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Claremont and La
Verne.

TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

GOVERNING BOARD REGULAR MEETING

WEDNESDAY, JANUARY 21, 2026 AT 5:00 P.M.
MHSA ADMINISTRATION BUILDING
2001 NORTH GAREY AVENUE, POMONA, CA 91767

GOVERNING BOARD

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

Administrative Office

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

Clinical Office / Adult

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

Clinical Office / Child & Fam

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

MHSA Administrative Office

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

Wellness Center

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

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

[https://tricitymhs-
org.zoom.us/j/88543122103?pwd=027cnPuaQt06ZcvJ8x5Vd2-10Q-
NAmIX.vp4lym-YqqDPgUk5](https://tricitymhs-org.zoom.us/j/88543122103?pwd=027cnPuaQt06ZcvJ8x5Vd2-10Q-NAmIX.vp4lym-YqqDPgUk5)

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.

GOVERNING BOARD CALL TO ORDER

Chair Leano calls the meeting to Order.

ROLL CALL

Board Members Lorraine Canales, 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 DECEMBER 17, 2025, REGULAR JOINT MEETING OF THE GOVERNING BOARD AND MENTAL HEALTH COMMISSION**

Recommendation: “A motion to approve the Minutes of the Governing Board and Mental Health Commission Regular Joint Meeting of December 17, 2025.”

2. ONTSON PLACIDE, EXECUTIVE DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

3. DIANA ACOSTA, CHIEF FINANCIAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

4. LIZ RENTERIA, CHIEF CLINICAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

5. SEEYAM TEIMOORI, MEDICAL DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

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

Recommendation: “A motion to receive and file.”

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

Recommendation: “A motion to receive and file.”

8. 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 – January 2026.”

9. CONSIDERATION OF RESOLUTION NO. 835 APPROVING AN AFFILIATION AGREEMENT WITH UNIVERSITY OF PHOENIX AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

Recommendation: “A motion to adopt Resolution No. 835 authorizing the Executive Director to execute an Affiliation Agreement with University of Phoenix, and any amendments thereafter.”

10. CONSIDERATION OF RESOLUTION NO. 836 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE TO ADD THE JOB DESCRIPTIONS FOR CHIEF ADMINISTRATIVE OFFICER POSITION, AND THE EXECUTIVE ASSISTANT POSITION

Recommendation: “A motion to adopt Resolution No. 836 establishing the Job Description for the Chief Administrative Officer position, restoring the Job Description for the Executive Assistant Position, and updating the Master Classification and Salary Schedule to include these changes.”

NEW BUSINESS

11. REVIEW OF THE ISSUANCE OF THE AUDITED FINANCIAL STATEMENTS FOR FISCAL YEAR ENDED JUNE 30, 2025

Recommendation: “A motion to accept and file the Authority’s final issued audited Financial Statements for Fiscal Year ended June 30, 2025.”

12. CONSIDERATION OF RESOLUTION NO. 837 AUTHORIZING THE EXECUTIVE DIRECTOR TO ENTER INTO AN AGREEMENT WITH GETACCEPT, INC. FOR ELECTRONIC SIGNATURE SERVICES FOR ONE YEAR IN THE AMOUNT OF \$36,353.01, WITH AN OPTION TO RENEW FOR TWO SUCCESSIVE ONE-YEAR TERMS

Recommendation: “A motion to adopt Resolution No. 837 approving an Agreement with GetAccept, Inc. for Electronic Signature Services in the amount of \$36,353.01 commencing on December 12, 2025, and terminating on December 12, 2026; with an option to renew for two successive one-year terms; and authorizing the Executive Director to execute the Agreement.”

13. ELECTION OF OFFICERS FOR THE 2026 CALENDAR YEAR AS REQUIRED BY THE JOINT POWERS AGREEMENT BETWEEN THE CITIES OF POMONA, CLAREMONT, AND LA VERNE

Recommendation: “Staff recommends that the Governing Board considers the election or re-election of a chairperson and vice chairperson.”

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 – 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 Governing Board will meet next in a Regular Meeting to be held on **Wednesday, February 18, 2026 at 5:00 p.m.** in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS, CPMC
JPA ADMINISTRATOR/CLERK



MINUTES

**GOVERNING BOARD AND MENTAL HEALTH COMMISSION
REGULAR JOINT MEETING**

December 17, 2025 – 5:00 P.M.

The Regular Joint Meeting of Governing Board and the Mental Health Commission was held on Wednesday, December 17, 2025, at 5:02 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 5:02 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
Sandra Grajeda, City of Claremont, Board Member
Paula Lantz, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, 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 (arrived at 5:07 p.m.)
Laura Mundy, Commissioner

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

STAFF

PRESENT: Ontson Placide, Executive Director
Steven Flower, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer

Seeyam Teimoori, Medical Director
Dana Barford, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Micaela P. Olmos, JPA Administrator/Clerk

PRESENTATION

➤ ADVANCING PSYCHIATRIC ADVANCE DIRECTIVES (PADS) IN CALIFORNIA

Director of MHSA & Ethnic Services Barford, and Project Director Kiran Sahota presented the second-quarter report.

At 5:07 p.m., Commissioner Guzman arrived at the meeting.

Project Director Sahota provided an overview of the history of Psychiatric Advance Directives (PADs), noting that for 30 years patients have had the ability and rights to make advanced medical decisions. In 2023, the first legislation supporting PADs was received and described that PADs were tools for self-determination that allows individuals to take control, advocate for themselves, make informed choices, and become more inclined to comply with medication and seek medical care. She explained that PADs are intended to be completed before a behavioral crisis occurs; that when created during a period of clear mental capacity, PADs give individuals the opportunity to identify supportive measures and express preferences for care and medication. She noted that PADs are legal directives owned by the individual and cannot be shared without consent, and stated that there are two types of PADs: 1) Instructive PADs, which provide treatment instructions; and 2) Proxy PADs, which designate a durable power of attorney. She explained that in California, individuals may choose one or both options and the process is entirely voluntary; and that therapists or family members cannot remove or add information. She reported that PADs is a multi-county project that began with Phase I which focused on creating a digital registry, standardizing language, and developing a single PAD template. Accomplishments included building the registry, conducting training, beta testing the platform, securing legislation, creating professional access, completing branding, and evaluating technical outcomes. Beta testers expressed enthusiasm, noting that the process helped them learn more about themselves. She then discussed Phase II which began in July 2025, with counties taking three months to onboard and starting implementation in October. The project partnered with SAMHSA (Substance Abuse and Mental Health Services Administration) and generated nationwide conversations, with additional partnerships under consideration. Current efforts include educating law enforcement and hospitals, with all three local cities actively participating, with the goal to align with individual preferences to reduce arrests and incarcerations. She added that social media campaigns are underway, and by February 2026, all crisis teams in participating counties will be trained, and law enforcement training is scheduled for April 2026, followed by hospital training.

Project Director Sahota then showed a video currently posted on PADs website (padsca.gov) that explains PADs use, purpose, and how to create one. Lastly, she expressed appreciation to TCMHA for its support and participation.

Board Member Lantz inquired about the reason for Alameda County participating in Phase II, but not in Phase I. Project Director Sahota explained that all counties were given the opportunity to join during Phase I; however, some counties chose not to participate, while others requested to join when Phase I was underway, and these were asked to wait until Phase II.

Vice-Chair Lau inquired whether law enforcement would be able to search for an individual in the PAD database during a behavioral crisis; and if PADs can be changed at any time and whether two signatures are required for each update; and how the signer's identity is verified when updating a PAD. Project Director Sahota replied that dispatch and law enforcement are being trained to ask about PADs, and will be provided guidance on asking relevant questions if a PAD is not available, noting that access to a PAD requires the individual's consent. She also confirmed that PADs can be updated at any time, and two signatures are required; that by 2030, digital notarization will be available, and that verification apps used by DMV and government agencies will be utilized to confirm digital signatures. MHC Vice-Chair Ryback added that regular medical advance directives require a notarization or two witnesses. Project Director Sahota stated that PADs follow the same process when a durable power of attorney is included.

➤ **REPORT ON THE CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL (CBHPC) 2025 DATA NOTEBOOK: WELLNESS AND RECOVERY CENTERS IN CALIFORNIA'S PUBLIC BEHAVIORAL HEALTH SYSTEM**

Commissioner Clarence Cernal provided an overview of the Data Notebook, describing it as an educational resource that contains statewide information and serves as a collaboration tool, noting that the notebook was designed to highlight key data, spotlight important trends, and showcase agency activities on this year's topic that focused on Wellness and Recovery Centers. He explained that a MHC Ad Hoc Committee was formed, consisting of Commissioners Cernal and Wilkerson, including TCMHA staff members Sara Rodriguez, MHSA Projects Manager, and Gamaliel Polanco, Wellness Center Manager. He reported that the committee reviewed data, completed the required survey, and prepared the presentation for the Governing Board and Commission. He then explained that the designation of Wellness and Recovery Centers is to support individuals dealing with mental illness and substance use disorders (SUD). He then talked about the role of Wellness Centers, emphasizing their importance in community-based recovery efforts. He indicated that the Tri-City Mental Health Authority (TCMHA) Wellness Center was highlighted as being rooted in the recovery model and described as the "heart and soul of TCMHA", characterized as a gathering place—a space for healing, connection, and support, and a welcoming community resource offering transportation services and conducting satisfaction surveys. He then provided an overview of services provided at the Wellness Center which included arts and crafts activities, Transitional Age Youth (TAY) programs, senior services, employment workshops, and anger management classes. He also provided information regarding considerations that were discussed regarding the historical context of Wellness and Recovery Centers which the California Behavioral Health Planning Council (CBHPC) first examined their role and potential in 2011. Now, more than a decade later, the current Data Notebook has revisited this concept in light of changing policy landscapes, evolving community needs, and local program developments. Lastly, he stated that the CBHPC will synthesize county responses and publish a comprehensive report which will be available at the CBHPC website, along with previous Data Notebook reports.

Board Member Canales asked how TCMHA Wellness Center services could reach individuals in the community, particularly those who were unhoused. WC Manager Polanco explained that the center functioned as an outreach hub but did not have a dedicated outreach team; however, it TCMHA maintained an outreach team that provided assistance. He explained the Wellness Center operated from 10:00 a.m. to 8:00 p.m. and engaged in outreach through community events, which included significant interaction with unhoused individuals.

Board Member Canales then inquired about services for veterans. WC Manager Polanco stated that the Wellness Center actively sought to engage veterans and approached services with the philosophy of filling gaps where community resources were lacking' and if services were already available elsewhere, the center focused on connecting individuals to those resources, noting that veterans were often more receptive to interacting with other veterans rather than individuals who were simply empathetic.

Board Member Canales also asked whether the center continued to collaborate with the Pomona Unified School District (PUSD). WC Manager Polanco replied in the affirmative and added that the center tailored partnerships to meet community needs, and partnered with any organization willing to collaborate, including Youth Advisory Committee (YAC), Transitional Age Committee (TAC), and school districts.

Discussion ensued how unhoused individuals are engaged when they came to the Wellness Center since it is not a treatment facility but a social engagement hub that provides resource connections, which links individuals to treatment teams; and offered job fairs, computer labs, and resume-writing assistance for those seeking housing and employment.

Board Member Ontiveros-Cole expressed concern about the increase in mental illness among unhoused individuals and emphasized the need for current statistics. MHSA Projects Manager Rodriguez committed to providing data from the Point-in-Time (PiT) count, noting that with the passage of Proposition 1, housing and support for unhoused and at-risk individuals had become a higher priority, and planning efforts were underway to address previous gaps in services.

MENTAL HEALTH COMMISSION

1. APPROVAL OF MINUTES FROM THE NOVEMBER 11, 2025 MENTAL HEALTH COMMISSION REGULAR MEETING

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

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

CONSENT CALENDAR

General Counsel Flower announced that Board Member Lantz would abstain from voting on Agenda Item No. 12 due to a potential conflict of interest as she is a member of the Los Angeles County Continuum of Care Board.

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 Canales seconded, to approve the Consent Calendar. The motion was carried by the following vote: Board

Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

2. APPROVAL OF MINUTES FROM THE NOVEMBER 17, 2025 GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of November 17, 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. 827 APPROVING THE NOTICE OF INTENTION TO APPROVE AN AMENDMENT TO THE CALPERS RETIREMENT CONTRACT TO INCLUDE PUBLIC EMPLOYEES’ PENSION REFORM ACT (PEPRA) LANGUAGE

Recommendation: “A motion to adopt Resolution No. 827 approving the Notice of Intention to Approve an Amendment to the contract between TCMHA and CalPERS to include PEPRA language.”

10. CONSIDERATION OF RESOLUTION NO. 828 STABLISHING THE 2026 MEETING SCHEDULE OF THE TRI-CITY MENTAL HEALTH AUTHORITY GOVERNING BOARD AND MENTAL HEALTH COMMISSION

Recommendation: “A motion to adopt Resolution No. 828 establishing the dates, time, and place where the Governing Board and the Mental Health Commission Meetings are held.”

11. CONSIDERATION OF RESOLUTION NO. 829 APPROVING AN AGREEMENT WITH THE CITY OF KNOWLEDGE SCHOOL FOR MENTAL HEALTH SERVICES

Recommendation: “A motion to adopt Resolution No. 829 approving an Agreement regarding mental health services with the City of Knowledge School.”

12. CONSIDERATION OF RESOLUTION NO. 830 APPROVING THE SUBCONTRACTOR AGREEMENT FOR THE HUD CONTINUUM OF CARE PROGRAM WITH THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY (LACDA); AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

Recommendation: “A motion to adopt Resolution No. 830 Authorizing the Executive Director to execute the Subcontractor Agreement No. CA0800L9D002416 with LACDA for the HUD Continuum of Care Program, and any amendments thereafter, effective January 1, 2026 through December 31, 2026.”

NEW BUSINESS

13. CONSIDERATION OF RESOLUTION NO. 831 AUTHORIZING THE EXPENDITURE OF \$1,000,000 FROM ITS CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PLAN FUNDS FOR TENANT IMPROVEMENTS AND TECHNOLOGY INFRASTRUCTURE

Chief Financial Officer Acosta presented a proposal for tenant improvements to a new office space intended to accommodate staff and incorporate necessary technology upgrades. Commissioner Guzman inquired whether computer improvements were separate from the proposed budget. Chief Financial Officer Acosta explained that these improvements were included within the overall allocation of one million dollars. Commissioner Cernal inquired if improvements were for current facilities; and Chief Financial Officer Acosta replied in the negative, noting that the improvements were for new offices.

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. 831 authorizing the expenditure of CFTN Funds in the amount of \$1,000,000 for tenant improvements and technology infrastructure. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

14. CONSIDERATION OF RESOLUTION NO. 832 AUTHORIZING THE EXECUTIVE DIRECTOR TO NEGOTIATE AND EXECUTE THE LEASE AGREEMENT WITH 1902 ROYALTY DRIVE, LLC FOR OFFICE SPACE, INCLUDING TENANT IMPROVEMENTS, LOCATED AT 1902 ROYALTY DRIVE IN POMONA, CALIFORNIA

Chief Financial Officer Acosta reported that lease for four offices are located at 1902 Royalty Drive, the sister building of 1900 Royalty Drive in Pomona where the TCMHA children’s clinic is located. She indicated that the proposed improvements for these suites would be funded through the just approved CFTN Plan allocation.

