621**	**4,745**	**19,649**
Budget total	**126,375**	**124,955**	**124,039**	**124,632**	**500,000**

III. Budget Narrative – Tri-City Mental Health Authority

A. Personnel Salary Costs

Personnel costs include salaries, wages and fringe benefits for personnel engaged at SU to accomplish the objectives as described above in the SOW, and other direct expenses necessary for these individuals to carry out the work as agreed.

Peter Blanck, Ph.D., J.D., Principal Investigator will provide 0.21 FTE (0.875 summer months of effort and 1.7 months during the academic year) in each of the four years of the project for oversight of all project activities. As PI, Dr. Blanck has responsibility for overall execution of the project, including financial management. Dr. Blanck will spend time in California, including attending meetings with the project manager and the project teams, counties and subcontractors.

Ingrid Stefano will in her capacity as Director of Research Administration at BBI, oversee the financials for the multi-county project, working closely with Dr. Blanck and the fiscal management team at SU to ensure developments in the project are translated and communicated to the team and appropriate administrative offices at SU. She will support and advise the Assistant Project Director and help resolve any challenges that may arise related to the administration of the project. She will

oversee internal control related to the project, including regular control of invoices and other expenses. She will devote 0.21 FTE (1.2 calendar months) of effort in each of the four years of the project.

Heather DiBlasi, Assistant Project Director will be main person responsible for the financial management of the multi-county project devoting 1 FTE (12 calendar months) in each of the project years. She will work closely with the Director of Sponsored Programs and the BBI Director of Research Administration to manage all project-related contracts and agreements, and revise and renew these as required. Moreover, she will manage subcontracts, purchase orders, and related invoices to oversee the correct distribution of costs to each county in agreement with the contracts.

Ms. DiBlasi will have the day-to-day oversight of expenditures, budget tracking, and financial reporting, ensuring that all relevant parties are kept informed of spending and any events impacting the projected expenditures. She will be the main point of contact and coordinator between SU departments, project management, subcontractors, vendors, and counties with respect to the financial administration of the project. She will attend regular meetings with counties, project management, subcontractors, or other relevant parties and provide financial updates.

Sean Kelly, budget analyst, will support the projects with financial analysis, including costs projection models for PADs 2. He will devote 0.05 FTE (0.6 calendar month) each year of the project period.

Personnel Salary Costs: Total of $34,640 for the Tri-City Mental Health Authority.

Fringe Benefits are calculated as direct costs in accordance with Syracuse University's indirect cost rate agreement (Department of Health and Human Services: 06/04/2024 rates: 16.3% for faculty during the summer; 29.3% for faculty during the academic year and full-time staff, 12.7% for graduate students; 7.9% for temporary wages). Actual rates in place during the project period will be charged.

Fringe Benefit Costs: Total of $9,405 for the Tri-City Mental Health Authority.

B. Other Direct Costs

Other Direct Operating Costs include computing costs and necessary materials and supplies, and travel for the PI, assistant project director, and other SU staff as deemed necessary to participate in the annual meeting and other convenings in California.

Other Direct Costs: Total of $3,324 for the Tri-City Mental Health Authority.

C. Subcontracts and Service Providers:

The following organizations will be engaged as subcontractors or Service Providers as directed by the Project Manager:

- **Burton Blatt Institute (Syracuse University)** – $74,053 is requested for Burton Blatt Institute's project evaluation team to work in collaboration with the PADs Project Director, each county's PADs project managers, and project sub-contractors including Chorus, Idea,

Painted Brain, and others to conduct a longitudinal qualitative and quantitative evaluation of the PADs Phase 2 web-based platform.

- **Concepts Forward Consulting** – $86,835 is requested for the overall full project management of PADs 2.
- **Chorus Innovations** – $183,109 is requested for software development of a secure, private and accessible technology platform for PADs.
- **Painted Brain** – $37,755 is requested for participation in stakeholder discussions, provision of county technical assistance, legal expertise, and training of peer specialists / county mental health professionals in use of PADs platform.
- **Idea Engineering** – $37,755 is requested for developing a statewide platform to for education, communications, and media support surrounding the PADs solution.
- **Alpha Omega Translations** – $7,551 is requested for translation services for PADs technology platform.

The following organization will be engaged as a service provider (vendor):

- Legal Consultant (TBD) - $5,925 is requested for legal consultant services.

Subcontracts and Service Provider Costs: Total of $432,983 for the Tri-City Mental Health Authority.

D. Indirect Operating Costs

Syracuse University applies indirect costs to modified total direct costs (MTDC), consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award).

For this project, Syracuse University will apply a discounted indirect cost rate to the MTDC as agreed with the Project Manager and participating California counties.

Indirect Operating Costs: Total of $19,649 for the Tri-City Mental Health Authority.

E. Total Project Costs:

Cumulative Total of $500,000 for the Tri-City Mental Health Authority.

IV. Payment Terms: Cost Reimbursement

It is agreed to and understood by the Parties that the University shall be reimbursed for all costs incurred in connection with this project up to the amount of **$500,000** (the "Project Cost") as established by the Statement of Work and Approved Budget in this Exhibit A. It is estimated that the amount designated as the Project Cost is sufficient to support Project expenses. Unspent budgeted funding is automatically carried forward to the next budget year and available for project expenditure without the need for TCMHA prior approval.

Reimbursement shall be made by TCMHA upon receipt of itemized invoices. Each invoice must reference TCMHA account number. Invoices shall be submitted not more frequently than monthly but must be submitted at least quarterly in accordance with the Approved Budget.

TCMHA shall not be liable for any payment in excess of the Project Cost unless this Agreement Exhibit A is modified in writing. Within sixty (60) days after the termination of this Agreement the University shall submit a final financial report setting forth costs incurred.

Checks shall be made payable to 'Syracuse University' and shall be sent to:

Syracuse University
Bursar's Office
Attn: Director, Sponsored Accounting
119 Bowne Hall
Syracuse, NY 13244
Email: contacct@syr.edu
Tel: 315-443-2089

For the purposes of identification, each payment shall include the title of the project and the name of the Principal Investigator.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Liz Renteria, LCSW, Chief Clinical Officer
Erin Sapinoso, Grants Manager

SUBJECT: **Consideration of Awarding Eight Mental Health Student Services Act (MHSSA) Sub-Grants Round 3 Totaling $257,871.84 Beginning July 1, 2025 Through June 30, 2026, under the MHSSA Grant Received from the California Mental Health Services Oversight and Accountability Commission (MHSOAC)**

Summary:

As part of its Behavioral Health Student Services Act (BHSSA—formerly Mental Health Student Services Act/MHSSA) project, Tri-City Mental Health Authority (TCMHA) makes grant funds available for partners to support associated efforts that "provide increased access to mental health services in locations that are easily accessible to students and their families." To ensure funds are used in alignment with the purpose and goals of the BHSSA grant program and TCMHA's specific BHSSA project, interested entities are required to review, complete, and submit a Sub-grant Application and corresponding materials. In this third round (R3) opportunity, the review committee—comprised of seven TCMHA staff members—evaluated eight submitted applications. Staff respectfully request approval from the Governing Board to award BHSSA Sub-grant R3 funds amounting to $257,871.84 to the eight selected applicants.

Background:

In March 2022, TCMHA accepted an MHSSA grant from the California Mental Health Services Oversight and Accountability Commission in an effort to meet the following aims:

- To promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods;
- To reach children, youth, and their families in an environment where they are comfortable and that is accessible; and
- To help students succeed.

In January 2025, the act's name changed to Behavioral Health Student Services Act.

Through this grant project, TCMHA is fostering stronger school-community mental health partnerships that can leverage resources to increase access to collaborative, culturally-relevant, coordinated, family-driven, community and school-based services for high-risk youth and young adults (ages 25 and under) in Pomona, Claremont, and La Verne. Grant funds are available in this third round for partners to support associated efforts that "provide increased access to mental health services in locations that are easily accessible to students and their families."

TCMHA staff released a Sub-grant Request for Applications on February 3, 2025 and held a corresponding Bidders' Conference on February 27, 2025. The application deadline was March 31, 2025. A total of eight applications were received that an internal review committee (comprised of seven TCMHA staff members) evaluated. Eight applications are being recommended for award.

Recommendations for Award

Name	Project	Request Amount	Award Amount
Cal Poly Pomona Foundation Inc.	Mental Health & Wellness Fair	$30,000.00	$30,000.00
Claremont Unified School District (USD)	Mental Health Associate Therapist--Elementary	$35,429.67	$35,429.67
Claremont USD	Mental Health Associate Therapist--Secondary	$34,891.17	$34,891.17
Claremont USD	Wellness Center Interns	$12,924.00	$12,924.00
Claremont USD	Wellness Center at El Roble Intermediate	$25,696.00	$25,696.00
Claremont USD	Family Resource Center	$29,413.00	$29,413.00
Pomona USD	Young People's Conference	$30,018.00	$30,018.00
The School of Arts and Enterprise	Expansion of Comprehensive Attendance Strategy + Girls' Empowerment and Mentorship	$59,500.00	$59,500.00
	Total	**$257,871.84**	**$257,871.84**

Fiscal Impact:

In this final round of BHSSA sub-grants, TCMHA is utilizing the funds allocated for community partners. Of the total $4,852,204.00 in BHSSA grant funding awarded to TCMHA, $876,000.00 is designated for school partnership initiatives through June 30, 2026. In this third and final disbursement cycle, $257,871.84 is proposed for distribution to eight selected applicants. This disbursement will fully expend the funds allocated for school partnership activities under the BHSSA grant.

Recommendation:

Staff recommend the Governing Board awards to award eight (8) MHSSA Sub-Grants Round 3 totaling $257,871.84, beginning July 1, 2025 through June 30, 2026, to be funded under the MHSSA Grant received from the MHSOAC.

Attachments

Attachment 20-A: MHSSA Sub-Grantees Project Applicant Summaries

Attachment 20-B: MHSSA Sub-grant Application Process

Attachment 20-C: Sample Agreement for MHSSA R3 Sub-Grantees

Mental Health Student Services Act
Sub-grant Round 3: 2025-2026

1	Sub-grantee	Cal Poly Pomona Foundation Inc.
	Project:	Mental Health & Wellness Fairs (one per semester) gather on-campus and community mental health providers to create a supportive environment where students can learn about available resources.

2	Sub-grantee	Claremont Unified School District
	Project:	Family and Community Resource Center serves as a central hub to strengthen school-community partnerships, expand access to services, and provide support for at-promise youth and families by offering a well-equipped space and variety of programs to help families build stability, resilience, and well-being.

3	Sub-grantee	Claremont Unified School District
	Project:	Mental Health Associate Therapist--Elementary provides individual mental health services using evidence-based practices for at-risk youth and families. The therapist also provides outreach and training to teachers and administrators regarding mental health to increase awareness.

4	Sub-grantee	Claremont Unified School District
	Project:	Mental Health Associate Therapist--Secondary (grades 7 through 12) provides individual mental health services using evidence-based practices for at-risk youth and families. The therapist also provides outreach and training to teachers and administrators regarding mental health to increase awareness.

5	Sub-grantee	Claremont Unified School District
	Project:	Wellness Center at El Roble Intermediate is a safe, dedicated space for counseling, crisis intervention, and wellness programs that promote emotional resilience and academic success.

6	Sub-grantee	Claremont Unified School District
	Project:	Wellness Center Interns with a Pupil Personnel Services credential provide mental health support, counseling, and wellness services to students under supervision of licensed professional staff.

7	Sub-grantee	Pomona Unified School District
	Project:	Young People's Conference for high school students to listen to guest keynote speakers and to learn about resources on and off campus that help with their own mental health and well-being.

8	Sub-grantee	The School of Arts and Enterprise
	Project:	Expansion of Comprehensive Attendance Strategy via campaigns with materials to provide support services, professional development, community education for families (parent workshops), and incentives/rewards. Girls'Empowerment and Mentorship program with corresponding curriculum and group sessions.

Mental Health Student Services Act Project

Sub-grant Round 3: Application Process

Deadline to submit: March 31, 2025

Submission process: Please email the completed and signed Sub-grant application ('Attachment A') and corresponding attachments to grants@tricitymhs.org.

NOTE: All information provided in the Sub-Grant Application will be used in the *Independent Contractor Agreement* ("Agreement") incorporated hereto as 'Attachment D'.

For questions, contact Erin Sapinoso, Grants Manager, at esapinoso@tricitymhs.org or (909) 784-3091.

Background

In March 2022, Tri-City Mental Health Authority (TCMHA) accepted a Mental Health Student Services Act (MHSSA) grant from the California Mental Health Services Oversight and Accountability Commission (MHSOAC) to meet the following aims:

- Promote school mental health as a prime opportunity to reach and serve at-risk children, families, and neighborhoods;
- Reach children, youth, and their families in an environment where they are comfortable and that is accessible; and
- Help students succeed.

Through this MHSSA grant project, TCMHA is fostering stronger school-community mental health partnerships that can leverage resources to increase access to collaborative, culturally-relevant, coordinated, family-driven, community and school-based services for high-risk youth and young adults (ages 25 and under) in Pomona, Claremont, and La Verne. Focal populations for targeted outreach include children and youth who are in foster care; those who identify as lesbian, gay, bisexual, transgender, or queer; and those who have been expelled or suspended from school. TCMHA is following a "no wrong door" philosophy, removing barriers to timely access to care, and providing young residents with mental health services on school campuses. Services include early intervention, suicide prevention, drop-out prevention, evidence-based mental health practices, and development and coordination of service plans to address ongoing needs.

As part of its MHSSA project, TCMHA is making grant funds available for partners to support associated efforts that "provide increased access to mental health services in locations that are easily accessible to students and their families." The first round of MHSSA sub-grants was awarded in June of 2023 and the second round was awarded in June 2024. This application process signifies the third and final round of MHSSA sub-grant awards. To ensure funds are used in alignment with the purpose and goals of the MHSSA grant program and TCMHA's specific MHSSA project, potential sub-grantees are required to review, complete, and submit the MHSSA sub-grant application ('Attachment A'). All grant awards will be subject to sub-grant entities entering into an *Independent Contractor Agreement* ('Attachment D') for the services indicated under the sub-grantee's application which will be incorporated and made part of said Agreement.

ATTACHMENT 20-B

Key Dates

Action	Date & Time
Request for Application (RFA) Release	February 3, 2025
Bidders' Conference	February 27, 2025
Application Deadline	March 31, 2025
Notice of Intent to Award Sub-grant	June 2, 2025 (Tentative)
Award of Contract*	June 19, 2025 (Tentative)
Last day of Sub-grantee project activities	June 30, 2026**
Last day of Tri-City Mental Health Authority MHSSA grant project	December 31, 2026

** TCMHA reserves the right to make no award of contract.*
*** Last day of sub-grantee project activities may occur earlier depending on approved project scope.*

Eligible Applicants

- Established TCMHA MHSSA project partners are highly encouraged to apply for sub-grant funds. Priority will be given to school partners previously identified in TCMHA's MHSOAC-approved MHSSA grant application. Identified partners include individual schools of each of the following educational systems (and the educational systems themselves):
    - Pomona Unified School District
    - Claremont Unified School District
    - Bonita Unified School District
    - The School of Arts and Enterprise
    - Los Angeles County Office of Education
- Community partner agencies that work with youth populations specific to TCMHA's MHSSA project (e.g., LGBTQ+, youth in foster care, youth who have been suspended or expelled) may apply for a sub-grant as part of this application process. Community partner agencies may potentially receive a sub-grant depending on availability of funds after awards are allotted to previously identified district/school entities listed above.
- Priority will be given to local school districts, schools, and non-profit organizations located within TCMHA's catchment area (Pomona, Claremont, and La Verne).
- Sub-grantees must provide services for youth in the TCMHA service area: Pomona, Claremont, and La Verne.

Funding

- A total of $210,000 is available for this round 3 sub-grant opportunity through June 30, 2026. If funds remain available, TCMHA reserves the right to modify any contract to add additional funds. Any modified awards will be based on the same criteria stated in this application.
- The estimated sub-grant award amount is $30,000 subject to available funds. TCMHA reserves the right to modify any contract fund amount.
- Unspent funds and unspent accumulated interest, held by the sub-grantees, will be monitored and may be returned to TCMHA unless there is an approved plan to fully expend these amounts. Sub-grantees must inform TCMHA of unspent funds as soon as possible or at least six months before the close of this Sub-grant.
- Undisbursed funds, held by TCMHA, may result in a reduction of grant funding unless there is an approved plan to fully expend these amounts by the end of the sub-grant term.
- Sub-grant funds must be encumbered by June 30, 2026 and expended by September 30, 2026.

Contingencies

If the total funds available exceed the requested application amounts, or if the requested application amounts exceed the total funds available, TCMHA reserves the right to modify sub-grantee award amounts as appropriate.

The intent is to award grants to all applicants that meet the threshold, but the actual amount of the award may be different than the amount requested by the sub-grantee.

Sub-grant Cycle

1. Sub-grants will be awarded for a one year period with funds allocated in quarterly payments based on quarterly submission of invoices and corresponding narrative reports. Grant disbursements will be subject to the sub-grantee's compliance with the requirements set forth in the Agreement. A sub-grant may be awarded for a short-term project (e.g., three months), single year endeavor, or multi-year (two years maximum) venture.
2. Sub-grant funds must be encumbered by June 30, 2026 and expended by September 30, 2026.
3. To assist sub-grantees with managing their respective contract, TCMHA will facilitate regular check-in meetings (monthly or quarterly, as appropriate) either in-person, by phone, or some other agreed upon arrangement. The intent is for the sub-grantee to provide updates on their project's status including but not limited to, reporting requirements, hiring, spending, schedule, and any other relevant issues specific to their proposed work.
4. TCMHA may withhold funds from a sub-grantee who fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the project. If a sub-grantee finds itself in this position, the sub-grantee shall immediately contact TCMHA and provide a mitigation plan to address the contractual project deficiency. TCMHA may withhold funds until an agreed upon mitigation plan is submitted and accepted by TCMHA.
5. If a mitigation plan is not submitted or if it has not been accepted, TCMHA reserves the right to reduce a grant award by the amount of any unexpended funds.

Allowable Costs

- Sub-grant funds must be used as proposed in the Sub-grant Application Form (Attachment A and to be incorporated as an Exhibit to the Agreement), in compliance with the MHSSA, and in alignment with TCMHA's MHSSA Project Plan as approved by MHSOAC.
- The MHSSA provides the following guidance on allowable costs:
    - Personnel and/or peer support.
    - Contractor, technical assistance, and other support.
    - Program costs include, but are not limited to training, technology (e.g., telehealth), facilities improvements, and transportation.
    - Facilities/Capital Outlay. Refer to Appendix 1 – Federal and State Guidance, for federal guidance on these types of expenditures.
    - Funds may also be used to facilitate linkages and access to ongoing and sustained services, including:
        - Services provided on school campuses,
        - Suicide prevention services
        - Drop-out prevention services,

        - Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school.
        - Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services.
    - Funds may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth.
- Sub-grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a sub-grant.
- Sub-grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this sub-grant.
- All expenditures must only support the program funded by this sub-grant.

Data Collection and Reporting

- Sub-grantees are required to collect and report data twice a year. Data points include:
    - Number of students served via:
        - Tier 1 Universal, Large Group Services and Supports
        - Tier 2 Small Group Mental Health Services
        - Tier 3 Individual Mental Health Services
        - Universal, Group or Individual Mental Health Screening
        - Referrals to Community/County Mental Health Services
        - Direct-Provided Training and Outreach
    - Demographic information
        - Grade level
        - Sex/gender and sexual orientation
        - English learner
        - Race/ethnicity
        - Socially/economically disadvantaged
        - Homelessness
        - Foster youth
        - Suspended or expelled
        - Chronic absenteeism
        - Disabilities and special education services
    - Number and type of participants
        - Students
        - Parents/ guardians/ family members
        - School or district staff
        - Youth-serving organization staff/ other community members
- TCMHA staff will work with sub-grantees to develop a calendar, tools, and templates to assist with collecting and reporting required data.

Mental Health Student Services Act Project

Round 3: Sub-Grant Application Form (ATTACHMENT A)

Applicant Information

Please complete the following:

1. Entity

Name of agency/organization:

Website: Main Phone Number:

Mailing Address:

2. Main contact

The main contact is the individual who will maintain primary communication with TCMHA's Grants Manager.

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Mailing Address:

3. Authorized representative

The authorized representative is the individual authorized to enter into, sign, and execute a contract agreement on behalf of the applicant organization.

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Mailing Address:

4. Which of the following systems is the applicant formally part of?

Please select all that apply:

- ☐ Bonita Unified School District
- ☐ Claremont Unified School District
- ☐ Pomona Unified School District
- ☐ The School of Arts and Enterprise
- ☐ Los Angeles County of Education
- ☐ Other *(Please provide name of affiliated system as applicable)*:
- ☐ None/not applicable

5. Which community(ies) will these MHSSA funds serve?

Please select all that apply:

- ☐ Pomona
- ☐ Claremont
- ☐ La Verne

Proposed Project

6. What is the name of the proposed project/program?

7. a. Project start date: **b. Project end date:**

8. Please provide a description of the project/program that will be funded by this MHSSA sub-grant.
How does the proposed project/program align with the purpose of the MHSSA program? How many students will be served? What is the timeline? What and who are involved in implementation? Where will the project take place/where will the services be provided (e.g., on school campus)? *(Limit response to 1,000 characters)*

9. Which support system(s) will your project offer? Please check all that apply.

- ☐ Referrals to community/county mental health services
- ☐ Universal, group or individual mental health screening
- ☐ Universal, large group services and supports
- ☐ Small group mental health services
- ☐ Individual mental health services
- ☐ Outreach and training
- ☐ Other (Please describe):

10. What need(s) does this proposed project address? *(Limit response to 1,000 characters)*

11. Specifically, how will MHSSA sub-grant funds be used?

What will the funds be used for? Will these funds be used towards a personnel position, materials to provide support services, professional development, community education, etc.? *(Limit response to 1,000 characters)*

12. How will youth and families—in particular "high risk" or target populations identified in the Background description—in TCMHA's service area (Pomona, Claremont, and La Verne) benefit from the proposed project? *(Limit response to 1,000 characters)*

13. Which school level(s) will these sub-grant funds be used for?

Please select all that apply:

- ☐ Pre-Kindergarten
- ☐ Elementary School
- ☐ Middle School
- ☐ High School
- ☐ College/University

14. Which "high-risk" population(s) will be the focus of these sub-grant funds?

Please select all that apply:

- ☐ Foster youth
- ☐ Youth who identify as lesbian, gay, bisexual, transgender, or queer
- ☐ Youth who have been expelled or suspended from school
- ☐ Other *(Please describe)*:

15. Which goal(s) of the MHSSA grant will these sub-grant funds be used to achieve?

Please select all that apply:

- ☐ Preventing mental illnesses from becoming severe and disabling
- ☐ Improving timely access to services for underserved populations
- ☐ Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses
- ☐ Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services
- ☐ Reducing discrimination against people with mental illness
- ☐ Preventing negative outcomes in the targeted population, including, but not limited to:
  - ☐ Suicide and attempted suicide
  - ☐ Incarceration
  - ☐ School failure or dropout
  - ☐ Unemployment
  - ☐ Prolonged suffering
  - ☐ Homelessness
  - ☐ Removal of children from their homes
  - ☐ Involuntary mental health detentions

16. Which of the following support services will MHSSA sub-grant funds be used to provide?

Please select all that apply:

- ☐ Services provided on school campuses, to the extent practicable
- ☐ Suicide prevention services
- ☐ Drop-out prevention services
- ☐ Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school
- ☐ Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services

17. How will MHSSA funds be used to provide prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth? *(Limit response to 1,000 characters)*

Financial Information

18. What is the total sub-grant amount requested?

19. What is the budget amount for the proposed project?

20. Please provide a project budget.
(Complete and include the provided budget template—ATTACHMENT B—as an attachment to this application.)

21. Please provide a corresponding budget narrative that describes how funds will be used.
(Complete and include the provided budget narrative template—ATTACHMENT C—as an attachment to this application.)

22. Please provide a W-9 for the applicant entity.
(Include a completed W-9—ATTACHMENT D—as an attachment to this application.)

Certification

By submitting this application, sub-grantees agree to fulfill requirements of MHSSA sub-grant disbursement including:

- MHSSA sub-grant funds may be used to supplement, but not supplant, existing financial and resource commitments of county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a grant.
- Potential MHSSA sub-grantees must complete the MHSSA sub-grant application and provide all required attachments.
- Each selected organization as a MHSSA sub-grantee must enter into a memorandum of understanding/agreement with Tri-City Mental Health Authority to receive MHSSA grant funds.
- Each MHSSA sub-grantee must collect and track required data and complete semi-annual (twice a year) reports to be submitted to TCMHA for transmission to MHSOAC.
- Each MHSSA sub-grantee must complete and submit quarterly narrative reports and invoices accompanied by financial reports.
- Each MHSSA sub-grantee must participate in check-in meetings with TCMHA staff to discuss challenges, address financial issues, etc.
- Each MHSSA sub-grantee must participate in grant partner meetings to share updates and engage with other MHSSA collaborators on how to better serve community youth.

☐ **I am authorized to complete and submit this application on behalf of my organization.**

Signature

To be sign by authorized representative of applicant organization.

Print Name:		Title/Position:	
Signature:		Date:	

Mental Health Student Services Act Project

Round 3: Sub-Grant Application Review and Scoring

Sub-grant applications will first be separated into two categories: MHSSA school partners and non-school partner organizations. Priority will be given to MHSSA school partners based on the purpose of the MHSSA grant and TCMHA's specific project. School partner applications will be reviewed, scored, and ranked first (from highest score to lowest score). Sub-grant funds will be awarded starting with the highest score and continuing in rank order until all eligible school partner applicants receive an award.

Once all MHSSA school partner applications have been reviewed, scored, and ranked, and sub-grant funds are still available, TCMHA staff will go through the same review, score, and rank process with non-school partner applications to determine remaining sub-grant awards.

Applications will be reviewed and scored based on completeness of the applicant's response to each prompt. Points will be assigned based on responses meeting MHSSA project requirements, including the quality and reasonableness of items asked for in the prompts. The more complete the response, the more points will be awarded up to the total points designated for each question. Applicants that meet the threshold score (36 points—at least 60% of the total 60 available points) will be eligible to receive a sub-grant award.

Application Scoring Criteria				
Response does not address the question	Response is partially complete with minimal reasonableness	Response is partially complete with some reasonableness	Response is partially complete with more reasonableness and quality	Response is fully complete with great reasonableness and quality
0% of available points	1-39% of available points	40-69% of available points	70-89% of available points	90-100% of available points

Scoring			
Section	**Question**	**Scoring considerations**	**Grade/Points**
Applicant information			
1	Entity	Agency/organization name, website, and phone number provided=Pass Missing agency/organization name, website, and phone number=Fail	Pass or Fail
2	Main contact	Main contact name, title/position, email, phone, number and address provided=Pass Missing main contact name, title/position, email, phone, number and address provided=Fail	Pass or Fail
3	Authorized representative	Authorized representative name, title/position, email, phone, number and address provided=Pass Missing Authorized representative name, title/position, email, phone, number and address provided=Fail	Pass or Fail
4	Formal system(s)	At least one option (including None/not applicable) is selected=Pass No option is selected=Fail	Pass or Fail
5	Community(-ies) served	At least one community is selected=Pass No community selected=Fail	Pass or Fail

Section	Question	Scoring considerations	Grade/Points
Proposed project description			
6	Project name	Project name provided=Pass No project name provided=Fail	Pass or Fail
7	Project start and end dates	Project start and end dates provided=Pass No start and end dates provided=Fail	Pass or Fail
8	Proposed project description	Completeness, quality, and reasonableness of alignment with MHSSA program purpose, project timeline, people involved in implementation, and location(s) and services	0-10 points
9	Support systems	At least one option is selected=Pass No option is selected=Fail	Pass or Fail
10	Need	Completeness, quality, and reasonableness of description of problem being addressed	0-10 points
11	Use of MHSSA sub-grant funds	Completeness, quality, and reasonableness of allowable costs	0-10 points
12	Benefit to ["high-risk"] youth and families	Completeness, quality, and reasonableness of impact of project and services	0-10 points
13	School level(s)	At least one school level is selected=Pass No school level is selected=Fail	Pass or Fail
14	"High risk" population(s) focus	At least one population is selected=Pass No population is selected=Fail	Pass or Fail
15	Goals	At least one goal is selected=Pass No goal is selected=Fail	Pass or Fail
16	Support services	At least one support service is selected=Pass No support service is selected=Fail	Pass or Fail
17	Other response strategies	Completeness, quality, and reasonableness of additional information about meeting children and youth mental health needs as necessary	0-10 points

Section	Question	Scoring considerations	Grade/Points
Financial information			
18	Sub-grant amount request	Sub-grant amount for proposed project provided=Pass Sub-grant amount for proposed project missing=Fail	Pass/Fail
19	Proposed project budget amount	Budget amount for proposed project provided=Pass Budget amount for proposed project missing=Fail	Pass/Fail
20	Sub-grant budget	Sub-grant budget provided with application=Pass Sub-grant budget missing or incomplete=Fail	Pass/Fail
21A	Sub-grant budget narrative	Sub-grant budget narrative provided=Pass Sub-grant budget narrative missing or incomplete=Fail	Pass/Fail
21B	Sub-grant budget narrative	Completeness, quality, and reasonableness of budget items and corresponding amounts related to MHSSA project purpose and goals	0-10 points
22	W-9	W-9 provided with application=Pass W-9 missing or incomplete=Fail	Pass/Fail

Section	Question	Scoring considerations	Grade/Points
Certification			
23	MHSSA sub-grant disbursement requirements	Certification box checked=Pass Certification box is unchecked=Fail	Pass/Fail
24	Authorized signature	Signature of authorized representative provided=Pass Signature missing or not matching authorized representative name=Fail	Pass/Fail
		Total possible points	**60**
		Points to be eligible for a sub-grant	**36**

SAMPLE

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN

TRI-CITY MENTAL HEALTH AUTHORITY

AND

_____

DATED

June 19, 2024

ATTACHMENT 20-C

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SAMPLE

AGREEMENT

1. PARTIES AND DATE

THIS AGREEMENT (hereinafter "Contract" or "Agreement") is made and entered into as of July 1, 2023 ("Agreement Date") by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711 (hereinafter "TCMHA" or "Grantee") and _____ incorporated under the laws of the State of California and having its place of business at _____ _____ (hereinafter "Contractor" or "Sub-Grantee"). TCMHA and Contractor are sometimes individually referred to as a "Party" and collectively as "Parties."

2. INDEPENDENT CONTRACTOR (SUB-GRANTEE)

The express intention of the Parties is that Sub-Grantee _____ is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between Sub-Grantee and TCMHA or any employee or agent of Sub-Grantee. At all times Sub-Grantee shall be an independent contractor and shall have no power to incur any debt, obligation, or liability on behalf of TCMHA without the express written consent of TCMHA. Neither TCMHA nor any of his agents shall have control over the conduct of Contractor or any of Contractor's employees, except as set forth in this Agreement. In executing this Agreement, Contractor certifies that no one who has or will have any financial interest under this Agreement is an officer or employee of TCMHA; and that Contractor desires to perform and assume responsibility for the provision of certain services required by TCMHA on the terms and conditions set forth in this Agreement.

3. SCOPE OF SERVICES

Contractor shall provide services as indicated under the Sub-Grantee's Application for MHSSA Project funds, attached and incorporated hereto as 'Exhibit A'; and in support of the Mental Health Student Services Act (MHSSA) Project Grant from the California Mental health Services Oversight and Accountability Commission (MHSOAC), which TCMHA is a Grantee (Agreement No. 21MHSOAC061), to provide increased access to mental health services in locations that are easily accessible to students and their families, as set forth under the Welfare and Institutions Code (WIC) Section 5886 *et seq*., and the federal requirements identified in the Request for Application (RFA) in Appendix 1, Federal and State Guidance, incorporated by reference to this Agreement. Contractor affirms that it has the appropriate experience and expertise to undertake the services and has agreed to undertake the services pursuant to this Agreement and to the best of its ability.

4. PERFORMANCE OF SERVICES

Contractor reserves the sole right to control or direct the manner in which services are to be performed. Contractor shall retain the right to perform services for other entities during the term of this Agreement, so long as they are not competitive with the services to be performed under this Agreement. Contractor shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the Services provided to TCMHA under this Agreement without

the expressed written permission of TCMHA. Contractor warrants that it is not a party to any other existing agreement, which would prevent Contractor from entering into this Agreement or which would adversely affect Contractor's ability to fully and faithfully, without any conflict of interest, perform the Services under this Agreement.

5. SUBCONTRACTORS

Contractor shall not subcontract any service requested hereunder to contractor(s) unless consented to in writing by the Executive Director of TCMHA.

6. TIME AND LOCATION OF WORK

Contractor shall perform the services required by this Agreement at any place or location and at any time as Contractor deems necessary and appropriate, so long as the services are provided within the manner and time frame pursuant to this Agreement.

7. TERMS

The services and/or materials furnished under this Agreement shall be from June 19, 2024 to June 30, 2026, unless earlier terminated as provided under Section 8 below; or renewed subject to an amendment to this Agreement. Contractor shall complete the Services within the term of this Agreement, and shall encumber Sub-grant funds by June 30, 2026 and expend it by September 30, 2026; and shall meet any other established requirements, schedules and deadlines, as indicated under 'Exhibit A.'

8. TERMINATION. This Agreement may be terminated only as follows:

a. Written Election. TCMHA may terminate this Agreement at any time, without cause, upon thirty (30) calendar days' prior written notice to the other Party. Contractor agrees to cooperate fully in any such transition, including the transfer of records and/or work performed.

b. Effect of Termination. No termination of this Agreement shall affect or impair Contractor's right to receive funding for services/work satisfactorily completed through the effective date of termination. In the event of termination, Contractor shall immediately deliver all written work product, if any, to TCMHA, and a final invoice which shall be consistent with all work performed up to the date of termination.

9. SUB-GRANT FUNDING

a. TCMHA shall award Contractor the amount of _____ _____ for up to a three-year grant cycle with funds allocated in quarterly payments. An invoice shall be submitted quarterly describing the amount of services provided since the initial commencement date, or since the start of the subsequent billing periods, as appropriate, through the date of the invoice. TCMHA shall pay Contractor within thirty (30) days following receipt of invoice and completion/delivery of services/goods as stated under Sections 3 of this Agreement, and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional/industry standards for the area in which Contractor operates.

b. Sub-grant funds must be used as proposed in the Sub-grant application, attached hereto as 'Exhibit A', in compliance with the MHSSA, and in alignment with TCMHA's MHSSA Project Plan as approved by MHSOAC. The MHSSA provides the following guidance on allowable costs:

i. Personnel and/or peer support.

ii. Contractor, technical assistance, and other support.

iii. Program costs include, but are not limited to training, technology (e.g., telehealth), facilities improvements, and transportation.

iv. Facilities/Capital Outlay. Refer to Appendix 1 – Federal and State Guidance, for federal guidance these types of expenditures.

v. Funds may also be used to facilitate linkages and access to ongoing and sustained services, including:

- Services provided on school campuses
- Suicide prevention services
- Drop-out prevention services
- Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school
- Placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services

vi. Funds may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth.

c. Sub-grant funds may be used to supplement, but not supplant existing financial and resource commitments of the county, city, or multi-county mental health or behavioral health departments, or a consortium of those entities, or educational entities that receive a Sub-grant.

d. Sub-grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this Sub-grant. All expenditures must only support the program funded by the Sub-grant.

e. Unspent Sub-grant funds and unspent accumulated interest, held by the Contractor, will be monitored and may be returned to TCMHA unless there is an approved plan to fully expend these amounts. Contractor must inform TCMHA of any unspent funds as soon as possible or at least six months before the close of the Sub-grant term.

f. Undisbursed grant funds held by TCMHA, may result in a reduction of Sub-grant funding unless there is an approved plan to fully expend these amounts.

SAMPLE

g. TCMHA may withhold funds from Contractor if fails to meet the reporting requirements, falls behind schedule, has unexpended funds, provides incomplete goods/services, or modifies the scope of the project. If Contractor finds itself in this position, the Contractor shall immediately contact TCMHA and provide a mitigation plan to address the contractual project deficiency. TCMHA may withhold funds until an agreed upon mitigation plan is submitted and accepted by TCMHA. If a mitigation plan is not submitted or if it has not been accepted, TCMHA reserves the right to reduce the funding by the amount of any unexpended funds.

h. Contractor is responsible for monitoring its own forces/employees/agents/ subcontractors to ensure delivery of goods/services within the terms of this Agreement.

i. Contractor acknowledges and agrees that, as an independent contractor, the Contractor will be responsible for paying all required state and federal income taxes, social security contributions, and other mandatory taxes and contributions. TCMHA shall neither withhold any amounts from the grant for such taxes, nor pay such taxes on Contractor's behalf, nor reimburse for any of Contractor's costs or expenses to deliver any services/goods including, without limitation, all fees, fines, licenses, bonds, or taxes required of or imposed upon Contractor. TCMHA shall not be responsible for any interest or late charges on any payments from TCMHA to Contractor.

10. LICENSES

Contractor declares that Contractor has complied with all federal, state, and local business permits and licensing requirements necessary to conduct business.

11. PROPRIETARY INFORMATION

The Contractor agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning TCMHA's business, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of TCMHA. The Contractor will not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information in order for Contractor to render services to TCMHA and employees of TCMHA, without written approval by Executive Director of TCMHA, either during or after its engagement with TCMHA, unless and until such Proprietary Information has become public knowledge without fault by the Contractor.

12. REPORTS AND DATA COLLECTION

Contractor shall collect and report data twice a year pertaining to the work or services undertaken pursuant to this Agreement, the costs and obligations incurred in connection therewith, and any other matters covered by this Agreement. TCMHA will work with Contractor to develop a calendar, tools, and templates to assist with collecting and reporting the required data.

13. AUDITS

Contractor shall maintain accounts and records, including all working papers, personnel, property, and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by TCMHA to assure proper accounting for all

project Sub-grant funds. These records must be made available for audit purposes to TCMHA or any authorized representative, and must be retained, at the Contractor's expense, for a minimum of five (5) years after the Agreement expires, unless the firm is notified in writing by TCMHA of the need to extend the retention period.

14. CONFLICT OF INTEREST

Contractor hereby certify that to the best of their knowledge or belief, no elected/appointed official or employee of TCMHA is financially interested, directly or indirectly, in the provision of goods/services specified in this Agreement. Furthermore, Contractor represents and warrants to TCMHA that it has not employed or retained any person or company employed by TCMHA to solicit or secure the award of this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the grant award under this Agreement.