Board Member Lantz asked whether there were plans to purchase the building. Chief Financial Officer Acosta explained that an attempt had been made to purchase the property; however, the owner, who also owned an adjacent building, was not offering it for sale at this time, noting that the location was an excellent fit for the organization.

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

There being no further comment, Board Member Grajeda moved, and Vice-Chair Lau seconded, to approve Resolution No. 832 authorizing the Executive Director to negotiate and execute Lease Agreements with 1902 Royalty Drive, LLC for office space. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

15. CONSIDERATION OF RESOLUTION NO. 833 AWARDED A THREE-YEAR CONTRACT TO CENTRESCAPES, INC FOR MAINTAINANCE LANDSCAPE SERVICES IN THE AMOUNT OF \$75,779, BEGINNING JANUARY 1, 2026 THROUGH DECEMBER 31, 2029, WITH AN OPTION TO EXTEND TWO ADDITIONAL YEARS, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Chief Financial Officer Acosta reported that four TCMHA's buildings require landscape maintenance services, that an RFP was issued, and proposals from three different companies were received, noting that the review process focused on identifying the best option to meet operational needs and accommodate future growth, and staff was recommending to award the contract to Centrescapes, Inc. for three years, with an option to extend an additional two years.

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 Ontiveros-Cole seconded, to approve Resolution No. 833 awarding the Agreement for Maintenance Landscape Services to Centrescapes, Inc., and authorizing the Executive Director to execute a Three-Year Agreement with Centrescapes, beginning January 1, 2026, in the amount of \$75,779, with an option to extend two additional years, totaling \$130,165 for five years. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

16. CONSIDERATION OF RESOLUTION NO. 834 APPROVING AN AGREEMENT WITH EXECUTIVE LINGUISTICS AGENCY, INC. FOR LANGUAGE TRANSLATION AND INTERPRETATION SERVICES

JPA Administrator/Clerk Olmos informed the Board about SB707, which expands the Brown Act requirements for how meetings are conducted, and will require improved language access to be implemented by July 2026. She then recommended having additional translating and interpreting services currently available as there will be an increase of these services, noting that TCMHA currently has a contract with Language Line, but staff would like to have an additional option. She stated that TCMHA had previously worked with Executive Linguistics; however, the contract had expired, and indicated that translating and interpreting services were fee-based and the agreement could be canceled at any time giving a 30-day notice.

Vice-Chair Ryback inquired whether the language services were intended for clients or for meetings; if Language Line would remain the main resource and if the new vendor would serve as a backup; and if staff had explored other providers. JPA Administrator/Clerk Olmos clarified that the services applied to anything requiring interpretation or translating services; that Executive Linguistic would provide staff with additional options; and that interpreters must be certified, noting that continuing with this vendor would be the best solution since TCMHA had worked with them in the past.

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

There being no further comment, Board Member Lantz moved, and Board Member Ontiveros-Cole seconded, to approve Resolution No. 834 approving an agreement with Executive Linguistics Agency, Inc. for language translation and interpretation services. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

17. ELECTION OF GOVERNING BOARD LIAISON TO THE TRI-CITY MENTAL HEALTH COMMISSION AFTER A VACANCY EXISTS

JPA Administrator/Clerk Olmos reported that former Governing Board Member Carolyn Cockrell was the City of La Verne community representative, and also the Governing Board Liaison to the Mental Health Commission (MHC), a position required under WIC (California Welfare and Institutions Code) and incorporated into the MHC Bylaws, to increase bilateral communication between the Board and MHC. She explained that since a vacancy exists, the Board should appoint a new liaison. Executive Director Placide added that Cockrell had also met the requirement of being an educator and expressed a preference for selecting someone with an education background, if possible.

Discussion ensued about the MHC membership requirements.

Chair Leano nominated Board Member Grajeda to be the Board liaison to the MHC, and Board Member Lantz seconded the nomination.

Vice-Chair Lau inquired if the liaison position was required to be filled today before the Governing Board vacancy. JPA Administrator/Clerk Olmos responded that it was not required; however, noted that a new member would not have GB experience compared to Board Member Grajeda. Vice-Chair Lau then inquired if the recruitment deadline to apply for the MHC vacancy was December 15th. JPA Administrator/Clerk Olmos confirmed that the application period had closed but would reopen if necessary.

Commissioner Cernal inquired whether the recruitment could remain open indefinitely. JPA Administrator/Clerk Olmos explained that a recruitment is conducted only when vacancies exist, and is extended until the vacancy is filled.

Vice-Chair Lau reminded the Board to be mindful of age considerations for youth applicants during the Commissioner selection process since the appointment term is for three years.

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

There being no further comment, the motion to designate Board Member Sandra Grajeda as the Governing Board Liaison to the Tri-City Mental Health Commission, was carried by the following vote: Board Members Canales, Grajeda, Lantz, and Ontiveros-Cole; Vice-Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

Board Member Canales announced that a meeting was scheduled for January 15, 2026 at 7:00 p.m. in Claremont, to address concerns about unhoused individuals along Foothill Boulevard and related safety issues, noting that she hoped TCMHA would assist in addressing these concerns. Executive Director Placide confirmed that TCMHA had already met with all three cities and was planning to attend said meeting. Board Member Grajeda inquired if the meeting would be public; and Executive Director Placide stated that it would be operational in nature, involving key stakeholders from the three cities to develop a coordinated plan.

Chair Leano spoke about the broader challenges surrounding homelessness, noting that many issues stemmed from federal government actions at HUD and a lack of state investment, and pointed out that the Los Angeles County was contracting its budget by \$200 million, which would significantly impact services. He then emphasized that homelessness had always been part of TCMHA's work, but given current budget realities, it had become an elevated priority. He then urged the Board to consider how TCMHA should position itself over the next two to five years, anticipating new responsibilities and shifting priorities, stressing the importance of being proactive rather than reactive and setting the organization up for success in the face of these changes.

Board Member Lantz shared updates from the Los Angeles County Continuum of Care Board, noting that recent NOFO (Notice of Funding Opportunity) guidelines placed a 30% cap on permanent supportive housing funds, which could result in two-thirds of individuals in subsidized housing losing their homes. She then stated that a week ago the NOFO was pulled leaving no framework in place; and that recent meetings had focused on prioritizing who would remain housed, noting that mental illness was no longer considered a disability under the program, underscoring the enormity of these changes.

Vice-Chair Lau suggested that in the new year, TCMHA should prepare a State of Mental Health report, including prevention and wellness, and present during City Council meetings to increase public awareness of TCMHA's role, and recommended doing this quarterly or biannually. Executive Director Placide concurred, noting that existing services had varied entry points and that TCMHA takes a back seat to Housing-First agencies, though it continued to provide co-occurring services.

Board Member Canales added that outreach should also include school board meetings since families should also be aware.

Board Member Lantz commented that the community often saw mental health and substance abuse issues firsthand and believe that they are the only homeless population, and people who have unfortunate circumstance such as high medical bills and loose their home, frequently became lost in the system.

Chair Leano stated staff had clear direction to where Board comments were headed.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT – MENTAL HEALTH COMMISSION

At 6:34 p.m., on consensus of the Mental Health Commission, its Regular Joint Meeting with the Governing Board of December 17, 2025, was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, January 13, 2026 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

CLOSED SESSION

At 6:34 p.m., the Governing Board recessed to a Closed Session pursuant to Public Employee Performance Evaluation (Gov't Code § 54957). Title of Position of Employee Being Evaluated: Executive Director.

RECONVENE TO OPEN SESSION

At 7:16 p.m., the Governing Board reconvened to an Open Session.

CLOSED SESSION REPORT

There was no reportable action.

ADJOURNMENT

At 7:16 p.m., on consensus of the Governing Board, its Regular Joint Meeting with the Mental Health Commission of December 17, 2025, was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, January 21, 2026, at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela Perez Olmos, CPMC
JPA Administrador/Clerk



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

DATE: January 21, 2026
TO: Governing Board of Tri-City Mental Health Authority
FROM: Ontson Placide, LMFT, Executive Director
SUBJECT: Monthly Executive Director Report

I. EXECUTIVE SUMMARY

Update On The Purchase Of 431 Baseline Road, Claremont, Ca – Admin Building

As of January 15, 2026, Escrow has been successfully closed and TCMHA is now the owner of Baseline Property. Closing documents will be delivered within the week. Next step plans include official notification to tenants space planning activities for future use.

Ongoing Agency Planning

The MHSA to BHSA planning process continues with organizing, compiling and completing the CA DHCS Integrated Plan. This is an all-department comprehensive process that requires dedicated leadership time to complete. Planning meetings with Consultants and LACDMH continues. A tentative timeline of activities for completion of activities will be distributed by the end of January 2026.

Update on the MHSA to BHSA Reversion Planning

Two approved projects are in progress with no significant change in status from last month. The St Ambrose Housing Development through C.O.R.E plan was approved by the State on Dec 10, 2025. TCMHA will be collaborating on all required processes and documents. The Tiny Homes Project with City of Pomona was approved by the City Council at the November Meeting and in the process of document development.

II. DEPT. OPERATIONAL ITEMS / PROGRAMS & SERVICES

A. Dept/Program Priorities / Projects – See Individual Executive Team Reports

B. Human Resources – Month Ending December 2025

Staffing – Month Ending December 2025

- Total Staff is 220 full-time and 11 part-time plus 41 full-time vacancies 3 part-time vacancies for a total of 268 full-time equivalent positions.
- There was 1 new hire in December 2025.
- There was 1 separation in December 2025.

Workforce Demographics in December 2025

- American Indian or Alaska Native = 0.43%
- Asian = 7.33%
- Black or African American = 7.76%
- Hispanic or Latino = 63.36%
- Native Hawaiian or Other Pacific Islander = 0.43%
- Other = 2.59%
- Two or more races = 2.16%
- White or Caucasian = 15.95%

New Posted Positions in December 2025

- Clinical Supervisor I/II – FSP/TAY (1 FTE)
- Clinical Therapist I/II – Adult FSP (1 FTE)
- Peer Support Specialist I/II – COP (2 FTEs)
- Peer Support Specialist I/II – AOP (.5 FTE)
- Peer Support Specialist I/II – M CCP (3 FTEs)
- Peer Support Specialist I/II – MHSSA (1 FTE)

HR At-A-Glance Year End 2025

In 2025, Human Resources improved organizational stability while increasing throughput on core transactions. Annual turnover declined to 14.68% (from 25.53% in 2024), with a steady Q4 at 1.76%. Human Resources processed 145 position forms (+42% from 2024) and conducted 61 recruitments with 1,535 applicants. While 70 hires were completed (below 2024), applicant volume and recruitment activity rose, while turnover has declined. This calendar year we plan to focus on making the employee experience from onboarding to basic Human Resources transactions easier to use with the onboarding of a new HRIS

C. Information Technology (IT)

No significant updates from last month's report.

III. NATIONAL & STATEWIDE UPDATES IN BEHAVIORAL HEALTH

GOP cuts will cripple Medicaid enrollment, warns CEO of largest public health plan- When the head of the nation's largest publicly operated health plan worries about the looming federal cuts to Medicaid, it's not just her job. It's personal. Martha Santana-Chin, the daughter of Mexican immigrants, grew up on Medi-Cal, California's version of Medicaid, the government-run health care program for people with low incomes and disabilities. Today, she is CEO of L.A. Care, which runs by far the biggest Medi-Cal health plan with more than 2.2 million enrollees, exceeding the Medicaid and Children's Health Insurance Program enrollments in 41 states. [LAist / Kaiser Health News](#)



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

DATE: January 21, 2026

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

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Report of Finance and Facilities

I. EXECUTIVE SUMMARY

**UNAUDITED FINANCIAL STATEMENTS FOR THE FIVE MONTHS ENDED
NOVEMBER 30, 2025 (2026 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the five months ended November 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 \$7.9 million. MHSA operations accounted for approximately \$7.3 million of the increase, which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2025, Tri-City received MHSA funding of approximately \$21.4 million, of which \$12.9 million were for approved programs for fiscal 2025-26 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2025. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2025-26. In addition, during this current fiscal year 2025-26 approximately \$7.5 million in MHSA funding has been received of which \$1.3 million was identified and approved for use in the current fiscal year 2025-26 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$14.2 million. Unlike the requirement to reflect all available and **approved** MHSA funding when received as non-operating revenues, MHSA operating costs are reflected when incurred. Therefore, the matching of revenue to expense is not consistent as the timing of expenditures will lag behind the timing of revenue recognition.

The decrease in net position of approximately \$366 thousand is from Clinic outpatient operations, which is the result of operations for the five months ended November 30, 2025 which includes one-time payments made at the beginning of the year.

The total cash balance at November 30, 2025 was approximately \$66.8 million, which represents a decrease of approximately \$2.8 million from the June 30, 2025 balance of approximately \$69.6 million. Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an decrease in cash of approximately \$935 thousand primarily as a result timing of cash receipts from LADMH. MHSA operations reflected a decrease in cash of approximately \$1.9 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately \$7.5 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$1.8 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the five months ended November 30, 2025. An additional \$454 thousand has been received through January 15, 2026.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

We continue to closely monitor 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, 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.

Overall Facilities Update

The new leases have been executed and design work has begun on the new spaces at the 1902 Royalty site. Escrow has closed on the new administrative building at 431 W. Baseline Road, next steps will be preparing to occupy the building after the current tenants vacate. Next steps will be brought to Board as they develop.