15. GENERAL TERMS AND CONDITIONS.

a. Indemnity. Contractor shall, at its sole cost and expense, indemnify, defend and hold harmless TCMHA, its elective and appointive officers, officials, agents, employees, volunteers, and contractors who serve as TCMHA officers, officials or staff (collectively "TCMHA Indemnitees" in this Subsection (a) of Section 15), from any and all demands, claims, costs or liability of personal injury, bodily injury (including death) and property damage of any nature (collectively "Claims"), in law or in equity, whether actual, alleged or threatened, caused by or arising out of, in whole or in part, the acts or omissions of Contractor, its officers, trustees, directors, agents, employees, contractors, subcontractors, or their officers, trustees, directors, agents or employees (or any entity or individual that Contractor shall bear the legal liability thereof), (collectively "Contractor Indemnitors" in this Subsection (a) of Section 15), including the Contractor Indemnitors' active or passive negligence, recklessness or willful misconduct in the performance of this Agreement, except as for Claims arising from the sole negligence or willful misconduct of TCMHA Indemnitees. With regard to Contractor's work product, Contractor agrees to indemnify, defend and hold harmless TCMHA, or any TCMHA Indemnitees, from any and all demands, claims or liability of any nature to the extent caused by the negligent performance of Contractor under this Agreement.

b. Insurance. Contractor shall obtain and file with TCMHA, at Contractor's expense, certificates of insurance providing the following insurance before commencing any services under this Agreement as follows:

i. Workers Compensation Insurance: Minimum statutory limits.

ii. Commercial General Liability Insurance: General Liability and Property Damage Combined. $2,000,000.00 per occurrence including comprehensive form, personal injury, broad form personal damage, contractual and premises/operation, all on an occurrence basis. If an aggregate limit exists, it shall apply separately or be no less than two (2) times the occurrence limit.

iii. Notice Of Cancellation: TCMHA requires, and Contractor shall provide TCMHA with, 30 days' written notice of cancellation. Additionally, the notice statement on the

certificate should not include the wording "endeavor to" or "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."

iv. Waiver of Subrogation: Each insurance policy required by this Agreement shall expressly waive the insurer's right of subrogation against TCMHA and its elected and appointive officials, officers, employees, agents, volunteers and contractors serving as TCMHA officers, officials or staff. Contractor hereby waives all rights of subrogation against TCMHA.

v. **Certificate Of Insurance**: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to TCMHA, and it shall name "*Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as TCMHA officers, officials, or staff*"" as additional insureds.

vi. **Delivery of Certificates and Endorsements:** To prevent delay and ensure compliance with this Agreement, the insurance certificates and endorsements must be submitted to:

Tri-City Mental Health Authority
Attn: JPA Administrator/Clerk
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788

c. Prevailing Wage Rates. In the performance of this Agreement, Contractor shall adhere to the Federal Labor Standards Provisions, including prevailing wage requirements of the Davis-Bacon and Related Acts will be enforced. In the event of a conflict between Federal and State wage rates, the higher of the two will prevail. The Contractor's duty to pay State prevailing wages can be found under Labor Code Section 1770 et seq. and Labor Code Sections 1775 and 1777.7 outline the penalties for failure to pay prevailing wages and employ apprentices including forfeitures and debarment. Any classification omitted herein shall be paid not less than the prevailing wage scale as established for similar work in the particular area, and all overtime shall be paid at the prevailing rates as established for the particular area. Sunday and holiday time shall be paid at the wage rates determined by the Director of Industrial Relations. The current prevailing wage rates as adopted by the Director are available at the office of the Board of Supervisors, Room 383, Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012.

d. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, Contractor shall not discriminate against any employee, subcontractor, or applicant for employment because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or gender identity. Contractor will take affirmative action to ensure that subcontractors and applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity.

e. Prohibition on Assignment. This Agreement shall not be assigned or transferred without advance written consent of TCMHA.

f. Changes to the Agreement. No changes or variations of any kind are authorized without the written consent of TCMHA's Executive Director. This Agreement may only be

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amended by a written instrument signed by both Parties. The Contractor agrees that any written change or changes in funding after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

g. Business Associate Agreement. To the extent necessary, TCMHA will furnish Protected Health Information (PHI) to Contractor (Business Associate) in accordance with all applicable legal requirements to allow Contractor to perform services as indicated in the Sub-Grantee's Application for MHSSA Project funds ('Exhibit A'). Contractor is required to appropriately safeguard the PHI disclosed to Contractor. In accordance with TCMHA's policies and procedures, Contractor will sign a *Business Associate Agreement*, attached and incorporated hereto as 'Exhibit B', accepting liability for any breach of ePHI or PHI.

h. Contractor Attestation. Also in accordance with TCMHA's policies and procedures, TCMHA will not enter into contracts with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. TCMHA requires that Contractor certify that no staff member, officer, director, partner, or principal, or sub-contractor is excluded from any Federal health care program, or federally funded contract and will sign attached *Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program*, attached and incorporated hereto as 'Exhibit C'. Contractor agrees that Contractor shall comply with this requirement.

i. 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.

j. Governing Law, Jurisdiction and Venue. This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. Except that any rule of construction to the effect that ambiguities are to be resolved against the drafting Party shall not be applied in interpreting this Agreement. The Parties agree that venue of any action that arises under or relates to this Agreement (whether contract, tort, or both) shall be resolved exclusively in a superior court or federal court in the County of Los Angeles, California.

16. REPRESENTATIVE AND NOTICE

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

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

c. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

If to TCMHA:	If to Contractor:
Tri-City Mental Health Authority 1717 N. Indian Hill Boulevard, #B Claremont, CA 91711-2788 Attn: Executive Director	Agency/Company Name: Address: City: Attn:

Any notices required by this Agreement shall be deemed received on (a) the day of delivery if delivered by hand during receiving Party's regular business hours or by facsimile before or during receiving Party's regular business hours; or (b) on the third business day following deposit in the United States mail, postage prepaid, to the addresses set forth below, or to such other addresses as the Parties may, from time to time, designate in writing pursuant to the provision of this Section. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

17. NO INTENT TO CREATE A THIRD PARTY BENEFICIARY CONTRACT

Notwithstanding any other provision of this Agreement, the Parties do not in any way intend that any person shall acquire any rights as a third Party beneficiary of this Agreement; and no third Party shall have the right to enforce any right or enjoy any benefit created or established under this Agreement.

18. EXHIBITS. The following attached exhibits are hereby incorporated into and made a part of this Agreement:

a. Exhibit A: Sub-Grantee Application

b. Exhibit B: Business Associate Agreement

c. 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

19. EFFECTIVE DATE

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

20. ENTIRE AGREEMENT

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

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21. 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.

22. 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.

23. EXECUTION

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

GRANTEE

TRI-CITY MENTAL HEALTH AUTHORITY

By: _____
XXXXXXXX, Executive Director

SUB-GRANTEE:

CONTRACTOR

By: _____

Attest:

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

Approved as to Form and Content:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel

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EXHIBIT A

SUB-GRANTEE APPLICATION

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EXHIBIT B

BUSINESS ASSOCIATE AGREEMENT

This BUSINESS ASSOCIATE AGREEMENT ("**BAA**") is made as of this 1st day of July, 2023 (the "**Effective Date**") by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity ("**Covered Entity**" or "**CE**") and _____ ("**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.

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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**").

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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 One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) annual aggregate of Commercial General Liability insurance, and Two Million Dollars ($2,000,000) per occurrence and Four Million Dollars ($4,000,000) 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 Two Million Dollars ($2,000,000) per occurrence and Four Million Dollars ($4,000,000) 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

SAMPLE

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:	Agency/Company Name Address City 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

SAMPLE

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	**Name of Business Associate**
Authorized Signature	**Authorized Signature**
XXXXXXXXX	
Print Name	**Print Name**
EXECUTIVE DIRECTOR	
Print Title	**Print Title**
Date	**Date**

SAMPLE

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

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
Date	Nimrat Kumar, Executive Director TCMHA Executive Official's Name	TCMHA Executive Official's Signature

DISTRIBUTION:

ORIGINAL COPIES: HR Representative
Contractor
Finance

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 18, 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. 795 Awarding a One-Year Agreement to LeSar Development Consultants for Housing Advisory and Consulting Services in an Amount not-to-exceed $50,000.00; and Authorizing the Executive Director to Execute the Agreement**

Summary:

Tri-City Mental Health Authority (TCMHA) issued a request for bids to obtain proposals from qualified technical consulting agencies to provide Mental Health Services Act (MHSA) housing advisory services. Proposals received went through a selection process; and the selected Proposal is hereby presented to the Governing Board for its review, approval, and award a contract.

Background:

With the authorization from the Governing Board, staff sought through a bid selection process, 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.

Therefore, a request for bids for MHSA Housing advisory services was issued and two bids were received. Based on experience, qualifications, responsiveness, and ability to provide the scope services in the time required, LeSar Development Consultants was selected, and it is being recommended to the Governing Board to award them the contract for Housing Advisory and Consulting Services in an amount not to exceed $50,000.00, effective July 1, 2025 through June 30, 2026.

The proposed agreement followed the Authority's procurement policies and procedures, including attorney's review.

Fiscal Impact:

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

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 795 authorizing the Executive Director to enter into a One-Year Agreement with LeSar Development Consultants for Housing Advisory and Consulting Services in an amount not to exceed $50,000.00, effective July 1, 2025 through June 30, 2026.

Attachments

Attachment 13-A: Resolution No. 795 - Draft

Attachment 13-B: TCMHA-LeSar Agreement for Housing Advisory Consulting Services-Effective 06182025

RESOLUTION NO. 795

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AWARDING A ONE-YEAR AGREEMENT TO LESAR DEVELOPMENT CONSULTANTS HOUSING ADVISORY AND CONSULTING SERVICES IN AN AMOUNT NOT TO EXCEED $50,000; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") on May 21, 2025 adopted Resolution No. 785 authorizing the Executive Director to seek a consultant 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. After a bid selection process, the Authority desires to award a one-year contract to LeSar Development Consultants for housing advisory and consulting services beginning on July 1, 2025.

2. Action

The Governing Board awards an agreement for Housing Advisory and Consulting Services to LeSar Development Consultants in an amount not to exceed $50,000, effective July 1, 2025 through June 30, 2026; and authorizes the Executive Director to execute the Agreement and any Amendments thereafter.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

ATTACHMENT 21-A

DRAFT

HOPE. WELLNESS. COMMUNITY.

Let's find it together.

TRI·CITY Mental Health

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

www.tricitymhs.org

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

LESAR DEVELOPMENT CONSULTANTS

DATED

JUNE 18, 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 21-B

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AGREEMENT

1. PARTIES AND DATE

THIS AGREEMENT (hereinafter "Contract" or "Agreement") is made and entered into as of June 18, 2025 ("Agreement Date") by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711 (hereinafter "TCMHA" or "Authority") and LESAR DEVELOPMENT CONSULTANTS, a general stock corporation incorporated under the laws of the State of California with its business address at 845 15th Street, Suite 103, San Diego, CA 92101 (hereinafter "CONTRACTOR"). TCMHA and CONTRACTOR are sometimes individually referred to as a "Party" and collectively as "Parties."

2. INDEPENDENT CONTRACTOR

The express intention of the parties is that CONTRACTOR is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between CONTRACTOR and TCMHA or any employee or agent of CONTRACTOR. At all times CONTRACTOR shall be an independent CONTRACTOR and CONTRACTOR shall have no power to incur any debt, obligation, or liability on behalf of TCMHA without the express written consent of TCMHA. Neither TCMHA nor any of his agents shall have control over the conduct of CONTRACTOR or any of CONTRACTOR's employees, except as set forth in this Agreement. In executing this Agreement, CONTRACTOR certifies that no one who has or will have any financial interest under this Agreement is an officer or employee of TCMHA.

3. SCOPE OF SERVICES

CONTRACTOR shall provide Housing Advisory and Consulting Services ("Services) including but not limited to: 1) Housing Development Strategy & Planning; 2) Funding and Financial Feasibility; 3) Stakeholder Engagement & Partnership Development; 4) Policy Analysis & Regulatory Compliance; 5) Project Implementation Support; 6) EMHSA/BHSA Program Integration; and 7) Reporting & Evaluation, as set forth in the CONTRACTOR's Proposal for Housing Advisory and Consulting Services, attached hereto and incorporated into and made a part of this Agreement as 'Exhibit A.' Contractor affirms that it has the appropriate experience, expertise, and resources to undertake the Services and has agreed to undertake the Services pursuant to this Agreement, and to the best of its ability.

4. PERFORMANCE OF SERVICES

CONTRACTOR reserves the sole right to control or direct the manner in which services are to be performed. CONTRACTOR shall retain the right to perform services for other entities during the term of this Agreement, so long as they are not competitive with the services to be performed under this Agreement. CONTRACTOR shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the Consulting Services provided to TCMHA under this Agreement without the expressed written permission of TCMHA. CONTRACTOR warrants that it is not a Party to any other existing agreement which would prevent CONTRACTOR from entering into this Agreement or which would adversely affect

CONTRACTOR's ability to fully and faithfully, without any conflict of interest, perform the Services under this Agreement. In addition, CONTRACTOR shall provide Consulting Services in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions and in similar locations and in accordance with all applicable, current industry standards, regulations codes and statutes. Unless the means or methods of performing a task are specified elsewhere in this Agreement, CONTRACTOR shall employ methods that are generally accepted and used by the industry. All work shall comply with the applicable licensing, federal, state, and/or all local or city ordinances, codes, rules, orders, regulations, and statutes affecting any services performed under this Agreement. Compliance with this section by CONTRACTOR shall not in any way excuse or limit the CONTRACTOR's obligations to fully comply with all other terms in this Agreement.

5. SUBCONTRACTORS

Neither Party hereto may assign this Agreement, nor will CONTRACTOR subcontract any service requested hereunder to subcontractor(s) unless consented to in writing by the Executive Director of TCMHA or Designee. After approval from TCMHA, any work or services subcontracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Agreement.

6. TIME AND LOCATION OF WORK

CONTRACTOR shall perform the services required by this Agreement at any place or location and at any time as CONTRACTOR deems necessary and appropriate, so long as the services are provided within the manner and time frames outlined in 'Exhibit A'.

7. TERMS

The term of this Agreement shall commence on July 1, 2025 and shall be and remain in full force and effect for one year ending on June 30, 2026; or until amended or terminated in accordance with the provisions of Section 9 below.

8. COMPENSATION

For the full performance of this Agreement:

a. The CONTRACTOR will bill based on work performed and completion/delivery of services/goods as detailed in Section 3 of this Agreement and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional and industry standards for the area in which CONTRACTOR operates.

b. TCMHA shall pay CONTRACTOR an amount not to exceed amount as stated in 'Exhibit A'. TCMHA is not responsible for paying for any work done by CONTRACTOR or any subcontractor above and beyond the amount listed in the CONTRACTOR's Proposal for Housing Advisory and Consulting Services ('Exhibit A'), unless agreed upon in writing by TCMHA's Executive Director.

c. CONTRACTOR acknowledges and agrees that, as an independent CONTRACTOR, the CONTRACTOR will be responsible for paying all required state and federal income taxes, social security contributions, and other mandatory taxes and contributions. TCMHA shall neither withhold any amounts from the Compensation for such taxes, nor pay such taxes on CONTRACTOR's behalf, nor reimburse for any of CONTRACTOR's costs or expenses to deliver any services/goods including, without limitation, all fees, fines, licenses, bonds, or taxes required of or imposed upon CONTRACTOR. TCMHA shall not be responsible for any interest or late charges on any payments from TCMHA to CONTRACTOR.

d. CONTRACTOR is responsible for monitoring its own forces/employees/agents/ subcontractors to ensure delivery of goods/services within the terms of this Agreement. TCMHA will not accept or compensate CONTRACTOR for incomplete goods/services.

9. TERMINATION

This Agreement may be terminated only as follows:

a. Written Notice. TCMHA may terminate this Agreement at any time, without cause, upon ten days (10) calendar days' prior written notice to the CONTRACTOR. CONTRACTOR agrees to cooperate fully in any such transition, including the transfer of records and/or work performed. TCMHA will reimburse CONTRACTOR for its satisfactorily-completed services up to the date specified in the notice of termination and for demobilization costs reasonably incurred by CONTRACTOR after that date.

b. Neglect or Refusal to Comply. If at any time, CONTRACTOR fails to supply suitable equipment, an adequate working force, or material of proper quality, or shall fail in any respect to perform any work with the diligence and force specified and intended in and by the terms of the contract, notice thereof will be provided in writing to CONTRACTOR. Should the CONTRACTOR neglect or refuse to provide means for satisfactory compliance with the contract, as directed by the City Representative, within the time specified in such notice, TCMHA in any such case shall have the power to terminate all or any portion of the contract.

c. Breach. TCMHA, in its sole discretion, may terminate this Agreement "for cause" effective upon written notice to CONTRACTOR if CONTRACTOR has committed a material default under, or a breach of, this Agreement or has committed an act of gross misconduct. CONTRACTOR's failure to complete Consulting Services on a timely basis shall constitute a material breach of this Agreement. For the purposes of this Agreement, the term "act of gross misconduct" shall mean the commission of any theft offense, misappropriation of funds, dishonest or fraudulent conduct, or any violation of any of the provisions under this Agreement.

d. Non-payment. CONTRACTOR, in its sole discretion, may terminate this Agreement effective upon written notice to TCMHA if TCMHA fails to pay the Compensation as defined in Section 9 (other than amounts which are subject to a good faith dispute between the parties) to CONTRACTOR within thirty (30) calendar days of the applicable payment's due date.

e. Effect of Termination. No termination of this Agreement shall affect or impair CONTRACTOR's right to receive compensation earned for work satisfactorily completed through the effective date of termination. In the event of termination, CONTRACTOR shall immediately

deliver all work product to TCMHA, which work product shall be consistent with all progress payments made to the date of termination.

10. LICENSES

CONTRACTOR declares that CONTRACTOR has a complied with all federal, state, and local business permits and licensing requirements necessary to conduct business.

11. PROPRIETARY INFORMATION

CONTRACTOR agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning TCMHA's business, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of TCMHA. The CONTRACTOR will not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information in order for CONTRACTOR to render services to TCMHA and employees of TCMHA, without written approval by Executive Director of TCMHA, either during or after its engagement with TCMHA, unless and until such Proprietary Information has become public knowledge without fault by the CONTRACTOR.

12. CONFIDENTIALITY

CONTRACTOR shall maintain the confidentiality of all information and records received in the course of providing Services, in accordance with the provision of applicable federal and state status and regulations including but not limited to California Welfare and Institution Code Section 5328. This requirement shall extend beyond the effective termination or expiration date of this Agreement. This Section shall not be construed as prohibiting either Party hereto from disclosing information to the extent required by law regulation, or court order, provided such party notifies the other promptly after becoming aware of such obligations and permits the other party to seek a protective order or otherwise to challenge or limit such required disclosure.

13. AUDITS

CONTRACTOR shall maintain accounts and records, including all working papers, personnel, property, and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by TCMHA to assure proper accounting for all project funds, both Federal and non-Federal shares. These records must be made available for Consulting purposes to TCMHA or any authorized representative, and must be retained, at the CONTRACTOR's expense, for a minimum of seven (7) years, unless CONTRACTOR is notified in writing by TCMHA of the need to extend the retention period.

14. CONFLICT OF INTEREST

CONTRACTOR hereby certifies that no elected/appointed official or employee of the Authority is financially interested, directly or indirectly, in the provision of goods/services specified in this Agreement. Furthermore, CONTRACTOR represents and warrants to TCMHA that it has not employed or retained any person or company employed by the Authority to solicit or secure the award of this Agreement and that it has not offered to pay, paid, or agreed to pay any person any

fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of the Agreement.

15. GENERAL TERMS AND CONDITIONS

a. Indemnity.

i. To the maximum extent permitted by law, CONTRACTOR shall defend, indemnify, and hold TCMHA, its officials, officers, employees, volunteers, and agents serving as independent contractors in the role of TCMHA officials (collectively "Indemnitees") free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any acts or omissions of CONTRACTOR, its employees, its agents, or its subcontractors in connection with the performance of this Agreement, including without limitation the payment of all consequential damages and attorneys' fees and other related costs and expenses, except for such loss or damage arising from the sole negligence or willful misconduct of TCMHA. With respect to any and all such aforesaid suits, actions, or other legal proceedings of every kind that may be brought or instituted against Indemnitees, CONTRACTOR shall defend Indemnitees, at CONTRACTOR's own cost, expense, and risk, and shall pay and satisfy any judgment, award, or decree that may be rendered against Indemnitees. CONTRACTOR shall reimburse City and its directors, officials, officers, employees, agents and/or volunteers, for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided. CONTRACTOR's obligation to indemnify shall not be restricted to insurance proceeds, if any, received by CONTRACTOR, City, its directors, officials, officers, employees, agents or volunteers. All duties of CONTRACTOR under this Section shall survive termination of this Agreement.

ii. CONTRACTOR must obtain executed indemnity agreements with provisions identical to those in Section 14.A.a from each and every subcontractor or any other person or entity involved by, for, with or on behalf of CONTRACTOR in the performance of the Services. If CONTRACTOR fails to obtain such indemnities, CONTRACTOR shall be fully responsible and indemnify, hold harmless, and defend the Indemnitees from and against any and all Claims in law or equity, whether actual, alleged, or threatened, arising or claimed to arise out of, pertaining to, or relating to the acts or omissions of CONTRACTOR's subcontractor, its officers, agents, servants, employees, subcontractors, materialmen, contractors, or their respective officers, agents, servants or employees (or any entity or individual that CONTRACTOR's subcontractor shall bear the legal liability thereof) in the performance of this Agreement, including the Indemnitees' active or passive negligence, except for Claims arising from the sole negligence or willful misconduct of the Indemnitees, as determined by final arbitration or court decision or by the agreement of the Parties.

b. Insurance. CONTRACTOR shall obtain and file with TCMHA, at its expense, a certificate of insurance before commencing any services under this Agreement as follows:

i. **Commercial General Liability And Property Damage Insurance**: General Liability and Property Damage Combined. $2,000,000.00 per occurrence including comprehensive form, personal injury, broad form personal damage, contractual and

premises/operation, all on an occurrence basis. If an aggregate limit exists, it shall apply separately or be no less than two (2) times the occurrence limit.

ii. **Workers Compensation Insurance**: Minimum statutory limits.

iii. **Automobile Insurance**: $1,000,000.00 per occurrence.

iv. **Notice Of Cancellation**: The TCMHA requires 30 days written notice of cancellation. Additionally, the notice statement on the certificate should not include the wording "endeavor to" or "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."

v. **Certificate Of Insurance**: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to TCMHA, and it shall name "*Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as TCMHA officers, officials, or staff*" as additional insureds. All coverage for subcontractors shall be subject to all of the requirements stated herein. All subcontractors shall be protected against risk of loss by maintaining insurance in the categories and the limits required herein. Subcontractors shall name TCMHA and CONTRACTOR as additional insured.

vi. **Delivery of Certificates and Endorsements:** To prevent delay and ensure compliance with this Agreement, the insurance certificates and endorsements must be submitted to:

Tri-City Mental Health Authority
Attn: JPA Administrator/Clerk
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788

c. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, CONTRACTOR shall not discriminate against any employee, subcontractor, or applicant for employment because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or gender, gender identity or expression. CONTRACTOR will take affirmative action to ensure that subcontractors and applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity.

d. Prohibition on Assignment. This Agreement shall not be assigned or transferred without advance written consent of TCMHA.

e. Changes to the Agreement. This Agreement shall not be assigned or transferred. No changes or variations of any kind are authorized without the written consent of the Executive Director. This Agreement may only be amended by a written instrument signed by both Parties. The CONTRACTOR agrees that any written change or changes in compensation after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

f. Records. All reports, data, maps, models, charts, studies, surveys, calculations, photographs, memoranda, plans, studies, specifications, records, files, or any other documents or materials, in electronic or any other form, that are prepared or obtained pursuant to this Agreement and that relate to the matters covered hereunder shall be and remain the property of TCMHA. CONTRACTOR will be responsible for and maintain such records during the term of this Agreement. CONTRACTOR hereby agrees to deliver those documents to TCMHA at any time upon demand of TCMHA. It is understood and agreed that the documents and other materials, including but not limited to those described above, prepared pursuant to this Agreement are prepared specifically for TCMHA and are not necessarily suitable for any future or other use. Failure by CONTRACTOR to deliver these documents to TCMHA within a reasonable time period or as specified by TCMHA shall be a material breach of this Agreement. TCMHA and CONTRACTOR agrees that until final approval by TCMHA, all data, reports and other documents are preliminary drafts not kept by TCMHA in the ordinary course of business and will not be disclosed to third parties without prior written consent of both parties. All work products submitted to TCMHA pursuant to this Agreement shall be deemed a "work for hire." Upon submission of any work for hire pursuant to this Agreement, and acceptance by TCMHA as complete, non-exclusive title to copyright of said work for hire shall transfer to TCMHA. The compensation recited in Section 8 shall be deemed to be sufficient consideration for said transfer of copyright. CONTRACTOR retains the right to use any project records, documents and materials for consulting of their professional services.

g. Business Associate Agreement. To the extent necessary, TCMHA will furnish Protected Health Information (PHI) to Contractor (Business Associate) in accordance with all applicable legal requirements to allow Contractor to perform consulting services on TCMHA's behalf. Contractor is required to appropriately safeguard the PHI disclosed to it. In accordance with TCMHA's policies and procedures, Contractor will sign a *Business Associate Agreement*, attached and incorporated hereto as 'Exhibit B', accepting liability for any breach of ePHI or PHI.

h. Contractor Attestation. Also in accordance with TCMHA's policies and procedures, TCMHA will not enter into contracts with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. TCMHA requires that CONTRACTOR certifies that no staff member, officer, director, partner, or principal, or sub-CONTRACTOR is excluded from any Federal health care program, or federally funded contract and will sign attached *Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program*, incorporated herein as 'Exhibit C'.

i. Governing Law, Jurisdiction and Venue. This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. CONTRACTOR agrees and consents 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.

j. Non-Use of Names. Except as required by applicable law, neither Party shall use the name of the other Party in any publicity without the prior written permission of the Party whose name is to be used.

k. No Third Party Beneficiaries. Notwithstanding any other provision of this Agreement, the Parties do not in any way intend that any person shall acquire any rights as a third party beneficiary of this Agreement; and no third Party shall have the right to enforce any right or enjoy any benefit created or established under this Agreement.

16. REPRESENTATIVE AND NOTICE

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

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

c. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

If to TCMHA:
Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard #B
Claremont, CA 91711-2788
Attn: Executive Director

If to CONTRACTOR:
LeSar Development Consultants
845 15th Street, Suite 103,
San Diego, CA 92101
Attn: Chief Operations Officer

Any notices required by this Agreement shall be deemed received on (a) the day of delivery if delivered by hand during receiving Party's regular business hours or by facsimile before or during receiving Party's regular business hours; or (b) on the third business day following deposit in the United States mail, postage prepaid, to the addresses set forth below, or to such other addresses as the Parties may, from time to time, designate in writing pursuant to the provision of this Section. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

17. EXHIBITS

The following attached exhibits are hereby incorporated into and made a part of this Agreement:

Exhibit A: Proposal from Contractor dated May 16, 2025

Exhibit B: Business Associate Agreement

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

In the event of any material discrepancy between the terms of any exhibit and the terms of this Agreement, the terms of this Agreement shall control

18. EFFECTIVE DATE

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

19. ENTIRE AGREEMENT

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

20. 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.

21. 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.

[*Signature Block Appears on the Following Page*]

22. EXECUTION

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

TRI-CITY MENTAL HEALTH AUTHORITY	**LESAR DEVELOPMENT CONTRACTORS**
By: _____	By: _____
Ontson Placide, Executive Director	Richard Valdez, Chief Operations Officer

Attest:

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

Approved as to Form:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel

EXHIBIT A

LeSar | LESAR DEVELOPMENT CONSULTANTS | GLOBAL POLICY LEADERSHIP ACADEMY | LESAR SUPPORT SERVICES | GOOD EGG STRATEGIC CONSULTING & COACHING

May 16, 2025

TRI-CITY Mental Health

Response to Tri-City Mental Health Request for Qualifications for

Housing Advisory and Consulting Services

Contents

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Prepared by LeSar Development Consultants for Tri-City Mental Health

May 16, 2025 *transmitted by email*

Mr. Ontson Placide
Executive Director
Tri-City Mental Health
E: oplacide@tricitymhs.org

Ms. Diana Acosta
Chief Financial Officer
Tri-City Mental Health
E: dacosta@tricitymhs.org

Dear Mr. Placide and Ms. Acosta:

LeSar Development Consultants (LeSar) is pleased to respond to your request for a bid to provide Mental Health Services Act (MHSA) and Behavioral Health Services Act (BHSA) Housing Advisory and Consulting Services.

We are uniquely positioned to support Tri-City Mental Health as it completes its MHSA expenditure plan and transitions to programming in compliance with BHSA. Our team is comprised of two firms that provide housing and homelessness technical services and workforce training and a sub-consultant firm whose owner was the author of the Behavioral Health Services Act (SB 326, Eggman).

We have mobilized this multidisciplinary team to deliver the required expertise in five areas of need set forth in the scope of services:

- Strategy, MHSA/BHSA planning, execution, and compliance
- Services planning/implementation
- Housing development planning/implementation
- Ongoing project management including training and capacity building

Our team includes:

Prime: LeSar Development Consultants

- Our **Housing Planning and Policy** and **Homelessness Solutions** teams provide extensive expertise in affordable housing finance and development as well as homelessness system and services best practices and data analysis. These teams can also provide as-needed support for mapping pending legislation and emerging capital sources, as well as anticipated rounds of existing capital sources.

Subconsultants: Specialty areas of expertise

- **Good Egg Consulting** integrates Dr. Susan Eggman's unique experience in academia, direct practice, and legislative work providing strategic consulting and coaching for clients. Dr. Eggman brings deep knowledge of Prop. 1 which included her bill SB 326 (Eggman) Behavioral Health Services Act and AB 531 (Irwin) the Behavioral Health Infrastructure Bond Act. Prop. 1 was passed by the voters in March 2024 and is now referred to as "Behavioral Health Transformation." Dr. Eggman concluded 12 years in the California State Legislature in December 2024, served 6 years in the City of Stockon as a Councilmember, holds a Ph.D. in Social Work and Social Research, and is a licensed clinical social worker.

845 15th St., Suite 103, San Diego, CA 92101
619-236-0612 www.LeSarDevelopment.com

- **Global Policy Leadership Academy (part of the LeSar portfolio of firms)**: This is our workforce training and capacity building firm that has its own learning management system and will be able to design and offer training programs for Tri-City that award continuing education units (CEUs), certificates, and digital badges aligned with international standards for continuing education. It is well known for its Housing Policy Leadership Academy and Policy Bootcamp, among other programs.

Our firms and partners have decades of experience delivering high-impact, community-centered solutions across California. We are committed to excellent service, meeting our clients where they are, and responsible project and budget management.

We appreciate the opportunity to support Tri-City Mental Health in this important work. Thank you for your consideration—we look forward to next steps.

Warm regards,

Jennifer LeSar

Jennifer LeSar
LeSar Development Consultants &
LeSar Portfolio of Firms

845 15th St., Suite 103, San Diego, CA 92101
619-236-0612 www.LeSarDevelopment.com

Qualifications to Meet Scope of Services

Overall strategy and planning

- Help create an overall strategy for expenditure of MHSA funds consistent with stakeholder input, priorities of cities and core competencies
- Validate eligibility of housing and housing services uses for MHSA funding
- Validate potential project priority list against MHSA eligibility

Approach	We reviewed the April 16, 2025 Governing Board Package including the Annual Update FY 2025-26 materials, understand the reversion risk, and that the community engagement process has been completed and that the potential projects list has been generated. Dr. Eggman has already conducted a preliminary MHSA spending eligibility analysis, and we will finalize that analysis and present it in a memo once we are under contract. We will immediately develop a summary of eligibility criteria referencing specific regulatory citations, and will provide preliminary feedback on the suitability of the potential project list. We will then propose a 90-day period to work together to create a detailed 2025-2026 work plan for expending the MHSA funding prior to the reversion deadline(s).
Timeline & Sequencing	Addressing the reversion risks and validating the eligible uses of MHSA funding for potential projects proposed is an immediate priority.
Task Lead(s)	LeSar Homelessness Solutions Team – Colleen Murphy Good Egg Consulting – Dr. Susan Eggman LeSar CEO – Jennifer LeSar (overall strategy)
Relevant Qualifications	Example: City of Oakland Homelessness and Housing Strategic Plan and Roadmap; Anthem Blue Cross CA portfolio of work 2016-present

Housing development planning and implementation

Services development planning and implementation

(Scope of Work for both are identical)

- Help understand an array of housing and services options for expenditure of funds that are consistent with MHSA requirements, our mission, and best practices (e.g., interim housing, affordable housing, master leasing, gap funding; and on-site services and other ancillary homeless service provision)
- Ensure coordination between the housing development and operations and services delivery
- Identify additional gap funding sources

Approach	Tri-City potential projects list will be culled down to a set of priority projects that are consistent with MHSA requirements, feasible within the available MHSA funding, and have realistic paths to achieve all other needed development capital and services funding (if applicable). The final list of projects will reflect investment in each of the three cities. The work plan will lay out a timeline for creating a coordination plan that brings the projects online within the allowable timeline to avoid reversion. The work plan should favor projects that have a high likelihood of completion.
Timeline & Sequencing	High-level planning work to be completed in the 90-day work plan development phase. The implementation plan will be set forth in the work plan

Task Lead(s)	LeSar Homeless Solutions Team – Colleen Murphy LeSar Housing Team – Farzad Mashhood, Chul Gugich Good Egg Consulting – Dr. Susan Eggman
Relevant Qualifications	See all comparable projects that showcase a range of planning and implementation work across the various technical fields of services and housing development work

Ongoing project management, education, and capacity building for board and staff

- On behalf of Tri-City, create developer and service provider RFPs, administer the process, and make recommendations as needed to Tri-City management
- Provide ongoing and overall education related to serving as a housing sponsor, including related to fiduciary and operational responsibilities and compliance monitoring

Approach	The 2025-26 work plan will create an anticipated schedule of RFP development, issuance, receipt, review, and board recommendation for approval. The development and delivery of educational programming will be built into the work plan, and can include training on BHSA readiness. This work will be based on the 90-day planning process and interviews with executive leadership, as well as board members and relevant staff.
Timeline & Sequencing	High level planning work to be completed in the 90-day work plan development phase. The implementation plan will be set forth in the work plan.
Task Lead(s)	Housing Team - RFP process management Education and Training Team – Global Policy Leadership Academy and all technical team members (Housing, Homelessness Teams, Good Egg Consulting)
Relevant Qualifications	Examples: Department of General Services; Global Policy Leadership Academy – Housing Policy Leadership Academy; information on specialized trainings by all firms available upon request.

Comparable Projects with References

Services Planning and Implementation

Client Name: City of Oakland
Project Name: Citywide Homelessness and Housing Strategic Plan and Roadmap
Project Term: 2024-2025
Project Description: LeSar developed a five-year Integrated Strategic Plan & Roadmap to guide Oakland's housing and homelessness response, grounded in best practices, funding analysis, and stakeholder engagement. The work included a comprehensive landscape analysis, an investment framework to prioritize funding, and a phased implementation roadmap to stabilize programs, align departments, and improve system performance. Recommendations addressed organizational restructuring, funding sustainability, performance tracking, and system-wide coordination.

Reference: Sasha Hauswald
Phone number: 510-813-7572
Email address: SHauswald@oaklandca.gov

Client Name: Los Angeles County Homeless Initiative
Project Name: Local Solutions Fund and Encampment Resolution Support
Project Term: 2022-Present
Project Description: LeSar serves as strategic advisors supporting the LA County's Homeless Initiative's Local Jurisdictions Unit to support work and tasks that strengthen County and Cities/ COGS partnership by co-investing in the most impactful regional and local solutions to end homelessness in LA County, including the Local Solutions Fund and Encampment Resolution Planning. Some of this work includes 1) providing support to the Local Jurisdiction Unit on the Local Solutions Fund (LSF) process, 2) engaging with various stakeholders at the County, cities, and Councils of Government (COGs) to coordinate on statements of work development, 3) assessing and implementing process refinements to increase coordination, efficiency, and housing outcomes, and 4) increasing infrastructure capacity of HI and service capacity of contracted cities and COGs through strategic planning.
Reference: Onnie Williams

Phone number: 213-948-2805
Email address: OWilliams@ceo.lacounty.gov

Client Name: Anthem Blue Cross California
Project Name: Homeless Planning and Technical Assistance
Project Term: 2016-present
Project Description:LeSar has worked with Anthem Blue Cross for nearly 10 years, assisting in everything from strategic planning and coordinating pilot programs to training and technical assistance. More recently, LeSar was asked to assist with the Housing and Homeless Incentive Program (HHIP) through the California Department of Health Care Services (DHCS). In this process, LeSar assisted in drafting HHIP-focused Local Homeless Plans for all counties in which they serve, including but not limited to Amador, Butte, Calaveras, El Dorado, Kings, Plumas, Mariposa, San Benito, Sierra, Tehama, Tulare, and Tuolumne Counties. Each plan included strategies to address needs within each community, such as street medicine, permanent supportive housing, and CoC infrastructure.

Reference: Kristopher Kuntz
Phone number: 619-240-6581
Email address: kristopher.kuntz@anthem.com

Housing Development Planning and Implementation

Client Name: California Department of General Services
Project Name: Real Estate Economist Consultant Services
Project Term: November 2020-Present
Project Description: The State of California selected LeSar to serve as its consultant working in partnership with the Department of General Services and the Department of Housing and Community Development to enact and implement the Governor's executive order to convert excess State-owned properties into affordable housing. The multiyear engagement includes enacting and documenting the program, prioritizing properties in the portfolio, detailed assessments of site feasibility, and helping manage solicitation, disposition, and negotiations with developers. LeSar will provide critical expertise in affordable housing development, finance, and innovation to expedite production and maximize impact of State resources. The program seeks to create over 4,000 units of affordable housing statewide.

Reference: Robert McKinnon
Phone number: 916-376-1814
Email address: robert.mckinnon@dgs.ca.gov

Client Name: Los Angeles County Development Authority
Project Name: Housing Development Consulting Services
Project Term: 2007-Present
Project Description: LeSar has been an ongoing underwriter of the competitive applications submitted under the Notice of Funding Availability (NOFA) process since 2008. The review experience includes providing an initial threshold review and narrative explanation, reviewing, and scoring applications in accordance with the approved procedures, and working cooperatively with LACDA staff. LeSar also provides LACDA staff with technical advisory services, using our programmatic knowledge and our expertise in loan origination and underwriting of complex investments in equity funds, multi-family portfolios, historic, and Low-Income Housing Tax Credit properties that use federal and state financing programs to address all necessary project underwriting on behalf of the County. LeSar recently advised LACDA on Project Homekey strategies, site acquisition challenges, and rental subsidy voucher strategies. Our capacity extends from collecting all due diligence items required by the County to communicating with the borrower, representing the County on lender calls, and collaborating on work done across the necessary entities to get deals closed and housing built. Additionally, we have capacity to prepare internal loan committee staff reports and present projects to committees.

Reference Matt Lust
Phone number: 626-262-4511
Email address: matt.lust@lacda.org

Good Egg Consulting (new firm as of 2025)

Representative Projects
Client Name: California State Association of Psychiatrists
Project Name: Strategic consulting
Project Term: January-March 2025
Project Description: Good Egg Consulting provided strategic consulting to plan and introduce their legislative package for 2025.

Client Name: United Way of San Joaquin
Project Name: Program analysis
Project Term: January-March 2025
Project Description: Good Egg Consulting conducted a leadership program analysis and provided recommendations for a regional leadership institute.

References
Client Name: Visionary Homebuilders
Contact Name: Carol Ornelas, CEO
Phone number: 209-466-6811
Email address: cjornelas@visionaryhomebuilders.org

Client Name: Housing Authority of San Joaquin
Contact Name: Peter Ragsdale, Executive Director
Phone number: 518-281-0165
Email address: pragsdale@hacsj.org

Rate Sheet

LESAR DEVELOPMENT CONSULTANTS

2025 Billing Rates

Effective 1/1/2025

Staff Level	Billing Rate
President & CEO	$365
Chief Strategy Officer	$350
Managing Director	$350
Senior Principal	$335
Principal - Level 3	$325
Principal - Level 2	$315
Principal - Level 1	$305
Senior Associate - Level 3	$245
Senior Associate - Level 2	$230
Senior Associate - Level 1	$215
Associate - Level 3	$200
Associate - Level 2	$190
Associate - Level 1	$180
Research Analyst	$130
Intern	$115
Director, External Affairs	$190
MarCom Manager	$200
Sr. Graphic Designer	$195
Jr. Graphic Designer	$135

*Rates will increase approximately 3-5% per year beginning January 1, 2026.

Attachments

1. Firm Profile and Staff and Subconsultant Bios
2. Firm and Team Qualifications
3. Key Staff Resumes

Firm Profile and Staff Bios

LeSar Development Consultants (Prime)

LeSar Development Consultants was founded in 2005, is headquartered in San Diego, and has staff located throughout California, the United States, and abroad.

LeSar is a strategic and innovative consulting firm that provides clients with creative community solutions to affordable housing, homelessness, and community development needs. LeSar's core housing expertise lies in housing policy, real estate analysis, and development advisory services with a strong focus on affordable housing development and financing. These services encompass a wide range of areas including thorough site analysis, feasibility studies, development request for proposals, crafting financing scenarios, applying for development financing, and managing the development project process. LeSar's core homelessness expertise includes systems analysis, planning, and technical assistance, as well as program and services design for permanent housing solutions. With a dedication to affordable housing and homelessness solutions, LeSar is equipped to guide projects from inception to completion while ensuring efficient and well-informed decision making at every stage.

Jennifer LeSar, CEO, Strategic Advisor, Client Manager and Quality Control

Jennifer LeSar is the founding CEO of LeSar Development Consultants, the Global Policy Leadership Academy, LeSar Support Services, and LeSar Holdings, four firms working together to grow thriving, healthy and vibrant communities. Jennifer combines a background of more than four decades in community development, real estate development, and investment banking with a deep working knowledge of eco-system change management and organizational strategy. Her work supports clients in achieving impactful and scalable solutions to today's most vexing policy challenges including addressing our global housing affordability crisis and ending homelessness in the United States. Jennifer received both her M.B.A. in real estate and finance and an M.A. in Urban Planning from UCLA and she received her B.A. from Bryn Mawr College in political science and economics. She also completed an Executive Program in Social Entrepreneurship at Stanford Graduate School of Business. She is a Fellow at The Billions Institute and teaches about the California housing crisis as a lecturer at Stanford University.

Homelessness-Related Services

Colleen Murphy, Principal, Homelessness Solutions Team

Colleen Murphy is a Principal with LeSar Development Consultant's Homelessness Solutions Team, where she designs and implements homelessness-related programs with an emphasis on the intersection of homelessness and healthcare. Previously she was the Associate Director of Unsheltered Strategies at the Los Angeles Homeless Services Authority (LAHSA). Here, she supported a more robust and coordinated system to better serve those experiencing unsheltered homelessness throughout LA County, creating the largest homeless outreach infrastructure in the country. She also served as a Director of Outreach and Community Engagement at both PATH

(People Assisting the Homeless) in Southeast LA and St. Joseph Center in Venice. As a former infectious diseases' epidemiologist and public health professional, she has more than 20 years' experience fostering community engagement, partnerships and outreach in underserved communities both in LA and in sub-Saharan Africa. She received her bachelor's degree in international affairs from James Madison University and her postgraduate diploma in epidemiology from the University of London, London School of Hygiene and Tropical Medicine.