III. ADMINISTRATIVE UPDATES

External

- Preparation for new reporting requirements under BHSA, final draft of the Integrated Plan has been released
- PERS has started an audit of the reporting of longevity pay (20 different municipalities are included in the audit).
 - Draft report has been received and management has provided the appropriate responses with the final report due in December 2025 as of the date of this report there is no anticipated issuance date from PERS

Internal

- Preparation for the BHSA Integrated Plan

IV. ATTACHMENTS

Attachment 3-A: November 30, 2025 Unaudited Monthly Financial Statements

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

	AT NOVEMBER 30, 2025			AT JUNE 30, 2025		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
Current Assets						
Cash	\$ 16,658,538	\$ 50,163,670	\$ 66,822,207	\$ 17,961,366	\$ 51,687,939	\$ 69,649,305
Accounts receivable, net of reserve for uncollectible accounts \$885,558 at November 30, 2025 and \$527,386 at June 30, 2025	5,086,138	6,522,057	11,608,195	5,537,192	4,375,601	9,912,793
	<u>21,744,676</u>	<u>56,685,726</u>	<u>78,430,402</u>	<u>23,498,558</u>	<u>56,063,540</u>	<u>79,562,098</u>
Property and Equipment						
Land, building, furniture and equipment	4,263,227	10,168,006	14,431,233	4,232,362	10,168,006	14,400,368
Accumulated depreciation	(2,999,492)	(5,382,884)	(8,382,376)	(2,942,061)	(5,194,991)	(8,137,053)
Rights of use assets-building lease	2,195,359	-	2,195,359	-	-	-
Accumulated amortization-building lease	(167,114)	-	(167,114)	-	-	-
Rights of use assets-SBITA	1,298,467	-	1,298,467	1,298,467	-	1,298,467
Accumulated amortization-SBITA	(897,052)	-	(897,052)	(897,052)	-	(897,052)
Total Property and Equipment	<u>3,693,395</u>	<u>4,785,122</u>	<u>8,478,517</u>	<u>1,691,716</u>	<u>4,973,014</u>	<u>6,664,730</u>
Other Assets						
Deposits and prepaid assets	578,983	164,745	743,728	124,101	62,745	186,846
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	<u>4,272,378</u>	<u>7,749,867</u>	<u>12,022,245</u>	<u>1,815,817</u>	<u>7,835,759</u>	<u>9,651,576</u>
Total Assests	<u>26,017,054</u>	<u>64,435,593</u>	<u>90,452,647</u>	<u>25,314,375</u>	<u>63,899,299</u>	<u>89,213,674</u>
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	5,355,114	-	5,355,114	5,355,114	-	5,355,114
Total Deferred Outflows of Resources	<u>5,355,114</u>	<u>-</u>	<u>5,355,114</u>	<u>5,355,114</u>	<u>-</u>	<u>5,355,114</u>
Total Assets and Deferred Outflows of Resources	<u>\$ 31,372,168</u>	<u>\$ 64,435,593</u>	<u>\$ 95,807,761</u>	<u>\$ 30,669,489</u>	<u>\$ 63,899,299</u>	<u>\$ 94,568,788</u>
LIABILITIES						
Current Liabilities						
Accounts payable	600,414	64,948	665,362	624,755	552,315	1,177,070
Accrued payroll liabilities	102,487	305,897	408,384	117,583	350,534	468,118
Accrued vacation and sick leave	649,913	1,379,428	2,029,341	636,548	1,292,202	1,928,750
Deferred revenue	241,479	-	241,479	852,457	-	852,457
Reserve for Medi-Cal settlements	4,370,157	4,262,362	8,632,519	4,324,954	4,161,537	8,486,491
Current portion of lease liability	233,960	-	233,960	-	-	-
Current portion of SBITA liability	272,492	-	272,492	272,492	-	272,492
Total Current Liabilities	<u>6,470,903</u>	<u>6,012,635</u>	<u>12,483,538</u>	<u>6,828,789</u>	<u>6,356,588</u>	<u>13,185,378</u>
Intercompany Acct-MHSA & TCMH	<u>(433,223)</u>	<u>433,223</u>	<u>-</u>	<u>(65,052)</u>	<u>65,052</u>	<u>-</u>
Long-Term Liabilities						
Lease liability	1,794,285	-	1,794,285	-	-	-
SBITA liability	128,923	-	128,923	128,923	-	128,923
Net pension liability	9,878,611	-	9,878,611	9,878,611	-	9,878,611
Unearned MHSA revenue	-	12,539,891	12,539,891	-	6,358,247	6,358,247
Total Long-Term Liabilities	<u>11,801,819</u>	<u>12,539,891</u>	<u>24,341,710</u>	<u>10,007,534</u>	<u>6,358,247</u>	<u>16,365,781</u>
Total Liabilities	<u>17,839,499</u>	<u>18,985,748</u>	<u>36,825,248</u>	<u>16,771,271</u>	<u>12,779,888</u>	<u>29,551,159</u>
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	12,920,180	12,920,180
Deferred inflows related to the net pension liability	66,044	-	66,044	66,044	-	66,044
Total Deferred Inflow of Resources	<u>66,044</u>	<u>-</u>	<u>66,044</u>	<u>66,044</u>	<u>12,920,180</u>	<u>12,986,224</u>
NET POSITION						
Invested in capital assets net of related debt	1,263,735	4,785,122	6,048,857	1,290,301	4,973,014	6,263,315
Restricted for MHSA programs	-	40,664,723	40,664,723	-	33,226,218	33,226,218
Unrestricted	12,202,889	-	12,202,889	12,541,872	-	12,541,872
Total Net Position	<u>13,466,624</u>	<u>45,449,845</u>	<u>58,916,469</u>	<u>13,832,173</u>	<u>38,199,232</u>	<u>52,031,405</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 31,372,168</u>	<u>\$ 64,435,593</u>	<u>\$ 95,807,761</u>	<u>\$ 30,669,489</u>	<u>\$ 63,899,299</u>	<u>\$ 94,568,788</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FIVE MONTHS ENDED NOVEMBER 30, 2025 AND 2024

	PERIOD ENDED 11/30/25			PERIOD ENDED 11/30/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 1,846,244	\$ 2,585,494	\$ 4,431,738	\$ 1,869,860	\$ 2,595,703	\$ 4,465,562
Medi-Cal FFP FYE Prior Year	-	-	-	241,817	200,939	442,755
Medi-Cal SGF-EPSDT	291,731	847,028	1,138,759	412,146	667,734	1,079,880
Medi-Cal SGF-EPSDT Prior Year	-	-	-	59,226	52,058	111,284
Medicare	7,295	4,201	11,496	4,613	3,466	8,079
Contracts	-	13,671	13,671	-	13,392	13,392
Rent income - TCMH & MHSA Housing	5,390	24,605	29,995	5,390	30,094	35,485
Other income	332	348	680	334	379	713
Net Operating Revenues	2,150,992	3,475,428	5,626,419	2,593,385	3,563,766	6,157,151
OPERATING EXPENSES						
Salaries, wages and benefits	4,201,753	8,949,208	13,150,961	3,436,840	7,969,942	11,406,782
Facility and equipment operating cost	272,924	995,500	1,268,424	258,074	692,486	950,560
Client lodging, transportation, and supply expense	7,666	75,884	83,550	5,914	435,042	440,956
Depreciation & amortization	132,968	279,469	412,437	124,688	256,084	380,771
Other operating expenses	401,471	1,062,641	1,464,113	402,675	1,064,632	1,467,307
Total Operating Expenses	5,016,782	11,362,703	16,379,485	4,228,190	10,418,186	14,646,376
OPERATING (LOSS) (Note 1)	(2,865,790)	(7,887,276)	(10,753,066)	(1,634,805)	(6,854,421)	(8,489,226)
Non-Operating Revenues (Expenses)						
Realignment	1,600,163	-	1,600,163	1,523,063	-	1,523,063
MHSA funds	-	14,243,067	14,243,067	-	16,693,035	16,693,035
Grants and Contracts	639,948	-	639,948	454,743	-	454,743
Interest Income net with FMV	260,130	894,822	1,154,952	211,140	993,474	1,204,614
Total Non-Operating Revenues (Expense)	2,500,241	15,137,889	17,638,130	2,188,945	17,686,509	19,875,454
INCOME (LOSS)	(365,549)	7,250,613	6,885,064	554,140	10,832,088	11,386,229
INCREASE (DECREASE) IN NET POSITION	(365,549)	7,250,613	6,885,064	554,140	10,832,088	11,386,229
NET POSITION, BEGINNING OF YEAR	13,832,173	38,199,232	52,031,405	10,020,298	32,339,182	42,359,480
NET POSITION, END OF MONTH	\$ 13,466,624	\$ 45,449,845	\$ 58,916,469	\$ 10,574,439	\$ 43,171,270	\$ 53,745,709

(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
FIVE MONTHS ENDED NOVEMBER 30, 2025 AND 2024**

	PERIOD ENDED 11/30/25			PERIOD ENDED 11/30/24		
	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	\$ 556,195	\$ 1,261,761	\$ 1,817,956	\$ 6,561,733	\$ 4,375,556	\$ 10,937,290
Cash payments to suppliers and contractors	(1,236,821)	(2,814,970)	(4,051,791)	(1,251,023)	(2,662,543)	(3,913,566)
Payments to employees	(4,203,484)	(8,906,619)	(13,110,103)	(3,450,831)	(7,925,065)	(11,375,897)
	<u>(4,884,110)</u>	<u>(10,459,828)</u>	<u>(15,343,938)</u>	<u>1,859,880</u>	<u>(6,212,052)</u>	<u>(4,352,173)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	7,504,530	7,504,530	-	14,162,101	14,162,101
CalHFA-State Administered Projects	-	-	-	-	532	532
Realignment	3,278,539	-	3,278,539	1,523,063	-	1,523,063
Grants and Contracts	412,148	-	412,148	978,152	-	978,152
	<u>3,690,686</u>	<u>7,504,530</u>	<u>11,195,217</u>	<u>2,501,214</u>	<u>14,162,632</u>	<u>16,663,847</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(30,865)	-	(30,865)	(38,400)	(178,136)	(216,536)
Intercompany-MHSA & TCMH	(368,171)	368,171	-	(393,471)	393,471	-
	<u>(399,036)</u>	<u>368,171</u>	<u>(30,865)</u>	<u>(431,871)</u>	<u>215,335</u>	<u>(216,536)</u>
Cash Flows from Investing Activities						
Interest received	278,243	1,025,657	1,303,900	177,607	856,519	1,034,126
	<u>278,243</u>	<u>1,025,657</u>	<u>1,303,900</u>	<u>177,607</u>	<u>856,519</u>	<u>1,034,126</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(1,314,216)	(1,561,470)	(2,875,686)	4,106,830	9,022,435	13,129,264
Cash Equivalents at Beginning of Year	17,961,366	51,687,939	69,649,305	11,061,930	36,745,684	47,807,614
Cash Equivalents at End of Month	<u>\$ 16,647,150</u>	<u>\$ 50,126,469</u>	<u>\$ 66,773,618</u>	<u>\$ 15,168,759</u>	<u>\$ 45,768,119</u>	<u>\$ 60,936,878</u>
Cash from the Balance Sheet	<u>16,658,538</u>	<u>50,163,670</u>	<u>66,822,207</u>	<u>15,207,965</u>	<u>45,980,986</u>	<u>61,188,951</u>
YTD Gain/(Loss) from GASB 31 Fair Market Value	<u>\$ 11,388</u>	<u>\$ 37,201</u>	<u>\$ 48,589</u>	<u>39,206</u>	<u>212,867</u>	<u>252,073</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
FIVE MONTHS ENDING NOVEMBER 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	\$ 2,013,352	\$ 3,704,100	\$ (1,690,748)	\$ 2,819,514	\$ 4,374,166	\$ (1,554,652)	\$ 4,832,866	\$ 8,078,265	\$ (3,245,399)
Medi-Cal SGF-EPSDT	318,137	377,781	(59,644)	923,695	947,662	(23,967)	1,241,831	1,325,443	(83,611)
Medicare	7,295	3,958	3,336	4,201	2,083	2,118	11,496	6,042	5,454
Contracts	-	-	-	13,671	-	13,671	13,671	-	13,671
Rent income - TCMH & MHSA Housing	5,390	5,640	(250)	24,605	38,592	(13,987)	29,995	44,232	(14,237)
Other income	332	-	332	348	-	348	680	-	680
Provision for contractual disallowances	(193,514)	(331,803)	138,289	(310,686)	(532,183)	221,497	(504,200)	(863,986)	359,786
Net Operating Revenues	2,150,992	3,759,676	(1,608,684)	3,475,428	4,830,320	(1,354,892)	5,626,419	8,589,995	(2,963,576)
OPERATING EXPENSES									
Salaries, wages and benefits	4,201,753	4,888,397	(686,644)	8,949,208	10,876,930	(1,927,722)	13,150,961	15,765,327	(2,614,366)
Facility and equipment operating cost	283,052	251,389	31,663	995,500	706,628	288,873	1,278,552	958,017	320,536
Client program costs	7,666	22,223	(14,557)	75,884	255,615	(179,731)	83,550	277,838	(194,288)
Grants	59,238	549,277	(490,039)	78,247	55,687	22,559	137,485	604,964	(467,479)
MHSA training/learning costs	-	-	-	51,698	40,405	11,293	51,698	40,405	11,293
Depreciation & amortization	132,968	75,592	57,376	279,469	253,878	25,592	412,437	329,469	82,968
Other operating expenses	332,105	297,245	34,861	932,697	993,488	(60,791)	1,264,802	1,290,733	(25,931)
Total Operating Expenses	5,016,782	6,084,122	(1,067,340)	11,362,703	13,182,630	(1,819,927)	16,379,485	19,266,753	(2,887,267)
OPERATING INCOME (LOSS)	(2,865,790)	(2,324,446)	(541,344)	(7,887,276)	(8,352,311)	465,035	(10,753,066)	(10,676,757)	(76,309)
Non-Operating Revenues (Expenses)									
Realignment	1,600,163	1,523,063	77,100	-	-	-	1,600,163	1,523,063	77,100
MHSA Funding	-	-	-	14,243,067	14,854,572	(611,505)	14,243,067	14,854,572	(611,505)
Grants and contracts	639,948	1,087,168	(447,220)	-	-	-	639,948	1,087,168	(447,220)
Interest (expense) income, net	260,130	197,575	62,555	894,822	925,675	(30,853)	1,154,952	1,123,250	31,702
Total Non-Operating Revenues (Expense)	2,500,241	2,807,806	(307,565)	15,137,889	15,780,247	(642,358)	17,638,130	18,588,053	(949,923)
INCREASE(DECREASE) IN NET POSITION	\$ (365,549)	\$ 483,360	\$ (848,909)	\$ 7,250,613	\$ 7,427,936	\$ (177,323)	\$ 6,885,064	\$ 7,911,296	\$ (1,026,232)

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
FIVE MONTHS ENDING NOVEMBER 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 approximately \$3 million for the following reasons:

- 1 **Medi-Cal FFP revenues for FY 2025-26** were approximately \$3.2 million lower than the budget. Medi-Cal FFP revenues were \$1.7 million lower for TCMH and approximately \$1.5 million lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$1.1 million and the children program revenues were lower by \$561 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$1.1 million and the Children and TAY FSP programs were lower by \$409 thousand.
- 2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2025-26** were lower than budget by \$84 thousand of which \$60 thousand lower were from TCMH and \$24 thousand lower were from MHSA. 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 approximately \$5 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 \$14 thousand higher than the budget from MHSA.
- 5 **Rent Incomes** are lower than the budget by approximately \$14 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 2025-26 was lower than budget by \$360 thousand due to lower revenues.

Operating Expenses

Operating expenses were lower than budget by \$2.9 million for the following reasons:

- 1 **Salaries and benefits** are \$2.6 million lower than the budget and of that amount, salaries and benefits are \$687 thousand lower for TCMH operations and are approximately \$1.9 million lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than the budget by \$446 thousand due to vacant positions. Benefits are also lower by \$241 thousand.

MHSA salaries are lower than budget by \$1.5 million. The direct program salary costs are lower by \$768 thousand due to vacant positions and the administrative salary costs are lower than the budget by \$729 thousand. Benefits are lower than the budget by \$431 thousand due to lower health insurance of \$267 thousand, retirement costs of \$76 thousand, state unemployment insurance of \$74 thousand and medicare tax of \$25 thousand. These higher costs are slightly offset by higher workers compensation insurance.
- 2 **Facility and equipment operating costs** were higher than the budget by \$321 thousand of which \$32 thousand higher was from TCMH and \$289 thousand higher was from MHSA. Overall, furniture costs were higher than the budget by \$8 thousand, building and facility costs were higher by \$22 thousand, equipment costs were higher by \$291 thousand mainly due to the Lap top Refresh Project which replaced new laptops for all staff and at the same time, updated agency's email address to Tricitymhsa.ca.gov.
- 3 **Client program costs** are lower than the budget by approximately \$194 thousand.
- 4 **Grants for fiscal year 2025-26** are \$467 thousand lower than the budget. These are the sub-grants awarded under the TCMH Mental Health Student Services Act program and the community grants under the MHSA PEI Community Wellbeing project.
- 5 **MHSA learning and training costs** are \$11 thousand higher than the budget.
- 6 **Depreciation and amortization** are approximately \$83 thousand higher than the budget.
- 7 **Other operating expenses** were lower than the budget by \$26 thousand of which \$35 thousand higher were from TCMH and \$61 thousand lower were from MHSA. Overall, the higher costs were due to higher security expense and liability insurance. These higher costs are offset with lower attorney fees and lower professional fees from MHSA.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
FIVE MONTHS ENDING NOVEMBER 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)

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are lower than budget by approximately \$950 thousand as follows:

- 1 **TCMH non-operating revenues** are \$308 thousand lower than the budget. Of that, realignment fund was higher than the budget by \$77 thousand, grants and contracts were lower by \$447 thousand, and interest income net were higher by \$62 thousand.

- 2 **MHSA non-operating revenue** is lower than the budget by \$612 thousand.
 In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

The differences in actual to budget are broken out as follows:

	Actual	Budget	Variance
CSS funds received and available to be spent	\$ 10,424,618	\$ 10,424,618	\$ -
PEI funds received and available to be spent	2,797,416	3,408,921	(611,505)
WET funds received and available to be spent	-	-	-
CFTN funds received and available to be spent	-	-	-
INN funds received and available to be spent	1,021,033	1,021,033	-
Non-operating revenues recorded	<u>\$ 14,243,067</u>	<u>\$ 14,854,572</u>	<u>\$ (611,505)</u>

CSS and INN recorded revenues are in line with the budget.

PEI recorded revenue is lower than budget by approximately \$612 thousand. The difference is due to the amount received and available for the PEI plan through November 2025. The additional funds received during the fiscal year 2025-26 will be recorded as revenue up to the budgeted amount.

Interest income net with interest expense for MHSA were lower than budget by approximately \$31 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FIVE MONTHS ENDED NOVEMBER 30, 2025 AND 2024

	PERIOD ENDED 11/30/25			PERIOD ENDED 11/30/24		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 1,846,244	\$ 2,585,494	\$ 4,431,738	\$ 1,869,860	\$ 2,595,703	\$ 4,465,562
Medi-Cal FFP FYE Prior Year	-	-	-	241,817	200,939	442,755
Medi-Cal SGF-EPSDT	291,731	847,028	1,138,759	412,146	667,734	1,079,880
Medi-Cal SGF-EPSDT Prior Year	-	-	-	59,226	52,058	111,284
Medicare	7,295	4,201	11,496	4,613	3,466	8,079
Realignment	1,600,163	-	1,600,163	1,523,063	-	1,523,063
MHSA funds	-	14,243,067	14,243,067	-	16,693,035	16,693,035
Grants and contracts	639,948	13,671	653,620	454,743	13,392	468,135
Rent income - TCMH & MHSA Housing	5,390	24,605	29,995	5,390	30,094	35,485
Other income	332	348	680	334	379	713
Interest Income	260,130	894,822	1,154,952	211,140	993,474	1,204,614
Total Revenues	4,651,233	18,613,316	23,264,550	4,782,330	21,250,275	26,032,605
EXPENSES						
Salaries, wages and benefits	4,201,753	8,949,208	13,150,961	3,436,840	7,969,942	11,406,782
Facility and equipment operating cost	272,924	995,500	1,268,424	258,074	692,486	950,560
Client lodging, transportation, and supply expense	7,666	75,884	83,550	5,914	435,042	440,956
Depreciation & amortization	132,968	279,469	412,437	124,688	256,084	380,771
Other operating expenses	401,471	1,062,641	1,464,113	402,675	1,064,632	1,467,307
Total Expenses	5,016,782	11,362,703	16,379,485	4,228,190	10,418,186	14,646,376
INCREASE (DECREASE) IN NET POSITION	(365,549)	7,250,613	6,885,064	554,140	10,832,088	11,386,229
NET POSITION, BEGINNING OF YEAR	13,832,173	38,199,232	52,031,405	10,020,298	32,339,182	42,359,480
NET POSITION, END OF MONTH	\$ 13,466,624	\$ 45,449,845	\$ 58,916,469	\$ 10,574,439	\$ 43,171,270	\$ 53,745,709

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: January 21, 2026

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

FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Report of Clinical, Housing and Support Systems
Department

I. EXECUTIVE SUMMARY

The report presents an overview of key activities, achievements, and noteworthy developments within the Clinical Department, Housing, and Support Systems teams during the reporting period. Key highlights include improvements such as a streamlined triage system for clients seeking assistance with medication services through the Access to Care department, continued work on Behavioral Health Services Act transformation as well as enhanced fleet management through the implementation of a key box system.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

The Support Systems Team Manager, in collaboration with the Facilities Manager, implemented a secure key box system to modernize vehicle fleet management. This technology-driven solution has improved efficiency and increased vehicle availability by providing controlled, self-service access to vehicle keys, reducing delays and manual handling. As a result, Support Systems Team staff are no longer routinely called away from reception duties to manage vehicle keys, allowing them to focus on frontline responsibilities. The introduction of the key box system represents a clear step towards modernization, using technology to enhance control, accountability, and overall operational effectiveness.

III. ADMINISTRATIVE UPDATES

Over the past few months, the Access to Care department has been working closely with the Best Practices Department and the Medication Support Services team to improve how individuals accessing services at Tri-City Mental Health Authority have their medication needs addressed. Through careful planning and review, and in alignment with statewide requirements to address medication needs at the time-of-service request, the Access to Care team will implement a standardized set of triage questions to identify medication needs early. Based on responses provided at service request, an initial medication referral will be made when a medication need is identified. The Access to Care and Medication Support teams will collaborate closely to coordinate care and ensure individuals with identified medication needs are scheduled for an initial medication

AGENDA ITEM NO. 4

appointment. When medication needs are present, the goal is to promptly schedule an intake assessment prior to the initial medication appointment, ensuring timely and efficient access to both medication and therapeutic support services.

IV. INTERAGENCY COLLABORATION / COMMUNITY PARTNERSHIPS

Program managers, supervisors, and staff across Tri-City Mental Health Authority (TCMHA) are actively working to further develop the continuum of care and ensure alignment with the requirements of the Behavioral Health Services Act. A cross-functional committee has been established to develop program plans for new and expanded services, including Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), High Fidelity Wraparound (HFW), Full Service Partnerships Intensive Case Management (FSP, ICM), Individual Placement and Support (IPS) for employment, co-occurring disorder treatment, and enhanced housing interventions.

The committee meets monthly to coordinate efforts, while individual teams meet regularly to advance specific workstreams, participate in state and external technical assistance meetings, and review new requirements issued by the Department of Health Care Services (DHCS) and the Los Angeles County Department of Mental Health (LACDMH). Preparatory efforts include developing workflows, staffing models, policies and procedures, potential memoranda of understanding with community partners (MOUs), marketing strategies, and cross-departmental coordination. New programming is anticipated to launch in the upcoming fiscal year.



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

DATE: January 21, 2026

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

FROM: Seeyam Teimoori, MD, Medical Director

SUBJECT: Monthly Report for the Psychiatry Department

I. EXECUTIVE SUMMARY

Psychiatric and medical comorbidities are extremely common among adults in the United States, with 68% of those with mental disorders also having medical conditions and 29% of those with medical conditions also having mental disorders. Due to the complex interplay between medical and psychiatric illness, comorbidities result in substantial health disparities.

There is, thus, both an ethical and fiscal imperative to develop care management programs to address the needs of individuals with comorbid conditions. Although there is substantial evidence supporting the use of care management for improving health outcomes for patients with chronic diseases, most interventions described in the literature are condition specific.

To address this very important matter, we have a treatment nurse in our system of care to help our clients navigate their other medical services and to also help our psychiatrists be able to communicate with other medical professionals. This has been very helpful in ensuring that our clients with medical comorbidities have appropriate follow-ups and their progress is communicated with their psychiatrists to improve their outcomes.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

We are onboarding our first Psychiatric Mental Health Nurse Practitioner (PMHNP) to improve timely access to psychiatric care for our clients.

III. INTERAGENCY COLLABORATION

- Collaboration with the Best Practices Department on the billing accuracy and client service hours initiatives.
- Collaboration with the Clinical department on preparation for the establishment of the Drug Medi-Cal program, including selecting a appropriate laboratory services.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: January 21, 2026

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

FROM: Dana Barford, Director of MHSA and Ethnic Services

SUBJECT: January 2026 Staff Report for MHSA

I. EXECUTIVE SUMMARY

The MHSA teams closed out 2025 with a busy and impactful December, marked by meaningful partnerships, community engagement, and expanded support across the Tri-City area. Highlights from the month include:

- **Four local high schools received mini-grants** to support student-led mental health and suicide prevention film projects through Directing Change.
- **Engaging stigma-reduction presentations and workshops** were delivered at Village Academy High School.
- **Community Behavioral Health Trainings** continued to build local capacity, with sessions on Compassion Fatigue, Motivational Interviewing, and more.
- **A collaborative LGBTQIA+ holiday roundtable** was hosted with Pomona Valley PRIDE, creating space for connection and support during the season.
- **Festive community gatherings**, including the annual tree lighting and the Senior Merry Social, brought joy and togetherness to Wellness Center participants.
- **Community Navigators provided critical support**, helping individuals experiencing homelessness access shelter and begin the path toward permanent housing.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

Stigma Reduction: Directing Change Mini Grants & School Engagement

Youth Creating Change informed Tri-City program staff that four high schools in the Tri-City region applied for the Directing Change mini grant, which provides up to \$1,500 to support youth-led mental health and suicide prevention film projects. Directing Change is an annual statewide contest that empowers young people ages 11–25 to create PSA films focused on mental health awareness and suicide prevention.

After reviewing the applications together, Tri-City and Youth Creating Change agreed to award funding to all four applicant schools to support their on-campus Directing Change efforts. The schools selected for the mini grant include:

- San Dimas High School
- Claremont High School
- Village Academy High School
- Park West High School

School-Based Stigma Reduction Efforts

On December 2, program staff delivered a stigma reduction presentation to six class periods at Village Academy High School. This presentation was conducted in collaboration with a student teacher and included promotion of the Directing Change annual film contest. Staff received positive feedback from the classroom teacher, who expressed interest in continuing to utilize Tri-City Mental Health as a resource.

Community Behavioral Health Trainings

In December, program staff delivered several community behavioral health presentations, including Compassion Fatigue for CWB grantees and the broader Tri-City community, as well as a Motivational Interviewing (MI) training with a total attendance of 60 community members. Looking ahead to January, staff are scheduled to provide Motivational Interviewing I for Bonita Unified School District (BUSD) interns, the Community Resiliency Model (CRM) for TELACU, and Everyday Mental Health (EMH) for the Tri-City community.

Community Wellbeing Grants (CWB)

CWB grantees participated in a cohort meeting featuring a presentation from the Community Mental Health Training Program on compassion fatigue and burnout. The session emphasized the importance of self-care and explored strategies to strengthen support for the communities served by the grantees. Participants were introduced to practical resources and engaged actively through questions and discussion.

III. INTERAGENCY COLLABORATION / COMMUNITY PARTNERSHIPS

Diversity, Equity, and Inclusion

Tri-City would like to extend our heartfelt appreciation to our partners at Pomona Valley PRIDE for collaborating with the Rainbow Collaborative to host *Together Strong: With Love & Pride*. This community roundtable created a welcoming space for professionals, allies, and LGBTQIA+ community members to come together and explore ways to support one another during the holiday season.

More than 25 participants joined the conversation, sharing personal experiences, building connections, and reaffirming their commitment to approaching the holidays with care and compassion. Tri-City is deeply grateful for our partnership with Pomona Valley PRIDE, whose collaboration makes these meaningful dialogues possible and continues to strengthen and uplift our community during this time of year. Check out our social media post to read powerful quotes and reflections shared by community members:

https://www.instagram.com/p/DSn0AzgksGC/?img_index=2&igsh=NTc4MTlwNjQ2YQ=
≡

Wellness Center

The Wellness Center celebrated its annual tree lighting, a tradition now going strong for over a decade. More than 50 participants, children and adults alike, joined in the festivities. Guests enjoyed hot chocolate, goody giveaways, and the much-anticipated countdown to illuminate the Christmas trees at both Center buildings. The evening concluded with a community viewing of *A Charlie Brown Christmas*.

Another growing tradition at the Center is the Senior Merry Social, which saw its largest turnout to date. Seniors spent the afternoon socializing, crafting, and enjoying plenty of delicious food, making it a warm and joyful gathering for all who attended.

Community Navigators

In partnership with the City of Claremont, the Community Navigator for Claremont provided support to an individual experiencing homelessness. Through consistent outreach and engagement, the individual agreed to enter Hope 4 Home, where he is now receiving supportive services as he prepares to transition into permanent housing.

Innovation

The Together for Change community group engaged in a reflective discussion about their experience in the program thus far. Participants expressed gratitude for having a consistent space to collaborate, share resources, and build meaningful connections. They also noted their appreciation for the inclusion of meals during meetings. The group shared strong enthusiasm for continuing their work together into 2026, with meetings scheduled through June 2026.



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

DATE: January 21, 2026

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

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

SUBJECT: Monthly Report of Best Practices Department

I. EXECUTIVE SUMMARY

The Best Practices department is actively planning for 2026 projects and initiatives. To prepare for 2026, Best Practices staff have: 1) Continued to develop and refine our monitoring and tracking approaches and 2) Continued to work with various departments to strengthen workflow processes to create more efficiency. These efforts will assist with creating the structure and capacity needed to help facilitate 2026 initiatives, one of which will be the agencywide BHSA transition.

Additionally, Best Practices staff continue to collaborate with other Tri-City agency departments to facilitate the completion of the BHSA Integrated Plan by providing essential data support

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

Compliance

The Compliance office has prioritized providing training, support and monitoring concerning 'informed consent', with a particular focus on the rights and requirements for legal representatives. The goal is to ensure that access to care is upheld while also ensuring compliance with legal and ethical mandates.

Data and Outcomes

The Data team has continued to expand our data report catalogue, with an emphasis on making more reports available that can help leadership more efficiently monitor the performance of their programs and program staff. Using data is essential for healthcare operations and the data team is working to roll out new reports, methods, and dashboards through 2026 to help meet the need.