Stefan Gonzalez, Senior Associate

Stefan Gonzalez has extensive experience in delivering training, conducting evaluations, and navigating California's homelessness and social service systems. At LeSar Development Consultants, Stefan has worked on a variety of projects involving training and evaluation. He has delivered trainings for clients like Anthem CA and Elevance National, covering topics such as Housing First, CES, HMIS, Rural Homelessness, among others. He also supported the Housing Policy Leadership Academies, a program that helps community leaders advance affordable housing policies through practical, multidisciplinary learning. Stefan has also worked extensively in Los Angeles County, providing support to the San Fernando Valley Council of Governments, cities like San Fernando and Burbank, and LA County Homeless Initiative. His work demonstrates a strong ability to manage complex projects and support practical solutions to address homelessness and housing needs.

Sam Jones, Senior Associate

Sam Jones, MSW currently supports LeSar's work with Anthem Blue Cross focused on the implementation of the Housing and Homelessness Incentive Program (HHIP) and current statewide CalAIM efforts. Sam assists with strategic planning, convening, facilitation, and program evaluation which support Anthem's organizational initiatives. Sam has engaged with many cities, counties, CoCs, CBOs, and other entities to address homelessness on a wide scale. For example, she assisted in the completion of homelessness planning processes with the Counties of Riverside and Ventura, the City of San Fernando, and Bay Area Rapid Transit. She has supported the San Diego Housing Commission, a San Diego housing authority, with a Permanent Supportive Housing Learning Collaborative, SRO Closure Evaluation, and Compensation Analysis. Finally, Sam continues to support the LA County CEO Homeless Initiative office on engaging cities and Councils of Governments to coordinate a regional homelessness response. .

Real Estate Services

Chul Gugich, Principal, Housing Finance and Development

Chul has 15 years of experience in affordable housing development and community building, working across a diverse spectrum of housing typologies and in service of a broad range of resident populations. As an experienced developer, Chul tracks and provides critical insight into housing policy, legislation, and regulation to assist clients in their efforts to expand the production and preservation of affordable housing. Prior to joining LeSar, Chul served as Senior Acquisitions Manager at Abode Communities where he worked on land acquisitions, RFP pursuits, strategic planning, policy, and financial modeling for LIHTC and other development projects throughout the state. Before that, Chul was a Project Manager at A Community of Friends, a Los Angeles-based nonprofit developer specializing in supportive housing developments for people experiencing homelessness and living with mental illness. Chul currently serves on the Board of TRUST South LA, a neighborhood-based community development organization in South Los Angeles. He received a Bachelor of Science in Environmental and Engineering Geology from Western Washington University. .

Farzad Mashhood, Senior Associate, Housing Policy and Planning Team

Farzad Mashhood is an experienced communicator and urban planner with a passion for cities and public service. At LeSar, Farzad's work lies at the intersection of housing policy, land use, and affordable housing finance. He has supported a variety of local and regional agencies to identify and craft land use policies to help address housing needs. Originally a journalist covering urban government, Farzad has written for the Austin American-Statesman and the Orange County Register and his work has appeared in many other newspapers around the country. Prior to joining LeSar, Farzad worked abroad leading a communication platform for an international NGO based in Haifa, Israel. He has a dual bachelor's degree in Sociology and Philosophy from UCLA and a master's in Community and Regional Planning from The University of Texas at Austin's School of Architecture.

Enrique Arcilla, Researcher

Enrique Arcilla works to advance class and racial integration in housing, jobs, and education. His focus areas include housing and homelessness, land use policy, and community and economic development. He has experience in affordable housing development and finance, qualitative and quantitative analysis, program management, capacity building, strategic planning, solicitation support, document control, and stakeholder engagement. At the University of California, San Diego, Enrique contributed to research on high-tech innovation ecosystems, focusing on regulation, expertise, labor, market access, and startup funding. He also contributed to research on safe parking program design and public outreach processes for housing element updates. Enrique holds a bachelor's degree in Urban Studies and Planning as well as a bachelor's in Science and Public Life from the UC San Diego.

Education and Training Services

Global Policy Leadership Academy (Subconsultant)

The Global Policy Leadership Academy (GPLA) was formed in 2017, incorporated in 2019 and brings together thought leaders and practitioners to understand and address global and regional crises through shared knowledge of underlying causes and adverse impacts, current problem-solving frameworks and best practices, and steps forward and actions needed to effectuate structural change and solutions. GPLA, which is wholly owned by LeSar Holdings, hosts its own online learning management system at gpla.co, which is an integrated system allowing GPLA students to access course and training materials and participate in interactive online activities. The platform is tailored to each GPLA offering, typically incorporating a mix of best-practice education and training formats with digital engagement opportunities that complement traditional methods and enhance impacts at the individual, cohort, and community levels.

Pam Kestner, Chief of Staff

With over 23 years dedicated to combatting homelessness at local and state levels, Pam has become a seasoned advocate for effective solutions. Currently, she holds the position of Chief of Staff at the Global Policy Leadership Academy (GPLA), an organization committed to empowering both established and emerging leaders in tackling global challenges. Prior to joining GPLA, Pam served as Co-Lead of LeSar Development Consultants' (LeSar) Homelessness Solutions Team. Before joining LeSar, she served as Chief Deputy with the Virginia Department of Housing and Community Development (DHCD) where she led efforts to develop and implement Virginia's first statewide rental assistance program during the COVID-19 pandemic. Her role also focused on eviction prevention and creating affordable housing for vulnerable populations, specifically through collaborative efforts across the housing and health sectors.

Aria Pounaki, Team Manager, Manager, Community of Practice

Aria Pounaki brings experience in advocacy, housing policy, and affordable housing development to his role at GPLA. Aria is passionate about addressing housing affordability through the production and preservation of housing across the housing continuum. He has worked as an associate project manager at the largest nonprofit affordable housing developer on the West Coast. Aria graduated from Marquette University with a bachelor's degree in international relations and Spanish, and holds a certificate in Real Estate Development & Finance from the University of San Diego.

Behavioral Health Services Act / Mental Health Services Act Expertise

Good Egg Consulting (Subconsultant)

GOOD EGG
STRATEGIC CONSULTING & COACHING

Good Egg Consulting integrates Dr Eggman's unique experience in academia, direct practice, and legislative experience to provide strategic consulting and coaching for clients. Good Egg Consulting leverages her vast experience and network to ensure the highest results for its clients.

Dr. Susan Eggman, Founder

Dr. Susan Eggman brings deep knowledge of Prop. 1 which included her bill SB 326 (Eggman) Behavioral Health Services Act and AB 531 (Irwin) the Behavioral Health Infrastructure Bond Act. Passed by the voters in March 2024, now referred to as "Behavioral Health Transformation" and in early implementation by the California Department of Health Care Services. Dr. Eggman is monitoring the first round of awards anticipated out in early May. She concluded 12 years in the California State Legislature in December 2024, served 6 years in the City of Stockon as a Councilmember, holds a Ph.D. in Social Work and Social Research, and is a licensed clinical social worker.

Firm and Team Qualifications

The sections below provide our qualifications that support our ability to carry out the Scope of Services presented in the Request for Bidders.

A. Providing ongoing and continuous advisory services to public sector clients on housing and homelessness planning

LeSar Development Consultants is a strategic and innovative consulting firm that provides creative community solutions, specializing in housing policy, real estate analysis, development advisory services, and homelessness solutions. LeSar has extensive experience working with localities throughout the San Gabriel Valley, including with the City of Pomona. In addition to leading the development of Pomona's Homelessness Strategic Plan, LeSar implemented several aspects of the plan, including creating strategies to produce more permanent and interim housing. LeSar has led homelessness plans for several other cities, and has conducted housing site feasibility analysis at the subregional level for the San Gabriel Valley Council of Governments.

LeSar also brings specialized expertise in homelessness systems planning, including needs assessments, strategic planning, funding alignment, and cross-sector coordination. Since 2016, LeSar has served as the national homelessness advisor to Elevance (formerly Anthem, Inc.), helping the organization strengthen its ability to manage health and social services for specialized populations. This includes designing and implementing its California strategic plan to better address homelessness among Medi-Cal members and building durable partnerships with local communities.

A recent example of our work includes producing the Housing Blueprint for the County of San Diego—a strategic vision designed to guide the County's response to the housing crisis. This effort included a robust stakeholder engagement process alongside a professional evaluation of existing housing programs, policies, and structural barriers. LeSar also convened a working group of finance and development professionals to explore funding strategies for middle-income housing. In addition to delivering a comprehensive Blueprint, LeSar produced a data-driven performance evaluation plan, an interactive affordable housing development funding projection tool, and guidance for establishing a new Office of Housing Strategy to lead the Blueprint's implementation, which demonstrates our capacity to deliver strategic, actionable, and sustainable housing and homelessness strategies and implementation guidance.

B. Providing ongoing and continuous technical housing related services

LeSar has extensive experience providing ongoing and continuous technical housing-related services. Our expertise spans housing policy, real estate analysis, and development advisory services, with a strong focus on affordable housing and homelessness solutions. LeSar supports clients throughout the entire development planning process, including site analysis, feasibility studies, drafting development requests for proposals (RFPs), crafting financing scenarios, applying for development financing, and managing projects through completion. Further, we are skilled in designing, developing, implementing, and training on appropriate asset management plans that public agency staff can administer.

We have delivered technical services to a wide range of clients across California, including public agencies such as the California Department of General Services, Los Angeles County Development Authority, and Stanislaus County, as well as healthcare organizations such as Elevance Health and Anthem Blue Cross. Our team brings deep knowledge of the state's housing landscape, development, and financing mechanisms, allowing us to provide informed, actionable guidance.

C. Providing ongoing and continuous organizational capacity building and training

LeSar and its affiliate partners, Global Policy Leadership Academy and LeSar Support Services, have deep experience delivering targeted training programs designed to build organizational knowledge and capacity in housing development including enhanced services provision, finance, and asset management. Our training approach is grounded in practical, real-world expertise and tailored to meet the specific needs of public agencies and mission-driven organizations. LeSar has provided training to a range of clients across California, including the California Department of Housing and Community Development (HCD), where we led comprehensive sessions covering key aspects of affordable housing development such as underwriting, documentation, financing structures, and risk assessment. These trainings equipped HCD staff with an introduction to industry standards, processes, and roles critical to evaluating and managing housing projects. Additionally, LeSar designed and delivered a detailed affordable housing development and financing training for the Los Angeles Housing Department (LAHD), helping to enhance internal technical proficiency and build staff capacity in housing. In Pomona, LeSar led a housing policy training series for community members, providing a six-week virtual course for residents to engage deeply in the creation of prohousing policies for the city.

In addition to training, LeSar has extensive experience navigating complex funding programs and ensuring compliance with program guidelines. We have provided program guidance and implementation support for Elevance Health to support housing-related initiatives. As part of the work with Elevance, LeSar created a statewide housing flex fund and trained and managed local homelessness services providers in key markets across California. We also led a successful permanent supportive housing voucher pilot for 25 homeless households in Pomona. Building on this experience, LeSar and its sister firm, LeSar Support Services, now manage flexible housing subsidy pools for Elevance both in California and nationally, as well as several grantmaking initiatives.

JENNIFER LESAR, President and CEO

EDUCATION

Executive Program in Social Entrepreneurship
Stanford University, Graduate School of Business
Master of Business Administration
University of California, Los Angeles
Master of Arts in Urban Planning
University of California, Los Angeles
Bachelor of Arts
Bryn Mawr College
Spanish Fluency
Proyecto Linguistico Francisco Marroquin

PROFESSIONAL AFFILIATIONS / COMMUNITY SERVICE (selected)

Port of San Diego Commissioner 2021 – 2022
Lecturer, Stanford University Urban Studies "Housing Affordability Crisis in California — Causes, Impacts and Solutions" 2020 – present
Monarch School (for homeless youth) San Diego Board Member 2020 – 2022
CA FWD Equitable Homeownership Committee Co-Lead, 2019
Up for Growth Board Member 2017 – 2020
Center City Development Corporation, City of San Diego Chair, Treasurer and Director, 2002–2009

AWARDS (selected)

Centre City Development Corp, 2010 Directors Award
San Diego Housing Federation, 2010 CSH Supportive Housing Award

PROFESSIONAL EXPERIENCE

Jennifer LeSar is a respected thought leader widely recognized for her expertise in systems change in the housing and homelessness sectors.

FOUNDER AND CEO | 2022 – present
LeSar Holdings Inc., California

FOUNDER AND CEO | 2022 – present
LeSar Support Services, California

PRESIDENT AND CEO | 2005–present
LeSar Development Consultants, California

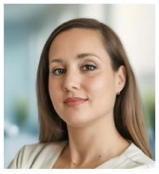
FOUNDER AND CEO | 2018 – present
Global Policy Leadership Academy, California

CO-CEO and CO-FOUNDER | 2011–2018
Estolano LeSar Advisors, Los Angeles, CA

INVESTMENT MANAGER/SENIOR VICE PRESIDENT | 2001–2005
Bank of America, worked nationally

COLLEEN MURPHY, Principal

LESAR DEVELOPMENT CONSULTANTS



EDUCATION

Post Graduate Diploma, Epidemiology
University of London, London School of Hygiene and Tropical Medicine

BA, International Affairs, Political Science (Minor)
James Madison University, Harrisonburg, Virginia

PROFESSIONAL EXPERIENCE

PRINCIPAL | 2022–Present
LeSar Development Consultants, San Diego, CA
Serves as a key member of LeSar Development Consultants' national homelessness portfolio. Works collaboratively to support systems change work in homelessness systems of care through community technical assistance, solutions-oriented stakeholder engagement, and the development and implementation of cross-sector innovations such as flexible funding pools and shared housing. Designs, implements, project manages, and continuously evaluates homelessness-related programs at the intersection of homelessness and healthcare.

ASSOCIATE DIRECTOR, UNSHELTERED STRATEGIES | 2016–2022
Los Angeles Homeless Services Authority, Los Angeles, CA.

DIVISION MANAGER, OUTREACH AND COORDINATION | 2015–2016
St. Joseph Center, Los Angeles, CA.

VICE PRESIDENT, PROGRAMS AND ADMINISTRATION | 2015
ALS Association, Golden State Chapter, Calabasas, CA

DIRECTOR, COMMUNITY INITIATIVES | 2012 – 2015
PATH (People Assisting the Homeless) Los Angeles, CA

SENIOR PROGRAM MANAGER, PROGRAM PARTNERSHIPS | 2010 – 2012
Elizabeth Glaser Pediatric AIDS Foundation, Los Angeles, CA

PROFESSIONAL AFFILIATIONS / PUBLICATIONS

LA Women's Needs Assessment Advisory Board | 2022

World Health Organization (WHO), Geneva,
Temporary Advisor, Reproductive Health And Research Department | 2003–2004

Liverpool School of Hygiene and Tropical Medicine
Effective Health Care Alliance Fellowship | 2001

Best Practices for Addressing Street Encampments, 2022

Guiding Principles and Practices for Local Responses to Unsheltered Homelessness, 2019

CHUL GUGICH Principal, Housing Team

LESAR DEVELOPMENT CONSULTANTS

EDUCATION

Bachelor of Science in Geology with English minor
Western Washington University, Bellingham, WA

Advanced Housing Development Training Institute
Local Initiatives Support Corporation, October 2019

PROFESSIONAL EXPERIENCE

PRINCIPAL, HOUSING TEAM/POLICY AND LEGISLATIVE TEAM | 2022 – Present
LeSar Development Consultants

SENIOR ACQUISITIONS MANAGER, BUSINESS DEVELOPMENT | 2018–2022
Abode Communities, Nonprofit Affordable Housing Developer, Los Angeles, CA

SENIOR PROJECT MANAGER, PORTFOLIO MANAGEMENT | 2017–2018
Abode Communities, Nonprofit Affordable Housing Developer, Los Angeles, CA

PROJECT MANAGER | 2016–2017
A Community of Friends,Nonprofit Affordable Housing Developer, Los Angeles, CA

PROJECT MANAGER | DIRECTOR OF NEW COOPERATIVE DEVELOPMENT | 2007–2016
Urban Homesteading Assistance Board (UHAB), Nonprofit Housing Organization, New York, NY

PROJECT REPRESENTATIVE | Aug 2007 – Nov 2007
KBA Construction Management, Bellevue, WA

FIELD GEOLOGIST AND PERSONNEL MANAGER | 2000 – 2007
Earth Consulting, Inc., Geotechnical Engineering Firm, Bellevue, WA

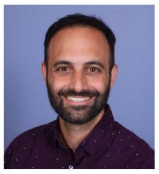
PROFESSIONAL AFFILIATIONS / COMMUNITY SERVICE

Bend the Arc, Los Angeles, CA: *Housing Justice Committee* | 2016 – 2020

APEX for Youth, New York, NY: *Volunteer youth mentor* | 2008 – 2015

FARZAD MASHHOOD, Senior Associate

LESAR DEVELOPMENT CONSULTANTS



EDUCATION

Master of Science, Community and Regional Planning
University of Texas at Austin, 2017

Bachelor of Arts, Sociology and Philosophy (dual degree)
University of California, Los Angeles, 2011

PROFESSIONAL EXPERIENCE

SENIOR ASSOCIATE/ASSOCIATE | June 2020 – Present
LeSar Development Consultants

- Craft housing policies and strategies for regional agencies newly committed to address housing needs
- Analyze publicly owned land and other key housing opportunity sites for development viability
- Advise local governments on inclusionary housing ordinances, engaging elected officials and community members on opportunities and needs
- Present course sessions and develop content for Housing Policy Research Academy, specializing in housing planning
- Research and analyze housing and policy needs in communities affected by major wildfires across California to help provide millions of dollars in disaster recovery funds

PROGRAM OFFICER | July 2018–December 2019
Baha'i World Centre, Haifa, Israel
Edited an international news service with 30,000 monthly readers in virtually every country Developed policies and procedures for expanded areas of work. Coordinated cross-functional teams to launch new online publication. Collaborated with associates in dozens of countries, working with colleagues from a variety of cultural backgrounds.

GRADUATE RESEARCH ASSISTANT | August 2016–May 2017
The University of Texas at Austin, Austin, Texas
Managed data collection segment of UT Austin-UC Berkeley housing study about barriers to developing accessory dwelling units.

PLANNING INTERN | June–August 2016
City of Austin, Planning and Zoning Department, Austin, Texas
Wrote comprehensive evaluation of 10-year progress of the department's Austin Community Tree (ACT) program, an urban ecology initiative to increase tree canopy. Conducted meetings with residents and business owners to elicit program support.

METRO REPORTER | June 2011–May 2014
Austin American-Statesman, Austin, Texas
Wrote primarily about urban affairs such as the environment, development, crime, transportation, and public budgets.

RESUME

SUSAN TALAMANTES EGGMAN

PROFESSIONAL PREPARATION

Ph.D.	Portland State University (2002)
M.S.W.	CSU, Stanislaus (1996)
BA, Psychology	CSU, Stanislaus (1990)
LCSW	Active CA License # 29203

ACEDEMIC EXPERIENCE

Graduate Program Director (2004-2009) California State University, Sacramento.
Associate Professor (2001-Current) California State University, Sacramento.
Adjunct Instructor (1999-2001) Portland State University.

LEGISLATIVE AND CITY COUNCIL

California State Senate (2020-2024)
California State Assembly (2012-2020)
Stockton City Council (2006-2012)

PRACTICE

1/06- 2012 Latino Mental Health Stockton CA **Stockton, Ca.**
8/03-10 St Mary's Interfaith Dining Room & Community Services **Stockton, CA**
Supervisor of Social Work Field Placements
10/00-8/01 Providence Health Care Systems Emergency Room **Portland, OR**
Social Worker
8/97 - 6/98 Phoenix Rising Counseling Center **Portland, OR**
Social Worker
1/97 - 7/97 Modesto Kidney Center **Modesto, CA**
Social Worker
3/96 - 1/97 Community Hospice **Modesto, CA**
Social Worker
5/93 - 7/97 Various Home Health Agencies **Stanislaus County, CA**
Social Worker
10/93 - 3/96 Hospice of Emanuel **Turlock, CA**
Social Worker

EXHIBIT B

BUSINESS ASSOCIATE AGREEMENT

This BUSINESS ASSOCIATE AGREEMENT ("**BAA**") is made as of this 18th day of June, 2025 (the "**Effective Date**") by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity ("**Covered Entity**" or "**CE**") and LESAR DEVELOPMENT CONSULTANTS ("**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 One Million Dollars ($1,000,000) per occurrence and Two Million Dollars ($2,000,000) annual aggregate of Commercial General Liability insurance, and Two Million Dollars ($2,000,000) per occurrence and Four Million Dollars ($4,000,000) 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 Two Million Dollars ($2,000,000) per occurrence and Four Million Dollars ($4,000,000) 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:	LeSar Development Consultants 845 14th Street, Suite 103 San Diego, CA 92101 Attn: Richard Valdez, Chief Operations Officer
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	LESAR DEVELOPMENT CONSULTANTS
Name of Covered Entity	**Name of Business Associate**
Authorized Signature	**Authorized Signature**
ONTSON PLACIDE	RICHARD VALDEZ
Print Name	**Print Name**
EXECUTIVE DIRECTOR	CHIEF OPERATIONS OFFICER
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

LESAR DEVELOPMENT CONSULTANTS

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.

Richard Valdez, Chief Operations Officer

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: June 18, 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. 796 Authorizing the Executive Director to Utilize Mental Health Services Act Unspent Community Services and Support (CSS) Plan fund in the Estimated Amount of $8,552,475.00 for Three Housing and Shelter Projects Approved Through a Community Planning Process**

Summary:

Tri-City Mental Health Authority (TCMHA) desires to utilize Mental Health Services Act (MHSA) unspent excess funds subject to reversion in the estimated amount of $8,552,475.00 from the Community Services and Supports (CSS) Plan to support the completion of three housing and shelter projects before June 30, 2027 to prevent the reversion these funds.

Background:

During Fiscal Years 2023-24 and 2024-25, TCMHA received unprecedented MHSA funds that if not utilized by June 30, 2027, it is estimated that $5.2 to $8.0 million would be subject to reversion by the State. Therefore, the Executive Team developed and presented a framework, for identifying potential concepts and projects that would utilize the excess funds subject to reversion, to the Governing Board and the Mental Health Commission to receive feedback and guidance regarding the proposed various concepts, ideas, and projects. In addition, a Community Planning Process took place to identify needs and propose potential projects.

Therefore, on January 29, 2025, TCMHA held a mid-year MHSA Community Forum for stakeholders, staff, and community members, wherein information was presented regarding the excess of CSS funds that if not spent prior to June 30, 2027, it would be subject to reversion by the State. In addition, a list of projects was provided that would meet the criteria to utilize CSS funds, and attendees ranked the options provided in the order of their top choices. The top two choices that met the criteria for CSS funding were: 1) the purchase an existing building to create a form of bridge housing; and 2) the purchase of Scattered Site Housing. This feedback from stakeholders was then presented to TCMHA's Governing Board on February 19, 2025.

In addition, TCMHA's Executive Director met with the city managers and key staff of the three Cities of Pomona, Claremont, and La Verne to solicit their input regarding their priorities under this issue at hand to prevent the reversion of MHSA funds. The cities shared consensus and advocacy for permanent supportive housing, and TCMHA was able to develop a list of recommendations that also took into consideration its behavioral health conversion process from MHSA to BHSA in 2026.

After careful consideration of all recommendations, a decision was made to allocate the unspent CSS excess funds subject to reversion to the following proposed projects:

1) Purchase of an existing commercial building or residential property to create additional housing options and support services.

2) Partner with local landlords and property managers to purchase individual units in apartment complexes located throughout the Cities of Pomona, Claremont, and La Verne to provide additional housing options.

3) Increase the number of reserved beds for TCMHA with Hope For Home Year-Round Emergency Shelter located in the City of Pomona.

Accordingly, TCMHA is seeking approval to utilize the excess CSS funds to the following identified projects:

1) Partnership with Life Ark to create sustainable and affordable homes by installing two modular systems, one would be 10 Units - Single Double and Family (4) for an approximate amount of $2.7 million; and the second one would have 6 units, each with three bedrooms and three bathrooms, at an estimated project cost of $1.6 million; it is estimated to take approximately 10 months to build.

2) Partnership with St Ambrose Episcopal Church, a National Core housing project, which will build 59 units, at an estimated cost of $180,000 per unit. TCMHA wants to reserve 12 units of permanent supportive housing for its exclusive use in the approximate amount of $2,160,000. The units will be 1 bedroom, and it is anticipated that the project will break ground in Spring 2026 and be completed by March 2028.

3) TCMHA will extend its existing with agreement with the City of Pomona for Hope For Home Year-Round Emergency Shelter for one (1) year; and increase the number of shelter beds reserved from 31 to 71 for the exclusive use of TCMHA, in the amount of $1,943,625 ($75/bed x 71 beds = $5,325/day x 365 days) for a period of one (1) year beginning July 1, 2025 through June 30, 2026.

Fiscal Impact:

Mental Health Services Act funds in the estimated amount of $8,552,475.00 from the Community Services and Supports Plan. The designated anticipated amount per project is as follows:

1)	Modular Housing Project #1 – 10 Units (Permanent) 252 E 4th Street in Pomona, California	$2,767,800
	Modular Housing Project #2 – 6 Units (Permanent) 464 W 8th Street in Pomona, California	$1,681,050
2)	St Ambrose Senior Affordable Housing A National Core Project - 12 Units 830 W. Bonita Avenue in Claremont, California	$2,160,000
3)	Hope for Home Year-Round Emergency Shelter Beds increase from 31 to 71 resulting in additional 3 beds for each City	$1,943,625

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 796 authorizing the Executive Director to fund three housing and shelter projects using MHSA CSS unspent funds in the estimated amount of $8,552,475.00 that are subject to reversion.

Attachments

Attachment 22-A: Resolution No. 796 - Draft

RESOLUTION NO. 796

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO UTILIZE MENTAL HEALTH SERVICES ACT UNSPENT FUNDS FROM COMMUNITY SERVICES AND SUPPORT PLAN IN THE ESTIMATED AMOUNT OF $8,552,475.00 FOR THREE HOUSING AND SHELTER PROJECTS APPROVED THROUGH A COMMUNITY PLANNING PROCESS

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA") desires to utilize Mental Health Services Act (MHSA) unspent excess funds subject to reversion in the approximate amount of $8,552,475.00 from the Community Services and Supports (CSS) Plan to support the completion of three housing and shelter projects before June 30, 2027 to prevent the reversion these funds.

B. After careful consideration and evaluation of all recommendations received through a Community Planning Process wherein stakeholders and community members participated and provided feedback, a decision was made to allocate excess CSS funds subject to reversion to the following projects:

1) Modular Housing Project #1 – 10 Units (Permanent) 252 E 4th Street in Pomona, California	$2,767,800
Modular Housing Project #2 – 6 Units (Permanent) 464 W 8th Street in Pomona, California	$1,681,050
2) St Ambrose Senior Affordable Housing A National Core Project - 12 Units 830 W. Bonita Avenue in Claremont, California	$2,160,000
3) Hope for Home Year-Round Emergency Shelter Beds increase from 31 to 71 resulting in additional 3 beds for each City	$1,943,625
TOTAL ESTIMATED AMOUNT	**$8,552,475**

2. Action

The Governing Board authorizes the Executive Director to allocate unspent excess MHSA funds in the estimated amount of $8,552,475.00 from the CSS Plan for three housing and shelter projects to prevent the potential reversion of these funds.

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3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

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Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 18, 2025

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director
Diana Acosta, CPA, Chief Financial Officer
Trevor Bogle, Controller

SUBJECT: Approval of Resolution No. 797 Adopting the Proposed Operating Budget and Cash Flow Budget for Fiscal Year 2025-26

The proposed operating and cash flow budget presented herein provides projected revenues and expenses for fiscal year 2025-26. This document presents all of the proposed activity in a consolidated basis (TCMH Clinic activity and MHSA activity), and individually for the TCMH Clinic and Mental Health Services Act (MHSA) activities. A detailed budget is also presented for each of the respective programs within TCMH Clinic (i.e. Child/Family and Adult Outpatient Services), and each of the programs related to the five MHSA plans (CSS, PEI, INN, WET and CFTN).

The preparation of the budget involved communication with the executive team, and department managers as deemed necessary in order to gather information regarding their respective departments and programs specifically relating to their department personnel needs and operating cost needs. In addition, Tri-City gathered information from various sources, including the California Behavioral Health Directors Association (CBHDA), Los Angeles County and from the state Department of Health Care Services (DHCS), which assisted in the development of projected revenues and expenditures.

As explained throughout the budget document and as previously communicated over the past couple of years, payment reform as a result of Cal-AIM has become effective as of July 1, 2023. Payment reform has changed what services are eligible for payment and the rate at which the services are paid. Specifically, Cal-AIM's payment reform includes the transition from a cost reimbursement payment model to a fixed fee-for-service payment model using rates established by the State. Additionally, certain services previously eligible for cost reimbursement are no longer eligible and only direct client care services will be eligible for payment.

REVENUES

As noted in the Consolidated and Consolidating operating budgets, the most significant revenues consist of Medi-Cal FFP, Realignment and MHSA revenues. Medi-Cal FFP revenues were projected using information that is based on past experience and projected through the analysis of units of service anticipated to be billed and consisting of projected direct service hours only, multiplied by the new Cal-AIM rates referred to above.

Realignment revenue is typically consistent from year to year with only slight increases experienced, however this is based on sales tax generated by the State and is subject to change from year to year. As such Tri-City has projected that the Realignment funding in fiscal 2025-26 to be consistent with prior year's actuals which includes the guaranteed minimum distribution from the State's Mental Health Sub-account as well as an additional amount of growth consistent with prior years' receipts. MHSA funding recognized as revenue and reflected in the operating budget as revenues varies from year to year. The amount of MHSA revenue of $14,854,572 million that is recognized in the FY 2025-26 budget is based on approved MHSA plans and the respective program costs projected to be funded in the upcoming fiscal year and differ from the $15.2 million in actual MHSA cash receipts expected to be collected during the fiscal are reflected within the Cash Flow Statement and are further discussed below under the caption Cash Flows.

Other revenues are projected not only based on prior results or contracted revenues (such as grants), but on assumptions made from information currently available.

EXPENSES

Expenses are primarily projected through analysis of current expense data, and known events or transactions either in the prior year or in the upcoming year. Expenses specifically relating to MHSA programs are projected with the use of the MHSA Plan Updates as approved through the stakeholder process, in order to ensure proper planning of costs and to meet program goals and objectives. Careful consideration is made in planning and projecting costs to ensure all program goals are met and the staffing requirements are properly planned for. The following two tables present a comparison of expenses by category of the current year budgeted amounts to the prior year budgeted amounts in addition to the Prior Year Projected Actuals.

Table 1: Current Year Budget Comparison to Prior Year Budget

Total Agency Budgeted Expenses	Current Year Budget FY 2025-26	Prior Year Budget FY 2024-25	Budget to Budget Comparsion
Salary Costs	$ 37,836,786	$ 33,343,087	$ 4,493,699
Facility Costs	889,114	736,255	152,859
Equipment Costs	475,407	416,823	58,584
Other Services & Supplies	2,861,813	2,616,671	245,142
Specific Costs	3,386,360	3,886,147	(499,787)
Depreciation & Amortization	790,726	821,791	(31,065)
Total Costs	**$ 46,240,206**	**$ 41,820,774**	**$ 4,419,432**

Table 2: Current Year Budget Comparison to Prior Year Projected Actuals

Total Agency Budgeted Expenses	Current Year Budget FY 2025-26	Projected Actuals FY 2024-25	Budget to Actuals Comparsion
Salary Costs	$ 37,836,786	$ 25,609,340	$ 12,227,446
Facility Costs	889,114	878,170	10,944
Equipment Costs	475,407	522,290	(46,883)
Other Services & Supplies	2,861,813	2,965,776	(103,963)
Specific Costs	3,386,360	1,642,903	1,743,457
Depreciation & Amortization	790,726	593,478	197,248
Total Costs	**$ 46,240,206**	**$ 32,211,957**	**$ 14,028,249**

The significant changes from the prior year budget to the current year budget as noted above are highlighted as follows:

- Salary Costs: Total salary and benefits related costs in the FY 2025-26 Budget are projected to be approximately $12.2 million higher than the projected actuals for FY 2024-25 which is primarily due to unfilled vacancies during fiscal year 2024-25 in addition to a projected increase of approximately 10 FTE's. When compared to the FY 2024-25 Budget, the increase is approximately $4.5 million is primarily due to increases in salaries as a result of the adoption of the final classification and compensation study that was approved in FY 2023-24 as well as market corrections to certain clinical classifications and also in addition to a projected increase of approximately 10 FTEs.

- Facility Costs: Overall facilities costs are projected to be approximately $11 thousand higher in the FY 2025-26 Budget than projected actuals. The primary reason for the increase is anticipation of increased costs for maintenance, repairs and upkeep for all of Tri-City buildings. When comparing the prior year budget to the current year budget, there is a net increase in the amount of $153 thousand for the same reason.

- Other Services and Supplies: The overall decrease from projected actuals in FY 2024-25 and the FY 2025-26 Budget is approximately $104 thousand which is primarily the result of the CCMU grant ending in fiscal year 2025 and no longer continuing into fiscal year 2026. However, when comparing the prior year budget to the FY 2025-26 budget, the primary reasons for the overall increase in this category are due to anticipated increases client related costs, professional liability insurance, security services, data processing costs and computer systems & software. These increases were also offset by decreases in conference and related costs, various decreases to dues and subscriptions to various professional memberships.

- Specific Costs: The budget reflects an overall increase of $1.7 million in this category when comparing the projected actuals for FY 2024-25 to the FY 2025-26 budget. This increase is primarily due to anticipated increase in costs related to Tri-City's participation in the Hope For Home Homeless shelter.

CASH FLOWS

As presented in the Consolidated and the Consolidating Cash Flow Budget, an overall increase to cash in the approximate amount of $2.6 million is projected for the fiscal year ending 2025-26. Approximately $3.4 million is related to the TCMH Clinic and an approximate decrease of $742 thousand is related to MHSA. The projected increase in cash for TCMH of approximately $2.6 million is primarily the result of projected collections of prior year receivables and of course clinical operations along with some anticipated growth in 1991 Realignment. This increase in TCMH cash also includes an assumption that all revenue-generating vacant positions will be filled thereby producing an increase to revenue and cash collections. The projected decrease in cash for MHSA is primarily the result of projected decrease of MHSA funding during fiscal year. As noted within the budget document, the MHSA cash flow budget also includes, expected costs associated with CFTN one-time projects in the approximate amount of $250 thousand. Also attributing to the cash flow projections for both TCMH and MHSA in fiscal 2025-26 include increased costs for operations including anticipated leasing of additional space, and other costs mostly associated with the expected increase in costs for salaries and wages as a result of the completion of the comprehensive classification and compensation study.

Tri-City management continues to prepare for the implementation of BHSA by staying informed through the review of policy modules drafted by DHCS, participating in weekly meetings with CBHDA, and conducting regular internal strategic planning sessions. In anticipation of the significant changes expected under BHSA, management has identified the need to expand administrative infrastructure agency-wide, with a particular emphasis on supporting BHSA-related functions. While specific positions are still being evaluated, various roles are under consideration to ensure the agency is equipped to manage both the demands of BHSA and broader operational needs. To support this anticipated growth, a total of $5 million has been earmarked and included in this budget—specifically within the cash flow budget—with $1.5 million allocated from Realignment funds and $3.5 million from MHSA funding.

Recommendation

Staff hereby recommends that the Governing Board approve Resolution No. 797 adopting the Proposed Operating Budget and Cash Flow Budget for FY 2025-26.

Attachments

Attachment 23-A: Resolution No. 797 – Draft
Attachment 23-B: Proposed Operating Budget and Cash Flow Budget for FY 2025-26

RESOLUTION NO. 797

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS OPERATING BUDGET AND CASH FLOW BUDGET FOR FISCAL YEAR 2025-26

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA") desires to adopt the Authority's Operating and Cash Flow Budget for Fiscal Year 2025-26.

2. Action

A. The Governing Board approves the Authority's Operating Budget and Cash Flow Budget Fiscal Year 2025-26 as presented.

B. The Governing Board authorizes the Executive Director and/or Chief Financial Officer to prepare and submit any and all reports related thereto.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 18, 2025 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

ATTACHMENT 23-A

TRI-CITY MENTAL HEALTH AUTHORITY

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2025-26

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ATTACHMENT 23-B

TRI-CITY MENTAL HEALTH AUTHORITY
BUDGET FOR THE FISCAL YEAR 2025-26
BUDGET NARRATIVE & ASSUMPTIONS

The following Operating and Cash Flow Budget reflects Tri-City Mental Health Authority's (Tri-City's) estimated revenues and expenditures for the fiscal year ending June 30, 2026. The budget is divided into two main sections 1) the Tri-City Mental Health Outpatient Clinic (TCMH) Budget and 2) the Mental Health Services Act (MHSA) Budget. The MHSA Budget only reflects MHSA related programs while the TCMH budget reflects all other programming.

ABOUT TRI-CITY

Tri-City Mental Health Authority ("Tri-City") was formed on June 21, 1960 and established through a Joint Powers Authority Agreement between the Cities of Pomona, Claremont and La Verne pursuant to the provisions of the Joint Exercise of Powers Act, Article 1, Chapter 5, Division 7, Title 1 of the Government Code of the State of California, Section 6500, et seq. relating to the joint exercise of powers common to public agencies, and the provisions of the Bronzan-McCorquodale Act/Short-Doyle Act, Part 2, Section 5600, et seq., of the Welfare and Institutions Code (WIC) of the State of California, to deliver mental health services to the residents of the three Cities. This action was taken out of a desire on the part of officials from the three Cities to provide the highest quality services for local residents. For approximately sixty five years, Tri-City has cared for and served local children, youth, adults and older adults.

Pursuant to the Joint Powers Authority Agreement, Tri-City is a quasipublic agency governed by a Governing Board ("Board) composed of seven members. The Governing Board has the powers common to public agencies as enumerated in the Joint Exercise of Powers Act, and the authority deemed necessary and required for the operation and maintenance of Tri-City to serve those individuals residing in the three Cities.

As the Mental Health Authority, Tri-City is limited to and responsible only for providing outpatient speciality mental health services to residents of the cities of LaVerne, Pomona, and Claremont. Tri-City is not a Mental Health Plan (MHP) and therefore not bound by the MHP provisions of Title 9 CCR. Tri-City is one of two cities that are not considered to be MHPs that receive Realignment Revenues from the State of California and also directly receive Mental Health Services Act (MHSA) funds which are used in its MHSA program, which is separate and apart from the MHSA program of Los Angeles County. Because Tri-City has not been reflected in waivers between the State of California and the federal government, namely Centers for Medicare & Medicaid Services (CMS), and to be consistent with 42 CFR 438.60, the State has required Tri-City to contract with Los Angeles County through a Legal Entity Agreement so that the State may pay State General Funds and Federal Financial Participation funds relating to Tri-City's Non-EPSDT (i.e. Adult and Expanded Medi-Cal) and EPSDT services to a MHP, in this case Los Angeles County, who then passes through those funds to Tri-City. This agreement provides Tri-City the mechanism to drawdown federal and state Medi-Cal funding as well as EPSDT funding.

Since Tri-City's formation as the Mental Health Authority, Tri-City is responsible for and has provided outpatient specialty mental health care services for the residents of Pomona, Claremont and LaVerne. These services are provided to all age groups including children (0-15), transition age youth (16-25), adults (26-59) and older adults (60+), and in most cases the

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consumers are eligible under the Medi-Cal programs or are indigent. As further described below and throughout this budget document, with the passage of Proposition 63, and through the approval of Tri-City's MHSA Plan, Tri-City receives MHSA funds to provide an array of mental health services. Over the past ten plus years, Tri-City has continued to develop and expand its system of care for the residents of the three cities. This includes the continuation of Tri-City's outpatient clinics and the implementation of programs approved through the Mental Health Service Act (MHSA).

ABOUT MHSA (MENTAL HEALTH SERVICES ACT)

In November 2004, California voters approved Ballot Proposition 63 and the Mental Health Services Act (MHSA) became State law effective January 1, 2005. The MHSA addresses a broad continuum of prevention, early intervention and service needs, as well as new innovative programs to treat mental illness. In addition, MHSA provides funding for necessary infrastructure, technology and training elements that will effectively support this system, with the purpose of promoting recovery for individuals with serious mental illness. The MHSA is funded through the imposition of a 1% State income tax on personal income in excess of $1 million. As further explained below under the caption "About BHSA", beginning July 1, 2026, MHSA will become BHSA (Behavioral Health Services Act) through the passage of Prop 1.

As a result of the passage of Proposition 63, in addition to the outpatient clinical operations, Tri-City established additional operations through the Mental Health Services Act (MHSA). Tri-City Mental Health Authority's staff and community partners continue to grow the system of care for the residents of the three cities through the maturing of its MHSA programs approved as part of its five Plans that include Community Services and Support (CSS), Prevention and Early Intervention (PEI), Workforce, Education and Training (WET), Innovation (INN) and Capital Facilities and Technology Needs (CFTN).

With regard to the history of approved plans, the original MHSA Plans were all approved separately and in different years as follows: Initial CSS programs were approved in June 2009; PEI programs were approved in March 2010; the first Innovations programs were approved in fiscal 2011-12; In November 2012, the Workforce, Education and Training (WET) Plan was approved; and in May 2013 the first Technology Needs projects under CFTN were approved.

CFTN and WET funds are considered one-time dollars and in order to continue programs or projects within these two plans, transfers must be made from the CSS plan and must be completed through a stakeholder process. As initial funding for these two plans have since been exhausted, over the years several transfers have been approved to continue these two programs with the latest transfer approved for the new Fiscal Year 2025-26 in the amount $3 Million ($1.5 Million to CFTN and $1.5 Million to WET).

In order to continue to support the ongoing MHSA programs noted above, Tri-City continues to appropriately allocate the executive team's time spent on the MHSA functions to the MHSA budget, thereby appropriately sharing the administrative burden with the outpatient clinic's budget. The costs of the MHSA programs are separately funded from the State of California as required by Proposition 63 legislation. The MHSA funds received by Tri-City can only be used for programs established under Tri-City's approved CSS, PEI, INN, WET and CFTN plans or any future approved programs/projects under these MHSA plans. Further information on these plans can be found in this budget document under the respective plan tabs/sections.

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Tri-City Mental Health Authority
Budget For The Fiscal Year 2025-26
Assumptions

ABOUT BHSA (BEHAVIORIAL HEALTH SERVICES ACT)

In early 2024 the Governor had announced a proposed ballot measure that would dramatically alter MHSA funding and how Counties, along with Tri-City, would be required to utilize it. Proposition 1, is Governor Newsom's attempt to Modernize the Mental Health Services Act (MHSA) and increase supportive housing and access to treatment facilities. This measure passed in March of 2024 and is designed to improve how California treats mental illness, substance abuse and the homeless by proposing significant revisions to the Mental Health Services Act, a 2004 tax on incomes over a million dollars. Additionally, it would modify how MHSA funds are allocated, and introduce changes related to oversight, accountability, and the community planning process. Proposition 1 also includes a $6.4 billion bond that would create mental health and substance use treatment beds, and housing with supportive services for unhoused Californians with behavioral health challenges.

As of now, Tri-City will continue performing under the current MHSA Three-Year Program and Expenditure Plan until July 1, 2026. The Department of Health Care Services (DHCS) continues their efforts in developing the policy and guidance to support counties in the implementation of Proposition 1.

Tri-City management continues to prepare for the implementation of BHSA by staying informed through the review of policy modules drafted by DHCS, participating in weekly meetings with CBHDA, and conducting regular internal strategic planning sessions. In anticipation of the significant changes expected under BHSA, management has identified the need to expand administrative infrastructure agency-wide, with a particular emphasis on supporting BHSA-related functions. While specific positions are still being evaluated, various roles are under consideration to ensure the agency is equipped to manage both the demands of BHSA and broader operational needs. To support this anticipated growth, a total of $5 million has been earmarked and included in this budget—specifically within the cash flow budget—with $1.5 million allocated from Realignment funds and $3.5 million from MHSA funding.

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GENERAL, LEGISLATIVE AND HISTORICAL INFORMATION

Annually, Tri-City participates in training and continually strives to stay abreast of legislation and various changes that may financially impact the agency or the services we provide. California's Advancing Innovation in Medi-Cal (CalAIM) is the State's long-term commitment to transform and strengthen Medi-Cal. The goal is to provide Californians with more equitable, coordinated and person-centered care. As part of this implementation, the key priorities are to improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. While the state continues to advance and fully implement the initiatives of CalAIM, Tri-City continues to attend monthly meetings with CBHDA for key updates. Tri-City is also currently continuing to work with LA DMH.

On January 1, 2014, the Affordable Care Act became effective, including the expansion of Medicaid (Medi-Cal) services to single adults ages 19 to 64. Tri-City continues to be a major partner with its community and LA County Department of Mental Health (LA DMH) to ensure that all Tri-City residents seeking services that become eligible under expanded Medi-Cal (MCE) will be served. The cost of services provided by Tri-City for residents qualifying under MCE and through the Federal Financial Participation (FFP) were to be reimbursed at 100% for

the first three years (calendar years 2014 through 2016), and beginning January 2017 the reimbursement rate was reduced to 95%, to 94% in January of 2018, to 93% in January of 2019 and then finally to 90% in January of 2020 and going forward.

Effective May 1, 2016, undocumented children under age 19 became eligible for full-scope Medi-Cal health benefits regardless of their immigration status, which would include mental health services. Starting in January 1, 2020 full scope Medi-Cal was made available to young adults under the age of 26 regardless of immigration status (provided all other Medi-Cal eligibility rules are met). In addition, the State provides Medi-Cal match dollars for Early Periodic Screening Diagnosis and Treatment services provided to Medi-Cal eligible clients under the age of 21. Therefore, it is important that Tri-City manages its level of services to produce the appropriate level of State and Federal reimbursement and ensure that unreimbursed costs do not exceed the Realignment base of funds.

During fiscal 2016-17 a new program was approved in California's budget by Governor Brown which will reduce MHSA funding to all counties for several years, including Tri-City, by 7% for the purpose of funding a new program titled No place Like Home. The 7% reduction in funding has appropriately been reflected in this budget.

Clinical training and best practices standards remain to be a top priority to ensure that the best quality control policies and documentation requirements are met as well as ensuring that clinical outcome objectives are met. The quality assurance and improvement teams continue to work with both existing and new clinical staff to ensure proper training on the electronic health record systems, collaborative documentation, writing progress notes and billing requirements. This training is an ongoing process for clinical staff and other affected staff to ensure that changes related to the electronic health records/billing system that are either mandated by the State or County or a result of improvement in Tri-City's systems are implemented.

As noted above, Prop 1 passed in March of 2024 which is aimed at transforming how MHSA funds are utilized. MHSA will now become BHSA (Behavioral Health Services Act) beginning July 1, 2026.

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REVENUE UPDATES

Tri-City closely watches for changes in projections of funding sources and attends CBHDA meetings to stay updated on any legislative changes. The California Behavioral Health Directors Association (CBHDA) is a non-profit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). CBHDA in consultation with a financial expert makes available periodic webinar meetings to provide updates on revenue projections. MHSA funding projected to be received in Fiscal 2025-26 is $15.1 million which is included in the Cash Flow Budget, while the amount that is recognized as revenue in the Operating Budget (amounts expected to be required to cover expenses for the CSS, PEI and INN Plans) is $14.9 million. With regard to transfers from CSS to WET or CFTN, in years when amounts are transferred, these amounts would not appear in the revenue section of the budget as these types of transfers are made from previously recognized revenue and therefore would also not appear in the cash flow section as these funds have already been received.

With respect to 1991 Realignment, CBHDA has previously advised county behavioral health agencies to expect the base and minimal growth for approximately three to five years. Over the last four years Tri-City has received a minimum of $3.9 million in 1991 Realignment Funding which is in excess of the base. In line with this information, Tri-City has projected that little or no growth will be realized in fiscal year 2025-26 and as such has projected an amount up to $3.6 million to be collected in 1991 Realignment.

During fiscal 2023-24, Tri-City provided mental health services to approximately 2,960 unduplicated clients who were served under both MHSA Full Service Partnership programs and Tri-City's outpatient clinic programs. The outpatient clinic operations depend on the funding from Realignment and Medi-Cal reimbursement. Realignment, which is funded through dedicated State taxes (including sales taxes), is the only source of funds that can be used to provide outpatient Medi-Cal services provided in the outpatient clinics, which are then reimbursed through Medi-Cal claim submission. Realignment is also the only source of funds for non Medi-Cal/non MHSA program outpatient clinic services. Medi-Cal FFP provides funding for 50% of existing Cal-Aim rates, for services provided to eligible clients under Full Scope Medi-Cal (Short-Doyle/Medi-Cal) and 90% for services provided to eligible clients under MCE. As noted throughout the comprehensive budget document, payment reform under CalAIM became effective July 1, 2023. Specifically, rates at which services were reimbursed changed and went from a cost reimbursement model to set rates and for specific services only. The revenue estimated in this budget have been projected using the rates provided to Tri-City from LADMH.

Operating Budget

The operating budget (income/loss statement) presented herein has been prepared to take into consideration expected revenues and expenses associated with Tri-City's total Agency operations. This includes the outpatient clinic operations, which provide services to Medi-Cal eligible residents under Tri-City's agreement with LA DMH, and outpatient services to non-funded residents. In addition, this budget includes all MHSA services under the approved CSS, PEI, INN, WET and CFTN Programs/Projects as well as anticipated MHSA planning and administrative costs.

The operating budget is organized to show the projected 2025-26 operating budget for the Agency as a whole and for each major component of Tri-City's operations and compared to ending fiscal 2024-25 **projected and unaudited** operating results.

1. **Consolidated and Consolidating Operating Budgets.** This section presents the combination of the Clinic and MHSA operations into consolidat***ed*** and consolidat***ing*** formats in order to present Tri-City's projected operating budget in totality (for the entire entity).

   - The consolidat***ed*** operating budget presents the combined total fiscal 2025-26 budget by quarters and the full year and compared to the prior fiscal year 2024-25 **projected and unaudited** results of operations.

   - The consolidat***ing*** operating budget presents the total 2025-26 fiscal year budgeted for TCMH Clinic, MHSA and each component's prior fiscal year 2024-25 **projected and unaudited** results of operations.

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2. **TCMH Outpatient Clinic or TCMH.** Tri-City's existing clinical operations located at 2008 N. Garey Avenue and 1900 Royalty Street in Pomona consist of the following programs:
   - Children Outpatient Program
   - Adult Outpatient Program
   - Grant Programs (includes various one-time grants received by Tri-City)
   - Administration

3. **MHSA**. Operations under Tri-City's approved Mental Health Services Act Plans consist of the following programs:

   Community Services and Support (CSS):
   - Full Service Partnerships (FSP) – Children, TAY, Adult and Older Adult
   - Community Navigators
   - Wellness Center
   - Mobile Crisis Care (MCC) Pilot Program which Replaced the Supplemental Crisis Services Program
   - Field Capable Clinical Services For Older Adults
   - Permanent Supportive Housing
   - Access to Care
   - CSS Administration for the CSS programs above

   Prevention and Early Intervention (PEI):
   - Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, including Community Mental Health Training)
   - Older Adult Wellbeing (Peer Mentor)
   - Transition-Age Youth Wellbeing (TAY) (Peer Mentor)
   - Family Wellbeing
   - School Based Services
   - NAMI Community Capacity Building Program (Ending the Silence and NAMI 101)
   - Housing Stability Program
   - Therapeutic Community Gardening
   - Early Psychosis Program
   - PEI Administration for the PEI programs above

   Innovation (INN):
   - Psychiatric Advance Directive (PADS) Multicounty Collaborative
   - Community Planning Process for Innovation Project(s)

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- Administration for the INN programs above

Workforce, Education and Training (WET):

With regard to the WET Plan, CFTN funds are one-time use funds and in order to continue projects within the WET plan, transfers of CSS funds must be made into the WET Plan. These transfers must first be approved by the stakeholders and over the years several transfers have been made into the both the WET and CFTN plan to fund various projects or continue supporting existing programs. The most recent transfers were approved in the Fiscal Year 2024-25 Annual Update in the total amount of $3.0 million ($500 thousand to WET and $2.5M to CFTN) and $3.0 million ($1.5M to WET and $1.5M to CFTN) in the Fiscal Year 2025-26 Annual Update to continue support the following programs:

- A Systematic Approach to Learning and Improvement
- Engaging Volunteers and Future Employees
- Administration for the WET programs above

Capital Facilities and Technology Needs Projects (CFTN):

With regard to the CFTN Plan, CFTN funds are one-time use funds and in order to continue projects in the CFTN plan, transfers of CSS funds must be made into the CFTN Plan. These transfers must first be approved by the stakeholders and over the years several transfers have been made into the CFTN and WET plan to fund various projects or continue supporting existing programs. The most recent transfers were approved in the Fiscal Year 2024-25 Annual Update in the total amount of $3.0 million and $3.0 million in the Fiscal Year 2025-26 Annual Update which include amounts being transferred into both the CFTN and the WET Plan as noted above.

The following projects are either on-going, scheduled to begin during Fiscal Year 2024-25 or are near completion during Fiscal Year 2025-26 and as such are included in this budget respectively.

- IT Infrastructural Needs Plan, Including but Not Limited to Computer Turnover & Network Refresh (Included in the 2022 CFTN Plan)
- Administrative Professional Building (Only the remaining depreciation expense related to this project have been included in this budget)
- Administration for the CFTN Projects

The Cash Flow Budget

The cash flow budget presented herein has been prepared to take into consideration expected funding and costs associated with Tri-City's operations including revenues passed through to Tri-City through its agreement with LA DMH for the provision of outpatient mental health services for Medi-Cal eligible Tri-City residents, and the MHSA approved plans which include CSS, PEI, INN, WET and CFTN. The funding sources from MHSA can only be used for the approved MHSA programs/projects and planning costs.

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Tri-City Mental Health Authority
Budget For The Fiscal Year 2025-26
Assumptions

The Realignment funding is only used for Tri-City's outpatient clinic and other costs relating to the provision of mental health care that does not fall under any MHSA programs. Medi-Cal funding reimburses costs incurred to provide Medi-Cal services to Medi-Cal eligible consumers. Therefore, this budget includes Medi-Cal reimbursement (under the new CalAIM rates) for the outpatient clinic operations as well as Medi-Cal services provided through the Full Service Partnership ("FSP") and although the Field Capable Services for Older Adults program has the potential to generate some Medi-Cal reimbursement revenue, only a minimal amount is currently projected to be collected in fiscal 2025-26.

As noted above, and in anticipation of significant changes expected primarily as a result of implementing BHSA, additional staffing will be required to support the expected growth which includes clinical staff and much needed administrative infrastructure. The Budgeted cash flows includes "Estimated Outflows Needed for BHSA transition (Staffing)" in the amount of $1.5 million which has been budgeted and earmarked for additional staffing.

The projected cash flow is susceptible to change and represents a broad overview of Tri-City's cash flow. The respective cash flows (inflows and outflows of cash) for Tri-City's Outpatient clinical operations (TCMH) and MHSA programs are based on management's best estimates of when various events may take place, some of which may not always be within Tri-City's control, including the following:

1. Receipt of funds for Medi-Cal services billed through the LA DMH system.

2. Receipt of remaining Medi-Cal reimbursements previously withheld by LA DMH.

3. Purchasing of capital items.

4. Funding of awards issued under the MHSA PEI programs.

5. Timing of expenditures under the MHSA programs/projects.

6. Receipt of projected MHSA funding.

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The cash flow budget is organized to present the projected cash flow budget for the Agency as a whole and for each major component of Tri-City's operations as follows:

Consolidated and Consolidating Cash Flow Budgets. This section presents the combination of the Clinic and MHSA operations into consolidat***ed*** and consolidat***ing*** formats in order to present Tri-City's projected cash flow budget in totality.

- The consolidat***ed*** cash flow budget presents the combined total budget by quarters and the full year and compared to the prior fiscal year 2024-25 **projected** cash flow.

- The consolidat***ing*** cash flow budget presents the total fiscal year budgeted for TCMH Clinic, MHSA and Total, and compared to the prior fiscal year 2024-25 **projected** cash flow.

TRI-CITY MENTAL HEALTH AUTHORITY

Proposed

CONSOLIDATED AND CONSOLIDATING SCHEDULES

OPERATING BUDGET AND CASH FLOW BUDGET

FISCAL YEAR 2025-26

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TRI-CITY MENTAL HEALTH AUTHORITY-TOTAL AGENCY
CONSOLIDATED OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 QUARTERS				BUDGET	% to	PROJECTED	% to	$$
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	Rev	FY 2024-25 (Note)	Rev	Variance
REVENUE									
MEDI-CAL ADULT FFP	$ 3,386,967	$ 3,386,967	$ 3,386,967	$ 3,386,967	$ 13,547,866	30.4%	$ 10,050,018	26.3%	$ 3,497,848
MEDI-CAL CHILDREN FFP	1,459,993	1,459,993	1,459,993	1,459,993	5,839,971	13.1%	5,884,141	15.4%	(44,170)
MEDI-CAL CHILDREN EPSDT--STATE	795,266	795,266	795,266	795,266	3,181,062	7.1%	4,028,065	10.5%	(847,003)
REALIGNMENT	913,838	913,838	913,838	913,838	3,655,350	8.2%	3,249,200	8.5%	406,150
MEDICARE	3,625	3,625	3,625	3,625	14,500	0.0%	13,915	0.0%	585
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%	-	0.0%	-
MHSA FUNDING	3,713,643	3,713,643	3,713,643	3,713,643	14,854,572	33.4%	12,274,355	32.1%	2,580,217
CITY SHARE - LA VERNE	-	-	12,000	-	12,000	0.0%	12,000	0.0%	-
CITY SHARE - CLAREMONT	-	-	14,561	-	14,561	0.0%	14,561	0.0%	-
CITY SHARE - POMONA	-	-	43,675	-	43,675	0.1%	43,675	0.1%	-
GRANTS	652,301	652,301	652,301	652,301	2,609,204	5.9%	1,373,770	3.6%	1,235,434
INTEREST INCOME	673,950	673,950	673,950	673,950	2,695,801	6.1%	2,101,709	5.5%	594,092
RENTAL AND OTHER INCOME	26,539	26,539	26,539	26,539	106,156	0.2%	106,307	0.3%	(151)
ESTIMATED M/C DENIALS/DISALLOWANCE	(518,392)	(518,392)	(518,392)	(518,392)	(2,073,566)	-4.7%	(948,647)	-2.5%	(1,124,919)
TOTAL REVENUES	**11,107,729**	**11,107,729**	**11,177,965**	**11,107,729**	**44,501,152**	**100.0%**	**38,203,069**	**100.0%**	**6,298,083**
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	6,675,124	6,675,124	6,675,124	6,675,124	26,700,497	60.0%	18,836,715	49.3%	7,863,782
INSURANCE-Health/workers comp/life	1,035,337	1,035,337	1,035,337	1,035,337	4,141,349	9.3%	2,704,299	7.1%	1,437,050
RETIREMENT COSTS	1,070,520	1,070,520	1,070,520	1,070,520	4,282,079	9.6%	2,450,375	6.4%	1,831,704
PAYROLL TAXES	160,997	160,997	160,997	160,997	643,989	1.4%	325,105	0.9%	318,884
MISC COSTS	517,218	517,218	517,218	517,218	2,068,872	4.6%	1,292,846	3.4%	776,026
	9,459,197	9,459,197	9,459,197	9,459,197	37,836,786	**85.0%**	25,609,340	**67.0%**	12,227,446
FACILITY COSTS									
STORAGE LEASES	31,950	31,950	31,950	31,950	127,800	0.3%	110,417	0.3%	17,383
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	-	0.0%	-
FACILITY RENT	60,966	60,966	60,966	60,966	243,864	0.5%	256,668	0.7%	(12,804)
UTILITIES	34,532	34,532	34,532	34,532	138,129	0.3%	135,805	0.4%	2,324
BUILDING REPAIRS AND MAINTENANCE	54,738	54,738	54,738	54,738	218,950	0.5%	214,460	0.6%	4,490
JANITORIAL SERVICES & SUPPLIES	30,039	30,039	30,039	30,039	120,156	0.3%	121,417	0.3%	(1,261)
WASTE DISPOSAL	10,054	10,054	10,054	10,054	40,216	0.1%	39,403	0.1%	813
	222,279	222,279	222,279	222,279	889,114	**2.0%**	878,170	**2.3%**	10,944
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	36,120	36,120	36,120	36,120	144,478	0.3%	138,562	0.4%	5,916
EQUIP MAINT/REPAIRS	5,818	5,818	5,818	5,818	23,271	0.1%	19,615	0.1%	3,656
EQUIP/FURNITURE PURCHASES EXPENSED	15,623	15,623	15,623	15,623	62,490	0.1%	131,738	0.3%	(69,248)
AUTO EXPENSES	3,083	3,083	3,083	3,083	12,330	0.0%	24,634	0.1%	(12,304)
AUTO INSURANCE	20,682	20,682	20,682	20,682	82,728	0.2%	64,093	0.2%	18,635
CELLULAR/PAGER LEASES	37,528	37,528	37,528	37,528	150,110	0.3%	143,648	0.4%	6,462
	118,852	118,852	118,852	118,852	475,407	**1.1%**	522,290	**1.4%**	(46,883)

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TRI-CITY MENTAL HEALTH AUTHORITY-TOTAL AGENCY
CONSOLIDATED OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 QUARTERS				BUDGET	% to	PROJECTED	% to	$$
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	Rev	FY 2024-25	Rev	Variance
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	23,520	23,520	23,520	23,520	94,081	0.2%	113,401	0.3%	(19,320)
MILEAGE REIMBURSEMENT	4,281	4,281	4,281	4,281	17,122	0.0%	17,619	0.0%	(497)
PERSONNEL ADS	27,882	27,882	27,882	27,882	111,529	0.3%	109,136	0.3%	2,393
PROFESSIONAL LIABILITY INSURANCE	150,747	150,747	150,747	150,747	602,988	1.4%	576,704	1.5%	26,284
SECURITY	188,927	188,927	188,927	188,927	755,706	1.7%	746,457	2.0%	9,249
DUES & SUBSCRIPTIONS	36,009	36,009	36,009	36,009	144,036	0.3%	141,192	0.4%	2,844
OTHER SUPPLIES	12,230	12,230	12,230	12,230	48,919	0.1%	50,675	0.1%	(1,756)
PRINTING	1,300	1,300	1,300	1,300	5,200	0.0%	5,762	0.0%	(562)
CLIENT EXPENSES	41,745	41,745	41,745	41,745	166,978	0.4%	162,301	0.4%	4,677
LAB COST	798	798	798	798	3,193	0.0%	3,100	0.0%	93
AMBULANCE COSTS	197	197	197	197	788	0.0%	765	0.0%	23
OFFICE SUPPLIES	7,581	7,581	7,581	7,581	30,323	0.1%	29,786	0.1%	537
POSTAGE	238	238	238	238	953	0.0%	926	0.0%	27
RECORD DESTRUCTION	5,349	5,349	5,349	5,349	21,397	0.0%	20,774	0.1%	623
TELEPHONE EXPENSES	82,423	82,423	82,423	82,423	329,693	0.7%	329,809	0.9%	(116)
COMPUTER SYSTEMS & SOFTWARE	50,054	50,054	50,054	50,054	200,215	0.4%	352,707	0.9%	(152,492)
DATA PROCESSING/LICENSES	63,023	63,023	63,023	63,023	252,091	0.6%	247,581	0.6%	4,510
MISCELLANEOUS	14,150	14,150	14,150	14,150	56,601	0.1%	57,045	0.1%	(444)
	715,453	715,453	715,453	715,453	2,861,813	**6.4%**	2,965,776	**7.8%**	(103,963)
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	117,355	117,355	117,355	117,355	469,418	1.1%	455,746	1.2%	13,672
UNIQUE MHSA PROGRAM RELATED COSTS	115,993	115,993	115,993	115,993	463,971	1.0%	3,855	0.0%	460,116
COMMUNITY GRANTS	33,412	33,412	33,412	33,412	133,649	0.3%	129,756	0.3%	3,893
GRANTS	329,566	329,566	329,566	329,566	1,318,264	3.0%	-	0.0%	1,318,264
WET--LEARNING & OUTREACH	23,250	23,250	23,250	23,250	93,000	0.2%	102,276	0.3%	(9,276)
PROFESSIONAL SERVICES	32,285	32,285	32,285	32,285	129,140	0.3%	238,517	0.6%	(109,377)
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	8,887	8,887	8,887	8,887	35,547	0.1%	32,316	0.1%	3,231
PROFESSIONAL SERVICES	33,825	33,825	33,825	33,825	135,300	0.3%	125,157	0.3%	10,143
ATTORNEY FEES	137,500	137,500	137,500	137,500	550,000	1.2%	485,851	1.3%	64,149
BANK FEES	5,518	5,518	5,518	5,518	22,071	0.0%	21,428	0.1%	643
AUDIT FEES	9,000	9,000	9,000	9,000	36,000	0.1%	48,001	0.1%	(12,001)
	846,590	846,590	846,590	846,590	3,386,360	**7.6%**	1,642,903	**4.3%**	1,743,457
DEPRECIATION AND AMORT	197,682	197,682	197,682	197,682	790,726	**1.8%**	593,478	**1.6%**	197,248
TOTAL COSTS	**11,560,052**	**11,560,052**	**11,560,052**	**11,560,052**	**46,240,206**	**103.9%**	**32,211,957**	**84.3%**	**14,028,249**
INCOME (LOSS) FROM OPERATIONS	**$ (452,323)**	**$ (452,323)**	**$ (382,087)**	**$ (452,323)**	**$ (1,739,054)**	**-3.9%**	**$ 5,991,112**	**15.7%**	**$ (7,730,166)**

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NOTE: The fiscal year 2024-25 amounts are UNAUDITED and PRELIMINARY based on 9 months results through March 31, 2025.
Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 BUDGET			FY 2024-25 PROJECTED (Note)			INCREASE (DECREASE) 2026 BUDGET vs 2025 PROJECTED		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
REVENUE									
MEDI-CAL ADULT FFP	$ 6,309,304	$ 7,238,562	$ 13,547,866	$ 4,204,035	$ 5,845,983	$ 10,050,018	$ 2,105,269	$ 1,392,579	$ 3,497,848
MEDI-CAL CHILDREN FFP	2,580,535	3,259,436	5,839,971	2,309,642	3,574,499	5,884,141	270,893	(315,063)	(44,170)
MEDI-CAL CHILDREN EPSDT--STATE	906,674	2,274,388	3,181,062	1,521,724	2,506,341	4,028,065	(615,050)	(231,953)	(847,003)
REALIGNMENT	3,655,350	-	3,655,350	3,249,200	-	3,249,200	406,150	-	406,150
MEDICARE	9,500	5,000	14,500	8,600	5,315	13,915	900	(315)	585
PATIENT FEES/INSURANCE	-	-	-	-	-	-	-	-	-
MHSA FUNDING	-	14,854,572	14,854,572	-	12,274,355	12,274,355	-	2,580,217	2,580,217
CITY SHARE - LA VERNE	12,000	-	12,000	12,000	-	12,000	-	-	-
CITY SHARE - CLAREMONT	14,561	-	14,561	14,561	-	14,561	-	-	-
CITY SHARE - POMONA	43,675	-	43,675	43,675	-	43,675	-	-	-
GRANTS	2,609,204	-	2,609,204	1,373,770	-	1,373,770	1,235,434	-	1,235,434
INTEREST INCOME	474,181	2,221,620	2,695,801	389,493	1,712,216	2,101,709	84,688	509,404	594,092
RENTAL AND OTHER INCOME	13,536	92,620	106,156	13,636	92,671	106,307	(100)	(51)	(151)
ESTIMATED M/C DENIALS/DISALLOWANCE	(796,327)	(1,277,239)	(2,073,566)	(272,301)	(676,346)	(948,647)	(524,026)	(600,893)	(1,124,919)
TOTAL REVENUES	**15,832,193**	**28,668,959**	**44,501,152**	**12,868,035**	**25,335,034**	**38,203,069**	**2,964,158**	**3,333,925**	**6,298,083**
EXPENSES									
SALARY COSTS									
FTE's	*74.3*	*186.7*	*261.0*	*76.7*	*119.3*	*196.0*	*(2.4)*	*67.4*	*64.9*
SALARY AND WAGES	8,269,459	18,431,038	26,700,497	5,839,329	12,997,386	18,836,715	2,430,130	5,433,652	7,863,782
INSURANCE-Health/workers comp/life	1,284,547	2,856,802	4,141,349	832,948	1,871,351	2,704,299	451,599	985,451	1,437,050
RETIREMENT COSTS	1,335,829	2,946,250	4,282,079	717,212	1,733,163	2,450,375	618,617	1,213,087	1,831,704
PAYROLL TAXES	199,952	444,037	643,989	106,395	218,710	325,105	93,557	225,327	318,884
MISC COSTS	642,366	1,426,506	2,068,872	515,776	777,070	1,292,846	126,590	649,436	776,026
	11,732,153	26,104,633	37,836,786	8,011,660	17,597,680	25,609,340	3,720,493	8,506,953	12,227,446
FACILITY COSTS									
STORAGE LEASES	49,428	78,372	127,800	41,217	69,200	110,417	8,211	9,172	17,383
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-	-	-	-
FACILITY RENT	71,050	172,814	243,864	89,194	167,474	256,668	(18,144)	5,340	(12,804)
INTERCOMPANY FACILITY CHARGES	(81,741)	81,741	-	(77,617)	77,617	-	(4,124)	4,124	-
UTILITIES	27,217	110,912	138,129	26,424	109,381	135,805	793	1,531	2,324
BUILDING REPAIRS AND MAINTENANCE	117,596	101,354	218,950	114,461	99,999	214,460	3,135	1,355	4,490
JANITORIAL SERVICES & SUPPLIES	30,238	89,918	120,156	32,736	88,681	121,417	(2,498)	1,237	(1,261)
WASTE DISPOSAL	9,302	30,914	40,216	9,031	30,372	39,403	271	542	813
	223,090	666,025	889,115	235,446	642,724	878,170	(12,356)	23,301	10,945
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	40,791	103,687	144,478	39,907	98,655	138,562	884	5,032	5,916
EQUIP MAINT/REPAIRS	6,275	16,996	23,271	6,092	13,523	19,615	183	3,473	3,656
EQUIP/FURNITURE PURCHASES EXPENSED	16,589	45,901	62,490	20,428	111,310	131,738	(3,839)	(65,409)	(69,248)
AUTO EXPENSES	2,371	9,959	12,330	14,967	9,667	24,634	(12,596)	292	(12,304)
AUTO INSURANCE	13,663	69,065	82,728	14,680	49,413	64,093	(1,017)	19,652	18,635
CELLULAR/PAGER LEASES	43,013	107,097	150,110	45,885	97,763	143,648	(2,872)	9,334	6,462
	122,702	352,706	475,408	141,959	380,331	522,290	(19,257)	(27,625)	(46,882)

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TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 BUDGET			FY 2024-25 PROJECTED (Note)			INCREASE (DECREASE) 2026 BUDGET vs 2025 PROJECTED		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	4,461	89,620	94,081	24,004	89,397	113,401	(19,543)	223	(19,320)
MILEAGE REIMBURSEMENT	270	16,852	17,122	1,231	16,388	17,619	(961)	464	(497)
PERSONNEL ADS	48,988	62,541	111,529	48,417	60,719	109,136	571	1,822	2,393
PROFESSIONAL LIABILITY INSURANCE	158,704	444,284	602,988	170,536	406,168	576,704	(11,832)	38,116	26,284
SECURITY	131,296	624,410	755,706	135,315	611,142	746,457	(4,019)	13,268	9,249
DUES & SUBSCRIPTIONS	30,215	113,821	144,036	30,687	110,505	141,192	(472)	3,316	2,844
OTHER SUPPLIES	13,511	35,408	48,919	15,830	34,845	50,675	(2,319)	563	(1,756)
PRINTING	1,874	3,326	5,200	2,531	3,231	5,762	(657)	95	(562)
CLIENT EXPENSES	49,126	117,852	166,978	47,882	114,419	162,301	1,244	3,433	4,677
LAB COST	3,152	41	3,193	3,060	40	3,100	92	1	93
AMBULANCE COSTS	788	-	788	765	-	765	23	-	23
OFFICE SUPPLIES	8,765	21,558	30,323	8,899	20,887	29,786	(134)	671	537
POSTAGE	436	517	953	423	503	926	13	14	27
RECORD DESTRUCTION	8,560	12,837	21,397	8,310	12,464	20,774	250	373	623
TELEPHONE EXPENSES	112,772	216,921	329,693	116,646	213,163	329,809	(3,874)	3,758	(116)
COMPUTER SYSTEMS & SOFTWARE	67,163	133,052	200,215	130,437	222,270	352,707	(63,274)	(89,218)	(152,492)
DATA PROCESSING/LICENSES	98,030	154,061	252,091	94,366	153,215	247,581	3,664	846	4,510
MISCELLANEOUS	11,665	44,936	56,601	13,417	43,628	57,045	(1,752)	1,308	(444)
	755,776	2,106,037	2,861,813	852,756	2,113,020	2,965,776	(96,980)	(6,983)	(103,963)
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	-	469,418	469,418	-	455,746	455,746	-	13,672	13,672
UNIQUE MHSA PROGRAM RELATED COSTS	-	463,971	463,971	-	3,855	3,855	-	460,116	460,116
COMMUNITY GRANTS	-	133,649	133,649	-	129,756	129,756	-	3,893	3,893
GRANTS	1,318,264	-	1,318,264	-		-	1,318,264	-	1,318,264
WET--LEARNING & OUTREACH	-	93,000	93,000	-	102,276	102,276	-	(9,276)	(9,276)
PROFESSIONAL SERVICES	25,000	104,140	129,140	61,053	177,464	238,517	(36,053)	(73,324)	(109,377)
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	9,953	25,594	35,547	10,018	22,298	32,316	(65)	3,296	3,231
PROFESSIONAL SERVICES	40,590	94,710	135,300	34,976	90,181	125,157	5,614	4,529	10,143
ATTORNEY FEES	165,000	385,000	550,000	149,206	336,645	485,851	15,794	48,355	64,149
BANK FEES	16,786	5,285	22,071	16,297	5,131	21,428	489	154	643
AUDIT FEES	11,160	24,840	36,000	14,597	33,404	48,001	(3,437)	(8,564)	(12,001)
	1,586,753	1,799,607	3,386,360	286,147	1,356,756	1,642,903	1,300,606	442,851	1,743,457
DEPRECIATION AND AMORT	181,420	609,306	790,726	171,248	422,230	593,478	10,172	187,076	197,248
TOTAL COSTS	**14,601,894**	**31,638,314**	**46,240,208**	**9,699,216**	**22,512,741**	**32,211,957**	**4,902,678**	**9,125,573**	**14,028,251**
INCOME (LOSS) FROM OPERATIONS	**$ 1,230,299**	**$ (2,969,355)**	**$ (1,739,056)**	**$ 3,168,819**	**$ 2,822,293**	**$ 5,991,112**	**$ (1,938,520)**	**$ (5,791,648)**	**$ (7,730,168)**

NOTE: The fiscal year 2024-25 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2025.
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TRI-CITY MENTAL HEALTH AUTHORITY--TOTAL AGENCY
CONSOLIDATED CASH FLOW BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	BUDGET FY 2025-26	PROJECTED FY 2024-25
CASH FLOWS FROM OPERATING ACTIVITIES						
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	$ 5,049,371	$ 5,081,627	$ 5,081,627	$ 14,931,341	$ 30,143,966	$ 20,382,409
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(1,903,174)	(1,903,174)	(1,903,174)	(1,903,174)	(7,612,694)	(7,635,061)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(9,459,197)	(9,459,197)	(9,459,197)	(9,459,197)	(37,836,786)	(25,982,907)
ESTIMATED OUTFLOWS NEEDED FOR BHSA TRANSITION (STAFFING)	(750,000)	(750,000)	(1,750,000)	(1,750,000)	(5,000,000)	-
NET CASH USED BY OPERATING ACTIVITIES	(7,062,999)	(7,030,743)	(8,030,743)	1,818,971	(20,305,514)	(13,235,559)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES						
MHSA FUNDING	3,788,987	3,031,190	4,546,785	3,788,987	15,155,949	21,061,599
REALIGNMENT	913,838	913,838	913,838	913,838	3,655,350	3,655,349
GRANTS	652,301	652,301	652,301	652,301	2,609,204	1,763,893
CONTRIBUTIONS FROM MEMBER CITIES	-	-	70,236	-	70,236	70,236
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	5,355,126	4,597,328	6,183,159	5,355,126	21,490,739	26,551,077
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES						
PURCHASE OF CAPITAL ASSETS:						
BUILDING AND IMPROVEMENTS	(267,500)	(222,500)	(177,500)	(132,500)	(800,000)	(25,000)
LAND	-	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(35,000)	(65,000)	(55,000)	(55,000)	(210,000)	(416,536)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(100,000)	(65,000)	(100,000)	(70,000)	(335,000)	-
VEHICLES	-	-	-	-	-	-
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(402,500)	(352,500)	(332,500)	(257,500)	(1,345,000)	(441,536)
CASH FLOW FROM INVESTING ACTIVITIES						
INTEREST RECEIVED	673,950	673,950	673,950	673,950	2,695,801	2,127,089
OTHER INCOME RECEIVED	26,539	26,539	26,539	26,539	106,156	-
NET CASH PROVIDED BY INVESTING ACTIVITIES	700,489	700,489	700,489	700,489	2,801,957	2,127,089
NET CHANGE IN CASH	**(1,409,884)**	**(2,085,425)**	**(1,479,594)**	**7,617,086**	**2,642,182**	**15,001,071**
CASH BEGINNING BALANCE (Projected)	62,808,685	61,398,800	59,313,375	57,833,781	62,808,685	47,807,614
CASH ENDING BALANCE	**$ 61,398,800**	**$ 59,313,375**	**$ 57,833,781**	**$ 65,450,867**	**$ 65,450,867**	**$ 62,808,685**
CASH RECAP:						
FUNDS AVAILABLE FOR TCMH-CLINICAL OPERATIONS	$ 16,478,202	$ 16,385,677	$ 16,098,388	$ 19,952,007	$ 19,952,006	$ 16,567,984
FUNDS AVAILABLE FOR MHSA OPERATIONS	44,920,598	42,927,698	41,735,393	45,498,861	45,498,861	46,240,701
	$ 61,398,800	**$ 59,313,375**	**$ 57,833,781**	**$ 65,450,868**	**$ 65,450,867**	**$ 62,808,685**

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TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING CASH FLOW BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 BUDGET			PROJECTED FY 2024-25 (Note)		
	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL	TCMH CLINIC (REALIGNMENT)	MHSA	TOTAL
CASH FLOWS FROM OPERATING ACTIVITIES						
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	$ 12,985,249	$ 17,158,717	$ 30,143,966	$ 9,232,790	$ 11,149,619	$ 20,382,409
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(2,688,321)	(4,924,373)	(7,612,694)	(2,150,431)	(5,484,631)	(7,635,061)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(11,732,153)	(26,104,633)	(37,836,786)	(7,255,264)	(18,727,643)	(25,982,907)
ESTIMATED OUTFLOWS NEEDED FOR BHSA TRANSITION (STAFFING)	(1,500,000)	(3,500,000)	(5,000,000)	-	-	-
NET CASH USED BY OPERATING ACTIVITIES	(2,935,225)	(17,370,289)	(20,305,514)	(172,905)	(13,062,654)	(13,235,559)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES						
MHSA FUNDING	-	15,155,949	15,155,949	-	21,061,599	21,061,599
REALIGNMENT	3,655,350	-	3,655,350	3,655,349	-	3,655,349
GRANTS	2,609,204	-	2,609,204	1,763,893	-	1,763,893
CONTRIBUTIONS FROM MEMBER CITIES	70,236	-	70,236	70,236	-	70,236
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	6,334,790	15,155,949	21,490,739	5,489,478	21,061,599	26,551,077
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES						
PURCHASE OF CAPITAL ASSETS:						
BUILDING AND IMPROVEMENTS	(350,000)	(450,000)	(800,000)	(25,000)	-	(25,000)
LAND	-	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(100,000)	(110,000)	(210,000)	(38,400)	(378,136)	(416,536)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(135,000)	(200,000)	(335,000)	-	-	-
VEHICLES						
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIC	81,740	(81,740)	-	(175,293)	175,293	-
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(503,260)	(841,740)	(1,345,000)	(238,693)	(202,843)	(441,536)
CASH FLOW FROM INVESTING ACTIVITIES						
INTEREST RECEIVED	474,181	2,221,620	2,695,801	428,174	1,698,915	2,127,089
OTHER INCOME RECEIVED	13,536	92,620	106,156	-	-	-
NET CASH PROVIDED BY INVESTING ACTIVITIES	487,717	2,314,240	2,801,957	428,174	1,698,915	2,127,089
NET CHANGE IN CASH	**3,384,022**	**(741,840)**	**2,642,182**	**5,506,054**	**9,495,017**	**15,001,071**
CASH BEGINNING BALANCE (Projected)	16,567,984	46,240,701	62,808,685	11,061,930	36,745,684	47,807,614
CASH ENDING BALANCE	**$ 19,952,006**	**$ 45,498,861**	**$ 65,450,867**	**$ 16,567,984**	**$ 46,240,701**	**$ 62,808,685**

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TRI-CITY MENTAL HEALTH AUTHORITY

TCMH - HISTORICAL OUTPATIENT CLINICAL OPERATIONS

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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TCMH – HISTORICAL OUTPATIENT CLINICAL OPERATIONS

GENERAL INFORMATION AND PROGRAM DESCRIPTIONS

The Outpatient Clinical (TCMH) budget includes the projected funding and operating costs of the Adult Outpatient Clinic Program, the Child and Family Outpatient Clinic Program, the associated Administration of these programs and the various Grant programs currently being administered by Tri-City.