Quality Assurance

The Quality Assurance team (QA) has continued to complete ongoing QA chart reviews to continually monitor and assess the quality of services and documentation. The QA

team trains and audits weekly to ensure that we maintain required quality standards. In December, the QA team's audit focus was on special incidents.

Electronic Health Record

The Electronic Health Record (E.H.R.) team continues to provide administration, training, and ongoing help desk support to ensure optimal functioning and experience with our E.H.R. system.

III. ADMINISTRATIVE UPDATES

The Best Practices Department has been collaborating with our Workforce Education & Training (WET) team to develop an implementation path for the new DHCS Transgender, Gender Diverse, or Intersex (TGI) evidence-based cultural competency training requirement. This training is required as per Senate Bill (SB) 923 and WIC § 14197.09 and will be introduced at Tri-City within the next few months.



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

DATE: January 21, 2026
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

Summary:

I.T. is seeking approval from the Government Board to authorize the e-Recycling of decommissioned TCMHA 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 manufacturer's. The recycling of these devices is needed to create more storage space for current I.T. inventory.

NOTE: All device e-recycling follow proper security protocol, with I.T. pulling the hard drives from the units and contacting the TCMHA's partner, Iron Mountain, for proper disposal of sensitive data.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Governing Board authorize the Executive Director to e-Recycle all of the devices listed on the I.T. Equipment Disposal List – January Disposal 2026 containing 384 items total.

Attachments

Attachment 8-A: Surplus I.T. Equipment List for Disposal – January 2026

Surplus I.T. Equipment List for Disposal

January 2026

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
1	Garey	00955	CNC2090K2Q	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	Replaced
2	Garey	02080	CNC63000XT	HP	Prodisplay P202	MONITOR	Y	OBSOLETE	Y	N	9	Replaced
3	Garey	02143	UD3181561040	Viewsonic	VA2055SA	MONITOR	N	OBSOLETE	Y	N	7	Replaced
4	Garey	N/A	22LED1807091596	WBOX	22LED	MONITOR	N	BROKEN	Y	N	4	BROKEN
5	Garey	00683	5CG709W02X	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
6	Garey	01163	CNU343Z7T0	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
7	Garey	01196	CNU334Z05X	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
8	Garey	01358	5CG608ZBNN	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
9	Garey	01803	5CG523Z8DL	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
10	Garey	01956	5CG652ZTN9	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
11	Garey	01961	5CG641ZP66	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
12	Garey	01966	5CG652ZTN2	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
13	Garey	01968	5CG652ZTN7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
14	Garey	02033	2TK002X19G	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
15	Garey	02059	CNU406Z7FF	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
16	Garey	02077	5CG623ZYT9	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
17	Garey	02089	5CG635X88W	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
18	Garey	02091	5CG635X88N	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
19	Garey	02092	5CG629W22L	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
20	Garey	02094	5CG629W22J	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
21	Garey	02108	5CG703Z1ZL	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
22	Garey	02125	5CG752ZQQQ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
23	Garey	02152	5CG752ZPVZ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
24	Garey	02153	5CG752ZPVX	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
25	Garey	02159	5CG822ZKCV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
26	Garey	02429	5CG834W2CT	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
27	Garey	02499	2TK931ZHRD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
28	Garey	02500	2TK931Z82W	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
29	Garey	02503	2TK919ZMBV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
30	Garey	02591	2TK002ZZZK	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
31	Garey	02593	2TK002X11B	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
32	Garey	02594	2TK002X14Y	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
33	Garey	02598	2TK002X12K	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
34	Garey	02779	2TK052ZFNN	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
35	Garey	02780	2TK052ZFVM	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
36	Garey	02784	2TK052ZG8T	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
37	Garey	02808	5CG710XC6K	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
38	Garey	02809	5CG732Z354	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
39	Garey	02839	2TK941ZKH7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
40	Garey	02882	5CG702ZS00	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
41	Garey	02884	5CG706Z3H1	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
42	Garey	02886	5CG706Z3GP	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
43	Garey	02890	5CG706Z3H7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
44	Garey	02893	5CG701ZLXX	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
45	Garey	02950	5CG720XWKN	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
46	Garey	02951	5CG720XWJH	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
47	Garey	03129	5CG752ZPR7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
48	Garey	03230	2TK052ZFW0	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
49	Garey	03237	2TK052ZN95	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
50	Garey	03238	2TK052ZN9Y	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
51	Garey	03241	2TK052ZN9F	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
52	Garey	03242	2TK052ZFSV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
53	Garey	03247	2TK052ZFWP	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
54	Garey	03253	2TK052ZFXT	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
55	Garey	03264	2TK052ZG9R	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
56	Royalty	01105	2UA3451ZQQ	HP	Z420 Workstation	Computer	N	OBSOLETE	Y	N	9	Replaced
57	Royalty	01109	2UA3451ZQN	HP	Z420 Workstation	Computer	N	OBSOLETE	Y	N	9	Replaced
58	Royalty	01263	MXL517139K	HP	Elitedesk 800 G1 SFF	Computer	Y	OBSOLETE	Y	N	5	Replaced
59	Royalty	03316	MXL9292QCD	HP	Z4 G4	Computer	N	OBSOLETE	Y	N	3	Replaced
60	Royalty	02332	MXL92556XS	HP	Elitedesk 800 G4 SFF	Computer	Y	OBSOLETE	Y	N	9	Replaced
61	Royalty	02355	5CG9255XFM	HP	Elitebook 840 G6	Laptop	N	OBSOLETE	Y	N	5	Replaced
62	Royalty	02573	5CG0237L6V	HP	Elitebook 840 G6	Laptop	N	BROKEN	Y	N	5	BROKEN
63	Royalty	02847	5CG0360324	HP	Elitebook 840 G6	Laptop	N	OBSOLETE	Y	N	5	Replaced

Surplus I.T. Equipment List for Disposal

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	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
64	Royalty	N/A	5CG0225GGW	HP	Elitebook 840 G6	Laptop	N	OBSOLETE	Y	N	5	Replaced
65	Royalty	04029	5CG0225GGC	HP	Elitebook 840 G6	Laptop	N	OBSOLETE	Y	N	6	Replaced
66	Royalty	00492	CNT002N6VP	HP	LE2001w	MONITOR	Y	OBSOLETE	Y	N	15	Replaced
67	Royalty	00563	RH5095000152	Viewsonic	VA2223WM	MONITOR	Y	OBSOLETE	Y	N	16	Replaced
68	Royalty	01300	6CM42337FH	HP	P191	MONITOR	Y	OBSOLETE	Y	N	9	Replaced
69	Royalty	01324	CNC2090GDV	HP	LE2002X	MONITOR	Y	OBSOLETE	Y	N	13	Replaced
70	Royalty	01340	6CM42337DZ	HP	P191	MONITOR	Y	OBSOLETE	Y	N	9	Replaced
71	Royalty	02141	UD3181561013	Viewsonic	VA2055SA	MONITOR	Y	OBSOLETE	Y	N	7	Replaced
72	Royalty	02259	V1X184601767	Viewsonic	VA2446	MONITOR	Y	OBSOLETE	Y	N	7	Replaced
73	Royalty	02441	V1X192701209	Viewsonic	VA2446MH	MONITOR	Y	OBSOLETE	Y	N	6	Replaced
74	Royalty	02446	V1X192701195	Viewsonic	VA2446MH	MONITOR	Y	OBSOLETE	Y	N	6	Replaced
75	Royalty	02504	VMT193001028	Viewsonic	VA2252SM	MONITOR	Y	OBSOLETE	Y	N	6	Replaced
76	Royalty	03034	U91174140957	Viewsonic	VA1917A	MONITOR	N	BROKEN	Y	N	8	BROKEN
77	Royalty	03034	U91174140957	Viewsonic	VA1917A	MONITOR	Y	OBSOLETE	Y	N	7	Replaced
78	Royalty	N/A	FJC2035A165	Cisco	2911	Network Device	N	OBSOLETE	Y	N	9	Replaced
79	Royalty	N/A	LBADVA71162600771	Adva	FSP150CCF-825	Network Device	N	OBSOLETE	Y	N	6	Replaced
80	Royalty	N/A	VBMEB00ARA	Adva	TA1424S-CE	Network Device	N	OBSOLETE	Y	N	7	Replaced
81	Royalty	00649	5067F04247CF	ZYXEL	NWA-3163	Network Device	N	OBSOLETE	Y	N	8+	Replaced
82	Royalty	00680	5CG706Z3HV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
83	Royalty	00681	5CG706Z3HT	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
84	Royalty	00684	5CG709W0ZT	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
85	Royalty	00693	CNU425ZBRV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
86	Royalty	00694	5CG706Z3HW	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
87	Royalty	00814	CNC119PKHL	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	14	Replaced
88	Royalty	01154	CNU406ZG5M	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
89	Royalty	01180	CNA246C399	HP	3005PR	Notebook Component	N	OBSOLETE	Y	N	10	Replaced
90	Royalty	01200	5CG504ZSYZ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
91	Royalty	01224	5CG711X51V	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
92	Royalty	01325	CNU422ZWYV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
93	Royalty	01800	5CG522X6QR	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
94	Royalty	01806	5CG541Z4PB	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
95	Royalty	01830	CNU350XH64	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
96	Royalty	01863	5CG552XSR7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
97	Royalty	01895	5YCG549ZBJK	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
98	Royalty	01926	5CG526XC3W	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
99	Royalty	01951	5CG652ZTNG	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
100	Royalty	01964	5CG652ZTNG	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
101	Royalty	01992	5CG752ZR40	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
102	Royalty	02058	5CG534ZNDR	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
103	Royalty	02065	5CG609Z6JL	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
104	Royalty	02076	5CG6232YQR	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
105	Royalty	02082	5CG629XPDD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
106	Royalty	02126	5CG752ZQQS	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
107	Royalty	02135	5CG752ZPQD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
108	Royalty	02254	5CG822ZKHD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
109	Royalty	02265	5CG843WKLF	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
110	Royalty	02305	2TK919ZMGR	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
111	Royalty	02309	2TK919ZMDB	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	9	Replaced
112	Royalty	02310	2TK919ZM9M	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
113	Royalty	02496	2TK919ZMFJ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
114	Royalty	02498	2TK919ZMFH	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
115	Royalty	02501	2TK931Z834	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
116	Royalty	02521	2TK931Z81X	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
117	Royalty	02599	2TK002X11N	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
118	Royalty	02711	2TK919ZMD5	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
119	Royalty	02714	CNK9240V2L	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
120	Royalty	02747	2TK052Z2D4	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
121	Royalty	02751	2TK052ZFPV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
122	Royalty	02778	2TK052ZVFW	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
123	Royalty	02781	2TK052ZFTF	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
124	Royalty	02782	2TK052ZG5H	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
125	Royalty	02793	2TK052ZNBH	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
126	Royalty	02794	2TK052ZN91	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced

Surplus I.T. Equipment List for Disposal

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	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
127	Royalty	02795	2TK052ZFSS	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
128	Royalty	02798	2TK052ZG8X	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
129	Royalty	02800	2TK052ZFTZ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
130	Royalty	02842	2TK931ZHRS	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
131	Royalty	02889	5CG706Z3H8	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
132	Royalty	02948	5CG720XWJD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
133	Royalty	02949	5CG720XWL7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
134	Royalty	02952	5CG720XWLC	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
135	Royalty	03006	5CG745XPPR	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
136	Royalty	03007	5CG745XPKS	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
137	Royalty	03095	5CG744ZPB0	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
138	Royalty	03096	5CG744ZPFS	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	8	Replaced
139	Royalty	03097	5CG744ZP9R	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
140	Royalty	03109	5CG803X2NK	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
141	Royalty	03127	5CG752ZPP6	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
142	Royalty	03128	5CG752ZPPP	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
143	Royalty	03132	5CG752ZPRL	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
144	Royalty	03138	5CG822ZKDF	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	5	Replaced
145	Royalty	03231	2TK052ZFWZ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
146	Royalty	03235	2TK052ZFP1	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
147	Royalty	03239	2TK052ZNCQ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
148	Royalty	03240	2TK052ZNB4	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
149	Royalty	03244	2TK052ZVZ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
150	Royalty	03245	2TK052ZG18	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
151	Royalty	03246	2TK052ZNC3	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
152	Royalty	03248	2TK052ZNCC	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
153	Royalty	03251	2TK052ZG6L	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
154	Royalty	03252	2TK052ZFWC	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
155	Royalty	03254	2TK052ZFX6	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
156	Royalty	03255	2TK052ZNCG	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
157	Royalty	03256	2TK052ZNB7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
158	Royalty	03257	2TK052ZLCD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
159	Royalty	03260	2TK052ZFD	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
160	Royalty	03265	2TK052ZFDV	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
161	Royalty	03267	2TK052ZFY7	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	4	Replaced
162	Royalty	03268	2TK052ZGF4	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
163	Royalty	03269	2TK052ZFTX	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	7	Replaced
164	Royalty	03431	2TK941ZKGQ	HP	Ultraslim docking station	Notebook Component	N	OBSOLETE	Y	N	6	Replaced
165	Royalty	03794	4825674A252F	Poly	VVX250	PHONE	N	BROKEN	Y	N	3	BROKEN
166	Royalty	03851	4825674A26D6	Poly	VVX250	PHONE	N	BROKEN	Y	N	3	BROKEN
167	Royalty	05152	4825674A2497	Poly	VVX250	PHONE	N	BROKEN	Y	N	3	BROKEN
168	Royalty	00870	D22220AAK08066274D0	OKI	MICROLINE 490	PRINTER	Y	OBSOLETE	Y	N	10+	Replaced
169	Royalty	00914	CNB9D25134	HP	P2035n	PRINTER	N	OBSOLETE	Y	N	10	Replaced
170	Royalty	01024	AK44050904E0	OKI	MICROLINE 490	PRINTER	Y	OBSOLETE	Y	N	10+	Replaced
171	Royalty	02512	5CG9491794	HP	Elitebook 840 G6	LAPTOP	N	OBSOLETE	Y	N	6	Replaced
172	Royalty	03597	5CG9344T57	HP	Elitebook 840 G6	LAPTOP	N	OBSOLETE	Y	N	5	Replaced
173	Royalty	03285	5CG04249N0	HP	Elitebook 840 G6	LAPTOP	N	OBSOLETE	Y	N	5	Replaced
174	Royalty	02384	5CG9255XNR	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y	N	6	Broken
175	Royalty	02720	5CG9255H5H	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y	N	6	Broken
176	Royalty	05122	5CG036031Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
177	Royalty	02764	5CG0424BLT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
178	Royalty	04132	5CG9514P07	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
179	Royalty	03272	5CG04249HB	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y	N	4	Broken
180	Royalty	04433	5CG925763F	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
181	Royalty	04423	5CG0150J1P	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
182	Royalty	02741	5CG0424BLZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
183	Royalty	03304	5CG0425Y7M	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
184	Royalty	03605	5CG9343SNJ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
185	Royalty	02340	5CG9255J5C	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
186	Royalty	02680	5CG0424B5X	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
187	Royalty	02417	5CG9255HWN	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
188	Royalty	02474	5CG9255GSH	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
189	Royalty	04191	5CG009140P	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced

Surplus I.T. Equipment List for Disposal

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	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
190	Royalty	02459	5CG94915PL	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
191	Royalty	02364	5CG9255GGT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
192	Royalty	03514	5CG0425Y7N	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
193	Royalty	02677	5CG04249M1	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
194	Royalty	02422	5CG9255XWT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
195	Royalty	02600	5CG0237M70	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
196	Royalty	02748	5CG0425Y7L	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
197	Royalty	03305	5CG0424BLY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
198	Royalty	03611	5CG9343XVQ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
199	Royalty	04410	5CG0141V2S	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
200	Royalty	02359	5CG9255SQN	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
201	Royalty	03221	5CG0424C5Y	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
202	Royalty	04139	5CG9414N94	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
203	Royalty	02408	5CG9255HJ1	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
204	Royalty	02470	5CG9255VQY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
205	Royalty	03295	5CG0424C6P	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
206	Royalty	02763	5CG0425Y73	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
207	Royalty	03509	5CG0225GH2	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
208	Royalty	03636	2TK94905LJ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
209	Royalty	02574	5CG0237M7Z	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
210	Royalty	02853	5CG036032C	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
211	Royalty	02315	5CG017722W	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
212	Royalty	04457	5CG0424BKM	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
213	Royalty	02604	5CG04249H9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
214	Royalty	01932	5CG01770W2	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
215	Royalty	03258	5CG0424BKL	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
216	Royalty	04462	5CG9255HJH	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
217	Royalty	02358	5CG9255XFD	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
218	Royalty	02381	5CG92557QT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
219	Royalty	02836	5CG0237LXT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
220	Royalty	03991	5CG0177244	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
221	Royalty	04421	5CG9370Q60	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
222	Royalty	04425	5CG021BJGD	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
223	Royalty	02527	5CG0237LYS	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
224	Royalty	04418	5CG0133TL9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
225	Royalty	03222	5CG04249MX	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
226	Royalty	02603	5CG04249HM	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
227	Royalty	02370	5CG925599J	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
228	Royalty	02558	5CG0225GGQ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
229	Royalty	02342	5CG9255H8Z	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y	N	5	Broken
230	Royalty	04426	5CG0133SCN	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
231	Royalty	04465	5CG92575G4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
232	Royalty	02463	5CG92558SZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
233	Royalty	04463	5CG0424C5H	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
234	Royalty	02855	5CG0360354	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
235	Royalty	02744	5CG04249J6	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
236	Royalty	04429	5CG9370VBG	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
237	Royalty	02562	5CG0225GGH	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
238	Royalty	02412	5CG9255L8Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
239	Royalty	02835	5CG01770NM	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
240	Royalty	02388	5CG92557R9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
241	Royalty	03288	5CG0424C5P	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
242	Royalty	03281	5CG0424C5V	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
243	Royalty	02510	5CG9497DVL	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
244	Royalty	05624	5CG9255GTY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
245	Royalty	03319	5CG0266Y6H	HP	Elitebook 840 G7	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
246	Royalty	04414	5CG9370Q21	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
247	Royalty	02578	5CG0237LZ9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
248	Royalty	02721	5CG017712L	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
249	Royalty	03943	5CG9255VR8	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
250	Royalty	02354	5CG9255Q08	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
251	Royalty	02344	5CG9255HX6	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
252	Royalty	03594	5CG9255H92	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced

Surplus I.T. Equipment List for Disposal

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	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
253	Royalty	03973	5CG029888Z	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
254	Royalty	02856	5CG0352ZQQ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
255	Royalty	02588	5CG0237LXB	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
256	Royalty	02535	5CG9510P76	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
257	Royalty	02761	5CG04249H2	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
258	Royalty	03512	5CG9255JTT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
259	Royalty	02760	5CG04249HD	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
260	Royalty	01945	5CG01771F6	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
261	Royalty	02575	5CG0237M87	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
262	Royalty	03600	5CG9343ZZ1	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
263	Royalty	04296	5CG0204JTT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
264	Royalty	02605	5CG04249J2	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
265	Royalty	02528	5CG0237M83	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
266	Royalty	03311	5CG04249M6	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
267	Royalty	04135	5CG0114XMD	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
268	Royalty	04419	5CG01510LN	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
269	Royalty	03313	5CG0424BFX	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
270	Royalty	02579	5CG0237M6Z	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
271	Royalty	02683	5CG0425Y80	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
272	Royalty	02415	5CG9255HVK	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
273	Royalty	02858	5CG03304R9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
274	Royalty	02468	5CG9255H4H	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
275	Royalty	03972	5CG94256R1	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
276	Royalty	02602	5CG0425Y7T	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
277	Royalty	04415	5CG9370QQY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
278	Royalty	03279	5CG04249LQ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
279	Royalty	03297	5CG0424B7D	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
280	Royalty	03306	5CG04249MS	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
281	Royalty	03294	5CG0424B6D	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
282	Royalty	03291	5CG0424BLW	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
283	Royalty	02367	5CG9255HJ4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
284	Royalty	02409	5CG9255G9F	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
285	Royalty	04259	5CG94244SW	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
286	Royalty	03275	5CG0424C6Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
287	Royalty	03309	5CG0424B73	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
288	Royalty	02851	5CG0360348	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
289	Royalty	03942	5CG9255H8Y	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
290	Royalty	04416	5CG042CMM2	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
291	Royalty	02606	5CG04249LP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
292	Royalty	02427	5CG9255GTH	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
293	Royalty	03307	5CG0424BG3	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
294	Royalty	02765	5CG0424C6S	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
295	Royalty	02552	5CG0225GGJ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
296	Royalty	03310	5CG0424C54	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
297	Royalty	02537	5CG9497H28	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
298	Royalty	03602	5CG9343VZY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
299	Royalty	02773	5CG0424BG4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
300	Royalty	04411	5CG943177B	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
301	Royalty	04424	5CG0150LH1	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
302	Royalty	02511	5CG9497N2C	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
303	Royalty	03300	5CG0424BDZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
304	Royalty	02768	5CG04249J3	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
305	Royalty	03633	5CG0360343	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
306	Royalty	04417	5CG9370SBJ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
307	Royalty	02766	5CG04249LL	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
308	Royalty	03610	5CG9343RVM	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
309	Royalty	03937	5CG04249HX	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
310	Royalty	02376	5CG9255J5Z	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
311	Royalty	02769	5CG0424B6N	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
312	Royalty	02424	5CG9255H4Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
313	Royalty	02389	5CG9255W2T	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
314	Royalty	01957	5CG01770NQ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
315	Royalty	03609	5CG9343WRS	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced

Surplus I.T. Equipment List for Disposal

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	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
316	Royalty	02767	5CG0425Y72	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
317	Royalty	03586	5CG0225GGK	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
318	Royalty	02318	5CG01771MK	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
319	Royalty	02399	5CG0424C5T	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
320	Royalty	02314	5CG017723T	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
321	Royalty	03671	5CG0343S3V	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
322	Royalty	03606	5CG9343WKP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
323	Royalty	02833	5CG9497BV7	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
324	Royalty	02411	5CG9255WT8	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
325	Royalty	03318	5CG0266Y8N	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
326	Royalty	04459	5CG9255JVZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
327	Royalty	02586	5CG0237L6Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
328	Royalty	02339	5CG9255SJ8	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
329	Royalty	03277	5CG0425Y7V	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
330	Royalty	04431	5CG0150HLY	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
331	Royalty	02830	5CG9255H91	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
332	Royalty	02536	5CG9496QWW	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
333	Royalty	02745	5CG04249LR	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
334	Royalty	03283	5CG0425Y7W	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
335	Royalty	02742	5CG0424B6K	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
336	Royalty	03302	5CG0424BFT	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
337	Royalty	03974	5CG0134RX4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
338	Royalty	02410	5CG92556BM	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
339	Royalty	03064	5CG85274D9	HP	Elitebook 840 G5	LAPTOP	Y	OBSOLETE	Y	N	8	Replaced
340	Royalty	03612	5CG9343RDL	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
341	Royalty	03673	5CG9432DBP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	7	Replaced
342	Royalty	02561	5CG0225GHP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
343	Royalty	03637	5CG0021N1Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
344	Royalty	03286	5CG0424B6H	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
345	Royalty	03282	5CG0424BKG	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
346	Royalty	04161	5CG0225GGR	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
347	Royalty	02771	5CG0424C5F	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
348	Royalty	03638	5CG0022Y67	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
349	Royalty	02526	5CG0237LY9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
350	Royalty	02722	5CG0360366	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
351	Royalty	04420	5CG9370Q8J	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
352	Royalty	04422	5CG942B2ZF	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
353	Royalty	03672	5CG94329Y4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
354	Royalty	04430	5CG9370V5P	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
355	Royalty	01370	8CG4280PQT	HP	EliteBook Folio 1040 G1	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
356	Royalty	02772	5CG0425Y6G	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
357	Royalty	03618	5CG93441Z9	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
358	Royalty	03601	5CG9344S9X	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
359	Royalty	02383	5CG9255VQN	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
360	Royalty	02852	5CG036032Q	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
361	Royalty	02361	5CG9255XNJ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
362	Royalty	03999	5CG0134RY4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
363	Royalty	02382	5CG9255XF3	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
364	Royalty	04012	5CG012D4KP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
365	Royalty	03289	5CG0424BDV	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
366	Royalty	04136	5CG00915GS	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
367	Royalty	03271	5CG0425Y71	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
368	Royalty	04438	5CG0425Y7S	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
369	Royalty	02414	5CG9255H4G	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
370	Royalty	04428	5CG0150GCG	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
371	Royalty	04192	5CG017BLSW	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
372	Royalty	03276	5CG0424C5D	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
373	Royalty	02418	5CG9255GT4	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
374	Royalty	02849	5CG036034K	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
375	Royalty	03312	5CG0424BF6	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
376	Royalty	05151	5CG036030L	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
377	Royalty	01944	5CG017712Z	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
378	Royalty	03280	5CG0424BFP	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
379	Royalty	02749	5CG0424BF0	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
380	Royalty	02293	5CG92570ZZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	6	Replaced
381	Royalty	03278	5CG04249GZ	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
382	Royalty	03670	5CG002347V	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
383	Royalty	04458	5CG9255P44	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
384	Royalty	02348	5CG925762V	HP	Elitebook 840 G6	LAPTOP	Y	OBSOLETE	Y	N	5	Replaced
		Total for Destruction	384		Total for Donation	0	384	Average Age of Devices (yrs)				
		Network Device	4		Network Device			5.8				
		PBX Phone	3		PBX Phone							
		Printer	3		Printer							
		Notebook PC/LAPTOP	219		Notebook PC/LAPTOP							
		Computer	5		Computer							
		Monitor	16		Monitor							
		Video Device	0		Video Device							
		Signature Pad	0		Signature Pad							
		Audio Device	0		Audio Device							
		Standing Desk	0		Standing Desk							
		Notebook Component	134		Notebook Component							



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

DATE: January 21, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Molly Acosta, LCSW, Clinical Supervisor I

SUBJECT: Consideration of Resolution No. 835 Approving an Affiliation Agreement with the University of Phoenix and Authorizing the Executive Director to Execute the Agreement and any Amendments Thereafter

Summary:

Tri-City Mental Health Authority has been a field placement agency for the Master's in Social Work graduate program for more than ten years. In this partnership, TCMHA provides a field-based learning environment for MSW student interns to develop knowledge and skills by bridging academic course work with real world practice experience. The Agreement presented to the Governing Board for approval will continue this partnership until December 31, 2030.

Background:

Master's in Social Work Field Internship has been integral in preparing future clinical social workers. This is cost-effective means in the development, recruitment, training, and retention strategy for Tri-City Mental Health clinical workforce. MSW students during their internship gain training and skills in becoming future clinical social workers as they become familiar with the policy, procedures, and operations of Tri-City. TCMHA benefits over the course of each academic year to support programming at the Wellness Center and outpatient clinical services.

Fiscal Impact:

The fiscal impact is minimal. The MOU continues the work done in prior years. No additional funds are requested from Tri-City Mental Health Authority with the approval of this MOU. Existing allocations continue to support general program operations, materials cost, general liability, mileage, and portion of MSW Student Intern's contractual hours for services provided beyond the requirements of each graduate program's field curriculum hours.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 835 Approving an Affiliation Agreement with the University of Phoenix and Authorizing the Executive Director to Execute the Agreement and any Amendments Thereafter
January 21, 2026
Page 2 of 2

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 835 authorizing the Executive Director to execute an Affiliation Agreement with University of Phoenix, beginning February 1, 2026 through December 31, 2030.

Attachments:

Attachment 9-A: Resolution No. 835 - Draft

Attachment 9-B: Affiliation Agreement with the University of Phoenix

RESOLUTION NO. 835

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING AN AFFILIATION AGREEMENT FOR STUDENT FIELD INTERNSHIPS WITH THE UNIVERSITY OF PHOENIX, 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 (“Authority” or “TCMHA”) desires to train and provide practical fieldwork experience to University of Phoenix (“University”) students enrolled in its *Marriage, Family, and Child Therapy (MFCT) program* and *Clinical Mental Health Counseling (CCMH) program* under the College of Social and Behavioral Sciences, pursuant to the Affiliation Agreement.

B. The Authority affirms that the University of Phoenix and its College of Social and Behavioral Sciences, are 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 the University and TCMHA.

C. The Authority affirms that 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 the University of Phoenix, in substantially the same form as presented at its meeting on January 21, 2026, and authorizes the Authority’s Executive Director to enter into and execute the Agreement, effective January 21, 2026 through December 31, 2030; and any Amendments or extensions of such Agreement.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 21, 2026, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY



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

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AFFILIATION AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

UNIVERSITY OF PHOENIX, INC.

DATED

JANUARY 21, 2026

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 9-B

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AGREEMENT

1. PARTIES AND DATE

THIS AGREEMENT (hereinafter “Contract” or “Agreement”) is made and entered into as of January 21, 2026 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 UNIVERSITY OF PHOENIX, INC. (“UNIVERSITY” or “Sponsoring Institution”) an Arizona corporation, with its principal place of business at 4035 South Riverpoint Parkway, Phoenix, Arizona 85040. 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 UNIVERSITY shall be an independent contractor and 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”) practical fieldwork experience (“Program”) pursuant to the terms of this Agreement and as set forth in the *Counseling Program Description* incorporated into and made a part of this Agreement as “Exhibit A.” TCMHA will serve as a learning site offering facilities, resources, and training supervision to Students enrolled in the UNIVERSITY’s College of Social and Behavioral Sciences Master’s Program, and approved for placement at TCMHA by UNIVERSITY.

4. PERFORMANCE OF SERVICES

4.1 TCMHA (Practicum Site) Responsibilities

4.1.1 Allow Students reasonable access to its site to fulfil internship hours and requirements within the scope of services offered by TCMHA in accord with an individual learning contract developed in line with the Student’s 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.

4.1.2 Assign qualified employees to supervise, coordinate and oversee the internship experience, ensure the assigned Students perform tasks consistent with the 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.

4.1.3 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.

4.1.4 Allow management or employees to participate in meetings with UNIVERSITY, complete verification forms or otherwise communicate with UNIVERSITY faculty regarding the program.

4.1.5 Coordinate emergency care or first aid to Students enrolled in the Program.

4.1.6 Have the right to refuse participation to any 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.

4.2 UNIVERSITY (Sponsoring Institution) Responsibilities

4.2.1 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 statement of its educational goals, of appropriate learning experiences, and of its expectations for Student performance in the Program.

4.2.2 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.

4.2.3 Designate Students in such numbers as are mutually agreed to by both Parties.

4.2.4 Maintain all attendance and academic records of Students participating in field work assignments pursuant to this Agreement.

4.2.5 Assign a representative of its faculty to act as the Faculty Field Liaison 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.

4.2.6 The Faculty Field Liaison 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.

4.2.7 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. UNIVERSITY will assure that each Student is covered by health and liability (malpractice) insurance.

4.2.8 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.

4.2.9 The UNIVERSITY shall make available to TCMHA personnel its libraries, teaching materials and other resources as shall further the objectives of this Agreement, to the extent that such resources are not required for other UNIVERSITY purposes. The UNIVERSITY shall seek the consultation of TCMHA in the development of the educational goals and curriculum content to meet the health and welfare needs of the community.

5. COMPLIANCE

5.1 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.

5.2 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.

5.3 All 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.

5.4 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 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 February 1, 2026, and shall be and remain in full force and effect until December 31, 2030; 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 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 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 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

15.1 Mutual Indemnification.

15.1.1 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.

15.1.2 Indemnification by TCMHA. TCMHA 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 TCMHA, 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.

15.2 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:

15.2.1 Workers Compensation Insurance: Minimum statutory limits.

15.2.2 Automobile Insurance: \$1,000,000.00 per occurrence.

15.2.3 Errors And Omissions Insurance: \$1,000,000.00 per occurrence, and \$3,000,000 in the aggregate.

15.2.4 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.

15.2.5 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.

15.2.6 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."

15.2.7 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.

15.2.8 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.

15.2.9 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

15.3 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 or gender identity. 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.

15.4 Prohibition on Assignment. This Agreement shall not be assigned or transferred without advance written consent of TCMHA.

15.5 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.

15.6 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,

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:

17.1 Exhibit A: Counseling Program Description

17.2 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 UNIVERSITY 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.

22. EXECUTION

22.1 Each person executing this Agreement on behalf of CONTRACTOR warrants that he or she is duly authorized to execute this Agreement on behalf of CONTRACTOR and that by his or her execution, CONTRACTOR is formally bound to the provisions of this Agreement.

22.2 CONTRACTOR certifies it is aware of the requirements of Sections 313 of the California Corporations Code. If CONTRACTOR is a corporate entity, it shall either: (i) provide TCMHA written proof that each person executing this Agreement on CONTRACTOR's behalf is duly authorized to bind CONTRACTOR; or (ii) provide two signatories to this Agreement, of whom the first must be CONTRACTOR's chairman of the board, president, or a vice president and the second must be CONTRACTOR'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

SPONSORING INSTITUTION

Tri-City Mental Health Authority

University of Phoenix

By: _____
Ontson Placide, Executive Director

By: _____
Christina Neider, Ed.D., USAF Veteran
Dean, College of Social and Behavioral
Sciences

Attest:

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

Approved as to Form:
RICHARDS WATSON GERSHON LAW

By: _____
Steven L. Flower, General Counsel

EXHIBIT A

COUNSELING PROGRAM DESCRIPTION

MARRIAGE, FAMILY, AND CHILD THERAPY (MFCT) PROGRAM AND CLINICAL MENTAL HEALTH COUNSELING (CCMH) PROGRAM

1) Clinical Experience Structure

- The clinical sequence spans approximately 40 weeks, including a practicum and two internship courses.
- **MFCT:** 300 direct hours total (40 direct practicum hours + 260 direct internship hours)
- **CCMH:** 700 total hours (at least 280 direct service hours)

2) Supervision Requirements

- **CCMH:** Requires an average of one hour per week of individual or triadic supervision throughout the clinical experience.
- **MFCT:** Requires one unit per week of supervision, which may be one hour of individual or triadic or two hours of group supervision, maintaining a 5:1 client-to-supervision ratio.
- Supervisors must hold an active independent clinical license (MFT, LPC, LCSW, Licensed Psychologist, or Board-Certified Psychiatrist) with at least two years of post-licensure experience.
- Supervisors must periodically observe intern sessions, either through review of recorded sessions (preferred) or live observation.

3) Employment and Field-Based Activities

- If completing hours at their place of employment, interns must be supervised by someone other than their employment supervisor and perform clinical duties distinct from their job responsibilities.
- For community or home-based activities, students must be accompanied by a fully licensed clinician.

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

UNIVERSITY OF PHOENIX

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.

	Christina Neider, Ed.D., USAF Veteran Dean, College of Social and Behavioral Sciences	
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: January 21, 2026

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. 836 Adopting a Revised Master Classification and Salary Schedule to Add the Job Classifications for Chief Administrative Officer Position, and the Executive Assistant Position

Summary:

This report seeks the approval to restore the Executive Assistant classification to Tri-City Mental Health Authority's (TCMHA) Master Classification and Salary Plan and establish the Chief Administrative Officer classification to the Master Classification and Salary Plan.

Background:

The Executive Assistant classification historically provided high-level administrative support to the Executive Director and executive leadership. Tri-City previously utilized this classification as far back as 2011. Sometime around 2014, the classification was removed from the Master Classification and Salary Plan.

As the agency has grown its programs, staffing, community partnerships, and administrative complexity, alongside increasing demands on executive leadership, the Executive Director now sees the need to restore this classification to ensure essential, high-level administrative and strategic support.

Based on a compensation study conducted by Gallagher Benefit Services, Inc. as part of the Governing Board approved classification and base study approved on September 18, 2025, the Executive Assistant classification shall be restored at Salary Range 36 \$75,436.67 - \$96,278.42/annually.

TCMHA has also developed a comprehensive Chief Administrative Officer (CAO) job description that incorporates expanded administrative oversight, fiscal coordination, operational leadership, and cross-department alignment. The former Chief Operating Officer (COO) classification reflected an operational model in which duties were structured differently, with legacy responsibilities no longer aligned with how the Authority currently organizes its administrative functions. Over time, these responsibilities have evolved and been redistributed across multiple departments.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 836 Adopting a Revised Master Classification and Salary Schedule to Add the Job Classifications for Chief Administrative Officer Position, and the Executive Assistant Position
January 21, 2026
Page 2 of 2

Rather than simply replacing the role, TCMHA seeks to reimagine and update the former COO duties and title into a classification that aligns with the work currently performed, resulting in the Chief Administrative Officer classification. This approval will also provide the necessary approvals to update the Executive Management Resolution No. 417 to incorporate the new CAO classification.

Based on a compensation study conducted by Gallagher Benefit Services, Inc. as part of the Governing Board approved classification and base study approved on September 18, 2025, the Chief Administrative Officer classification shall be at Salary Range 65 \$154,373.98 - \$197,024.72/annually.

Fiscal Impact:

There is no fiscal impact associated with restoring the Executive Assistant classification or modernizing the COO to the CAO classification. The costs associated with these positions were incorporated in FY 2025–2026 approved budget.

Recommendation:

Staff recommend that the Governing Board adopt Resolution No. 836 establishing the Job Description for the Chief Administrative Officer position, restoring the Job Description for the Executive Assistant Position, and updating the Master Classification and Salary Schedule to include these job classification changes.

Attachments:

Attachment 10-A: Resolution No. 836 – Draft

Attachment 10-B: Chief Administrative Officer Job Description

Attachment 10-C: Executive Assistant Job Description

RESOLUTION NO. 836

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY RESTORING THE EXECUTIVE ASSISTANT JOB CLASSIFICATION, ESTABLISHING THE CHIEF ADMINISTRATIVE OFFICER JOB CLASSIFICATION; AND REVISING THE AUTHORITY'S MASTER CLASSIFICATION AND SALARY SCHEDULE EFFECTIVE JANUARY 21, 2026 TO ADD THESE CHANGES

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 the job classification for the Chief Administrative Officer position, and restore the job classification for the Executive Assistant position to meet current workforce needs and skill requirements; and update the Authority's Master Classification and Salary Schedule to reflect these changes effective January 21, 2026.

B. A compensation study was conducted by Gallagher Benefit Services, Inc. as part of the Governing Board approved classification and base study approved on September 18, 2025. Accordingly, the following are the salary range of the Chief Administrative Officer and Executive Assistant positions:

Chief Administrative Officer

Salary Range 65 \$154,373.98 - \$197,024.72/annually

Executive Assistant

Salary Range 36 \$75,436.67 - \$96,278.42/annually

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

2. Action

The Governing Board approves the job descriptions of the Chief Administrative Officer and of Executive Assistant classifications; and adopts the Authority's revised Master Classification and Salary Schedule effective January 21, 2026, attached herein as 'Exhibit 1.', replacing and superseding all previous versions.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 21, 2026, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

EXHIBIT 1

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 21, 2026
ADOPTED JANUARY 21, 2026

<u>Classification</u>	<u>Salary Range</u>
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 Administrative Officer	65
Chief Clinical Officer	70
Chief Compliance Officer & Privacy Officer	65
Chief Financial Officer	70
Chief Information Officer	65
Clinical Program Manager	57
Clinical Supervisor I	51
Clinical Supervisor II	54
Clinical Therapist I	42
Clinical Therapist II	46
Communications Coordinator	32
Community Behavioral Health Trainer	37
Community Capacity Organizer	37
Community Navigator	19
Compliance Administrator	37
Controller	57
Counselor	31
Crisis Intervention & Medication Support Manager	52
Crisis Intervention & Medication Support Supervisor	37
Data Analyst	42
Data Specialist	38
Data Supervisor	46
Deputy Chief Clinical Officer	61
Director of MHSA & Ethnic Services	65
Diversity, Equity & Inclusion Coordinator	37
Electronic Health Records Specialist	37
Executive Assistant	36
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 Specialist I	38
Quality Assurance Specialist II	42

Quality Assurance Supervisor	46
Residential Services Coordinator	18
Revenue/Billing Manager	52
Senior Accountant	37
Senior Facilities Maintenance Worker	23
Senior Human Resources Analyst	42
Senior Information Technology Specialist	52
Senior Behavioral Health Specialist	26
TCG Gardener	15
WET Supervisor	46

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 21, 2026
ADOPTED JANUARY 21, 2026