Revenues for these programs, as previously noted, include 1991 Realignment, Medi-Cal revenue from FFP and State EPSDT Medi-Cal as well as a few State and Local grants. These revenues were projected based on Tri-City's past experience, expected increases to service requests and projected state revenue information obtained from the California Behavioral Health Director Association. As previously introduced and further explained below, CalAIM initiatives which became effective July 1, 2023, included payment reform which transformed how patient care services are paid for by the State of California. Effective July 1, 2023, FFP and State EPSDT eligible services will be paid to Tri-City through a Fee-For-Service model with set rates which is a change from a cost reimbursement payment model. Specifically, increased costs that have previously been compensated through an annual true-up process was eliminated and replaced by a set fee structure. Tri-City will continue to receive payment for services as a passthrough from the County of Los Angeles Department of Mental Health as in past years.

Total budgeted costs for the above noted Outpatient programs of $14.6 million include salaries and benefits of approximately $11.7 million and approximately $2.9 million in other operating costs including cost for facilities, equipment, and other services and supplies. This budget assumes various vacancies will be fully occupied throughout the fiscal year, however actual experience will differ. For fiscal 2025-26, the salaries and benefits associated with Tri-City's Executive team, Senior Management team, and administrative staff who serve the entire Agency, are anticipated to spend approximately 30% of their time on TCMH programs. This budget includes a grand total of 35 FTEs (agency wide supportive staff that serve all) of allocated time for these staff which have been allocated to reflect the staffing proportions of the Agency.

The program descriptions for each of the programs included in the Outpatient Clinic Budget are discussed below:

- Children and Family Outpatient Program
- Adult Outpatient Program
- Grant Programs
- Administration

CHILDREN AND FAMILY OUTPATIENT PROGRAM

Since 1960, Tri-City Mental Health has been providing outpatient specialty mental services for the residents of Pomona, Laverne and Claremont. These services are provided to children and youth ages 0 to 21 at the children's outpatient clinic located in Pomona (the Royalty Building).

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Funding for this program includes 1991 Realignment, and Federal and State Medi-Cal funding. Medi-Cal funds are made up of Federal Financial Participation (FFP) and the State's match, Early and Periodic Screening, Diagnostic and Treatment (EPSDT). 1991 Realignment is derived from State Vehicle License Fees and Sales Tax collected at the State level. As explained previously, payment reform under CalAim became effective July 1, 2023 and what this means for Tri-City specifically is that rates at which services are being reimbursed have changed and went from a cost reimbursement model to pre-set rates and for specific services only.

ADULT OUTPATIENT PROGRAM

Since 1960, Tri-City Mental Health has been providing outpatient specialty mental services for the residents of Pomona, Laverne and Claremont. These services are provided to adults age 18 and over at the adult outpatient clinic also located in Pomona (the Garey Building). Funding for this program includes 1991 Realignment and Medi-Cal funding, Federal Financial Participation (FFP). 1991 Realignment is derived from State Vehicle License Fees and Sales Tax collected at the State level. As explained previously, and similarly to the children's program, payment reform under CalAim became effective July 1, 2023. As explained above, rates at which services are being reimbursed have changed and went from a cost reimbursement model to pre-set rates and for specific services only.

GRANT PROGRAMS

On occasion, Tri-City is the recipient of grants for specific programs or purposes and typically include one-time funding or limited and short-term in nature. Within the Grants Programs caption, various grant funds and corresponding expenditures have been budgeted to include the following described programs:

- **Mental Health Student Services Act (MHSSA)** - The Mental Health Services Oversight & Accountability Commission (Commission) Strategic Plan includes the priorities and objectives for the years 2020-2023. One of these objectives is to "promote school mental health as a prime opportunity to reach and serve at-risk children, families and neighborhoods." This will be accomplished through the implementation of the Mental Health Student Services Act (MHSSA) as the Commission will have the opportunity to work with grantees who can share lessons learned and identify areas for improvement.

  The MHSSA is intended to foster stronger school-community mental health partnerships that can leverage resources to help students succeed by authorizing counties and local educational agencies to enter into partnerships to create programs that include targeted interventions for pupils with identified social-emotional, behavioral, and academic needs. School-community mental health partnerships offer an opportunity to reach children and youth in an environment where they are comfortable and that is accessible. During fiscal year 2022-23 Tri- City Mental Health Authority submitted a proposal that was accepted and the awarded funding for this program will be a total of $3,820,932.00 over the course of four years. The planning phase of this program began during fiscal year 2022-23.

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ADMINISTRATION

These costs include the administrative functions required to oversee the various programs primarily funded through 1991 Realignment within the Tri-City Mental Health Outpatient Budget. The outpatient budget includes salary costs, professional fees, attorney fees, information system costs, equipment costs, and supply costs. Total salaries and benefit costs include 74.3 FTEs (63.5 Direct and 10.8 FTE's Administrative) of various personnel who directly work on with the varying programs, in addition to allocated time of Executive/Senior Management, as well as data collection, billing and accounting personnel.

OPERATING BUDGET

REVENUES

Revenues were projected based on existing program funding, including Realignment funding, Medi-Cal funding from the Federal Medicaid Program and California Departments of Health Care Services ("DCHS" or "State"), and other funding and sometimes grant funds.

Tri-City submits its Medi-Cal claims through LAC DMH and receives FFP cost reimbursement for all qualifying mental health services, as well as additional cost reimbursement from State Mental Health Funds (SMHF) for qualifying mental health services to children and youth under age 21 through Early Periodic Screening Diagnosis and Treatment services funding (EPSDT/SMHF). The Medi-Cal FFP and EPSDT/SMHF revenues are estimated based on projected level of service hours to be provided by care providers employed or to be hired by Tri-City.

Annually, Tri-City participates in training and continually strives to stay abreast of legislation and various changes that may financially impact the agency or the services we provide. California's Advancing Innovation in Medi-Cal (CalAIM) is the State's long-term commitment to transform and strengthen Medi-Cal. The goal is to provide Californians with more equitable, coordinated and person-centered care. As part of this implementation, the key priorities are to improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform. While the state continues to advance and fully implement the initiatives of CalAIM, Tri-City continues to attend monthly meetings with CBHDA for key updates. Specifically, Tri-City's finance department continues to closely follow any updates related to payment reform and continues to stay updated however has implemented changes accordingly. As indicated above, one of the key priorities of CalAIM was payment reform which specifically, transitioned the payment for services from Cost Reimbursement to a Fee-For-Service model. The fee for service rates have been disclosed and became effective July 1, 2023 and were utilized for the preparation of this budget. The rates provided are considered gross and before Tri-City's match as noted below.

1. **Realignment.** The estimated $3.6 million is based on the most current information obtained from the California Behavioral Health Directors Association's (CBHDA) analysis of the state budget. Projected realignment funding for Fiscal 2025-26 are expected to be in line with what was collected by Tri-City in 2024-25 and Tri-City is budgeting realignment revenue up to the minimum baseline of $3.6 million.

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Tri-City's Realignment funds come from dedicated State taxes allocated to the State's Mental Health Fund and are considered tax funds that qualify to be used for public expenditures. Therefore, these funds must be used in the provision of Medi-Cal services in order for Tri-City to receive FFP reimbursement, or they must be used to "match" the FFP. Available realignment funds not used as Medi-Cal match can be used to:

a. Provide mental health services and costs that are not covered by the Medi-Cal program – primarily indigent care;
b. Cover program costs in excess of revenues
c. Cover administrative costs not covered by the Medi-Cal program; and
d. Provide for capital expenditures

The projected Realignment funds to be received in fiscal year 2025-26 will be used to "match" Medi-Cal costs, cover indigent care and Non-Covered portion of MCE. Realignments funds will also be used to cover any program costs in excess of revenues including administrative, capital and operating expenditures.

2. **Medi-Cal Adult FFP.** Medi-Cal FFP for the adult outpatient program is estimated based on the projected level of service hours to be provided by care providers employed or to be hired by Tri-City. This level of service is measured in units of service which are multiplied by the Fee-For-Service rates, by provider, less Tri-City's match. The related charges are assumed to be covered by Federal reimbursement (FFP) and Realignment and in accordance with CAL-Aim Rates. The Federal reimbursement (FFP) is 50% of the rate to provide services to those individuals that qualify under the original Short-Doyle/MC program. The remaining 50% of the rate will be covered by Realignment. In addition, due to the expanded Medi-Cal program (MCE) under the Affordable Healthcare Act for single adults ages 19 to 64, projected revenues include the FFP reimbursement for the MCE services provided will be reimbursed at the rate of 90% of the costs/rate, thereby replenishing the majority of the upfront realignment used to provide the services. The FFP reimbursement rate under MCE was originally 100% for the first three calendar years (2014 thru 2016), 95% as of January 1, 2017, 94% as of January 1, 2018, 93% as of January 1, 2019, and finally the reimbursement was reduced to 90% beginning January 1, 2020. Additionally, as previously noted, as of January 1, 2020, a new California law provides full scope Medi-Cal to young adults under the age of 26 regardless of immigration status.

3. **Medi-Cal Children FFP.** Medi-Cal FFP for the children outpatient programs is estimated based on the projected level of service hours to be provided by care providers employed or to be hired by Tri-City. This level of service is measured in units of service which are multiplied by the Fee-For-Service rates, by provider, less Tri-City's match. The related charges/costs are assumed to be covered by Federal (FFP) and State (EPSDT/SMHF) reimbursement. The Federal reimbursement (FFP) rate is currently at 50% of the costs/rates, and the other 50% is projected to be covered by EPSDT State Mental Health Funds as noted below.

4. **Medi-Cal Children EPSDT – State.** Based on the State budget and the analysis of CBHDA it is projected that the EPSDT allocation rates from the State for fiscal year 2025-26 will range from 43% to 50% of the new reimbursement rate.

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5. **Medicare.** This represents the expected reimbursement for mental health services provided to consumers that qualify under Medicare. The projected amount is based on prior experience and amounts collected in prior years.

6. **City Share.** This funding is based on the "Local Realignment Maintenance of Effort Funds (SB681)" required for Tri-City to receive realignment. The projected city shares are based on amounts received in prior years as well as the minimum required for realignment purposes.

7. **Grants.** These funds represent expected amounts to be received for various grant programs as previously described, which may be one-time, limited term grants or on-going programs.

8. **Interest Income.** These funds represent interest earned on cash invested in the Local Agency Investment Fund ("LAIF"), as well as other interest bearing operating bank accounts. The amount budgeted for interest income for FY 2025-26 is based on the projected interest from current clinic operation cash balances and based on past experience and projected current rates.

9. **Medi-Cal Denials/Disallowances**: This allowance represents a conservative 10% reserve for disallowances of FFP and State EPSDT Medi-Cal claims billed.

OPERATING EXPENSES

1. **Salary Costs.** Salary costs of $11.7 million include salaries and wages of $8.3 million and employee benefits of $3.4 million. These salaries and benefits include $8.4 million of clinical and direct staff, $2.0 million of administrative personnel, and $1.2 million for grant funded programs. The costs were based on the Agency's actual current employee roster (as of February 2025) plus any vacant or new positions projected for fiscal year 2025-26. Clinical staff salaries are budgeted to increase from the projected actuals from fiscal 2024-25 due to expected filling of several positions that were vacant during the year.

   Salaries and benefits associated with Tri-City's Executive team, Senior Management team, and administrative staff who serve the entire Agency, are allocated to TCMH and MHSA at the rate of 30% and 70%, respectively. This allocation of costs for these staff, are reflective of the staffing proportions of the Agency.

   Employee benefits, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages. The average percentage of employee benefits agency wide is estimated at approximately 41.48%.

2. **Facility Costs.** Facility costs for the 2025-26 Budget include the costs of maintaining Tri-City's adult outpatient clinic operations at 2008 N. Garey Avenue, the rent and related costs for the children's outpatient clinic operations at 1900 Royalty Street, and allocation of the rent and maintenance costs associated with the administrative offices in Claremont. The intercompany facility charges and income reflected under the Adult O/P program relates to costs of the 2008 N. Garey building that will be allocated to MHSA operations also located at the facility (primarily staffing for FSP Adult and FSP Older Adults). The amounts charged to

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the MHSA programs are consistent with the prior year and are based on actual costs and allocated by square foot.

The costs for storage leases include the rental of space for archiving documents that are legally required to be retained, and are primarily fixed costs with minor increases to rates. Storage costs that do fluctuate are associated with the storage of medical records and will fluctuate based on usage/access of these documents.

3. **Equipment Costs.** This amount reflects the anticipated equipment costs, such as equipment rentals, leases, repairs, non-capital equipment and furniture purchases, desk phones and maintenance fees.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on actual costs incurred in FY 2024-25 and adjusted for inflation and for specific known increases or decreases. The most significant of these costs are explained as follows:

   a. Conference, Seminars & Related Costs. These budgeted costs reflect the Agency's commitment to keep staff up-to-date on all new regulations under the Affordable Care Act, expanded Medi-Cal, new billing requirements and the related client outcome and meaningful use programs. As such it is important that staff continue to attend conferences and seminars.

   b. Professional Liability Insurance. These costs represent necessary insurance for general claims, if any, against Tri-City and other insurance coverages.

   c. Security Expense. These budgeted costs include the cost of having security guards at several Tri-City locations and are projected based on past experience.

   d. Client Costs. These costs represent varying miscellaneous costs used to support clients during their care.

   e. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs as a percent of salary cost.

   f. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.

   g. Lab and Med Costs. These projected costs relate directly to the implementation of meaningful use outcomes which include monitoring of physical systems as well as mental diagnosis.

   h. Data Processing/Licenses. These budgeted costs include costs for required licensing and continued support for data base programs.

5. **Specific Costs.** These costs are mostly comprised of costs identified solely as administrative in nature, with the exception of client support expenses, and are described below.

   a. Directors and Officers Insurance. These administrative insurance costs are allocated between the Clinic and MHSA operations.

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b. Professional Services. These costs include various professional services including media and communication costs and other costs anticipated for special projects including consulting services. This amount also includes a general allowance for unforeseen professional services.

c. Attorney Fees. These costs include the legal fees expected to be incurred for services to be provided by the General Counsel for normal operating items as well as miscellaneous legal fees in connection with human resources/employment matters. The amount budgeted for 2025-26 is in line with prior years' budgeted amounts for legal fees and considered prudent to allow for unexpected matters should they arise.

d. Audit Fees. These costs represent the fees incurred for the outside independent auditor, which are allocated between Clinic Operations and MHSA operations.

CASH FLOW BUDGET

GENERAL

The budgeted cash flow for Tri-City's clinical operations for fiscal 2025-26 reflects a net increase to cash of approximately $3.4 million, thereby estimating a cash balance of approximately $16.6 million at June 30, 2026. The primary reason for the expected net increase to cash is the projected collection of outstanding receivables due from LADMH which also includes collection of prior years' receivables and as a result of operations from the clinic which includes the new Cal-AIM rates. The detail of the cash flow activity is described below.

CASH FLOWS FROM OPERATING ACTIVITIES

There are three major components to cash flows from operating activities:

1. Cash received from and on behalf of patients includes the following:

   a. Expected receipts of Medi-Cal FFP and Medi-Cal EPSDT/SMHF for the budgeted fiscal period 2025-26 includes reimbursement received for current year services as well as collection of prior years' FFP and EPSDT. The receipts budgeted for claims relating to fiscal year 2025-26 services are anticipated to be received approximately 60 to 120 days after submission of claims due to the time it takes LAC DMH and State DMH to process and pay the claims including delays anticipated as a result of the continued implementation of CalAIM which became effective as of July 1, 2023. Any remaining amounts associated with Medi-Cal audit and interim cost report settlements are from previous fiscal years and are also included. These audits or interim settlements will no longer be required moving forward as one of the resulting benefits of CalAim's payment reform will include the elimination of the cost report process.

   b. Collection of receipts for billed services within the last quarter of the current fiscal year.

   c. Other collections, including patient fees, client rental payments, and any grant funds.

2. Cash payments to suppliers and contractors.

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3. Payments to or on behalf of employees. This amount includes the gross salaries plus benefits for both active employees and projected but presently vacant positions.

4. And lastly, estimated outflows needed for additional staffing primarily for the implementation of BHSA transition – The amount of $1.5 million has been budgeted and earmarked. As noted previously, the need to grow administrative infrastructure is necessary as a result of overall growth throughout the years in addition to preparing for the implementation of BHSA.

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

There are two major components to cash flows from noncapital financing activities:

1. Realignment. As previously discussed Realignment funds are projected based on prior year receipts, and on information obtained from State Budget Projections.

2. Contribution from member cities.

CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES

This section reflects TCMH's projected capital needs for fiscal year 2025-26 including potential investments to the facility located at 2008 N. Garey Avenue and leasehold improvements at the Royalty suites as well as projected furniture and equipment needs. The projected purchases include the following:

1. The amount of $350 thousand is being budgeted this year for building and leasehold improvements. This amount represents the projected cost for expected and unexpected improvements that may be required at the 2008 Garey site as well as any necessary leasehold improvements to the Royalty suites currently occupied by the Children and Family programs and potentially additional space to be leased. These costs include the projected costs of replacing air conditioning units, anticipated improvement to lighting fixtures, roof repairs as well as other necessary improvements to accommodate additional space for existing employees and new employees as deemed necessary throughout the year.

2. The amount of $100 thousand is being budgeted for office furniture, and equipment and include estimated for costs related to replacement of miscellaneous equipment, furniture as needed throughout the year in addition to anticipated new furniture for new staff.

3. Approximately $135 thousand has been projected for the replacement and improvement of hardware and software during fiscal 2025-26 as deemed necessary throughout the year. However, the majority of anticipated costs are included in the operating budget for non-capitalized items under the capital Computer Systems & Software. This includes continual improvement or scheduled replacement of servers, renewal of software licenses, replacement of aged computers and replacement and improvement of various information technology related equipment to accommodate both existing staff and anticipated new staff.

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CASH FLOW FROM INVESTING ACTIVITIES

This section reflects TCMH's projected interest income from the cash deposited in Tri-City's current investment portfolio.

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TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	BUDGET FY 2025-26	% to Rev	PROJECTED FY 2024-25 (Note)	% to Rev	$$ Variance
REVENUE									
MEDI-CAL ADULT FFP	$ 1,577,326	$ 1,577,326	$ 1,577,326	$ 1,577,326	$ 6,309,304	39.9%	$ 4,204,035	32.7%	$ 2,105,269
MEDI-CAL CHILDREN FFP	645,134	645,134	645,134	645,134	2,580,535	16.3%	2,309,642	17.9%	270,893
MEDI-CAL CHILDREN EPSDT--STATE	226,669	226,669	226,669	226,669	906,674	5.7%	1,521,724	11.8%	(615,050)
REALIGNMENT	913,838	913,838	913,838	913,838	3,655,350	23.1%	3,249,200	25.3%	406,150
MEDICARE	2,375	2,375	2,375	2,375	9,500	0.1%	8,600	0.1%	900
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%	-	0.0%	-
MHSA FUNDING	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - LA VERNE	-	-	12,000	-	12,000	0.1%	12,000	0.1%	-
CITY SHARE - CLAREMONT	-	-	14,561	-	14,561	0.1%	14,561	0.1%	-
CITY SHARE - POMONA	-	-	43,675	-	43,675	0.3%	43,675	0.3%	-
GRANTS	652,301	652,301	652,301	652,301	2,609,204	16.5%	1,373,770	10.7%	1,235,434
INTEREST INCOME	118,545	118,545	118,545	118,545	474,181	3.0%	389,493	3.0%	84,688
RENTAL AND OTHER INCOME	3,384	3,384	3,384	3,384	13,536	0.1%	13,636	0.1%	(100)
ESTIMATED M/C DENIALS/DISALLOWANCE	(199,082)	(199,082)	(199,082)	(199,082)	(796,327)	-5.0%	(272,301)	-2.1%	(524,026)
TOTAL REVENUES	**3,940,489**	**3,940,489**	**4,010,725**	**3,940,489**	**15,832,193**	**100.0%**	**12,868,035**	**100.0%**	**2,964,158**
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	2,067,365	2,067,365	2,067,365	2,067,365	8,269,459	52.2%	5,839,329	45.4%	2,430,130
INSURANCE-Health/workers comp/life	321,137	321,137	321,137	321,137	1,284,547	8.1%	832,948	6.5%	451,599
RETIREMENT COSTS	333,957	333,957	333,957	333,957	1,335,829	8.4%	717,212	5.6%	618,617
PAYROLL TAXES	49,988	49,988	49,988	49,988	199,952	1.3%	106,395	0.8%	93,557
MISC COSTS	160,592	160,592	160,592	160,592	642,366	4.1%	515,776	4.0%	126,590
	2,933,038	2,933,038	2,933,038	2,933,038	11,732,153	**74.1%**	8,011,660	**62.3%**	3,720,493
FACILITY COSTS									
STORAGE LEASES	12,357	12,357	12,357	12,357	49,428	0.3%	41,217	0.3%	8,211
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	-	0.0%	-
FACILITY RENT	17,763	17,763	17,763	17,763	71,050	0.4%	89,194	0.7%	(18,144)
INTERCOMPANY FACILITY CHARGES	(20,435)	(20,435)	(20,435)	(20,435)	(81,740)	-0.5%	(77,617)	-0.6%	(4,123)
UTILITIES	6,804	6,804	6,804	6,804	27,217	0.2%	26,424	0.2%	793
BUILDING REPAIRS AND MAINTENANCE	29,399	29,399	29,399	29,399	117,596	0.7%	114,461	0.9%	3,135
JANITORIAL SERVICES & SUPPLIES	7,560	7,560	7,560	7,560	30,238	0.2%	32,736	0.3%	(2,498)
WASTE DISPOSAL	2,326	2,326	2,326	2,326	9,302	0.1%	9,031	0.1%	271
	55,773	55,773	55,773	55,773	223,091	**1.4%**	235,446	**1.8%**	(12,355)
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	10,198	10,198	10,198	10,198	40,791	0.3%	39,907	0.3%	884
EQUIP MAINT/REPAIRS	1,569	1,569	1,569	1,569	6,275	0.0%	6,092	0.0%	183
EQUIP/FURNITURE PURCHASES EXPENSED	4,147	4,147	4,147	4,147	16,589	0.1%	20,428	0.2%	(3,839)
AUTO EXPENSES	593	593	593	593	2,371	0.0%	14,967	0.1%	(12,596)
AUTO INSURANCE	3,416	3,416	3,416	3,416	13,663	0.1%	14,680	0.1%	(1,017)
CELLULAR/PAGER LEASES	10,753	10,753	10,753	10,753	43,013	0.3%	45,885	0.4%	(2,872)
	30,676	30,676	30,676	30,676	122,702	**0.8%**	141,959	**1.1%**	(19,257)

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TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	BUDGET FY 2025-26	% to Rev	PROJECTED FY 2024-25 (Note)	% to Rev	$$ Variance
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COSTS	1,115	1,115	1,115	1,115	4,461	0.0%	24,004	0.2%	(19,543)
MILEAGE REIMBURSEMENT	68	68	68	68	270	0.0%	1,231	0.0%	(961)
PERSONNEL ADS	12,247	12,247	12,247	12,247	48,988	0.3%	48,417	0.4%	571
PROFESSIONAL LIABILITY INSURANCE	39,676	39,676	39,676	39,676	158,704	1.0%	170,536	1.3%	(11,832)
SECURITY EXPENSE	32,824	32,824	32,824	32,824	131,296	0.8%	135,315	1.1%	(4,019)
DUES & SUBSCRIPTIONS	7,554	7,554	7,554	7,554	30,215	0.2%	30,687	0.2%	(472)
OTHER SUPPLIES	3,378	3,378	3,378	3,378	13,511	0.1%	15,830	0.1%	(2,319)
PRINTING	469	469	469	469	1,874	0.0%	2,531	0.0%	(657)
CLIENT EXPENSES	12,282	12,282	12,282	12,282	49,126	0.3%	47,882	0.4%	1,244
LAB/MED COST	788	788	788	788	3,152	0.0%	3,060	0.0%	92
AMBULANCE COSTS	197	197	197	197	788	0.0%	765	0.0%	23
OFFICE SUPPLIES	2,191	2,191	2,191	2,191	8,765	0.1%	8,899	0.1%	(134)
POSTAGE	109	109	109	109	436	0.0%	423	0.0%	13
RECORD DESTRUCTION	2,140	2,140	2,140	2,140	8,560	0.1%	8,310	0.1%	250
TELEPHONE EXPENSES	28,193	28,193	28,193	28,193	112,772	0.7%	116,646	0.9%	(3,874)
COMPUTER SYSTEMS & SOFTWARE	16,791	16,791	16,791	16,791	67,163	0.4%	130,437	1.0%	(63,274)
DATA PROCESSING/LICENSES	24,508	24,508	24,508	24,508	98,030	0.6%	94,366	0.7%	3,664
MISCELLANEOUS	2,916	2,916	2,916	2,916	11,665	0.1%	13,417	0.1%	(1,752)
	188,944	188,944	188,944	188,944	755,776	**4.8%**	852,756	**6.6%**	(96,980)
SPECIFIC COSTS									
PROGRAMS:									
GRANTS	329,566	329,566	329,566	329,566	1,318,264	8.3%		0.0%	1,318,264
PROFESSIONAL SERVICES	6,250	6,250	6,250	6,250	25,000	0.0%	61,053	0.5%	(36,053)
ADMINISTRATIVE:					-				
DIRECTORS & OFFICERS INSURANCE	2,488	2,488	2,488	2,488	9,953	0.1%	10,018	0.1%	(65)
PROFESSIONAL SERVICES	10,148	10,148	10,148	10,148	40,590	0.3%	34,976	0.3%	5,614
ATTORNEY FEES	41,250	41,250	41,250	41,250	165,000	1.0%	149,206	1.2%	15,794
BANK FEES	4,197	4,197	4,197	4,197	16,786	0.1%	16,297	0.1%	489
AUDIT FEES	2,790	2,790	2,790	2,790	11,160	0.1%	14,597	0.1%	(3,437)
	396,688	396,688	396,688	396,688	1,586,753	**10.0%**	286,147	**2.2%**	1,300,606
DEPRECIATION AND AMORT	45,355	45,355	45,355	45,355	181,420	**1.1%**	171,248	**1.3%**	10,172
TOTAL COSTS	**3,650,474**	**3,650,474**	**3,650,474**	**3,650,474**	**14,601,895**	**92.2%**	**9,699,216**	**75.4%**	**4,902,679**
INCOME (LOSS) FROM OPERATIONS	**$ 290,016**	**$ 290,016**	**$ 360,252**	**$ 290,016**	**$ 1,230,298**	**7.8%**	**$ 3,168,819**	**24.6%**	**$ (1,938,521)**

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NOTE: The fiscal year 2024-25 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2025.
Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CONSOLIDATING OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	CHILD OP	ADULT OP	GRANTS	ADMIN	TOTAL
REVENUE					
MEDI-CAL ADULT FFP	$ -	$ 6,309,304	$ -	$ -	$ 6,309,304
MEDI-CAL CHILDREN FFP	2,580,535	-	-	-	2,580,535
MEDI-CAL -STATE	906,674	-	-	-	906,674
REALIGNMENT	556,316	1,722,082	-	1,376,952	3,655,350
MEDICARE	-	9,500	-	-	9,500
PATIENT FEES/INSURANCE	-	-	-	-	-
MHSA FUNDING	-	-	-	-	-
CITY SHARE - LA VERNE	-	12,000	-	-	12,000
CITY SHARE - CLAREMONT	-	14,561	-	-	14,561
CITY SHARE - POMONA	-	43,675	-	-	43,675
GRANTS	-	-	2,609,204	-	2,609,204
INTEREST INCOME	-	-	-	474,181	474,181
RENTAL AND OTHER INCOME	100	500	-	12,936	13,536
ESTIMATED M/C DENIALS/DISALLOWANCE	(344,874)	(451,453)	-	-	(796,327)
TOTAL REVENUES	**3,698,751**	**7,660,169**	**2,609,204**	**1,864,069**	**15,832,193**
EXPENSES					
SALARY COSTS					
FTE's	*19.8*	*35.2*	*8.5*	*10.8*	*74.3*
SALARY AND WAGES	2,039,067	3,884,648	877,600	1,468,144	8,269,459
INSURANCE-Health/workers comp/life	319,242	604,911	136,539	223,855	1,284,547
RETIREMENT COSTS	334,112	633,674	139,774	228,269	1,335,829
PAYROLL TAXES	49,248	94,698	21,270	34,736	199,952
MISC COSTS	158,197	304,197	68,324	111,648	642,366
	2,899,866	5,522,128	1,243,507	2,066,652	11,732,153
FACILITY COSTS					
STORAGE LEASES	18,480	20,328	-	10,620	49,428
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-
FACILITY RENT	23,191	5,883	-	41,976	71,050
INTERCOMPANY FACILITY CHARGES	-	(81,741)	-	-	(81,741)
MOVING COSTS					
UTILITIES	-	27,217	-	-	27,217
BUILDING REPAIRS AND MAINTENANCE	6,107	108,522	-	2,967	117,596
JANITORIAL SERVICES & SUPPLIES	8,784	17,215	-	4,239	30,238
WASTE DISPOSAL	1,863	7,439	-	-	9,302
	58,425	104,863	-	59,802	223,090
EQUIPMENT COSTS					
EQUIPMENT RENTAL/LEASE	7,773	27,832	-	5,186	40,791
EQUIP MAINT/REPAIRS	1,584	3,813	-	878	6,275
EQUIP/FURNITURE PURCHASES EXPENSED	1,573	7,938	-	7,078	16,589
INTERCOMPANY EQUIP/SOFTWARE CHARGES	-	-		-	-
AUTO EXPENSES	1,505	594	-	272	2,371
AUTO INSURANCE	3,455	6,025	-	4,183	13,663
CELLULAR/PAGER LEASES	11,801	22,328	-	8,884	43,013
	27,691	68,530	-	26,481	122,702

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TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CONSOLIDATING OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	CHILD OP	ADULT OP	GRANTS	ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES					
CONFERENCES, SEMINARS & RELATED COSTS	284	2,603	-	1,574	4,461
MILEAGE REIMBURSEMENT	63	119	-	88	270
	-	-		-	-
PERSONNEL ADS	4,561	38,550	-	5,877	48,988
PROFESSIONAL LIABILITY INSURANCE	37,825	99,816	-	21,063	158,704
SECURITY EXPENSE	19,713	107,026	-	4,557	131,296
DUES & SUBSCRIPTIONS	1,181	2,183	-	26,851	30,215
OTHER SUPPLIES	1,721	10,195	-	1,595	13,511
PRINTING	230	1,443	-	201	1,874
CLIENT EXPENSES	782	911	47,433	-	49,126
LAB/MED COST	33	3,119	-	-	3,152
AMBULANCE COSTS	-	788	-	-	788
OFFICE SUPPLIES	1,280	4,053	-	3,432	8,765
POSTAGE	-	-	-	436	436
RECORD DESTRUCTION	4,280	4,280	-	-	8,560
TELEPHONE EXPENSES	22,660	68,981	-	21,131	112,772
COMPUTER SYSTEMS & SOFTWARE	2,493	4,979	-	59,691	67,163
DATA PROCESSING/LICENSES	43,532	52,528	-	1,970	98,030
IT RELATED EXPENSES-Consulting/Training	-	-	-	6,000	6,000
MISCELLANEOUS	103	-	-	11,562	11,665
	140,741	401,574	47,433	166,028	755,776
SPECIFIC COSTS					
PROGRAMS:					
CLIENT SUPPORT COSTS	-	-	-	-	-
SUBCONTRACTOR COSTS			-		-
UNIQUE PROGRAM RELATED COSTS	-	-	-	-	-
COMMUNITY GRANTS	-	-	-	-	-
GRANTS	-	-	1,318,264	-	1,318,264
WET--LEARNING & OUTREACH	-	-	-	-	-
PROFESSIONAL SERVICES	-	25,000	-	-	25,000
ADMINISTRATIVE:					-
DIRECTORS & OFFICERS INSURANCE	-	-	-	9,953	9,953
PROFESSIONAL SERVICES	-	-	-	40,590	40,590
ATTORNEY FEES	-	-	-	165,000	165,000
BANK FEES	-	-	-	16,786	16,786
AUDIT FEES	-	-	-	11,160	11,160
	-	25,000	1,318,264	243,489	1,586,753
DEPRECIATION AND AMORT	76,102	77,545	-	27,773	181,420
TOTAL COSTS	**3,202,825**	**6,199,640**	**2,609,204**	**2,590,225**	**14,601,894**
INCOME (LOSS) FROM OPERATIONS	**$ 495,926**	**$ 1,460,529**	**$ -**	**$ (726,156)**	**$ 1,230,299**

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TRI-CITY MENTAL HEALTH AUTHORITY
CLINIC CASH FLOW BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 QUARTERS				BUDGET
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26
CASH FLOWS FROM OPERATIING ACTIVITIES					
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	$ 2,174,334	$ 2,206,590	$ 2,206,590	$ 6,397,734	$ 12,985,249
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(672,080)	(672,080)	(672,080)	(672,080)	(2,688,321)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(2,933,038)	(2,933,038)	(2,933,038)	(2,933,038)	(11,732,153)
ESTIMATED OUTFLOWS NEEDED FOR BHSA TRANSITION (STAFFING)	(250,000)	(250,000)	(500,000)	(500,000)	(1,500,000)
NET CASH USED BY OPERATING ACTIVITIES	(1,680,785)	(1,648,528)	(1,898,528)	2,292,616	(2,935,225)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES					
REALIGNMENT	913,838	913,838	913,838	913,838	3,655,350
CONTRIBUTIONS FROM MEMBER CITIES	-	-	70,236	-	70,236
GRANTS	652,301	652,301	652,301	652,301	2,609,204
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	1,566,139	1,566,139	1,636,375	1,566,139	6,334,790
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES					
PURCHASE OF CAPITAL ASSETS:					
BUILDING AND IMPROVEMENTS	(87,500)	(87,500)	(87,500)	(87,500)	(350,000)
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(10,000)	(40,000)	(20,000)	(30,000)	(100,000)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(20,000)	(25,000)	(60,000)	(30,000)	(135,000)
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIONS	20,435	20,435	20,435	20,435	81,740
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(97,065)	(132,065)	(147,065)	(127,065)	(503,260)
CASH FLOW FROM INVESTING ACTIVITIES					
INTEREST RECEIVED	118,545	118,545	118,545	118,545	474,181
OTHER INCOME RECEIVED	3,384	3,384	3,384	3,384	13,536
NET CASH PROVIDED BY INVESTING ACTIVITIES	121,929	121,929	121,929	121,929	487,717
NET CHANGE IN CASH	**(89,782)**	**(92,525)**	**(287,289)**	**3,853,619**	**3,384,022**
CASH BEGINNING BALANCE (Projected)	16,567,984	16,478,202	16,385,677	16,098,388	16,567,984
CASH ENDING BALANCE	**$ 16,478,202**	**$ 16,385,677**	**$ 16,098,388**	**$ 19,952,007**	**$ 19,952,006**

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TRI-CITY MENTAL HEALTH AUTHORITY

MHSA – MENTAL HEALTH SERVICES ACT PROGRAM OPERATIONS

PROPOSED

OPERATING BUDGET AND CASH FLOW BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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MHSA – MENTAL HEALTH SERVICES ACT PLANS & PROGRAMS

BUDGETED OPERATING INCOME

GENERAL INFORMATION

The Mental Health Services Act ("MHSA") budget includes the projected funding and operating costs of the approved MHSA Plans including the Community Services and Supports ("CSS") programs, the Prevention and Early Intervention ("PEI") programs, the Innovations ("INN") programs, the Workforce, Education & Training (WET) programs and the Capital Facilities and Technology Needs projects (CFTN). Tri-City receives its share of MHSA funding directly from the State, which is then required to be allocated to three plans: 5% to the INN Plan; and then the remainder to the CSS Plan (80% or 76% of the total allocation) and the PEI Plan (20% or 19% of the total allocation). In March of 2025 Proposition 1 passed which significantly modified the funding structures and expenditure requirements of MHSA funding, however it is not effective until July 1, 2026. As such this budget does not reflect the passage of Prop 1.

Revenues within the MHSA plans include MHSA funding and Medi-Cal cost reimbursement from FFP and State EPSDT. These revenues were projected based on Tri-City's approved MHSA Plans and reflect the estimated budgets included in the respective plans and updates.

Total budgeted costs for MHSA programs of $31.6 million reflect an increase of approximately $2.9 million when compared to the prior year's budget of $28.7 million. However, the projected final costs of $22.5 million for fiscal 2024-25 when compared to the fiscal 2025-26 budget, the increase is approximately $9.1 million, which is primarily the result of increased salaries and benefits as a direct result of vacancies in addition to an increase to staffing of approximately 10 FTE's. The FY 2025-26 budget assumes that programs will be fully staffed while the projected final number represents a savings as a result of vacant positions throughout the year. For fiscal 2025-26, the salaries and benefits associated with Tri-City's Executive team, Senior Management team, and administrative staff who serve the entire Agency, are anticipated to spend approximately 70% of their time on MHSA programs and 30% on TC programs. This budget includes a total of 35 FTEs of allocated time across the agency for these staff which have been allocated to reflect the staffing proportions of the Agency.

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The program descriptions for each of the five plans included herein are discussed below:

COMMUNITY SERVICES AND SUPPORTS PLAN

This plan includes the following programs:

1. **Full Service Partnerships (FSP).** This program represents individualized services and supports that are required to assist person(s)/family(s) in achieving the goals identified in their wellness/recovery plan. Full Service Partnership (FSPs) are for people who are experiencing severe mental illness and are homeless or at risk of homelessness or other devastating consequences. Based on past experience and current data, the number of anticipated FSP clients to be served (active clients at any given time) during fiscal 2025-26 is broken into four age groups.
    a. Children ages 0-15
    b. Transitional Age Youth (TAY) ages 16-25

c. Adult ages 26-59

d. Older Adult ages 60 and over

The operation of the FSP program has been in full swing since 2009-10 and as a result of the level of required services, approximately 68 FSP dedicated personnel positions are currently budgeted to include Therapists, Psychiatrists, Psychiatric Technicians, program support and Clinical Wellness Advocates.

The Clinical Wellness Advocates mentioned above were new positions approved in fiscal 2016-17 whose role has been to provide advocacy, guidance, feedback, outreach and support to help clients and families access and work more effectively with the systems involved, and to build on the continuity of care for those clients receiving formal treatment services.

This budget reflects total costs of approximately $11.5 million incurred by Tri-City to provide FSP services to all FSP clients. These services are reflected in the natural expense classifications. The majority of Tri-City's FSP costs consist of salaries and benefits of approximately $9.9 million (67.9 FTEs), and projected client support costs (FLEX funds) of approximately $460 thousand.

2. **Access to Care.** Access to Care (ATC) is a clinical adjunct service that acts as a gateway to the intake process for Tri-City's outpatient clinics. Individuals interested in Tri-City services can access care either by calling, walk-in or via referral. A mental health professional assesses the individual seeking services and recommends the most appropriate level of care and services.

3. **Community Navigators.** The Community Navigators program includes a team of Tri-City staff that develop relationships with all manner of organizations and social service agencies throughout the three cities' region. The goal is to assist individuals who need services to help them quickly identify currently available services and/or refer them to the Tri-City system of care.

4. **Wellness Center**. The Wellness Center facility was completed and opened at the beginning of November 2011. The Wellness Center was conceived as a place of support for people who struggle with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. The Wellness Center provides self-help groups, peer and family support services, educational and employment resources, recreational and cultural activities, assessment and linkage services and provides programs as an adjunct and/or stepdown from formal treatment services.

5. **Mobile Crisis Care (MCC) Pilot Program (Replaced Supplemental Crisis Services)**. During the FY 2023-24 Community Planning Process and on February 22, 2024, stakeholders met to review and provide feedback on MHSA program updates. A request to stakeholders was presented to utilize Supplemental Crisis Support Services dollars in the amount of $1,760,000 to fund the Mobile Crisis Care (MCC) pilot program for 2 years. Some supporting rationale for the request included: • Centralizing Tri-City efforts to meet specific crisis-related needs of our clients; • Creation of the MCC program would enable Tri-City to establish a dedicated crisis team equipped to respond to client and community crisis 24/7; • The MCC program will absorb the responsibilities of both the current Supplemental Crisis Support Services and internal crisis. The establishment of the MCC would streamline how

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crisis situations are approached in our community. While Tri-City has historically had proficient and responsive staff manage crisis situations, these staff represent various departments and have other duties such as managing large caseloads, providing psychotherapy services, and administering medication monitoring services. With a dedicated crisis team, crisis response will be the sole focus of staff. Furthermore, the vehicles utilized to respond to a crisis in the community will be equipped for that specific service and fully stocked with items deemed necessary when responding to an array of crisis that an individual may be experiencing. This program includes a budget for 15 FTEs including clinicians to work during clinic hours, after-hours and during the weekend including availability for on-call duty.

6. **Field Capable Clinical Services for Older Adults.** This program involves clinicians spending time engaging with seniors who have serious mental health issues, either in their home, in senior centers, or other locations where seniors are present, to provide clinical services and connectivity to other providers of senior services in the Tri-City area. The budget includes salaries and benefit costs of clinical employees for outreach and engagement of seniors in the area as well as to train new and existing staff on specialized mental health needs of older adults.

7. **CSS Permanent Supportive Housing.** This program is designed to help people with mental illness maintain their current housing or find a more appropriate place of residence. This program was established through the CSS Housing Plan approved by the Governing Board in fiscal 2011-12. The costs included in this budget reflect salary costs and professional fees anticipated to continue to support the various housing CalHFA projects, in addition to the continued costs associated with maintaining properties owned by Tri-City, which provide housing. The rental income reflected on the CSS Housing budget reflects the anticipated rents from these housing projects.

   In line with supportive housing, various projects have been approved by stakeholders and the Governing Board through the years and have included investments in housing projects in exchange for the exclusive use of housing units for a number of years through regulatory agreements. Most recently these included West Mission Housing Project in Pomona and the Claremont Senior Housing in Claremont. More projects are expected in the near future with the intent of spending down accumulated CSS funding and meeting the housing needs for those we serve. As presented in the 2025-26 MHSA Plan, approximately $5 million plus have been initially earmarked for investment in various projects within the Cities of Claremont, LaVerne and Pomona. This amount while not reflected within the financial portion of this budget, are considered available for these projects through the approved 2025-26 MHSA Plan Update. The final draft of projects expected to move forward utilizing these funds will be presented separately to the Governing Board for approval.

8. **Administrative CSS Costs.** These costs include the administrative functions required to oversee the various programs included in the CSS plan and includes salary costs, professional fees, attorney fees, information system costs, equipment costs, and supply costs. Personnel costs include FTEs of various personnel who indirectly work on CSS programs which includes allocated time of Executive/Senior Management, as well as data collection, billing and accounting personnel.

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PREVENTION AND EARLY INTERVENTION PLAN

1. **Community Capacity Building**. This program supports under-served cultural communities and individuals across the three cities through three main projects:

   a. Community Wellbeing

   b. Community Mental Health Trainers

   c. Stigma Reduction and Suicide Prevention

   The *Community Wellbeing* project supports initiatives for unserved and under-served communities to promote the wellbeing of their members. Over the past twelve plus years, the Agency has granted approximately over $1.6 million in community grants to support local community groups to promote wellbeing of their members and it is projected that an additional $130 thousand will be granted in fiscal 2025-26. The focus of this program in 2025-26 will continue to be on children and TAY ages 0-25. In line with community capacity building, communities that receive the funds are trained in Results-Based Accountability, which assists communities in identifying the benefits of their efforts.

   The *Community Mental Health Training* Project was initially implemented in fiscal 2010-2011 and in it's first two years certified over 70 Mental Health First Aid instructors (MHFA). Over the course of seven years, almost 4,000 individuals had been trained across the three cities who are prepared to offer support to anyone they encounter who is experiencing mental or emotional distress. Tri-City has expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, the Recovery Model, Non-Suicidal Self-Harm and parenting classes. Additionally, in FY 2018-19, Tri-City expanded its training programs with the addition of a new Trauma Training: Adverse Childhood Experiences (ACEs). Community Mental Health Trainers (CMHT) offer free group trainings to community members and partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trauma-informed and evidence-based trainings include Mental Health First Aid (MHFA), Adverse Childhood Experiences (ACEs), Community Resiliency ModelTM (CRM), Motivational Interviewing (MI), and Everyday Mental Health (EMH) as well as workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes. These trainings are offered virtually and in-person.

   Tri-City's *Stigma Reduction* program also known as Room for Everyone began in fiscal 2013-14. Activities offered in this program include stigma reduction efforts, suicide prevention training, a speakers bureau and a community art gallery located at Tri-City's 2001 N. Garey Ave. site.

   The total budget for the Community Capacity Building program includes costs of approximately $678 thousand. The main components of the budgeted expenses are salaries and benefits of approximately $448 thousand for 3.3 FTEs, $229 thousand for Community grants, facility and equipment costs and various services and supplies.

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2. **Older Adult Wellbeing**. This project focuses on older adults, and in particular, the disparities in access to mental health services experienced by older adults, as well as the high risk of suicide for this age group. This program includes two main projects:

   a. Peer Mentoring, *and*

   b. Specialty Groups/Programming Offered at the Wellness Center

   The *Peer Mentoring* Project, a prevention and early intervention program, provides peer counseling and peer support groups for older adults from unserved and under-served communities through the engagement of partners in the communities across the three cities to identify older adults who could benefit from these programs. The Peer Mentor Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for normal services or are transitioning out of formal services. This project trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer mentors can offer both individual and group mentoring, and additional support through linkages to age and culturally-appropriate resources.

   This budget includes costs of approximately $224 thousand. The main components of the budgeted expenses are salaries and benefits of approximately $219 thousand for 1.3 FTE. The remaining costs include supplies, equipment costs, training and other miscellaneous expenses.

3. **Transition Age Youth (TAY) Wellbeing.** This project focuses on transitional-aged young adults, including young adults from under-served cultural populations, young adults at risk of serious psychiatric illness, young adults exposed to trauma, young adults in stressed families, and others. This program includes two projects:

   a. Peer Mentoring, *and*

   b. Specialty Groups/Programming Offered at the Wellness Center

   The Peer Mentors Support Program provides peer counseling and peer support groups for transitional-aged young adults from unserved and under-served communities through the engagement of partners in the communities across the three cities to identify young adults who could benefit from the programs under this project. The Peer Mentor Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for normal services or are transitioning out of formal services. The Peer Mentoring Program also trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer mentors can offer both individual and group mentoring, and additional support through linkages to age and culturally-appropriate resources.

   This budget includes costs of approximately $241 thousand. The main components of the budgeted expenses are salaries and benefits, and other costs that support this program including training.

4. **Family Wellbeing.** This project focuses on family members and caregivers, particularly of young children, as a way of providing support to children and youth in stressed families,

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including family members from unserved and under-served cultural populations. The Family Wellbeing Project is building trusting relationships and provides supports to family members and caregivers of people who participate in the Wellness Center, the Peer Support Programs, and other PEI programs. Families who need these supports will be identified through the engagement of partners in the communities across the three cities including schools, colleges, health clinics, and other primary care providers and organizations.

This budget includes costs of approximately $167 thousand. The main components of the budgeted expenses are salaries and benefits and other costs that support this program.

5. **School Based Services**. School-Based Services (SBS), provides services to students directly on local school campuses during school hours. Tri-City provides services to students attending schools whose districts are within its jurisdiction including Bonita Unified School District, Claremont Unified School District and Pomona Unified School District.

6. **NAMI**. This program was originally approved in fiscal 2010-11 in Tri-City's MHSA 2011-12 Annual Update. In FY 2011-12, NAMI Pomona Valley entered into a partnership under Tri-Ctiy's PEI plan to provide training in schools located in the cities of Claremont, La Verne and Pomona. The original program budget provided funding to NAMI Pomona Valley to support their community capacity building programs with the "Inter-Faith Collaboration on Mental Illness" and "Parents and Teachers as Allies" communities. In July 2019, Parents and Teachers as Allies (PTAA) was replaced by a more comprehensive training called Ending the Silence (ETS), which included the same components as PTAA as well as a component dedicated to training students to recognize early warning signs of mental illness. Of these programs, Ending the Silence was the only program that was continued during fiscal 2020-21 by NAMI. In April of 2021, stakeholders unanimously agreed to add NAMI 101 to the existing Ending the Silence program thereby creating two training options for community members. The NAMI budget for fiscal 2025-26 is approximately $16.5 thousand which includes amounts for professional services for the NAMI programs and related stipends and amounts for miscellaneous expenses for training conferences.

7. **Housing Stability Program (previously Building Bridges between Landlords, Mental health Providers and Clients—AKA Landlords).** This program was approved by the Governing Board in the PEI Update submitted in fiscal 2011-12 to expand and strengthen the system of care towards community wellbeing by focusing on ways that landlords and Tri-City Mental Health Authority can work together to 1) identify mental health needs; and 2) provide assistance in ways that allow Tri-City Mental Health Authority clients to access or maintain their housing arrangement. In addition, due to housing projects that were completed in 2015-16 and during 2017-18, major efforts continue to take place to assure that clients in need of housing will be signed up to apply for housing. This budget includes costs of approximately $284 thousand. The main components of the budgeted expenses are salaries and benefits and other costs that include facility and equipment costs and other services and supplies that support this program.

8. **Therapeutic Community Gardening.** This program was originally approved by the Governing Board in the Annual MHSA 2012-13 Update submitted in fiscal 2011-12. This project seeks to increase access to mental health services and supports for select

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populations through a community-wide urban farm. The project originally focused on three priority populations who suffer isolation from friends, family and the broader community -- veterans, school-aged children and their families, and youth transitioning out of foster care. During the 2014-15 MHSA update, it was determined that the Therapeutic Community Gardening should be open to all qualifying clients. As a result of the success of this program, more groups have been added over the past several years and therefore, Tri-City had increased the budget for one additional clinical staff. This budget includes costs of approximately $680 thousand. The main components of the budgeted expenses are salaries and benefits of approximately and other miscellaneous costs that support this program.

9. **Early Psychosis.** In 2018 the Mental Health Service Act was amended to include specific prevention and intervention program priorities and this included the establishment of an Early Psychosis program. This program was established by Tri-City in Fiscal Year 2018-19 which was also recommended as part of the Stakeholder process for the 2018-19 MHSA Plan Update. The purpose of this project was to develop an early psychosis program in order to address the identification and diagnosis of individuals ages 16 to 25, who are suffering from psychosis and are not currently enrolled in mental health services. The original amount of $240 thousand in funds were designated for a two-year project that utilized one-time PEI dollars on program development and early implementation. As a result of the development of this project, Tri-City identified the PIER (Prevention, Intervention, Enforcement and Reentry) model as the most comprehensive and effective to meet the needs of Tri-City clients and community members. This evidence-based treatment uses three key components – community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. Tri-City staff continues to focus on hosting early psychosis trainings with the goal of informing community partners of this opportunity and hopefully increasing interest in attendance.

   This budget includes total costs of approximately $301 thousand. The main components of the budgeted expenses are salaries and benefits and other anticipated costs associated with further developing the program such as training and professional services.

10. **PEI Administration.** These costs include the administrative functions required to oversee the various programs included in the PEI plan and includes salary costs, facility costs, attorney fees, and other miscellaneous costs. Personnel costs include portions of certain positions (FTEs) such as the PEI Coordinator, data collection, billing, and accounting personnel and allocated Executive/Senior Management team time.

INNOVATIONS PLAN

The purpose of the Innovation projects is to promote learning through innovative programs and processes in order to increase access to underserved groups and increase the quality of services provided and identifying if better outcomes result. INN projects are three-year projects that may be extended up to 5 years, and are evaluated at the end of the project to determine if the learning from the projects can be implemented into other MHSA programs. Over the years and since 2012, various INN projects have been approved and completed and include the following:

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- Modified Cognitive Enhancement Therapy
- Integrated Care Project
- Cognitive Remediation Therapy
- Employment Stability
- INN Technology Suite project (later named Help at Hand).
- Multi-County Psychiatric Advance Directors (PADS)

The Multi-County Psychiatric Advance Directives (PADs) Phase II project and the Community Planning Process for Innovation Projects (described below) are the two newest approved projects included in this budget. The current program descriptions are noted as follows:

1. **Community Planning Process for Innovation Project(s).** With the subsequent reduction in COVID restrictions, it was determined that it was time to restructure our community outreach and engagement approach to community planning for our next Innovation project(s). Our goal is to be strategic when connecting with community members and taking the necessary time to research, plan and develop future Innovation projects that are meaningful and will have an impact on our community. This three-year project seeks to utilize Innovation funds in the amount of $675,000 over three years to develop a robust and effective strategic community planning process and related activities resulting in future Innovation plans that are calculated, meaningful, and effective.

2. **Psychiatric Advance Directives (PADS) Phase II:** A Psychiatric Advance Directive (PAD) is a legal document that outlines an individual's specific treatment preferences in the event of a future behavioral health crisis when they may be unable to make their own decisions. The PADS Phase II project is a multi-county Collaborative project between Tri-City Mental Health and six other counties. The project is a multi-county cloud-based technology platform which operates in real-time, where consumer can create, access, store and share their PAD with their appointed advocate, loved ones, and providers. It is a shared system for Healthcare providers and first responders to allow immediate access to consumer's PAD during crisis. The project was originally endorsed by the Tri-City's MHSA Stakeholders and was presented and approved by the Governing Board on April 20, 2022 and later approved by the Mental Health Services Oversight and Accountability Commission (MHSAOAC). On October 8, 2024, a Public Hearing pertaining to PADs Phase II was held during the regular Tri-City Commission meeting. On October 23, 2024, the Tri-City Governing Board met and approved PADs Phase II. With this approval, the plan was added to the Mental Health Services Oversight and Accountability Commission (MHSOAC) consent calendar and was approved on November 21, 2024. With this approval, the Innovations PADs project can continue to Phase II beginning on July 1, 2025 with a total project budget of $1.5 million. This budget includes projected costs of approximately $323 thousand for fiscal year 2025-26.

3. **Administrative INN Costs.** These costs include the administrative functions required to oversee INN programs included in the INN plan and includes salary costs, facility costs, and other miscellaneous costs. Personnel costs include a portion of FTEs for the allocated time of Management as well as data collection, billing, and accounting personnel, and for costs of staff allocated to work on INN Programs administratively.

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WORKFORCE, EDUCATION & TRAINING PLAN

The purpose of the WET programs is to promote learning and staff development as well as to provide a means to educate the community and to develop a base for future employees and volunteers in the provision of community mental health. This plan was originally approved in November 2012 and began implementation in fiscal 2012-13 with an initial allocation of $1.1 million in fiscal 2010-11. WET funding is considered one-time funding and, once exhausted and in order to continue programming in the WET Plan, transfers of available funding from the CSS Plan would be required. As noted in prior years' budgets, several transfers have been made to continue the programs in WET. The most recent transfer approved was included within the Fiscal Year 2025-26 Annual Update in the total amount of up to $3 million ($1.5M to CFTN and $1.5M to WET). As these have now been approved, these transfers are now scheduled to take place during Fiscal Year 2025-26.

As with other county mental health agencies, Tri-City was previously facing a resignation and hiring crisis. To ensure future mental health personnel, Tri-City had identified the need to develop a more effective recruitment and retention strategy. Therefore, during a virtual stakeholders meeting in August 2021, a proposal to amend the MHSA Annual Update for FY2021-22 was approved by stakeholders to 1) create two new staff position in WET; Social Media Specialist to enhance Tri-City's web promoting employment, and Diversity Equity and Inclusion Coordinator focus on ensuring an inclusive and equitable presentation within Tri-City's system and 2) to develop a loan repayment program.

Included in the initial WET plan, was the implementation of two projects/programs (that to date have been continued as a result of transfers) and those projects/programs are described as follows:

1. **Learning and Improvement**. This project supports the development and training of current staff to enable better service to Tri-City's clients. This program provides all staff the opportunity to attend a myriad of trainings covering various topics including clinical best practices, HR related issues, facilities, project management, IT, front office, etc. Other specific trainings include online and live classes and seminars. Over the years, Tri-City brought to the existing workforce specialized trainings on a variety of topics including trauma treatment, motivational interviewing, co-occurring disorders treatment, leadership development and training on Adverse Childhood Experiences (ACES). These specific types of training will continue in fiscal 2025-26.

   This budget includes costs of approximately $526 thousand. The main components of the budgeted expenses are salaries and benefits of approximately $338 thousand, $188 thousand for some operating costs, conferences and related costs, and costs relating to training and the development and/or purchase of educational software. These expenditures will continue to support the Learning and Improvement programs noted above by providing training opportunities to staff on leadership and management, purchase and make online training libraries available, and provide specialized trainings on a variety of topics including how-to engage difficult clients and the Trauma Resiliency Model.

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2. **Volunteers & Future Employees**. This project focuses on outreach to the community to educate and train a pool of future employees and volunteers for the provision of community health. The WET Supervisor has in the past and over several years recruited over 200 volunteers for different programs at Tri-City which have included students from the local colleges, public high schools, and private high schools and as well as community members within the three cities. During fiscal 2013-14 the WET Supervisor started the WISH program (Working Independence Skills Helping) which trains current and former Tri-City clients on skills to prepare them for formal volunteer work both within and outside the Tri-City system of care. The WET Supervisor has participated in various community outreach events to introduce careers in mental health. There are a number of volunteers on a waiting list at Tri-City to be trained and placed within the system of care. Service-Learners (formerly called volunteers) provide support in many of the MHSA programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, and stigma reduction events such as Tri-City's Green Ribbon Week.

   This year's budget includes costs of approximately $42 thousand that are expected to cover the costs to continue community outreach events. The main component of the budgeted expenses are salaries and benefits of approximately $37 thousand. Tri-City continues to pursue partnering with Claremont High School and Pomona Unified School District to be a part of their career day events for high school students. Also, Tri-City will continue to outreach to the High Schools in La Verne to provide presentations on careers in mental health.

3. **Administrative WET Costs.** These costs include administrative staff support.

CAPITAL FACILITIES/TECHNOLOGY NEEDS PROJECTS

CFTN funds are considered one-time use funds and in order to continue projects in the CFTN plan, transfers of MHSA CSS Plan funds must be made into the CFTN Plan from available CSS funds. These transfers must first be approved by the stakeholders and then by the Mental Health Commission and the Governing Board. Over the years several transfers have been made into the CFTN plan to fund various projects and the following are projects that are either underway or currently active:

1. **MHSA Administrative Professional Building**. In March 2015, the CFTN plan was updated and approved by the Governing Board which included a new Capital Facilities project for the purchase (including required improvements) of an office building for MHSA Administrative Professional staff. The purchase of an office building was completed in July of 2015. The costs of operating the building (not including depreciation associated with the building improvements) are allocated to the appropriate MHSA programs based on the staff that occupy the building, which include programs such as Community Capacity, Stigma Reduction, Community Mental Health Trainers, Employment Stability, Learning and Improvement, Volunteers and Future Employees, and various other PEI and CSS related programs including Administrative support staff directly working on MHSA programs. The only costs presented in this budget related to this project include only the annual depreciation of approximately $88 thousand for the building and related improvements.

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2. **IT Infrastructural Needs Plan**. In May 2022, a new CFTN plan was posted for a 30 day public comment period. In order to maintain high operational computers and network, increase system security and compliance, provide reliable data backup, etc., in June of 2022, the Governing Board approved an amount of $767 thousand in CFTN funds to implement these IT Infrastructure Needs projects. The amounts included in this budget are only a portion of the $767 thousand projected to be expended during fiscal year 2025-26.

CASH FLOW BUDGET

GENERAL COMMENTS

The projected cash flow for MHSA operations include expected inflows of cash from the receipt of MHSA funding received from the State and Medi-Cal reimbursement. This budget includes estimated Medi-Cal reimbursement for services provided to Medi-Cal eligible clients served in the Full Service Partnership program, Access to Care, and a minimal amount related to the Field Capable Services program.

Monthly MHSA remittances are received and funds received by Tri-City that have not been approved for expenditure are reflected as deferred revenues (deferred inflows of resources). However, the Cash Flow Statements reflect the actual cash receipt of MHSA funds when they are received. As existing MHSA programs and new Plans are approved, the funds received in prior years in addition to funds to be received in fiscal 2025-26 can be used to fund the new approved expenditures in fiscal 2025-26.

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CASH FLOWS FROM OPERATING ACTIVITIES

There are three major components to cash flows from operating activities:

1. Cash received from and on behalf of patients includes the following.

    a. Expected receipts of Medi-Cal FFP for Medi-Cal services performed under the Full Service Partnerships (FSP). This includes FFP reimbursement for Medi-Cal eligible clients, clients that were previously un-funded but now qualify for Medi-Cal under Medi-Cal Expansion and coverage of undocumented children under the age 19 as previously approved in the Governor's budget. As previously noted, young adults under the age of 26 are now eligible for full scope Medi-Cal.

    b. Expected receipts of Medi-Cal State EPSDT for Medi-Cal services performed under FSP for children and youth under age 21.

    c. Collection of client rental payments.

2. Cash payments to suppliers and contractors. These amounts include costs of operating all MHSA related programs.

3. Payments to or on behalf of employees. This amount includes the gross salaries plus benefits.

4. And lastly, estimated outflows needed for additional staffing primarily for the implementation of BHSA transition – The amount of $3.5 million has been budgeted and earmarked. As noted previously, the need to grow administrative infrastructure is necessary as a result of overall growth throughout the years in addition to preparing for the implementation of BHSA.

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

MHSA funding is the only component to cash flows from non-capital financing activities. The amount included in the budget reflects the estimated State 2025-26 allocations that were included in the MHSA 2025-26 Annual Update proposed at the April 8, 2025 Public Hearing and presented and approved at the April 16, 2025 Governing Board Meeting. These funds are released by the State based on dedicated State tax revenues collected by the State and put into the State's Mental Health Fund. It should also be noted that the amounts projected to be received were based on the projections provided by the California Behavioral Health Directors Association (CBHDA) as of the most recent projections in February of 2025.

CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES

This section reflects MHSA's projected investments in capital facilities, equipment or general capital purchases for the MHSA programs. The projected purchases include the following:

1. Approximately $200 thousand has been projected for the replacement and improvement of hardware and software during fiscal 2025-26. This includes continual improvement or scheduled replacement of servers, renewal of software licenses, replacement of aged computers and replacement and improvement of various information technology related equipment. Although other IT related infrastructure related costs are projected to be expended, they are not all located in the cash flow budget and instead located in the operating budget under CFTN due to the uncertainty of whether or not the purchases will be capitalized at this time.

2. The amount of $110 thousand is being budgeted for general and capitalizable projected needs of office furniture, office equipment, and other equipment related purchases required for various programs. These costs also include amounts to essentially account for unanticipated purchases as these programs may continue to grow, including FSP, the Wellness Center, and to accommodate additional staffing growth.

3. Approximately $450 thousand has been included in the cash flow budget for various projects upgrades to MHSA related buildings that would include roof replacement, improvements and replacement of air conditioning units, plumbing and potentially leasehold improvements related to the leasing of new space. Estimated costs for these projects are included in operating budget while a portion of these costs are included in this Cash Flow Budget.

CASH FLOW FROM INVESTING ACTIVITIES

This section reflects MHSA's projected interest income from the cash deposited in the LAIF account and money market and savings accounts. The amount projected is based on the current interest rates.

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TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT (MHSA) OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				BUDGET	% to	PROJECTED	% to	$$
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	Rev	2024-25 (see note)	Rev	Variance
REVENUE									
MEDI-CAL ADULT FFP	1,809,641	1,809,641	1,809,641	1,809,641	$ 7,238,562	25.2%	5,845,983	23.1%	$ 1,392,579
MEDI-CAL CHILDREN FFP	814,859	814,859	814,859	814,859	3,259,436	11.4%	3,574,499	14.1%	(315,063)
MEDI-CAL CHILDREN EPSDT--STATE	568,597	568,597	568,597	568,597	2,274,388	7.9%	2,506,341	9.9%	(231,953)
REALIGNMENT	-	-	-	-	-	0.0%	-	0.0%	-
MEDICARE	1,250	1,250	1,250	1,250	5,000	0.0%	5,315	0.0%	(315)
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%	-	0.0%	-
MHSA FUNDING	3,713,643	3,713,643	3,713,643	3,713,643	14,854,572	51.8%	12,274,355	48.4%	2,580,217
CITY SHARE - LA VERNE	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - CLAREMONT	-	-	-	-	-	0.0%	-	0.0%	-
CITY SHARE - POMONA	-	-	-	-	-	0.0%	-	0.0%	-
GRANTS	-	-	-	-	-	0.0%	-	0.0%	-
INTEREST INCOME	555,405	555,405	555,405	555,405	2,221,620	7.7%	1,712,216	6.8%	509,404
RENTAL AND OTHER INCOME	23,155	23,155	23,155	23,155	92,620	0.3%	92,671	0.4%	(51)
ESTIMATED M/C DENIALS/DISALLOWANCE	(319,310)	(319,310)	(319,310)	(319,310)	(1,277,239)	-4.5%	(676,346)	-2.7%	(600,893)
TOTAL REVENUES	**7,167,240**	**7,167,240**	**7,167,240**	**7,167,240**	**28,668,959**	**100.0%**	**25,335,034**	**100.0%**	**3,333,925**
EXPENSES									
SALARY COSTS									
SALARY AND WAGES	4,607,760	4,607,760	4,607,760	4,607,760	18,431,038	64.3%	12,997,386	51.3%	5,433,652
INSURANCE-Health/workers comp/life	714,201	714,201	714,201	714,201	2,856,802	10.0%	1,871,351	7.4%	985,451
RETIREMENT COSTS	736,563	736,563	736,563	736,563	2,946,250	10.3%	1,733,163	6.8%	1,213,087
PAYROLL TAXES	111,009	111,009	111,009	111,009	444,037	1.5%	218,710	0.9%	225,327
MISC COSTS	356,627	356,627	356,627	356,627	1,426,506	5.0%	777,070	3.1%	649,436
	6,526,158	6,526,158	6,526,158	6,526,158	26,104,633	91.1%	17,597,680	69.5%	8,506,953
FACILITY COSTS									
STORAGE LEASES	19,593	19,593	19,593	19,593	78,372	0.3%	69,200	0.3%	9,172
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%	-	0.0%	-
FACILITY RENT	43,204	43,204	43,204	43,204	172,814	0.6%	167,474	0.7%	5,340
INTERCOMPANY FACILITY CHARGES	20,435	20,435	20,435	20,435	81,740	0.3%	77,617	0.3%	4,123
UTILITIES	27,728	27,728	27,728	27,728	110,912	0.4%	109,381	0.4%	1,531
BUILDING REPAIRS AND MAINTENANCE	25,339	25,339	25,339	25,339	101,354	0.4%	99,999	0.4%	1,355
JANITORIAL SERVICES & SUPPLIES	22,480	22,480	22,480	22,480	89,918	0.3%	88,681	0.4%	1,237
WASTE DISPOSAL	7,729	7,729	7,729	7,729	30,914	0.1%	30,372	0.1%	542
	166,506	166,506	166,506	166,506	666,024	2.3%	642,724	2.5%	23,300
EQUIPMENT COSTS									
EQUIPMENT RENTAL/LEASE	25,922	25,922	25,922	25,922	103,687	0.4%	98,655	0.4%	5,032
EQUIP MAINT/REPAIRS	4,249	4,249	4,249	4,249	16,996	0.1%	13,523	0.1%	3,473
EQUIP/FURNITURE PURCHASES EXPENSED	11,475	11,475	11,475	11,475	45,901	0.2%	111,310	0.4%	(65,409)
AUTO EXPENSES	2,490	2,490	2,490	2,490	9,959	0.0%	9,667	0.0%	292
AUTO INSURANCE	17,266	17,266	17,266	17,266	69,065	0.2%	49,413	0.2%	19,652
CELLULAR/PAGER LEASES	26,774	26,774	26,774	26,774	107,097	0.4%	97,763	0.4%	9,334
	88,176	88,176	88,176	88,176	352,705	1.2%	380,331	1.5%	(27,626)

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TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT (MHSA) OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				BUDGET	% to	PROJECTED	% to	$$
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	Rev	2024-25	Rev	Variance
OTHER SERVICES AND SUPPLIES									
CONFERENCES, SEMINARS & RELATED COST	22,405	22,405	22,405	22,405	89,620	0.3%	89,397	0.4%	223
MILEAGE REIMBURSEMENT	4,213	4,213	4,213	4,213	16,852	0.1%	16,388	0.1%	464
	-	-	-	-	-	0.0%	-	0.0%	-
PERSONNEL ADS	15,635	15,635	15,635	15,635	62,541	0.2%	60,719	0.2%	1,822
PROFESSIONAL LIABILITY INSURANCE	111,071	111,071	111,071	111,071	444,284	1.5%	406,168	1.6%	38,116
SECURITY EXPENSE	156,103	156,103	156,103	156,103	624,410	2.2%	611,142	2.4%	13,268
DUES & SUBSCRIPTIONS	28,455	28,455	28,455	28,455	113,821	0.4%	110,505	0.4%	3,316
OTHER SUPPLIES	8,852	8,852	8,852	8,852	35,408	0.1%	34,845	0.1%	563
PRINTING	832	832	832	832	3,326	0.0%	3,231	0.0%	95
CLIENT EXPENSES	29,463	29,463	29,463	29,463	117,852	0.4%	114,419	0.5%	3,433
LAB COST	10	10	10	10	41	0.0%	40	0.0%	1
AMBULANCE COSTS	-	-	-	-	-	0.0%	-	0.0%	-
OFFICE SUPPLIES	5,390	5,390	5,390	5,390	21,558	0.1%	20,887	0.1%	671
POSTAGE	129	129	129	129	517	0.0%	503	0.0%	14
RECORD DESTRUCTION	3,209	3,209	3,209	3,209	12,837	0.0%	12,464	0.0%	373
TELEPHONE EXPENSES	54,230	54,230	54,230	54,230	216,921	0.8%	213,163	0.8%	3,758
COMPUTER SYSTEMS & SOFTWARE	33,263	33,263	33,263	33,263	133,052	0.5%	222,270	0.9%	(89,218)
DATA PROCESSING/LICENSES	38,515	38,515	38,515	38,515	154,061	0.5%	153,215	0.6%	846
MISCELLANEOUS	11,234	11,234	11,234	11,234	44,936	0.2%	43,628	0.2%	1,308
	526,509	526,509	526,509	526,509	2,106,037	7.3%	2,113,020	8.3%	(6,983)
SPECIFIC COSTS									
PROGRAMS:									
CLIENT SUPPORT COSTS	117,355	117,355	117,355	117,355	469,418	1.6%	455,746	1.8%	13,672
UNIQUE MHSA PROGRAM RELATED COST	115,993	115,993	115,993	115,993	463,971	1.6%	3,855	0.0%	460,116
COMMUNITY GRANTS	33,412	33,412	33,412	33,412	133,649	0.5%	129,756	0.5%	3,893
WET--LEARNING & OUTREACH	23,250	23,250	23,250	23,250	93,000	0.3%	102,276	0.4%	(9,276)
PROFESSIONAL SERVICES	26,035	26,035	26,035	26,035	104,140	0.4%	177,464	0.7%	(73,324)
ADMINISTRATIVE:									
DIRECTORS & OFFICERS INSURANCE	6,399	6,399	6,399	6,399	25,594	0.1%	22,298	0.1%	3,296
PROFESSIONAL SERVICES	23,678	23,678	23,678	23,678	94,710	0.3%	90,181	0.4%	4,529
ATTORNEY FEES	96,250	96,250	96,250	96,250	385,000	1.3%	336,645	1.3%	48,355
BANK FEES	1,321	1,321	1,321	1,321	5,285	0.0%	5,131	0.0%	154
AUDIT FEES	6,210	6,210	6,210	6,210	24,840	0.1%	33,404	0.1%	(8,564)
	449,902	449,902	449,902	449,902	1,799,607	6.3%	1,356,756	5.4%	442,851
DEPRECIATION AND AMORT	152,327	152,327	152,327	152,327	609,306	2.1%	422,230	1.7%	187,076
TOTAL COSTS	**7,909,578**	**7,909,578**	**7,909,578**	**7,909,578**	**31,638,312**	**110.4%**	**22,512,741**	**88.9%**	**9,125,571**
INCOME (LOSS) FROM OPERATIONS	**$ (742,338)**	**$ (742,338)**	**$ (742,338)**	**$ (742,338)**	**$ (2,969,353)**	**-10.4%**	**$ 2,822,293**	**11.1%**	**$ (5,791,646)**

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NOTE: The fiscal year 2024-25 amounts are UNAUDITED and PRELIMINARY based on nine months results through March 31, 2025.
Such amounts are subject to further review and audit and are presented herein for comparison purposes only.

TRI-CITY MENTAL HEALTH AUTHORITY
MHSA CONSOLIDATING BUDGET
FISCAL YEAR 2025-26

	CSS PROGRAMS	PEI PROGRAMS	INN PROGRAMS	WET PROGRAMS	CFTN PROJECTS	TOTAL
REVENUE						
MEDI-CAL ADULT FFP	$ 7,238,562	$ -	$ -	$ -	$ -	$ 7,238,562
MEDI-CAL CHILDREN FFP	2,945,379	314,057	-	-	-	3,259,436
MEDI-CAL CHILDREN EPSDT--STATE	1,960,331	314,057	-	-	-	2,274,388
REALIGNMENT	-	-	-	-	-	-
MEDICARE	5,000	-	-	-	-	5,000
PATIENT FEES/INSURANCE	-	-	-	-	-	-
MHSA FUNDING	10,424,618	3,408,921	1,021,033	-	-	14,854,572
CITY SHARE - LA VERNE	-	-	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-	-	-
CITY SHARE - POMONA	-	-	-	-	-	-
GRANTS	-	-	-	-	-	-
INTEREST INCOME	1,458,393	235,522	181,617	49,416	296,672	2,221,620
RENTAL AND OTHER INCOME	92,620	-	-	-	-	92,620
ESTIMATED M/C DENIALS/DISALLOWANCE	(1,214,427)	(62,812)	-	-	-	(1,277,239)
TOTAL REVENUES	**22,910,476**	**4,209,745**	**1,202,650**	**49,416**	**296,672**	**28,668,959**
EXPENSES						
SALARY COSTS						
FTE's	*155.1*	*25.2*	*2.9*	*3.5*	-	*186.7*
SALARY AND WAGES	14,977,377	2,827,576	295,264	330,821	-	18,431,038
INSURANCE-Health/workers comp/life	2,320,090	440,283	44,306	52,123	-	2,856,802
RETIREMENT COSTS	2,402,195	445,885	44,822	53,348	-	2,946,250
PAYROLL TAXES	361,244	67,853	6,821	8,119	-	444,037
MISC COSTS	1,160,533	217,984	21,911	26,078	-	1,426,506
	21,221,439	3,999,581	413,124	470,489	-	26,104,633
FACILITY COSTS						
STORAGE LEASES	74,407	3,221	248	496	-	78,372
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-
FACILITY RENT	145,301	24,677	945	1,891	-	172,814
INTERCOMPANY FACILITY CHARGES	76,027	5,714	-	-	-	81,741
UTILITIES	99,521	9,184	48	2,159	-	110,912
BUILDING REPAIRS AND MAINTENANCE	68,121	30,844	196	2,193	-	101,354
JANITORIAL SERVICES & SUPPLIES	76,494	11,273	201	1,950	-	89,918
WASTE DISPOSAL	26,666	3,782	11	455	-	30,914
	566,537	88,695	1,649	9,144	-	666,025
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	90,590	11,028	144	1,925	-	103,687
EQUIP MAINT/REPAIRS	14,461	2,192	22	321	-	16,996
EQUIP/FURNITURE PURCHASES EXPENSED	31,366	12,901	274	1,360	-	45,901
AUTO EXPENSES	9,421	496	18	24	-	9,959
AUTO INSURANCE	65,135	3,738	64	128	-	69,065
CELLULAR/PAGER LEASES	83,359	20,725	438	2,575	-	107,097
	294,333	51,080	960	6,333	-	352,706

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA CONSOLIDATING BUDGET
FISCAL YEAR 2025-26

	CSS PROGRAMS	PEI PROGRAMS	INN PROGRAMS	WET PROGRAMS	CFTN PROJECTS	TOTAL
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	24,089	1,469	65	63,997	-	89,620
MILEAGE REIMBURSEMENT	15,630	1,210	5	7	-	16,852
PERSONNEL ADS	54,819	2,137	228	5,357	-	62,541
PROFESSIONAL LIABILITY INSURANCE	379,856	55,081	828	8,519	-	444,284
SECURITY EXPENSE	523,485	94,219	280	6,426	-	624,410
DUES & SUBSCRIPTIONS	54,342	56,673	1,134	1,672	-	113,821
OTHER SUPPLIES	26,617	8,042	79	670	-	35,408
PRINTING	2,135	434	9	748	-	3,326
CLIENT EXPENSES	113,568	4,284	-	-	-	117,852
LAB COST	41	-	-	-	-	41
AMBULANCE COSTS	-	-	-	-	-	-
OFFICE SUPPLIES	17,638	3,379	151	390	-	21,558
POSTAGE	471	44	1	1	-	517
RECORD DESTRUCTION	12,837	-	-	-	-	12,837
TELEPHONE EXPENSES	182,902	28,856	877	4,286	-	216,921
COMPUTER SYSTEMS & SOFTWARE	105,482	22,647	2,050	2,873	-	133,052
DATA PROCESSING/LICENSES	148,375	4,916	50	720	-	154,061
MISCELLANEOUS	29,585	13,976	618	757	-	44,936
	1,705,872	297,367	6,375	96,423	-	2,106,037
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	469,418	-	-	-	-	469,418
UNIQUE MHSA PROGRAM RELATED COSTS	-	3,971	205,000	-	255,000	463,971
COMMUNITY GRANTS	-	133,649	-	-	-	133,649
WET--LEARNING & OUTREACH	-	-	-	93,000	-	93,000
PROFESSIONAL SERVICES	18,300	85,840	-	-	-	104,140
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	23,035	2,559	-	-	-	25,594
PROFESSIONAL SERVICES	94,710	-	-	-	-	94,710
ATTORNEY FEES	385,000	-	-	-	-	385,000
BANK FEES	4,198	879	90	118	-	5,285
AUDIT FEES	22,356	2,484	-	-	-	24,840
	1,017,017	229,382	205,090	93,118	255,000	1,799,607
DEPRECIATION AND AMORT	495,355	24,465	665	1,113	87,708	609,306
TOTAL COSTS	**25,300,553**	**4,690,570**	**627,863**	**676,620**	**342,708**	**31,638,314**
INCOME (LOSS) FROM OPERATIONS	**$ (2,390,077)**	**$ (480,825)**	**$ 574,787**	**$ (627,204)**	**$ (46,036)**	**$ (2,969,355)**
ESTIMATED CURRENT AVAILABLE RESOURCES BY PLAN AS OF 7/1/2025	**24,523,448**	**4,078,128**	**3,670,798**	**548,773**	**5,881,190**	**38,702,337**
PLANNED TRANSFERS	**(3,000,000)**			**1,500,000**	**1,500,000**	**-**
ESTIMATED CURRENT AVAILABLE RESOURCES BY PLAN AS OF 6/30/2026	**19,133,371**	**3,597,303**	**4,245,585**	**1,421,569**	**7,335,154**	**35,732,982**

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TRI-CITY MENTAL HEALTH AUTHORITY
MENTAL HEALTH SERVICES ACT PROGRAMS CASH FLOW BUDGET
FISCAL YEAR 2025-26

	FY 2025-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	BUDGET FY 2025-26
CASH FLOWS FROM OPERATIING ACTIVITIES					
CASH RECEIVED FROM AND ON BEHALF OF PATIENTS	$ 2,875,037	$ 2,875,037	$ 2,875,037	$ 8,533,607	$ 17,158,717
CASH PAYMENTS TO SUPPLIERS AND CONTRACTORS	(1,231,093)	(1,231,093)	(1,231,093)	(1,231,093)	(4,924,373)
PAYMENTS TO OR ON BEHALF OF EMPLOYEES	(6,526,158)	(6,526,158)	(6,526,158)	(6,526,158)	(26,104,633)
ESTIMATED OUTFLOWS NEEDED FOR BHSA TRANSITION (STAFFING)	(500,000)	(500,000)	(1,250,000)	(1,250,000)	(3,500,000)
NET CASH USED BY OPERATING ACTIVITIES	(5,382,215)	(5,382,215)	(6,132,215)	(473,645)	(17,370,289)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES					
MHSA FUNDING	3,788,987	3,031,190	4,546,785	3,788,987	15,155,949
OTHER DONATIONS	-	-	-	-	-
NET CASH PROVIDED BY NONCAPITAL FINANCING ACTIVITIES	3,788,987	3,031,190	4,546,785	3,788,987	15,155,949
CASH FLOW FROM CAPITAL AND RELATED FINANCING ACTIVITIES					
PURCHASE OF CAPITAL ASSETS:					
BUILDING AND IMPROVEMENTS	(180,000)	(135,000)	(90,000)	(45,000)	(450,000)
LAND	-	-	-	-	-
OFFICE FURNITURE, EQUIPMENT & VEHICLES	(25,000)	(25,000)	(35,000)	(25,000)	(110,000)
IT EQUIPMENT, HARDWARE AND SOFTWARE LICENSES	(80,000)	(40,000)	(40,000)	(40,000)	(200,000)
RECEIPT/PAYMENT OF INTERCOMPANY ADVANCES BETWEEN OPERATIONS	(20,435)	(20,435)	(20,435)	(20,435)	(81,740)
NET CASH USED BY CAPITAL AND RELATED FINANCING ACTIVITIES	(305,435)	(220,435)	(185,435)	(130,435)	(841,740)
CASH FLOW FROM INVESTING ACTIVITIES					
INTEREST RECEIVED	555,405	555,405	555,405	555,405	2,221,620
OTHER INCOME RECEIVED	23,155	23,155	23,155	23,155	92,620
NET CASH PROVIDED BY INVESTING ACTIVITIES	578,560	578,560	578,560	578,560	2,314,240
NET CHANGE IN CASH	**(1,320,102)**	**(1,992,900)**	**(1,192,305)**	**3,763,468**	**(741,840)**
CASH BEGINNING BALANCE (Projected)	46,240,701	44,920,598	42,927,698	41,735,393	46,240,701
CASH ENDING BALANCE	**$ 44,920,598**	**$ 42,927,698**	**$ 41,735,393**	**$ 45,498,861**	**$ 45,498,861**

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TRI-CITY MENTAL HEALTH AUTHORITY

COMMUNITY SERVICES AND SUPPORTS (CSS) PLAN

PROPOSED

OPERATING BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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COMMUNITY SERVICES AND SUPPORTS PLAN

OPERATING BUDGET NARRATIVE

GENERAL & HISTORICAL INFORMATION

As described previously, MHSA funding is received on a monthly basis, and 76% (5% to INN, and the remainder to CSS 80% and PEI 20%) is required to be expended within the CSS Plan. As disclosed in the 2025-26 MHSA Plan approximately $11.5 million is expected to be received during fiscal year 2025-16. PEI funds have been used to establish Prudent Reserves, fund prior year costs and are expected to cover projected fiscal year 2025-26 operating and capital costs for the CSS programs. These funds will be available for use as required based on approval of Tri-City's MHSA Fiscal 2025-26 Annual Update. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and recognized as revenue when new plans have been approved and the funds are available for expenditure. The revenue that is deferred (as noted above) will be identified under the caption Deferred Inflows of Resources as MHSA Revenues Restricted for Future Period, on the Statement of Net Position in Tri-City's financial statements.

The current CSS Plan includes six programs:

- Full Service Partnerships (FSP) – Children, TAY, Adult and Older Adult
- Community Navigators
- Wellness Center
- Field Capable Clinical Services for Older Adults
- Permanent Supportive Housing
- Access to Care
- Mobile Crisis Care (MCC) Pilot Program (replaced Supplemental Crisis Support)

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REVENUE

1. **MHSA Funding**. MHSA funding represents the amount of funds approved through the MHSA 2025-26 Annual Plan process and available to be expended for CSS programs. As noted above, only the revenue that is approved for expenditures is recognized as revenue. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure.

2. **Medi-Cal Adult and Children FFP.** Medi-Cal FFP represents anticipated Federal reimbursement for services provided to Medi-Cal eligible clients under the Full Service Partnership (FSP) and Field Capable Clinical Services for Older Adult programs in the CSS plan that are being served by Tri-City staff. The amounts are based on estimated Medi-Cal billings and projected hours of services to be provided by clinical staff. This level of service is measured in hourly units of service, by practitioner, which are multiplied by the practitioner's hourly rate as prescribed by LADMH under the new Cal-AIM payment reform model.

The CSS 2025-26 budget assumes that enrollment in the FSP program will continue to increase to its full capacity. As noted previously in this budget, as of May 1, 2016, undocumented children under age 19 are eligible to receive full coverage and as such Tri-City anticipates that the number of unfunded clients will continue to slightly decrease. As a result of Medi-Cal Expansion (MCE), it is projected that the non Medi-Cal clients will continue to decrease.

It is expected that a percentage of the clients that are provided services by Tri-City will not qualify for Medi-Cal reimbursement and therefore, 100% of those service costs within these CSS programs will be funded by MHSA funds. This budget assumes that Tri-City will receive Federal Financial Participation funding (FFP) for services provided to clients that do qualify for Medi-Cal. 50% FFP reimbursement is projected for the cost of services provided to children and youth under the age of 21 and adults 21 and over that qualify for Medi-Cal under the original Short-Doyle M/C. As previously noted, as a result of Medi-Cal Expansion (MCE), approximately 90% FFP reimbursement is projected for the cost of services provided to single adults between the age of 18 and 65 that qualify. The budget also assumes that Tri-City will receive approximately 50% of the Cal-AIM rates, to provide Medi-Cal services to children and youth under the age of 21 years through the State EPSDT program. The remaining unreimbursed Medi-Cal service costs (i.e. local match) will be covered through the MHSA funding as noted above.

In October of 2015 Governor Brown approved Medi-Cal Expansion in the 2015 State Budget which provided for full coverage, as of May 1, 2016, to all low-income children in the state, regardless of their immigration status. These expanded services include mental health treatment. Additionally, as of January 1, 2020, a new California law allows for young adults under the age of 26 to be eligible for full scope Medi-Cal regardless of immigration status.

3. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and Benefits of $21.2 million include $17.3 million of direct provider/clinical staff salaries and $3.9 million of administrative salaries. These costs were based on the historical staffing requirements of each program as determined by the Chief Clinical Officer and Program Managers. The costs also include various vacancies for FSP positions which have been projected to be required in continuing to accommodate the FSP clients as well as the continued increase in clients resulting from expanded Medi-Cal eligibility. The projected staffing is as follows:

   a. Full Service Partnerships

      (1) Children – 14.2 Full Time Equivalents (FTEs)

      (2) TAY – 14.8 FTEs

      (3) Adult – 33.4 FTEs

      (4) Older Adult – 5.5 FTEs

   b. Community Navigators – 9.0 FTEs

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c. Access to Care – 21.8 FTEs

d. Wellness Center – 13.5 FTEs

e. Mobile Crisis Care (MCC) Pilot Program (formerly Supplemental Crisis) – 15.0 FTEs

f. Field Capable Clinical Services for Older Adults – 1.0 FTEs

g. Permanent Supportive Housing Program – 4.2 FTEs

h. Administration CSS – 22.7 FTE's, includes direct CSS Administration costs which include allocated time of the MHSA Manager and MHSA Director, as well as allocated time of data collection and quality control personnel, and billing and accounting personnel. In addition, Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, are anticipated to spend approximately 70% of their time on MHSA programs, including CSS programs.

All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house the current staff and any projected new staffing. The major portion of costs represents outside rental charges (leasing of office space), and intercompany facility charges that represent the allocation of costs to own and operate the administrative building located at 2001 N. Garey Ave. in Pomona and the clinic at 2008 N. Garey in Pomona. The costs are either reflected on the specific line item or are allocated to programs through the intercompany facility charge. Facility costs also include utilities, building repairs and maintenance costs and were projected based on actual historical costs per square foot and expected space required by each program.

   The costs for storage leases include the rental of space for archiving documents that are legally required to be retained, and are primarily fixed costs with minor increases to rates. Storage costs that do fluctuate are associated with the storage of medical and financial records and will fluctuate based on usage/access of these documents as needed throughout the year.

3. **Equipment Costs.** This amount reflects the anticipated costs for equipment needs for each program.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred and/or as a percentage of salary costs. In addition, certain projected costs include non-recurring costs for training. The major costs included in this category are as follows:

   a. Conference, Seminar & Related Costs. These costs represent anticipated supplemental training of FSP and Wellness Center personnel, as well as the requirement of the MHSA administrative staff attending MHSA conferences and seminars.

   b. Transportation and Mileage Costs. These costs include the anticipated costs to be incurred by the Community Navigators and FSP personnel, since these positions require

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going out to the client to provide the required services. Transportation and mileage costs also include transportation costs associated with conferences, seminars and trainings.

c. Professional Liability Costs. These costs represent the anticipated cost of professional liability insurance for clinical and support staff and are based on Tri-City's historical cost as it relates to salary costs.

d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations. The costs are then proportionately allocated to each of the programs by location and staff.

e. Client Costs. These costs represent varying miscellaneous costs used to support clients during their care.

f. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs as a percent of salary cost. In addition, other supply costs include program supplies anticipated to be required for the Wellness Center.

g. Data Processing/Licenses, Computer Systems. The data processing costs relate to the expected monthly charges to be allocated for Medi-Cal billing and statistical data reporting. The computer systems/IT related expenses represent the cost of upgrading hardware and connectivity. This includes the professional fees that may be paid to IT specialists.

5. **Specific Costs.** These costs are specific to certain programs and administrative expenditures.

a. Client Support Costs. These are generally costs that do not qualify as mental health expenditures for Medi-Cal reimbursement but are necessary to assist a client in achieving their goals. These costs are primarily for housing, however generally include food, clothing, and education/employment training, and are called FLEX funds under the Full Service Partnership program. The FLEX funds are based on past experience, and the current and projected need for the upcoming year are based on the number of Medi-Cal FSP clients receiving direct services.

b. Professional Services. These costs include consulting and professional services which include services provided to the Wellness Center by NAMI, recruitment fees, personnel related consultants, housing related professional fees and other general consulting and media costs. The budgeted professional service costs also allows for unexpected services to be required.

c. Attorney Fees. These costs included in the CSS administrative budget represent general legal fees expected in conjunction with the day-to-day program operations including contracting and human resources. The amount projected for 2025-26, is in line with prior years' budgeted amounts for legal fees and considered prudent to allow for unexpected matters to arise.

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d. Directors & Officers Insurance and Audit Fees. These are costs allocated to the CSS program.

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA--CSS OPERATING BUDGET
FISCAL YEAR 2025-26

		FY 25-26 QUARTERS				BUDGET	% to
		1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	
REVENUE							
	MEDI-CAL ADULT FFP	$ 1,809,641	$ 1,809,641	$ 1,809,641	$ 1,809,641	$ 7,238,562	31.6%
	MEDI-CAL CHILDREN FFP	736,345	736,345	736,345	736,345	2,945,379	12.9%
	MEDI-CAL CHILDREN EPSDT--STATE	490,083	490,083	490,083	490,083	1,960,331	8.6%
	REALIGNMENT	-	-	-	-	-	0.0%
	MEDICARE	1,250	1,250	1,250	1,250	5,000	0.0%
	PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
	MHSA FUNDING	2,606,155	2,606,155	2,606,155	2,606,155	10,424,618	45.5%
	CITY SHARE - LA VERNE	-	-	-	-	-	0.0%
	CITY SHARE - CLAREMONT	-	-	-	-	-	0.0%
	CITY SHARE - POMONA	-	-	-	-	-	0.0%
	GRANTS	-	-	-	-	-	0.0%
	INTEREST INCOME	364,598	364,598	364,598	364,598	1,458,393	6.4%
	RENTAL AND OTHER INCOME	23,155	23,155	23,155	23,155	92,620	0.4%
	ESTIMATED M/C DENIALS/DISALLOWANCE	(303,607)	(303,607)	(303,607)	(303,607)	(1,214,427)	-5.3%
	TOTAL REVENUES	**5,727,619**	**5,727,619**	**5,727,619**	**5,727,619**	**22,910,476**	**100.0%**
EXPENSES							
	SALARY COSTS						
	SALARY AND WAGES	3,744,344	3,744,344	3,744,344	3,744,344	14,977,377	65.4%
	INSURANCE-Health/workers comp/life	580,023	580,023	580,023	580,023	2,320,090	10.1%
	RETIREMENT COSTS	600,549	600,549	600,549	600,549	2,402,195	10.5%
	PAYROLL TAXES	90,311	90,311	90,311	90,311	361,244	1.6%
	MISC COSTS	290,133	290,133	290,133	290,133	1,160,533	5.1%
		5,305,360	5,305,360	5,305,360	5,305,360	21,221,439	92.6%
	FACILITY COSTS						
	STORAGE LEASES	18,602	18,602	18,602	18,602	74,407	0.3%
	MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
	FACILITY RENT	36,325	36,325	36,325	36,325	145,301	0.6%
	INTERCOMPANY FACILITY CHARGES	19,007	19,007	19,007	19,007	76,027	0.3%
	UTILITIES	24,880	24,880	24,880	24,880	99,521	0.4%
	BUILDING REPAIRS AND MAINTENANCE	17,030	17,030	17,030	17,030	68,121	0.3%
	JANITORIAL SERVICES & SUPPLIES	19,124	19,124	19,124	19,124	76,494	0.3%
	WASTE DISPOSAL	6,667	6,667	6,667	6,667	26,666	0.1%
		141,634	141,634	141,634	141,634	566,537	2.5%
	EQUIPMENT COSTS						
	EQUIPMENT RENTAL/LEASE	22,648	22,648	22,648	22,648	90,590	0.4%
	EQUIP MAINT/REPAIRS	3,615	3,615	3,615	3,615	14,461	0.1%
	EQUIP/FURNITURE PURCHASES EXPENSED	7,842	7,842	7,842	7,842	31,366	0.1%
	INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
	AUTO EXPENSES	2,355	2,355	2,355	2,355	9,421	0.0%
	AUTO INSURANCE	16,284	16,284	16,284	16,284	65,135	0.3%
	CELLULAR/PAGER LEASES	20,840	20,840	20,840	20,840	83,359	0.4%
		73,583	73,583	73,583	73,583	294,332	1.3%

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA--CSS OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				BUDGET	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 2025-26	
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	6,022	6,022	6,022	6,022	24,089	0.1%
MILEAGE REIMBURSEMENT	3,908	3,908	3,908	3,908	15,630	0.1%
PERSONNEL ADS	13,705	13,705	13,705	13,705	54,819	0.2%
PROFESSIONAL LIABILITY INSURANCE	94,964	94,964	94,964	94,964	379,856	1.7%
SECURITY EXPENSE	130,871	130,871	130,871	130,871	523,485	2.3%
DUES & SUBSCRIPTIONS	13,586	13,586	13,586	13,586	54,342	0.2%
OTHER SUPPLIES	6,654	6,654	6,654	6,654	26,617	0.1%
PRINTING	534	534	534	534	2,135	0.0%
CLIENT EXPENSES	28,392	28,392	28,392	28,392	113,568	0.5%
LAB COST	10	10	10	10	41	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	4,410	4,410	4,410	4,410	17,638	0.1%
POSTAGE	118	118	118	118	471	0.0%
RECORD DESTRUCTION	3,209	3,209	3,209	3,209	12,837	0.1%
TELEPHONE EXPENSES	45,726	45,726	45,726	45,726	182,902	0.8%
COMPUTER SYSTEMS CONNECTIONS	26,371	26,371	26,371	26,371	105,482	0.5%
DATA PROCESSING/LICENSES	37,094	37,094	37,094	37,094	148,375	0.6%
IT RELATED EXPENSES-Consulting/Training	3,500	3,500	3,500	3,500	14,000	0.1%
MISCELLANEOUS (OPERATING RESERVE)	7,396	7,396	7,396	7,396	29,585	0.1%
	426,468	426,468	426,468	426,468	1,705,872	7.4%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	117,355	117,355	117,355	117,355	469,418	2.0%
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	0.0%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	4,575	4,575	4,575	4,575	18,300	0.1%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	5,759	5,759	5,759	5,759	23,035	0.1%
PROFESSIONAL SERVICES	23,678	23,678	23,678	23,678	94,710	0.4%
ATTORNEY FEES	96,250	96,250	96,250	96,250	385,000	1.7%
BANK FEES	1,050	1,050	1,050	1,050	4,198	0.0%
AUDIT FEES	5,589	5,589	5,589	5,589	22,356	0.1%
	254,254	254,254	254,254	254,254	1,017,017	4.4%
DEPRECIATION AND AMORT	123,839	123,839	123,839	123,839	495,355	2.2%
TOTAL COSTS	**6,325,138**	**6,325,138**	**6,325,138**	**6,325,138**	**25,300,552**	**110.4%**
INCOME (LOSS) FROM OPERATIONS	**$ (597,519)**	**$ (597,519)**	**$ (597,519)**	**$ (597,519)**	**$ (2,390,076)**	**-10.4%**

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-COMMUNITY SERVICES AND SUPPORT (CSS) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	CHILD FSP	TAY FSP	ADULT FSP	OLDER ADULT-FSP	ATC	NAVI-GATORS	WELLNESS CENTER	MOBILE CRISIS CARE	FIELD CAPABLE--OLDER AD	CSS HOUSING	CSS ADMIN	TOTAL
REVENUE												
MEDI-CAL ADULT FFP	$ -	$ -	$ 4,260,242	$ 874,263	$ 1,973,649	$ -	$ -	$ -	$ 130,408	$ -	$ -	$ 7,238,562
MEDI-CAL CHILDREN FFP	1,211,581	1,733,798	-	-	-	-	-	-	-	-	-	2,945,379
MEDI-CAL-STATE	1,211,581	748,750	-	-	-	-	-	-	-	-	-	1,960,331
REALIGNMENT	-	-	-	-	-	-	-	-	-	-	-	-
MEDICARE	-	-	3,000	600	-	-	-	-	1,400	-	-	5,000
PATIENT FEES/INSURANCE	-	-	-	-	-	-	-	-	-	-	-	-
MHSA FUNDING	529,145	336,940	1,200,424	273,143	251,088	757,451	1,476,861	950,757	11,176	603,971	4,033,662	10,424,618
GRANTS	-	-	-	-	-	-	-	-	-	-	-	-
INTEREST INCOME	-	-	-	-	-	-	-	-	-	-	1,458,393	1,458,393
RENTAL AND OTHER INCOME	-	50	525	45	-	-	-	-	-	92,000	-	92,620
ESTIMATED M/C DENIALS/DISALLOWANCE	(242,316)	(248,255)	(426,024)	(87,426)	(197,365)	-	-	-	(13,041)	-	-	(1,214,427)
TOTAL REVENUES	**2,709,991**	**2,571,283**	**5,038,167**	**1,060,625**	**2,027,372**	**757,451**	**1,476,861**	**950,757**	**129,943**	**695,971**	**5,492,055**	**22,910,476**
EXPENSES												
SALARY COSTS *FTE's*	*14.2*	*14.8*	*33.4*	*5.5*	*21.8*	*9.0*	*13.5*	*15.0*	*1.0*	*4.2*	*22.7*	*155.1*
SALARY AND WAGES	1,327,065	1,642,279	3,379,837	640,852	1,872,872	676,305	1,054,386	1,163,474	103,004	337,444	2,779,859	14,977,377
INSURANCE-Health/workers comp/life	205,629	252,786	525,251	99,465	296,206	107,737	165,409	175,453	15,415	53,810	422,929	2,320,090
RETIREMENT COSTS	213,969	264,207	553,386	104,612	300,057	107,557	168,183	186,815	16,479	54,427	432,503	2,402,195
PAYROLL TAXES	31,761	39,449	82,124	15,594	45,320	16,368	25,593	28,428	2,508	8,283	65,816	361,244
MISC COSTS	102,025	126,719	263,803	50,092	145,577	52,576	82,211	91,320	8,056	26,605	211,549	1,160,533
	1,880,449	2,325,440	4,804,401	910,615	2,660,032	960,543	1,495,782	1,645,490	145,462	480,569	3,912,656	21,221,439
FACILITY COSTS												
STORAGE LEASES	9,240	11,088	20,328	3,696	9,240	-	-	-	-	-	20,815	74,407
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-	-	-	-	-	-	-
FACILITY RENT	13,149	22,628	6,559	-	7,777	-	-	15,758	-	-	79,430	145,301
INTERCOMPANY FACILITY CHARGES	-	-	47,367	10,484	18,176	-	-	-	-	-	-	76,027
UTILITIES	-	-	26,512	5,120	11,924	6,296	40,825	-	-	6,520	2,324	99,521
BUILDING REPAIRS AND MAINTENANCE	1,755	1,731	3,985	751	1,834	5,915	20,878	-	-	23,436	7,836	68,121
JANITORIAL SERVICES & SUPPLIES	7,011	7,732	16,664	3,002	7,627	5,115	17,490	-	-	3,263	8,590	76,494
WASTE DISPOSAL	-	-	7,512	1,215	2,353	1,328	6,646	-	-	7,146	466	26,666
	31,155	43,179	128,927	24,268	58,931	18,654	85,839	15,758	-	40,365	119,461	566,537
EQUIPMENT COSTS												
EQUIPMENT RENTAL/LEASE	4,174	6,851	24,117	4,472	12,063	4,914	16,615	2,526	-	2,839	12,019	90,590
EQUIP MAINT/REPAIRS	892	1,466	3,135	650	2,225	828	1,518	1,380	-	478	1,889	14,461
EQUIP/FURNITURE PURCHASES EXPENSED	1,171	1,515	6,263	1,270	4,108	3,658	-	379	-	1,908	11,094	31,366
AUTO EXPENSES	786	750	4,227	-	-	-	1,538	-	1,118	247	755	9,421
AUTO INSURANCE	5,595	2,932	22,587	-	-	-	8,566	11,628	5,932	2,523	5,372	65,135
CELLULAR/PAGER LEASES	5,934	5,265	17,375	210	13,251	4,051	6,934	7,557	552	2,848	19,382	83,359
	18,552	18,779	77,704	6,602	31,648	13,451	35,171	23,470	7,602	10,843	50,511	294,333

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-COMMUNITY SERVICES AND SUPPORT (CSS) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	CHILD FSP	TAY FSP	ADULT FSP	OLDER ADULT-FSP	ATC	NAVI-GATORS	WELLNESS CENTER	MOBILE CRISIS CARE	FIELD CAPABLE--OLDER AD	CSS HOUSING	CSS ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES												
CONFERENCES, SEMINARS & RELATED COSTS	233	141	11,503	8,009	199	-	1,143	-	-	-	2,861	24,089
MILEAGE REIMBURSEMENT	4,067	4,104	4,149	676	-	2,055	308	-	-	58	213	15,630
PERSONNEL ADS	918	1,071	33,598	5,485	2,583	-	1,140	-	-	-	10,024	54,819
PROFESSIONAL LIABILITY INSURANCE	20,809	34,549	81,811	18,962	55,250	22,576	49,944	33,530	-	16,037	46,388	379,856
SECURITY EXPENSE	15,060	16,826	105,506	19,874	49,522	18,239	255,402	-	-	30,666	12,390	523,485
DUES & SUBSCRIPTIONS	111	364	244	44	156	-	-	-	-	687	52,736	54,342
OTHER SUPPLIES	1,446	1,425	8,982	3,194	2,893	1,736	1,974	-	-	1,205	3,762	26,617
PRINTING	176	197	681	115	268	320	-	-	-	-	378	2,135
CLIENT EXPENSES	717	915	4,630	959	71	300	563	-	147	105,266	-	113,568
LAB COST	-	-	-	-	-	-	-	-	41	-	-	41
AMBULANCE COSTS	-	-	-	-	-	-	-	-	-	-	-	-
OFFICE SUPPLIES	746	794	3,320	825	1,426	749	2,439	217	-	394	6,728	17,638
POSTAGE	-	-	13	-	-	-	-	-	-	-	458	471
RECORD DESTRUCTION	2,139	2,139	4,708	856	2,995	-	-	-	-	-	-	12,837
TELEPHONE EXPENSES	13,119	13,938	36,957	6,890	19,582	9,599	39,176	26	-	5,212	38,403	182,902
COMPUTER SYSTEMS CONNECTIONS	1,406	1,630	2,674	471	2,980	4,231	4,344	1,923	-	3,482	82,341	105,482
DATA PROCESSING/LICENSES	21,991	27,276	51,008	9,454	24,980	1,857	3,404	3,095	-	1,073	4,237	148,375
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	-	-	-	-	-	14,000	14,000
MISCELLANEOUS (OPERATING RESERVE)	77	77	-	-	-	3,094	413	-	-	126	25,798	29,585
	83,015	105,446	349,784	75,814	162,905	64,756	360,250	38,791	188	164,206	300,717	1,705,872
SPECIFIC COSTS												
PROGRAMS:												
CLIENT SUPPORT COSTS	9	346	398,297	63,947	-	-	-	-	-	6,819	-	469,418
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	-	-	-	-	-	-	-
COMMUNITY GRANTS	-	-	-	-	-	-	-	-	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-	-	-	-	-	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-	-	-	14,300	-	-	4,000	-	18,300
ADMINISTRATIVE:												
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	-	-	-	-	-	23,035	23,035
PROFESSIONAL SERVICES	-	-	-	-	-	-	-	-	-	-	94,710	94,710
ATTORNEY FEES	-	-	-	-	-	-	-	-	-	-	385,000	385,000
BANK FEES	-	-	-	-	-	-	-	-	-	173	4,025	4,198
AUDIT FEES	-	-	-	-	-	-	-	-	-	-	22,356	22,356
	9	346	398,297	63,947	-	-	14,300	-	-	10,992	529,126	1,017,017
DEPRECIATION AND AMORT	43,079	70,778	39,549	6,426	22,934.00	0	162,020	46,468	15,833	40,890	47,378	495,355
TOTAL COSTS	**2,056,259**	**2,563,968**	**5,798,662**	**1,087,672**	**2,936,450**	**1,057,404**	**2,153,362**	**1,769,977**	**169,085**	**747,865**	**4,959,849**	**25,300,553**
INCOME (LOSS) FROM OPERATIONS	**$ 653,732**	**$ 7,315**	**$ (760,495)**	**$ (27,047)**	**$ (909,078)**	**$ (299,953)**	**$ (676,501)**	**$ (819,220)**	**$ (39,142)**	**$ (51,894)**	**$ 532,206**	**$ (2,390,077)**

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TRI-CITY MENTAL HEALTH AUTHORITY

PREVENTION AND EARLY INTERVENTION (PEI) PLAN

PROPOSED

OPERATING BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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PREVENTION AND EARLY INTERVENTION PLAN

OPERATING BUDGET NARRATIVE

GENERAL & HISTORICAL INFORMATION

As described previously, MHSA funding is received on a monthly basis, and 19% (5% to INN, and the remainder to CSS 80% and PEI 20%) is required to be expended within the PEI Plan. As disclosed in the 2025-26 MHSA Plan approximately $2.9 million is expected to be received during fiscal year 2025-16. PEI funds have been used to fund prudent reserves and program costs. and it is estimated that it will be used to cover approximately $3.6 million of the projected fiscal year 2025-26 operating and capital costs for the PEI programs. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure. The revenue that is deferred will be identified under the caption of Deferred Inflows of Resources as MHSA Revenues Restricted for Future Period, on the Statement of Net Position in Tri-City's Financial Statements.

The current PEI Plan includes nine programs:

- Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention and Community Mental Health Training)
- Older Adult Wellbeing (Peer Mentor)
- Transition Age Youth (TAY) Wellbeing (Peer Mentor)
- Family Wellbeing
- School Based Services
- NAMI Community Capacity Building Program (Ending the Silence)
- Housing Stability Program
- Therapeutic Community Gardening
- Early Psychosis

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REVENUE

1. **MHSA Funding.** MHSA funding represents the amount of funds approved through the MHSA 2025-26 Annual Update and available to be expended for PEI programs. As noted above, only the revenue that is approved for expenditures is recognized as revenue. In accordance with Government Accounting Standards, the unapproved funds will not be reflected as MHSA revenue but will be deferred and only recognized as revenue when new plans have been approved and the funds are available for expenditure.

2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of $4.0 million include $3.2 million of direct provider/clinical staff salaries and $766 thousand of administrative salaries. The costs were based on the historical staffing requirements and needs of each program. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to PEI programs, based on a methodology that reflects the staffing proportions of the Agency. The projected staffing is as follows:

   a. Community Capacity Building – 3.3 FTEs

   b. Older Adult and TAY-Adult Wellbeing programs – 2.6 FTE (1.3 FTE each)

   c. Family Wellbeing – 1.0 FTE

   d. School Based Services – 7.0 FTE

   e. NAMI -- 0 FTE

   f. Housing Stability – 1.8 FTE

   g. Therapeutic Community Gardening – 3.9 FTE

   h. Early Psychosis – 2.0 FTE which includes one full-time Psychologist

   i. Administration-PEI – 3.6 FTE

   All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house staffing and include rent, intercompany facility charges, utilities, and maintenance costs. These costs were projected based on historical costs per square foot and expected space required for each program.

3. **Equipment Costs.** This amount reflects the anticipated equipment costs including computers, cellular phones and other equipment and related fees and rental expenses required for each program.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred and allocated as a percentage to salary costs. In addition, amounts have been projected for seminars and training costs. The major costs included in this category are as follows:

   a. Conference, Seminar & Related Costs. These costs represent anticipated conferences/training of personnel in the Community Capacity Building project, as well as personnel in the Wellbeing programs. In addition, MHSA administrative staff will also be attending MHSA conferences and seminars. As might be anticipated, some trainings will be conducted online and some will be in-person during fiscal year 2025-26.

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b. Transportation and Mileage Costs. These costs include the anticipated costs to be incurred by the PEI program staff and PEI administrative personnel, since these positions require going out to the community to provide the required services.

c. Professional Liability Costs. These costs represent the anticipated cost of professional liability insurance for staff and are based on Tri-City's historical cost and allocated as it relates to salary costs.

d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations including the Clinics. The costs are then proportionately allocated to each of the programs by location and staff.

e. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.

f. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs and allocated as a percent of salary cost.

g. Computer Systems Connections. The computer systems/IT related expenses represent the estimated cost specifically associated with the projected computer systems that will be required to operate programs.

h. Miscellaneous Costs. This amount is projected for use on operating categories that may be in excess of the original budgeted amount and estimated based on past experience.

5. **Specific Costs.** This includes amounts identified as specific program expenses and administrative costs.

a. Community Grants. This is the expected award of community grants in fiscal 2025-26 as established through the Community Capacity Building programs.

b. Professional Services. These costs include contract fees and stipends for the NAMI programs (1) Ending the Silence Program (formerly Parents and Teachers as Allies program) and (2) NAMI 101, and other general professional fees that may be required during the year such as potential project management or consulting fees for miscellaneous projects. These costs generally vary from year to year and amounts budgeted are in line with prior years' budgeted amounts and allow for unexpected services to be required.

c. Directors & Officers Insurance and Audit Fees. These are the costs allocated to the PEI program as a percentage of salary costs.

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PEI OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	Budget FY 25-26	% to Rev
REVENUE						
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -	$ -	0.0%
MEDI-CAL CHILDREN FFP	78,514	78,514	78,514	78,514	314,057	7.5%
MEDI-CAL CHILDREN EPSDT--STATE	78,514	78,514	78,514	78,514	314,057	7.5%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	852,230	852,230	852,230	852,230	3,408,921	81.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	58,881	58,881	58,881	58,881	235,522	5.6%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	(15,703)	(15,703)	(15,703)	(15,703)	(62,812)	-1.5%
TOTAL REVENUES	**1,052,436**	**1,052,436**	**1,052,436**	**1,052,436**	**4,209,745**	**100.0%**
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	706,894	706,894	706,894	706,894	2,827,576	67.2%
INSURANCE-Health/workers comp/life	110,071	110,071	110,071	110,071	440,283	10.5%
RETIREMENT COSTS	111,471	111,471	111,471	111,471	445,885	10.6%
PAYROLL TAXES	16,963	16,963	16,963	16,963	67,853	1.6%
MISC COSTS	54,496	54,496	54,496	54,496	217,984	5.2%
	999,895	999,895	999,895	999,895	3,999,581	95.0%
FACILITY COSTS						
STORAGE LEASES	805	805	805	805	3,221	0.1%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	6,169	6,169	6,169	6,169	24,677	0.6%
INTERCOMPANY FACILITY CHARGES	1,428	1,428	1,428	1,428	5,713	0.1%
UTILITIES	2,296	2,296	2,296	2,296	9,184	0.2%
BUILDING REPAIRS AND MAINTENANCE	7,711	7,711	7,711	7,711	30,844	0.7%
JANITORIAL SERVICES & SUPPLIES	2,818	2,818	2,818	2,818	11,273	0.3%
WASTE DISPOSAL	946	946	946	946	3,782	0.1%
	22,174	22,174	22,174	22,174	88,694	2.1%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	2,757	2,757	2,757	2,757	11,028	0.3%
EQUIP MAINT/REPAIRS	548	548	548	548	2,192	0.1%
EQUIP/FURNITURE PURCHASES EXPENSED	3,225	3,225	3,225	3,225	12,901	0.3%
AUTO EXPENSES	124	124	124	124	496	0.0%
AUTO INSURANCE	935	935	935	935	3,738	0.1%
CELLULAR/PAGER LEASES	5,181	5,181	5,181	5,181	20,725	0.5%
	12,770	12,770	12,770	12,770	51,080	1.2%

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PEI OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				Budget	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 25-26	Rev
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	367	367	367	367	1,469	0.0%
MILEAGE REIMBURSEMENT	303	303	303	303	1,210	0.0%
PERSONNEL ADS	534	534	534	534	2,137	0.1%
PROFESSIONAL LIABILITY INSURANCE	13,770	13,770	13,770	13,770	55,081	1.3%
SECURITY EXPENSE	23,555	23,555	23,555	23,555	94,219	2.2%
DUES & SUBSCRIPTIONS	14,168	14,168	14,168	14,168	56,673	1.3%
OTHER SUPPLIES	2,011	2,011	2,011	2,011	8,042	0.2%
PRINTING	109	109	109	109	434	0.0%
CLIENT EXPENSES	1,071	1,071	1,071	1,071	4,284	0.1%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	845	845	845	845	3,379	0.1%
POSTAGE	11	11	11	11	44	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	7,214	7,214	7,214	7,214	28,856	0.7%
COMPUTER SYSTEMS CONNECTIONS	5,662	5,662	5,662	5,662	22,647	0.5%
DATA PROCESSING/LICENSES	1,229	1,229	1,229	1,229	4,916	0.1%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	3,494	3,494	3,494	3,494	13,976	0.3%
	74,342	74,342	74,342	74,342	297,367	7.1%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	993	993	993	993	3,971	0.1%
COMMUNITY GRANTS	33,412	33,412	33,412	33,412	133,649	3.2%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	21,460	21,460	21,460	21,460	85,840	2.0%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	640	640	640	640	2,559	0.1%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ATTORNEY FEES	-	-	-	-	-	0.0%
BANK FEES	220	220	220	220	879	0.0%
AUDIT FEES	621	621	621	621	2,484	0.1%
	57,346	57,346	57,346	57,346	229,382	5.4%
DEPRECIATION AND AMORT	6,116	6,116	6,116	6,116	24,465	0.6%
TOTAL COSTS	**1,172,642**	**1,172,642**	**1,172,642**	**1,172,642**	**4,690,569**	**111.4%**
INCOME (LOSS) FROM OPERATIONS	**$ (120,206)**	**$ (120,206)**	**$ (120,206)**	**$ (120,206)**	**$ (480,824)**	**-11.4%**

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PREVENTION AND EARLY INTERVENTION (PEI) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	COMMUNITY CAPACITY BUILDING	OLDER ADULT WELLBEING	TAY-ADULT WELLBEING	FAMILY WELLBEING	SCHOOL BASED SERVICES	NAMI	HOUSING STABILITY	THERAPEUTIC COMMUNITY GARDENING	EARLY PSYCHOSIS	ADMIN PEI	TOTAL
REVENUE											
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MEDI-CAL CHILDREN FFP	-	-	-	-	-	-	-	-	314,057	-	314,057
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	-	-	-	314,057	-	314,057
REALIGNMENT	-	-	-	-	-	-	-	-	-	-	-
MEDICARE	-	-	-	-	-	-	-	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-	-	-	-	-	-	-	-
MHSA FUNDING	549,071	91,557	104,141	136,400	784,940	16,500	211,370	469,827	276,780	768,335	3,408,921
CITY SHARE - LA VERNE	-	-	-	-	-	-	-	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-	-	-	-	-	-	-	-
CITY SHARE - POMONA	-	-	-	-	-	-	-	-	-	-	-
GRANTS	-	-	-	-	-	-	-	-	-	-	-
INTEREST INCOME	-	-	-	-	-	-	-	-	-	235,522	235,522
RENTAL AND OTHER INCOME	-	-	-	-	-	-	-	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	-	-	-	(62,812)	-	(62,812)
TOTAL REVENUES	**549,071**	**91,557**	**104,141**	**136,400**	**784,940**	**16,500**	**211,370**	**469,827**	**842,082**	**1,003,857**	**4,209,745**
EXPENSES											
SALARY COSTS *FTE's*	*3.3*	*1.3*	*1.3*	*1.0*	*7.0*	-	*1.8*	*3.9*	*2.0*	*3.6*	*25.2*
SALARY AND WAGES	315,365	155,408	155,408	114,604	785,523	-	179,972	378,604	197,997	544,695	2,827,576
INSURANCE-Health/workers comp/life	49,840	24,286	24,286	18,472	123,178	-	27,909	58,307	30,903	83,102	440,283
RETIREMENT COSTS	50,587	23,715	23,715	17,949	124,470	-	28,688	60,984	31,681	84,096	445,885
PAYROLL TAXES	7,698	3,609	3,609	2,732	18,941	-	4,366	9,280	4,821	12,797	67,853
MISC COSTS	24,727	11,592	11,592	8,773	60,844	-	14,023	29,811	15,486	41,136	217,984
	448,217	218,610	218,610	162,530	1,112,956	-	254,958	536,986	280,888	765,826	3,999,581
FACILITY COSTS											
STORAGE LEASES	-	-	-	-	-	-	-	-	-	3,221	3,221
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	-	-	-	-	-	-
FACILITY RENT	-	-	-	-	9,819	-	-	-	2,566	12,292	24,677
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	-	-	5,713	-	-	5,713
UTILITIES	2,448	-	1,050	-	-	-	1,260	3,918	-	508	9,184
BUILDING REPAIRS AND MAINTENANCE	2,299	-	986	-	958	-	1,183	23,026	721	1,671	30,844
JANITORIAL SERVICES & SUPPLIES	1,990	-	853	-	3,285	-	1,023	1,738	502	1,882	11,273
WASTE DISPOSAL	516	-	221	-	-	-	265	2,678	-	102	3,782
	7,253	-	3,110	-	14,062	-	3,731	37,073	3,789	19,676	88,694
EQUIPMENT COSTS											
EQUIPMENT RENTAL/LEASE	1,911	829	-	-	1,771	-	982	2,437	1,238	1,860	11,028
EQUIP MAINT/REPAIRS	322	230	-	-	644	-	166	354	184	292	2,192
EQUIP/FURNITURE PURCHASES EXPENSED	1,162	-	499	-	58	-	597	8,173	8	2,404	12,901
AUTO EXPENSES	-	-	-	-	-	-	331	-	-	165	496
AUTO INSURANCE	-	-	-	-	-	-	2,907	-	-	831	3,738
CELLULAR/PAGER LEASES	2,281	2,475	4,693	552	2,926	-	37	2,597	916	4,248	20,725
	5,676	3,534	5,192	552	5,399	-	5,020	13,561	2,346	9,800	51,080

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-PREVENTION AND EARLY INTERVENTION (PEI) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	COMMUNITY CAPACITY BUILDING	OLDER ADULT WELLBEING	TAY-ADULT WELLBEING	FAMILY WELLBEING	SCHOOL BASED SERVICES	NAMI	HOUSING STABILITY	THERAPEUTIC COMMUNITY GARDENING	EARLY PSYCHOSIS	ADMIN PEI	TOTAL
OTHER SERVICES AND SUPPLIES											
CONFERENCES, SEMINARS & RELATED COSTS	500	-	-	-	-	-	338	-	-	631	1,469
MILEAGE REIMBURSEMENT	129	-	41	-	862	-	-	133	-	45	1,210
PERSONNEL ADS	-	-	-	-	-	-	-	-	-	2,137	2,137
PROFESSIONAL LIABILITY INSURANCE	8,780	-	5,851	-	15,429	-	4,515	9,233	4,260	7,013	55,081
SECURITY EXPENSE	7,094	-	3,041	-	7,541	-	3,647	69,114	1,076	2,706	94,219
DUES & SUBSCRIPTIONS	-	-	-	-	-	-	-	343	960	55,370	56,673
OTHER SUPPLIES	673	-	1,114	73	480	-	348	4,445	63	846	8,042
PRINTING	-	-	-	-	88	-	-	251	12	83	434
CLIENT EXPENSES	42	1,266	-	1,633	207	-	40	1,096	-	-	4,284
LAB COST	-	-	-	-	-	-	-	-	-	-	-
AMBULANCE COSTS	-	-	-	-	-	-	-	-	-	-	-
OFFICE SUPPLIES	240	-	103	-	302	-	316	931	38	1,449	3,379
POSTAGE	-	-	-	-	-	-	-	-	-	44	44
RECORD DESTRUCTION	-	-	-	-	-	-	-	-	-	-	-
TELEPHONE EXPENSES	3,733	-	2,821	-	7,540	-	1,920	3,999	451	8,392	28,856
COMPUTER SYSTEMS CONNECTIONS	1,563	-	671	-	-	-	2,552	-	-	17,861	22,647
DATA PROCESSING/LICENSES	722	-	516	-	1,444	-	371	794	413	656	4,916
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	-	-	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	4,319	37	268	2,826	-	-	-	1,475	-	5,051	13,976
	27,795	1,303	14,426	4,532	33,893	-	14,047	91,814	7,273	102,284	297,367
SPECIFIC COSTS											
PROGRAMS:											
CLIENT SUPPORT COSTS	-	-	-	-	-	-	-	-	-	-	-
UNIQUE MHSA PROGRAM RELATED COSTS	3,971	-	-	-	-	-	-	-	-	-	3,971
COMMUNITY GRANTS	133,649	-	-	-	-	-	-	-	-	-	133,649
GRANTS											-
WET--LEARNING & OUTREACH	-	-	-	-	-	-	-	-	-	-	-
PROFESSIONAL SERVICES	50,340	-	-	-	-	35,500	-	-	-	-	85,840
ADMINISTRATIVE:											
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	-	-	-	-	2,559	2,559
PROFESSIONAL SERVICES	-	-	-	-	-	-	-	-	-	-	-
ATTORNEY FEES	-	-	-	-	-	-	-	-	-	-	-
BANK FEES	-	-	-	-	-	-	-	-	-	879	879
AUDIT FEES	-	-	-	-	-	-	-	-	-	2,484	2,484
	187,960	-	-	-	-	35,500	-	-	-	5,922	229,382
DEPRECIATION AND AMORT	808	345	345	-	-	-	7,025	695	7,565	7,682	24,465
TOTAL COSTS	**677,709**	**223,792**	**241,683**	**167,614**	**1,166,310**	**35,500**	**284,781**	**680,129**	**301,861**	**911,190**	**4,690,569**
INCOME (LOSS) FROM OPERATIONS	**$ (128,638)**	**$ (132,235)**	**$ (137,542)**	**$ (31,214)**	**$ (381,370)**	**$ (19,000)**	**$ (73,411)**	**$ (210,302)**	**$ 540,221**	**$ 92,667**	**$ (480,824)**

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TRI-CITY MENTAL HEALTH AUTHORITY

INNOVATION (INN) PLAN

PROPOSED

OPERATING BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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INNOVATION PLAN

OPERATING BUDGET

GENERAL & HISTORICAL INFORMATION

As noted in prior years, there are several INN programs that have been approved, implemented and subsequently completed. INN projects are funded through the 5% of MHSA funds received and are required to be allocated to INN annually. It is estimated that an additional $750 thousand will be received/allocated to INN in fiscal 2025-26. As prescribed by code, prior to commencing expenditures on a specific project, the project must be approved not only by the Stakeholders and the Governing Board, but also by the State's Mental Health Services Oversight and Accountability Commission (OAC).

This current Innovation budget includes two approved projects as follows:

- Psychiatric Advance Directives (PADS) Phase II- A Multi-County Collaborative
- Community Planning Process for Innovation Project(s)

Psychiatric Advance Directives (PADS) Phase II

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.

The PADS program was originally endorsed by Tri-City's MHSA stakeholder and eventually approved by Tri-City's Mental Health Commission and the Governing Board in April of 2022 and then was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Tri-City continues to work with Syracuse University to develop and implement the multi-county collaborative PADs where Tri-City will partner with local first responders, law enforcement, crisis teams, and hospital staff as well as local colleges to roll out the PADs program effectively. On October 8, 2024, a Public Hearing pertaining to PADs Phase II was held during the regular Tri-City Commission meeting. On October 23, 2024, the Tri-City Governing Board met and approved PADs Phase II. With this approval, the plan was added to the Mental Health Services Oversight and Accountability Commission (MHSOAC) consent calendar and was approved on November 21, 2024. With this approval, the Innovations PADs project can continue to Phase II beginning on July 1, 2025 with a total project budget of $1.5 million. This budget includes projected costs of approximately $323 thousand for fiscal year 2025-26.

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Community Planning Process for Innovation Project(s)

With the subsequent reduction in COVID restrictions, it was determined that it was time to restructure our community outreach and engagement approach to community planning for our next Innovation project(s). Our goal is to be strategic when connecting with community members and taking the necessary time to research, plan and develop future Innovation projects that are meaningful and will have an impact on our community. The post COVID world is far different from what we experienced before and many of the previous ways of collecting community feedback may not be as effective as they were pre COVID. By engaging outside contractors with an expertise in specific areas to support these efforts, our staff will be able to work faster and collaboratively while incorporating lessons learned into future projects. This project's goal is to develop a robust and effective strategic community planning process and related activities resulting in future Innovation plans that are calculated, meaningful, and effective. This program was endorsed by Tri-City's MHSA stakeholder and eventually approved by Tri-City's Mental Health Commission and the Governing Board and then was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

REVENUE

1. **MHSA Funding.** MHSA funding represents the amount of funds projected to be expended in fiscal 2025-26 and are amounts that are within the overall Innovation Plans that have been approved by the Stakeholders and the Governing Board.

2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of $413 thousand include $323 thousand of direct staff salaries and $89 thousand of administrative salaries. The costs were based on expected staffing requirements of each program, which includes projected staff time to be spent in conjunction with the development of INN programs. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to INN programs, based on a methodology that reflects the staffing proportions of the Agency. The projected staffing in FTEs are projected as follows:

   a. PADs Phase II Program - 1.4 FTEs

   b. Community Planning Process for Innovation Project(s) - .9 FTE's

   b. Administration-INN – .6 FTEs

   All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the costs of maintaining space to house the projected staffing and include intercompany facility charges for use of facilities, and maintenance costs. These costs were projected based on market rate per square foot and expected space required for each program by FTE.

3. **Equipment Costs.** This amount reflects the anticipated equipment costs of cellular phones and related fees required for each program.

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4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's historical percentage relationship of costs incurred as a percentage to salary costs. In addition, certain projected costs include costs for seminars and training for employees working on INN programs. The major costs included in this category are as follows:

    a. Professional Liability Insurance. These costs represent the anticipated cost of professional liability insurance for staff based on Tri-City's history cost and salary allocation.

    b. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations including the Clinics. The costs are then proportionately allocated to each of the programs by location and staff.

    c. Dues and Subscriptions. These costs include dues for industry associations, dues and renewals for professional licenses and dues for computer program support.

    d. Office Supplies, Other Supplies and Telephone Costs. These costs are projected based on Tri-City's historical percentage relationship of costs as a percent of salary cost.

    e. Computer Systems Connections. The computer systems/IT related expenses represent the estimated cost specifically associated with the projected computer systems that will be required for current projects.

    f. Miscellaneous Costs. This amount is primarily used for any operating category that may be in excess of the original budgeted amount. This amount was also estimated as administrative costs that will be associated with implementing new INN projects.

5. **Specific Costs.** This includes amounts identified as specific program expenses and administrative costs.

    a. Unique MHSA Program Related Costs. Costs totaling $205 thousand represents the planning cost and implementation cost of the approved INN programs, currently the Psychiatric Advance Directives (PAD)s Phase II and the Community Planning Process programs.

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-INN OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				Budget	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 25-26	Rev
REVENUE						
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -	$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	255,258	255,258	255,258	255,258	1,021,033	84.9%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	45,404	45,404	45,404	45,404	181,617	15.1%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	**300,663**	**300,663**	**300,663**	**300,663**	**1,202,650**	**100.0%**
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	73,816	73,816	73,816	73,816	295,264	24.6%
INSURANCE-Health/workers comp/life	11,077	11,077	11,077	11,077	44,306	3.7%
RETIREMENT COSTS	11,206	11,206	11,206	11,206	44,822	3.7%
PAYROLL TAXES	1,705	1,705	1,705	1,705	6,821	0.6%
MISC COSTS	5,478	5,478	5,478	5,478	21,911	1.8%
	103,281	103,281	103,281	103,281	413,124	34.4%
FACILITY COSTS						
STORAGE LEASES	62	62	62	62	248	0.0%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	236	236	236	236	945	0.1%
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	0.0%
UTILITIES	12	12	12	12	48	0.0%
BUILDING REPAIRS AND MAINTENANCE	49	49	49	49	196	0.0%
JANITORIAL SERVICES & SUPPLIES	50	50	50	50	201	0.0%
WASTE DISPOSAL	3	3	3	3	11	0.0%
	412	412	412	412	1,649	0.1%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	36	36	36	36	144	0.0%
EQUIP MAINT/REPAIRS	6	6	6	6	22	0.0%
EQUIP/FURNITURE PURCHASES EXPENSED	69	69	69	69	274	0.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	5	5	5	5	18	0.0%
AUTO INSURANCE	16	16	16	16	64	0.0%
CELLULAR/PAGER LEASES	110	110	110	110	438	0.0%
	240	240	240	240	960	0.1%

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-INN OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				Budget	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 25-26	Rev
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	16	16	16	16	65	0.0%
MILEAGE REIMBURSEMENT	1	1	1	1	5	0.0%
PERSONNEL ADS	57	57	57	57	228	0.0%
PROFESSIONAL LIABILITY INSURANCE	207	207	207	207	828	0.1%
SECURITY EXPENSE	70	70	70	70	280	0.0%
DUES & SUBSCRIPTIONS	284	284	284	284	1,134	0.1%
OTHER SUPPLIES	20	20	20	20	79	0.0%
PRINTING	2	2	2	2	9	0.0%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	38	38	38	38	151	0.0%
POSTAGE	0.25	0.25	0.25	0.25	1	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	219	219	219	219	877	0.1%
COMPUTER SYSTEMS CONNECTIONS	513	513	513	513	2,050	0.2%
DATA PROCESSING/LICENSES	13	13	13	13	50	0.0%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	155	155	155	155	618	0.1%
	1,594	1,594	1,594	1,594	6,375	0.5%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	51,250	51,250	51,250	51,250	205,000	17.0%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ADMINISTRATIVE:						0.0%
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ATTORNEY FEES	-	-	-	-	-	0.0%
BANK FEES	23	23	23	23	90	0.0%
AUDIT FEES	-	-	-	-	-	0.0%
	51,273	51,273	51,273	51,273	205,090	17.1%
DEPRECIATION AND AMORT	166	166	166	166	665	0.1%
TOTAL COSTS	**156,966**	**156,966**	**156,966**	**156,966**	**627,863**	**52.2%**
INCOME (LOSS) FROM OPERATIONS	**$ 143,697**	**$ 143,697**	**$ 143,697**	**$ 143,697**	**$ 574,787**	**47.8%**

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-INNOVATIONS (INN) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	PADS	COMMUNITY PLANNING PROCESS	INN ADMIN	TOTAL
REVENUE				
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -
MEDI-CAL CHILDREN FFP	-		-	-
MEDI-CAL CHILDREN EPSDT--STATE	-		-	-
REALIGNMENT	-		-	-
MEDICARE	-		-	-
PATIENT FEES/INSURANCE	-		-	-
MHSA FUNDING	375,000	505,000	141,033	1,021,033
GRANTS	-		-	-
INTEREST INCOME	-	-	181,617	181,617
RENTAL AND OTHER INCOME	-		-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-		-	-
TOTAL REVENUES	**375,000**	**505,000**	**322,650**	**1,202,650**
EXPENSES				
SALARY COSTS *FTE's*	*1.4*	*0.9*	*0.6*	*2.9*
SALARY AND WAGES	141,561	90,000	63,703	295,264
INSURANCE-Health/workers comp/life	21,246	13,500	9,560	44,306
RETIREMENT COSTS	21,601	13,500	9,721	44,822
PAYROLL TAXES	3,463	1,800	1,558	6,821
MISC COSTS	10,766	6,300	4,845	21,911
	198,637	125,100	89,387	413,124
FACILITY COSTS				
STORAGE LEASES	-	-	248	248
MORTGAGE INTEREST (2008 Garey)	-	-	-	-
FACILITY RENT	-	-	945	945
INTERCOMPANY FACILITY CHARGES	-	-	-	-
UTILITIES	-	-	48	48
BUILDING REPAIRS AND MAINTENANCE	-	-	196	196
JANITORIAL SERVICES & SUPPLIES	-	-	201	201
WASTE DISPOSAL	-	-	11	11
	-	-	1,649	1,649
EQUIPMENT COSTS				
EQUIPMENT RENTAL/LEASE	-	-	144	144
EQUIP MAINT/REPAIRS	-	-	22	22
EQUIP/FURNITURE PURCHASES EXPENSED	-	-	274	274
AUTO EXPENSES	-	-	18	18
AUTO INSURANCE	-	-	64	64
CELLULAR/PAGER LEASES	-	-	438	438
	-	-	960	960

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-INNOVATIONS (INN) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	PADS	COMMUNITY PLANNING PROCESS	INN ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES				
CONFERENCES, SEMINARS & RELATED COSTS	-	-	65	65
MILEAGE REIMBURSEMENT	-	-	5	5
PERSONNEL ADS	-	-	228	228
PROFESSIONAL LIABILITY INSURANCE	-	-	828	828
SECURITY EXPENSE	-	-	280	280
DUES & SUBSCRIPTIONS	-	-	1,134	1,134
OTHER SUPPLIES	-	-	79	79
PRINTING	-	-	9	9
CLIENT EXPENSES	-	-	-	-
LAB COST	-	-	-	-
AMBULANCE COSTS	-	-	-	-
OFFICE SUPPLIES	-	-	151	151
POSTAGE	-	-	1	1
RECORD DESTRUCTION	-	-	-	-
TELEPHONE EXPENSES	-	-	877	877
COMPUTER SYSTEMS CONNECTIONS	-	-	2,050	2,050
DATA PROCESSING/LICENSES	-	-	50	50
IT RELATED EXPENSES-Consulting/Training	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	618	618
	-	-	6,375	6,375
SPECIFIC COSTS				
PROGRAMS:				-
CLIENT SUPPORT COSTS	-	-	-	-
UNIQUE MHSA PROGRAM RELATED COSTS	125,000	80,000	-	205,000
COMMUNITY GRANTS	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-
ADMINISTRATIVE:				-
DIRECTORS & OFFICERS INSURANCE	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-
ATTORNEY FEES	-	-	-	-
BANK FEES	-	-	90	90
AUDIT FEES	-	-	-	-
	125,000	80,000	90	205,090
DEPRECIATION AND AMORT	-	-	665	665
TOTAL COSTS	**323,637**	**205,100**	**99,126**	**627,863**
INCOME (LOSS) FROM OPERATIONS	**$ 51,363**	**$ 299,900**	**$ 223,524**	**$ 574,787**

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TRI-CITY MENTAL HEALTH AUTHORITY

WORKFORCE, EDUCATION AND TRAINING (WET) PLAN

PROPOSED

OPERATING BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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WET PLAN

OPERATING BUDGET NARRATIVE

GENERAL & HISTORICAL INFORMATION

As noted previously, the WET Plan includes two programs that were originally approved in fiscal 2012-13 as follows:

- Learning and Improvement
- Volunteers and Future Employees

At the end of fiscal 2010-11, Tri-City received approximately $1.1 million of one-time WET MHSA allocations. The original approved WET plan included two programs and through MHSA Annual Updates and annual Stakeholder involvement, the original $1.1 million were approved and expended over several years and by the end of fiscal 2015-16. Once these funds had been exhausted, a new transfer would have been required to continue the existing programs. As such, through MHSA Annual Updates and the Stakeholder process, transfers have continued to approved. These transfers have been recommended and approved to continue the above noted programs and to provide continuing training and hire additional staff to support workforce development. This would also include specialized training needed due to continuing changes in county mental health/specialty mental health and as a result of the Affordable Care Act and Medicaid reform.

WET funds are considered one-time use funds and in order to continue projects within the WET plan, transfers of MHSA CSS Plan funding must be made into the WET Plan when CSS funding is available. These transfers must first be approved by the stakeholders. Over the years several transfers have been into the WET Plan to continue the programs. The most recent transfers approved were included within the Fiscal Year 2023-24 Annual Update in the total amount of $2.5 million ($2.0 Million to CFTN and $500 thousand to WET) and the amount of $3.0 million ($2.5 Million to CFTN and $500 thousand to WET) included in the Fiscal Year 2024-25 Annual Update. The proposed transfer for FY 2025-26 was approved for up to $3M ($1.5 to CFTN and $1.5 Million to WET).

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REVENUE

Tri-City's operating budget is prepared using the full-accrual method of accounting. Revenues reflected within the operating budget section represent revenues projected to be generated during this budget fiscal year and do not necessarily represent actual inflows of cash, however the Cash Flow Budget would reflect actual cash projected to be collected. Existing funds already on hand would not be reflected as new or generated revenues in the operating budget as transfers made into WET are made using previously recognized or collected MHSA dollars.

1. **MHSA Funding.** MHSA funding represents the amount of funds approved to be expended in fiscal 2025-26. Although there are funds available for spending in the WET Plan, these amounts have already been previously recognized as revenue within the CSS Plan. As noted above, dollars allocated to the WET Plan are one-time funds and in order to continue programs within the WET Plan, funds are required to be transferred in from the CSS plan.

Pursuant to the Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET. Recognition of revenue occurs during the time period in which the funds received were originally approved for use, and as such, the actual expenditures may lag and occur at a later time. As a result, no revenues are expected to be presented in the operating budget for the WET Plan.

2. **Interest Income.** Interest income is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Salary Costs.** Salary and benefits of $471 thousand include $375 thousand of direct provider staff salaries and $95 thousand of administrative salaries. The costs were based on expected staffing requirements of each program and as considered during the stakeholder's process and included in the WET plan. In addition, salaries and benefits for Tri-City's Executive and Senior Management team and administrative staff who serve the entire Agency, have been allocated to WET programs based on staffing proportions of the Agency and by specific program. The projected staffing is as follows:

   a. Learning and Improvement – 2.8 FTE for the WET Supervisor, Social Media Specialist and Diversity Equity and Inclusion Coordinator.

   b. Volunteers & Future Employees– 0.3 FTE includes an allocation of the WET Supervisor.

   c. Administration-WET – 0.4 FTE includes an allocation of Administrative support which includes an allocation of combined executive and administrative personnel costs.

   All other salary costs, including insurance, retirement, and payroll taxes are based on the historical cost as a relationship to base salary and wages.

2. **Facility Costs.** Facility costs represent the allocation of rent and other facility related expenses for the space required for current staffing.

3. **Equipment Costs.** This amount reflects the anticipated costs of equipment, cellular phones and related fees required for each program.

4. **Other Service and Supply Costs.** Other service and supply costs are projected based on Tri-City's best estimates however primarily utilizing past experience. The major costs included in this category are as follows:

   a. Conference, Seminar & Related Costs. These costs represent anticipated supplemental training of personnel, as well as the requirement of the MHSA administrative staff attending educational and MHSA specific conferences and seminars, in addition to travel costs related to these trainings.

   b. Personnel Ads. These projected costs are consistent with prior year and are for the recruitment of volunteers and future employees.

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c. Professional Liability Insurance Costs. These costs represent the anticipated cost of professional liability insurance for staff and are based on Tri-City's historical cost as it relates to salary costs.

d. Security Expense. These costs represent the cost of contracting on-site security guards during business hours at various Tri-City locations. The costs are then proportionately allocated to each of the programs by location and amount of staff.

e. Computer Systems Connections. The computer systems expenses represent the cost of upgrading hardware and connectivity. This includes the professional fees that may be paid to IT specialists. This would also include fees associated with a risk assessment of IT systems (for both software and hardware) which are included in IT Related Expenses, in order to comply with regulations.

f. Miscellaneous Costs. This amount is projected for use on operating categories that may be in excess of the original budgeted amount and estimated based on past experience.

5. **Specific Costs.** This includes amounts identified as specific program expenses.

a. WET Program Learning and Outreach (Staff Development and Mental Health Recruitment Costs). These costs include costs to 1) train the Tri-City clinical staff and enhance their development in the provision of mental health services, and 2) to implement and continue outreach programs to colleges and schools to educate and recruit future community mental health workers. In addition, these amounts include costs of software updates required for data collection and educational programs.

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-WET OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				Budget	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 25-26	Rev
REVENUE						
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -	$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	-	-	-	-	-	0.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	12,354	12,354	12,354	12,354	49,416	100.0%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	**12,354**	**12,354**	**12,354**	**12,354**	**49,416**	**100.0%**
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	82,705	82,705	82,705	82,705	330,821	669.5%
INSURANCE-Health/workers comp/life	13,031	13,031	13,031	13,031	52,123	105.5%
RETIREMENT COSTS	13,337	13,337	13,337	13,337	53,348	108.0%
PAYROLL TAXES	2,030	2,030	2,030	2,030	8,119	16.4%
MISC COSTS	6,520	6,520	6,520	6,520	26,078	52.8%
	117,622	117,622	117,622	117,622	470,489	952.1%
FACILITY COSTS						
STORAGE LEASES	124	124	124	124	496	1.0%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	473	473	473	473	1,891	3.8%
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	0.0%
UTILITIES	540	540	540	540	2,159	4.4%
BUILDING REPAIRS AND MAINTENANCE	548	548	548	548	2,193	4.4%
JANITORIAL SERVICES & SUPPLIES	488	488	488	488	1,950	3.9%
WASTE DISPOSAL	114	114	114	114	455	0.9%
	2,286	2,286	2,286	2,286	9,144	18.5%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	481	481	481	481	1,925	3.9%
EQUIP MAINT/REPAIRS	80	80	80	80	321	0.6%
EQUIP/FURNITURE PURCHASES EXPENSED	340	340	340	340	1,360	2.8%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	6	6	6	6	24	0.0%
AUTO INSURANCE	32	32	32	32	128	0.3%
CELLULAR/PAGER LEASES	644	644	644	644	2,575	5.2%
	1,583	1,583	1,583	1,583	6,333	12.8%

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-WET OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS				Budget	% to
	1ST QRT	2ND QRT	3RD QRT	4TH QRT	FY 25-26	Rev
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	15,999	15,999	15,999	15,999	63,997	129.5%
MILEAGE REIMBURSEMENT	2	2	2	2	7	0.0%
PERSONNEL ADS	1,339	1,339	1,339	1,339	5,357	10.8%
PROFESSIONAL LIABILITY INSURANCE	2,130	2,130	2,130	2,130	8,519	17.2%
SECURITY EXPENSE	1,607	1,607	1,607	1,607	6,426	13.0%
DUES & SUBSCRIPTIONS	418	418	418	418	1,672	3.4%
OTHER SUPPLIES	168	168	168	168	670	1.4%
PRINTING	187	187	187	187	748	1.5%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	98	98	98	98	390	0.8%
POSTAGE	0.25	0.25	0.25	0.25	1	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	1,072	1,072	1,072	1,072	4,286	8.7%
COMPUTER SYSTEMS CONNECTIONS	718	718	718	718	2,873	5.8%
DATA PROCESSING/LICENSES	180	180	180	180	720	1.5%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	189	189	189	189	757	1.5%
	24,106	24,106	24,106	24,106	96,423	195.1%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-	-	0.0%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	23,250	23,250	23,250	23,250	93,000	188.2%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ADMINISTRATIVE:						
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ATTORNEY FEES	-	-	-	-	-	0.0%
BANK FEES	30	30	30	30	118	0.2%
AUDIT FEES	-	-	-	-	-	0.0%
	23,280	23,280	23,280	23,280	93,118	188.4%
DEPRECIATION AND AMORT	278	278	278	278	1,113	2.3%
TOTAL COSTS	**169,155**	**169,155**	**169,155**	**169,155**	**676,620**	**1369.2%**
INCOME (LOSS) FROM OPERATIONS	**$ (156,801)**	**$ (156,801)**	**$ (156,801)**	**$ (156,801)**	**$ (627,204)**	**-1269.2%**

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-WORKFORCE EDUCATION AND TRAINING (WET) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	LEARNING & IMPROVEMENT	VOLUNTEERS & FUTURE EMPLOYEES	WET ADMIN	TOTAL
REVENUE				
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -
MEDI-CAL CHILDREN FFP	-	-	-	-
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-
REALIGNMENT	-	-	-	-
MEDICARE	-	-	-	-
PATIENT FEES/INSURANCE	-	-	-	-
MHSA FUNDING	-	-	-	-
CITY SHARE - LA VERNE	-	-	-	-
CITY SHARE - CLAREMONT	-	-	-	-
CITY SHARE - POMONA	-	-	-	-
GRANTS	-	-	-	-
INTEREST INCOME	-	-	49,416	49,416
RENTAL AND OTHER INCOME	-	-	-	-
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-
TOTAL REVENUES	**-**	**-**	**49,416**	**49,416**
EXPENSES				
SALARY COSTS *FTE's*	*2.8*	*0.3*	*0.4*	*3.5*
SALARY AND WAGES	237,751	25,449	67,621	330,821
INSURANCE-Health/workers comp/life	37,508	4,282	10,333	52,123
RETIREMENT COSTS	38,547	4,307	10,494	53,348
PAYROLL TAXES	5,866	656	1,597	8,119
MISC COSTS	18,843	2,105	5,130	26,078
	338,515	36,799	95,175	470,489
FACILITY COSTS				
STORAGE LEASES	-	-	496	496
MORTGAGE INTEREST (2008 Garey)	-	-	-	-
FACILITY RENT	-	-	1,891	1,891
INTERCOMPANY FACILITY CHARGES	-	-	-	-
UTILITIES	2,098	-	61	2,159
BUILDING REPAIRS AND MAINTENANCE	1,970	-	223	2,193
JANITORIAL SERVICES & SUPPLIES	1,704	-	246	1,950
WASTE DISPOSAL	442	-	13	455
	6,214	-	2,930	9,144
EQUIPMENT COSTS				
EQUIPMENT RENTAL/LEASE	1,638	-	287	1,925
EQUIP MAINT/REPAIRS	276	-	45	321
EQUIP/FURNITURE PURCHASES EXPENSED	997	-	363	1,360
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-
AUTO EXPENSES	-	-	24	24
AUTO INSURANCE	-	-	128	128
CELLULAR/PAGER LEASES	2,030	-	545	2,575
	4,941	-	1,392	6,333

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-WORKFORCE EDUCATION AND TRAINING (WET) OPERATING BUDGET BY PROGRAM
FISCAL YEAR 2025-26

	LEARNING & IMPROVEMENT	VOLUNTEERS & FUTURE EMPLOYEES	WET ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES				
CONFERENCES, SEMINARS & RELATED COSTS	63,917	-	80	63,997
MILEAGE REIMBURSEMENT	-	-	7	7
PERSONNEL ADS	-	5,096	261	5,357
PROFESSIONAL LIABILITY INSURANCE	7,525	-	994	8,519
SECURITY EXPENSE	6,080	-	346	6,426
DUES & SUBSCRIPTIONS	-	-	1,672	1,672
OTHER SUPPLIES	578	-	92	670
PRINTING	737	-	11	748
CLIENT EXPENSES	-	-	-	-
LAB COST	-	-	-	-
AMBULANCE COSTS	-	-	-	-
OFFICE SUPPLIES	206	-	184	390
POSTAGE	-	-	1	1
RECORD DESTRUCTION	-	-	-	-
TELEPHONE EXPENSES	3,200	-	1,086	4,286
COMPUTER SYSTEMS CONNECTIONS	478	-	2,395	2,873
DATA PROCESSING/LICENSES	619	-	101	720
IT RELATED EXPENSES-Consulting/Training	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	757	757
	83,340	5,096	7,987	96,423
SPECIFIC COSTS				
PROGRAMS:				
CLIENT SUPPORT COSTS	-	-	-	-
UNIQUE MHSA PROGRAM RELATED COSTS	-	-	-	-
COMMUNITY GRANTS	-	-	-	-
WET--LEARNING & OUTREACH	93,000	-	-	93,000
PROFESSIONAL SERVICES	-	-	-	-
ADMINISTRATIVE:				-
DIRECTORS & OFFICERS INSURANCE	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-
ATTORNEY FEES	-	-	-	-
BANK FEES	-	-	118	118
AUDIT FEES	-	-	-	-
	93,000	-	118	93,118
DEPRECIATION AND AMORT	-	-	1,113	1,113
TOTAL COSTS	**526,010**	**41,895**	**108,715**	**676,620**
INCOME (LOSS) FROM OPERATIONS	**$ (526,010)**	**$ (41,895)**	**$ (59,299)**	**$ (627,204)**

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TRI-CITY MENTAL HEALTH AUTHORITY

CAPITAL FACILITIES & TECHNOLOGY NEEDS PLAN (CFTN)

PROPOSED

OPERATING BUDGET

(NARRATIVE AND BUDGET SCHEDULES)

FISCAL YEAR 2025-26

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CAPITAL FACILITIES & TECHNOLOGY NEEDS PLAN (CFTN)

OPERATING BUDGET NARRATIVE

GENERAL & HISTORICAL INFORMATION

Initial funding for this Plan occurred at the end of fiscal 2010-11 when Tri-City received approximately $2.7 million of CFTN MHSA allocations to be used for approved Capital Facility and Technology Needs projects. In May 2013 the Governing Board approved the initial CFTN plan which included three Technology Needs projects at a total projected expenditure of approximately $1.1 million. Implementation of these projects began in June 2013 and were completed by the end of fiscal 2015-16. These initial projects *were*:

- Electronic Health Record Improvement and Systems Enhancement
- Consumer Access to Computing Resources
- Program Monitoring and Service Outcome Support

Since the completion of these projects various projects have been approved and completed.

CFTN funds are considered one-time use funds and in order to continue projects in the CFTN plan, transfers of MHSA CSS Plan must be made into the CFTN Plan. These transfers must first be approved by the stakeholders. Over the years several transfers have been made into the CFTN plan to fund various projects and the most recent transfers approved were included within the Fiscal Year 2023-24 Annual Update in the total amount of $2.5 million ($2.0 Million to CFTN and $500 thousand to WET) and the amount of $3.0 million ($2.5 Million to CFTN and $500 thousand to WET) included in the Fiscal Year 2024-25 Annual Update. The proposed transfer for FY 2025-26 was approved for up to $3 million ($1.5 to CFTN and $1.5 Million to WET).

The current and active projects include the following:

- In June of 2022 the Governing Board Approved a CFTN Plan for IT Infrastructural Needs Plan, Including but Not Limited to Computer Turnover & Network Refresh in the total amount of $767 thousand. This budget includes amounts scheduled to be utilized for various technology infrastructure related expenditures included in this project in the amount of $255 thousand.

REVENUE

Tri-City's operating budget is prepared using the full-accrual method of accounting. Revenues reflected within the operating budget section represent revenues projected to be generated during this budget fiscal year and do not necessarily represent actual inflows of cash, however the Cash Flow Budget would reflect actual cash projected to be collected and cash projected to be expended. Existing funds already on hand would then not be reflected as new or generated revenues in the operating budget.

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1. **MHSA Funding.** MHSA funding represents any additional amount of funds that have been approved for capital facilities or technology related projects. Although there is approximately $300 thousand currently available/approved to fund CTFN projects, these amounts have already been previously recognized as revenue within the CSS Plan. Recognition of revenue occurs during the time period in which the funds received were originally approved for use, as such, the actual expenditures may lag and occur at a later time. Accordingly, no revenues are reflected within the CFTN plan in this budget, with the exception of interest revenue, and no other revenues are projected to be recognized or collected for fiscal 2025-26.

2. **Interest Income.** Interest income, if any, is projected based on expected average cash balances.

OPERATING EXPENSES

1. **Depreciation Expense**. Depreciation expense is projected to be approximately $88 thousand which represents the remaining depreciation of equipment and furniture purchased and capitalized over the past years as well as the current projection of depreciation for the recent purchase of the office building and improvements.

CAPITAL EXPENSES

1. **Capital Expenses**. The majority of the expenses that are expected to be incurred to implement the above noted projects are expected to be either capital related or Unique MHSA Program Related and therefore would be presented within the Cash Flow Budget under the caption titled “Cash Flow From Capital and Related Financing Activities” or within the operating expenses section of the Budget as Unique MHSA Related Costs. Expenses of approximately $255 thousand are reflected under this caption associated with an existing CFTN plan for IT Infrastructure Needs that was approved in June of 2022.

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	Budget FY 25-26	% to Rev
REVENUE						
MEDI-CAL ADULT FFP	$ -	$ -	$ -	$ -	$ -	0.0%
MEDI-CAL CHILDREN FFP	-	-	-	-	-	0.0%
MEDI-CAL CHILDREN EPSDT--STATE	-	-	-	-	-	0.0%
REALIGNMENT	-	-	-	-	-	0.0%
MEDICARE	-	-	-	-	-	0.0%
PATIENT FEES/INSURANCE	-	-	-	-	-	0.0%
MHSA FUNDING	-	-	-	-	-	0.0%
GRANTS	-	-	-	-	-	0.0%
INTEREST INCOME	74,168	74,168	74,168	74,168	296,672	100.0%
RENTAL AND OTHER INCOME	-	-	-	-	-	0.0%
ESTIMATED M/C DENIALS/DISALLOWANCE	-	-	-	-	-	0.0%
TOTAL REVENUES	**74,168**	**74,168**	**74,168**	**74,168**	**296,672**	**100.0%**
EXPENSES						
SALARY COSTS						
SALARY AND WAGES	-	-	-	-	-	0.0%
INSURANCE-Health/workers comp/life	-	-	-	-	-	0.0%
RETIREMENT COSTS	-	-	-	-	-	0.0%
PAYROLL TAXES	-	-	-	-	-	0.0%
MISC COSTS	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%
FACILITY COSTS						
STORAGE LEASES	-	-	-	-	-	0.0%
MORTGAGE INTEREST (2008 Garey)	-	-	-	-	-	0.0%
FACILITY RENT	-	-	-	-	-	0.0%
INTERCOMPANY FACILITY CHARGES	-	-	-	-	-	0.0%
UTILITIES	-	-	-	-	-	0.0%
BUILDING REPAIRS AND MAINTENANCE	-	-	-	-	-	0.0%
JANITORIAL SERVICES & SUPPLIES	-	-	-	-	-	0.0%
WASTE DISPOSAL	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%
EQUIPMENT COSTS						
EQUIPMENT RENTAL/LEASE	-	-	-	-	-	0.0%
EQUIP MAINT/REPAIRS	-	-	-	-	-	0.0%
EQUIP/FURNITURE PURCHASES EXPENSED	-	-	-	-	-	0.0%
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-	-	0.0%
AUTO EXPENSES	-	-	-	-	-	0.0%
AUTO INSURANCE	-	-	-	-	-	0.0%
CELLULAR/PAGER LEASES	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET
FISCAL YEAR 2025-26

	FY 25-26 QUARTERS 1ST QRT	2ND QRT	3RD QRT	4TH QRT	Budget FY 25-26	% to Rev
OTHER SERVICES AND SUPPLIES						
CONFERENCES, SEMINARS & RELATED COSTS	-	-	-	-	-	0.0%
MILEAGE REIMBURSEMENT	-	-	-	-	-	0.0%
PERSONNEL ADS	-	-	-	-	-	0.0%
PROFESSIONAL LIABILITY INSURANCE	-	-	-	-	-	0.0%
SECURITY EXPENSE	-	-	-	-	-	0.0%
DUES & SUBSCRIPTIONS	-	-	-	-	-	0.0%
OTHER SUPPLIES	-	-	-	-	-	0.0%
PRINTING	-	-	-	-	-	0.0%
CLIENT EXPENSES	-	-	-	-	-	0.0%
LAB COST	-	-	-	-	-	0.0%
AMBULANCE COSTS	-	-	-	-	-	0.0%
OFFICE SUPPLIES	-	-	-	-	-	0.0%
POSTAGE	-	-	-	-	-	0.0%
RECORD DESTRUCTION	-	-	-	-	-	0.0%
TELEPHONE EXPENSES	-	-	-	-	-	0.0%
COMPUTER SYSTEMS CONNECTIONS	-	-	-	-	-	0.0%
DATA PROCESSING/LICENSES	-	-	-	-	-	0.0%
IT RELATED EXPENSES-Consulting/Training	-	-	-	-	-	0.0%
MISCELLANEOUS (OPERATING RESERVE)	-	-	-	-	-	0.0%
	-	-	-	-	-	0.0%
SPECIFIC COSTS						
PROGRAMS:						
CLIENT SUPPORT COSTS	-	-	-	-	-	0.0%
UNIQUE MHSA PROGRAM RELATED COSTS	63,750	63,750	63,750	63,750	255,000	86.0%
COMMUNITY GRANTS	-	-	-	-	-	0.0%
WET--LEARNING & OUTREACH	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ADMINISTRATIVE:						0.0%
DIRECTORS & OFFICERS INSURANCE	-	-	-	-	-	0.0%
PROFESSIONAL SERVICES	-	-	-	-	-	0.0%
ATTORNEY FEES	-	-	-	-	-	0.0%
BANK FEES	-	-	-	-	-	0.0%
AUDIT FEES	-	-	-	-	-	0.0%
	63,750	63,750	63,750	63,750	255,000	86.0%
DEPRECIATION AND AMORT	21,927	21,927	21,927	21,927	87,708	29.6%
TOTAL COSTS	**85,677**	**85,677**	**85,677**	**85,677**	**342,708**	**115.5%**
INCOME (LOSS) FROM OPERATIONS	**$ (11,509)**	**$ (11,509)**	**$ (11,509)**	**$ (11,509)**	**$ (46,036)**	**-15.5%**

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET BY PROJECT
FISCAL YEAR 2025-26

	IT Infrastructural Needs Plan	ADMINISTRATIVE PROFESSIONAL BUILDING	CTFN ADMIN	TOTAL
REVENUE				
MHSA FUNDING	-	-	-	-
INTEREST INCOME	-	-	296,672	296,672
TOTAL REVENUES	**-**	**-**	**296,672**	**296,672**
EXPENSES				
SALARY COSTS *FTE's*		-	-	-
SALARY AND WAGES	-	-	-	-
INSURANCE-Health/workers comp/life	-	-	-	-
RETIREMENT COSTS	-	-	-	-
PAYROLL TAXES	-	-	-	-
MISC COSTS	-	-	-	-
	-	-	-	-
FACILITY COSTS				
STORAGE LEASES	-	-	-	-
MORTGAGE INTEREST (2008 Garey)	-	-	-	-
FACILITY RENT	-	-	-	-
INTERCOMPANY FACILITY CHARGES	-	-	-	-
UTILITIES	-	-	-	-
BUILDING REPAIRS AND MAINTENANCE	-	-	-	-
JANITORIAL SERVICES & SUPPLIES	-	-	-	-
WASTE DISPOSAL	-	-	-	-
	-	-	-	-
EQUIPMENT COSTS				
EQUIPMENT RENTAL/LEASE	-	-	-	-
EQUIP MAINT/REPAIRS	-	-	-	-
EQUIP/FURNITURE PURCHASES EXPENSED	-	-	-	-
INTERCOMPANY EQUIP/SOFTWARE CHARGES (INCOME)	-	-	-	-
AUTO EXPENSES	-	-	-	-
AUTO INSURANCE	-	-	-	-
CELLULAR/PAGER LEASES	-	-	-	-
	-	-	-	-

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TRI-CITY MENTAL HEALTH AUTHORITY
MHSA-CAPITAL FACILITIES & TECHNOLOGY (CFTN) OPERATING BUDGET BY PROJECT
FISCAL YEAR 2025-26

	IT Infrastructural Needs Plan	ADMINISTRATIVE PROFESSIONAL BUILDING	CTFN ADMIN	TOTAL
OTHER SERVICES AND SUPPLIES				
OTHER SUPPLIES	-	-	-	-
PRINTING	-	-	-	-
CLIENT EXPENSES	-	-	-	-
LAB COST	-	-	-	-
AMBULANCE COSTS	-	-	-	-
OFFICE SUPPLIES	-	-	-	-
POSTAGE	-	-	-	-
RECORD DESTRUCTION	-	-	-	-
TELEPHONE EXPENSES	-	-	-	-
COMPUTER SYSTEMS CONNECTIONS	-	-	-	-
DATA PROCESSING/LICENSES	-	-	-	-
IT RELATED EXPENSES-Consulting/Training	-	-	-	-
MISCELLANEOUS (OPERATING RESERVE)	-	-	-	-
	-	-	-	-
SPECIFIC COSTS				
PROGRAMS:				
CLIENT SUPPORT COSTS	-	-	-	-
UNIQUE MHSA PROGRAM RELATED COSTS	255,000	-	-	255,000
COMMUNITY GRANTS	-	-	-	-
WET--LEARNING & OUTREACH	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-
ADMINISTRATIVE:				
DIRECTORS & OFFICERS INSURANCE	-	-	-	-
PROFESSIONAL SERVICES	-	-	-	-
ATTORNEY FEES	-	-	-	-
BANK FEES	-	-	-	-
AUDIT FEES	-	-	-	-
	255,000	-	-	255,000
DEPRECIATION AND AMORT	-	87,708	-	87,708
TOTAL COSTS	**255,000**	**87,708**	**-**	**342,708**
INCOME (LOSS) FROM OPERATIONS	**$ (255,000)**	**$ (87,708)**	**$ 296,672**	**$ (46,036)**

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