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				51,993.41	54,593.22	57,322.87				4,332.78	4,549.44	4,776.91				1,999.75	2,099.74	2,204.73				24.9968	26.2467	27.5591
16			50,755.46	53,293.32	55,958.05	58,755.80			4,229.62	4,441.11	4,663.17	4,896.32			1,952.13	2,049.74	2,152.23	2,259.84			24.4017	25.6218	26.9029	28.2480
17			52,024.39	54,625.68	57,357.03	60,224.80			4,335.37	4,552.14	4,779.75	5,018.73			2,000.94	2,100.99	2,206.04	2,316.34			25.0117	26.2623	27.5755	28.9542
18		50,785.80	53,325.14	55,991.36	58,790.81	61,730.50		4,232.15	4,443.76	4,665.95	4,899.23	5,144.21		1,953.30	2,050.97	2,153.51	2,261.18	2,374.25		24.4163	25.6371	26.9189	28.2648	29.6781
19		52,055.37	54,658.14	57,390.98	60,260.65	63,273.75		4,337.95	4,554.85	4,782.58	5,021.72	5,272.81		2,002.13	2,102.24	2,207.35	2,317.72	2,433.61		25.0266	26.2780	27.5918	28.9715	30.4201
20	50,815.93	53,356.75	56,024.67	58,825.82	61,767.20	64,855.40	4,234.66	4,446.40	4,668.72	4,902.15	5,147.27	5,404.62	1,954.46	2,052.18	2,154.79	2,262.53	2,375.66	2,494.44	24.4307	25.6523	26.9349	28.2816	29.6958	31.1805
21	52,086.34	54,690.60	57,425.14	60,296.51	63,311.30	66,476.94	4,340.53	4,557.55	4,785.43	5,024.71	5,275.94	5,539.75	2,003.32	2,103.48	2,208.66	2,319.10	2,435.05	2,556.81	25.0415	26.2936	27.6082	28.9887	30.4381	31.9601
22	53,388.58	56,057.98	58,860.82	61,803.91	64,894.02	68,138.79	4,449.05	4,671.50	4,905.07	5,150.33	5,407.83	5,678.23	2,053.41	2,156.08	2,263.88	2,377.07	2,495.92	2,620.72	25.6676	26.9510	28.2985	29.7134	31.1990	32.7590
23	54,723.28	57,459.50	60,332.36	63,349.07	66,516.40	69,842.22	4,560.27	4,788.29	5,027.70	5,279.09	5,543.03	5,820.19	2,104.74	2,209.98	2,320.48	2,436.50	2,558.32	2,686.24	26.3093	27.6248	29.0059	30.4563	31.9790	33.5780
24	56,091.29	58,895.83	61,840.61	64,932.63	68,179.31	71,588.30	4,674.27	4,907.99	5,153.38	5,411.05	5,681.61	5,965.69	2,157.36	2,265.22	2,378.48	2,497.41	2,622.28	2,753.40	26.9670	28.3153	29.7311	31.2176	32.7785	34.4175
25	57,493.66	60,368.22	63,386.62	66,556.08	69,883.81	73,378.08	4,791.14	5,030.68	5,282.22	5,546.34	5,823.65	6,114.84	2,211.29	2,321.85	2,437.95	2,559.85	2,687.84	2,822.23	27.6412	29.0232	30.4743	31.9981	33.5980	35.2779
26	58,931.05	61,877.52	64,971.45	68,220.05	71,630.94	75,212.42	4,910.92	5,156.46	5,414.29	5,685.00	5,969.25	6,267.70	2,266.58	2,379.90	2,498.90	2,623.85	2,755.04	2,892.79	28.3322	29.7488	31.2363	32.7981	34.4380	36.1598
27	60,404.29	63,424.38	66,595.75	69,925.39	73,421.79	77,092.79	5,033.69	5,285.37	5,549.65	5,827.12	6,118.48	6,424.40	2,323.24	2,439.40	2,561.38	2,689.44	2,823.91	2,965.11	29.0405	30.4925	32.0172	33.6180	35.2989	37.0638
28	61,914.44	65,010.07	68,260.57	71,673.59	75,257.18	79,020.05	5,159.54	5,417.51	5,688.38	5,972.80	6,271.43	6,585.00	2,381.32	2,500.39	2,625.41	2,756.68	2,894.51	3,039.23	29.7666	31.2548	32.8176	34.4585	36.1813	37.9904
29	63,462.15	66,635.21	69,966.97	73,465.49	77,138.62	80,995.69	5,288.51	5,552.93	5,830.58	6,122.12	6,428.22	6,749.64	2,440.85	2,562.89	2,691.04	2,825.60	2,966.87	3,115.22	30.5106	32.0362	33.6380	35.3199	37.0859	38.9402
30	65,048.68	68,301.09	71,716.23	75,302.16	79,067.15	83,020.54	5,420.72	5,691.76	5,976.35	6,275.18	6,588.93	6,918.38	2,501.87	2,626.97	2,758.32	2,896.24	3,041.04	3,193.10	31.2734	32.8371	34.4790	36.2030	38.0131	39.9137
31				77,184.66	81,043.85	85,096.10				6,432.05	6,753.65	7,091.34				2,968.64	3,117.07	3,272.93				37.1080	38.9634	40.9116
32	68,341.83	71,758.88	75,346.93	79,114.25	83,069.98	87,223.43	5,695.15	5,979.91	6,278.91	6,592.85	6,922.50	7,268.62	2,628.53	2,759.96	2,897.96	3,042.86	3,195.00	3,354.75	32.8566	34.4995	36.2245	38.0357	39.9375	41.9343
33	70,050.35	73,552.90	77,230.48	81,092.01	85,146.60	89,404.11	5,837.53	6,129.41	6,435.87	6,757.67	7,095.55	7,450.33	2,694.24	2,828.96	2,970.40	3,118.92	3,274.87	3,438.62	33.6781	35.3620	37.1300	38.9865	40.9359	42.9827
34	71,801.73	75,391.69	79,161.35	83,119.41	87,275.41	91,639.12	5,983.48	6,282.64	6,598.78	6,926.64	7,272.95	7,636.59	2,727.95	2,869.68	3,044.67	3,196.90	3,356.75	3,524.58	34.5201	36.2460	38.0583	39.9613	41.9593	44.0573
35	73,596.61	77,276.52	81,140.38	85,197.30	89,457.26	93,930.02	6,133.05	6,439.71	6,761.70	7,099.78	7,454.77	7,827.50	2,830.64	2,972.17	3,120.78	3,276.82	3,440.66	3,612.69	35.3830	37.1522	39.0098	40.9602	43.0083	45.1587
36	75,436.67	79,208.45	83,168.84	87,327.39	91,693.64	96,278.42	6,286.39	6,600.70	6,930.74	7,277.28	7,641.14	8,023.20	2,901.41	3,046.48	3,198.80	3,358.75	3,526.68	3,703.02	36.2676	38.0810	39.9850	41.9843	44.0835	46.2877
37	77,322.56	81,188.75	85,248.01	89,510.52	93,986.03	98,685.38	6,443.56	6,765.73	7,104.00	7,459.21	7,832.17	8,223.78	2,973.94	3,122.64	3,277.77	3,442.71	3,614.85	3,795.49	37.1743	39.0331	40.9846	43.0339	45.1856	47.4489
38	79,255.55	83,218.27	87,379.37	91,748.17	96,335.70	101,152.37	6,604.63	6,934.86	7,281.61	7,645.68	8,027.98	8,429.36	3,048.29	3,200.70	3,360.74	3,528.78	3,705.22	3,890.48	38.1036	40.0088	42.0093	44.1097	46.3152	48.6309
39	81,236.91	85,298.93	89,563.77	94,042.04	98,744.14	103,681.32	6,769.74	7,108.24	7,463.65	7,836.84	8,228.68	8,640.11	3,124.50	3,280.73	3,444.76	3,617.00	3,797.85	3,987.74	39.0562	41.0091	43.0595	45.2125	47.4731	49.8468
40	83,267.92	87,431.35	91,802.90	96,392.99	101,212.63	106,273.28	6,938.99	7,285.95	7,650.24	8,032.75	8,434.39	8,856.11	3,202.61	3,362.74	3,530.88	3,707.42	3,892.79	4,087.43	40.0327	42.0343	44.1302	46.3428	48.6599	51.0929
41	85,349.63	89,617.02	94,097.84	98,802.91	103,743.06	108,930.16	7,112.47	7,468.09	7,841.49	8,233.58	8,645.25	9,077.51	3,282.68	3,446.81	3,619.15	3,800.11	3,990.12	4,189.62	41.0335	43.0851	45.2393	47.5014	49.8765	52.3703
42	87,483.33	91,857.43	96,450.48	101,272.88	106,336.50	111,653.44	7,290.28	7,654.79	8,037.54	8,439.41	8,861.38	9,304.45	3,364.74	3,532.98	3,709.63	3,895.11	4,089.87	4,294.36	42.0593	44.1622	46.3704	48.6889	51.1233	53.6795
43	89,670.48	94,153.85	98,861.68	103,804.80	108,994.87	114,444.62	7,472.54	7,848.62	8,238.40	8,650.40	9,082.37	9,537.05	3,448.86	3,621.30	3,802.37	3,992.49	4,192.11	4,401.72	43.1108	45.2663	47.5297	49.9062	52.4014	55.0215
44	91,912.17	96,507.77	101,333.13	106,399.94	111,719.85	117,305.81	7,659.35	8,042.31	8,444.43	8,866.66	9,309.99	9,775.48	3,535.08	3,711.84	3,897.43	4,092.31	4,296.92	4,511.76	44.1885	46.3980	48.7179	51.1538	53.7115	56.3970
45	94,210.07	98,920.45	103,866.53	109,059.79	114,512.72	120,238.50	7,850.84	8,243.37	8,655.54	9,088.32	9,542.73	10,019.87	3,623.46	3,804.63	3,994.87	4,194.61	4,404.34	4,624.56	45.2933	47.5579	49.9358	52.4326	55.0542	57.8070
46	96,565.26	101,393.60	106,463.16	111,786.26	117,375.61	123,244.38	8,047.11	8,449.47	8,871.93	9,315.52	9,781.30	10,270.37	3,714.05	3,899.75	4,094.74	4,299.47	4,514.45	4,740.17	46.4256	48.7469	51.1842	53.7434	56.4306	59.2521
47	98,979.43	103,928.27	109,124.71	114,581.04	120,310.00	126,325.58	8,248.29	8,660.69	9,093.73	9,548.42	10,025.83	10,527.13	3,806.90	3,997.24	4,197.10	4,406.96	4,627.31	4,858.68	47.5863	49.9655	52.4638	55.0870	57.8413	60.7335
48	101,453.85	106,526.60	111,852.87	117,445.41	123,317.79	129,483.58	8,454.49	8,877.22	9,321.07	9,787.12	10,276.48	10,790.30	3,902.07	4,097.18	4,302.03	4,517.13	4,742.99	4,980.14	48.7759	51.2147	53.7754	56.4641	59.2874	62.2517
49	103,990.22	109,189.63	114,649.14	120,381.71	126,400.68	132,702.72	8,665.85	9,099.14	9,554.10	10,031.81	10,533.39	11,060.06	3,999.62	4,199.60	4,409.58	4,630.07	4,861.56	5,104.64	49.9953	52.4950	55.1198	57.8758	60.7696	63.8080
50	106,590.03	111,919.49	117,515.42	123,391.20	129,560.81	136,038.69	8,882.50	9,326.62	9,792.95	10,282.60	10,796.73	11,336.56	4,099.62	4,304.60	4,519.82	4,745.82	4,983.11	5,232.26	51.2452	53.8074	56.4978	59.3227	62.2889	65.4032
51	109,254.76	114,717.46	120,453.20	126,476.00	132,799.85	139,439.83	9,104.56	9,559.79	10,037.77	10,539.67	11,066.65	11,619.99	4,202.11	4,412.21	4,632.82	4,864.46	5,107.69	5,363.07	52.5263	55.1526	57.9102	60.8058	63.8461	67.0384
52	111,986.11	117,585.44	123,464.60	129,637.82	136,119.73	142,925.83	9,332.18	9,798.79	10,285.94	10,803.15	11,343.31	11,910.49	4,307.16	4,522.52	4,748.64	4,986.07	5,235.37	5,497.15	53.8395	56.5315	59.3580	62.3259	6	

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JULY 1, 2025
ADOPTED JULY 16, 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
72	183,502.28	192,677.35	202,311.11	212,426.69	223,048.05	234,200.45	15,291.86	16,056.45	16,859.26	17,702.22	18,587.34	19,516.70	7,057.78	7,410.67	7,781.20	8,170.26	8,578.77	9,007.71	88,2222	92,6333	97,2650	102,1282	107,2346	112,5964
73	188,089.81	197,494.23	207,369.00	217,737.47	228,624.25	240,055.43	15,674.15	16,457.85	17,280.75	18,144.79	19,052.02	20,004.62	7,234.22	7,595.93	7,975.73	8,374.52	8,793.24	9,232.90	90,4278	94,9491	99,6966	104,6815	109,9155	115,4113
74	192,791.91	202,431.62	212,553.13	223,180.86	234,339.84	246,056.80	16,065.99	16,869.30	17,712.76	18,598.41	19,528.32	20,504.73	7,415.07	7,785.83	8,175.12	8,583.88	9,013.07	9,463.72	92,6884	97,3229	102,1890	107,2985	112,6634	118,2965
75	197,611.76	207,492.48	217,867.10	228,760.46	240,198.43	252,208.38	16,467.65	17,291.04	18,155.59	19,063.37	20,016.54	21,017.37	7,600.45	7,980.48	8,379.50	8,798.48	9,238.40	9,700.32	95,0057	99,7560	104,7438	109,9810	115,4800	121,2540
76	202,552.12	212,679.79	223,313.68	234,479.44	246,203.41	258,513.57	16,879.34	17,723.32	18,609.47	19,539.95	20,516.95	21,542.80	7,790.47	8,179.99	8,588.99	9,018.44	9,469.36	9,942.83	97,3808	102,2499	107,3623	112,7305	118,3670	124,2854
77	207,615.96	217,996.73	228,896.45	240,341.42	252,358.38	264,976.38	17,301.33	18,166.39	19,074.70	20,028.45	21,029.86	22,081.37	7,985.23	8,384.49	8,803.71	9,243.90	9,706.09	10,191.40	99,8154	104,8061	110,0464	115,5488	121,3261	127,3925
78	212,806.24	223,446.70	234,619.05	246,350.01	258,667.38	271,600.87	17,733.85	18,620.56	19,551.59	20,529.17	21,555.62	22,633.41	8,184.86	8,594.10	9,023.81	9,475.00	9,948.75	10,446.19	102,3107	107,4263	112,7976	118,4375	124,3593	130,5773
79	218,126.36	229,032.87	240,484.42	252,508.59	265,134.02	278,390.84	18,177.20	19,086.07	20,040.37	21,042.38	22,094.50	23,199.24	8,389.48	8,808.96	9,249.40	9,711.87	10,197.46	10,707.34	104,8684	110,1120	115,6175	121,3984	127,4683	133,8417
80	223,579.72	234,758.65	246,496.61	258,821.41	271,762.53	285,350.53	18,631.64	19,563.22	20,541.38	21,568.45	22,646.88	23,779.21	8,599.22	9,029.18	9,480.64	9,954.67	10,452.41	10,975.02	107,4903	112,8647	118,5080	124,4334	130,6551	137,1878
81	229,169.08	240,627.63	252,659.01	265,291.87	278,556.53	292,484.41	19,097.42	20,052.30	21,054.92	22,107.66	23,213.04	24,373.70	8,814.20	9,254.91	9,717.65	10,203.53	10,713.71	11,249.40	110,1774	115,6864	121,4707	127,5442	133,9214	140,6175
82	234,898.25	246,643.21	258,975.44	271,924.20	285,520.47	299,796.51	19,574.85	20,553.60	21,581.29	22,660.35	23,793.37	24,983.04	9,034.55	9,486.28	9,960.59	10,458.62	10,981.56	11,530.63	112,9319	118,5785	124,5074	130,7328	137,2695	144,1329
83	240,770.84	252,809.43	265,449.71	278,722.23	292,658.38	307,291.27	20,064.24	21,067.45	22,120.81	23,226.85	24,388.20	25,607.61	9,260.42	9,723.44	10,209.60	10,720.09	11,256.09	11,818.90	115,7552	121,5430	127,6201	134,0011	140,7011	147,7362
84	246,790.03	259,129.68	272,086.08	285,690.41	299,974.93	314,973.58	20,565.84	21,594.14	22,673.84	23,807.53	24,997.91	26,247.80	9,491.92	9,966.53	10,464.85	10,988.09	11,537.50	12,114.37	118,6491	124,5816	130,8106	137,3512	144,2187	151,4296
85	252,959.85	265,607.77	278,888.14	292,832.57	307,474.15	322,847.90	21,079.99	22,133.98	23,240.68	24,402.71	25,622.85	26,903.99	9,729.23	10,215.68	10,726.47	11,262.79	11,825.93	12,417.23	121,6153	127,6960	134,0808	140,7849	147,8241	155,2153
86	259,283.92	272,247.96	285,860.35	300,153.36	315,161.13	330,919.11	21,606.99	22,687.33	23,821.70	25,012.78	26,263.43	27,576.59	9,972.46	10,471.08	10,994.63	11,544.36	12,121.58	12,727.66	124,6557	130,8884	137,4329	144,3045	151,5198	159,0957
87	265,765.83	279,054.26	293,006.96	307,657.25	323,040.12	339,192.07	22,147.15	23,254.52	24,417.25	25,638.10	26,920.01	28,266.01	10,221.76	10,732.86	11,269.50	11,832.97	12,424.62	13,045.85	127,7720	134,1607	140,8687	147,9121	155,3078	163,0731
88	272,410.05	286,030.51	300,332.00	315,348.68	331,116.20	347,671.90	22,700.84	23,835.88	25,027.67	26,279.06	27,593.02	28,972.66	10,477.31	11,001.17	11,551.23	12,128.80	12,735.24	13,372.00	130,9664	137,5147	144,3904	151,6099	159,1905	167,1500
89	279,220.38	293,181.36	307,840.34	323,232.34	339,394.05	356,363.67	23,268.37	24,431.78	25,653.36	26,936.03	28,282.84	29,696.97	10,739.25	11,276.21	11,840.01	12,432.01	13,053.62	13,706.29	134,2406	140,9526	148,0002	155,4002	163,1702	171,3287
90	286,200.87	300,510.85	315,536.45	331,313.30	347,878.96	365,272.90	23,850.07	25,042.57	26,294.70	27,609.44	28,989.91	30,439.41	11,007.73	11,558.11	12,136.02	12,742.82	13,379.96	14,048.96	137,5966	144,4764	151,7002	159,2852	167,2495	175,6120
91	293,355.75	308,023.65	323,424.77	339,596.03	356,575.83	374,404.69	24,446.31	25,668.64	26,952.06	28,299.67	29,714.65	31,200.39	11,282.91	11,847.06	12,439.41	13,061.39	13,714.45	14,400.18	141,0364	148,0883	155,4927	163,2673	171,4307	180,0023
92	300,689.70	315,724.21	331,510.40	348,086.03	365,490.37	383,764.77	25,057.48	26,310.35	27,625.87	29,007.17	30,457.53	31,980.40	11,564.99	12,143.24	12,750.40	13,387.92	14,057.32	14,760.18	144,5624	151,7905	159,3800	167,3491	175,7165	184,5023
93	308,206.95	323,617.41	339,798.21	356,788.20	374,627.46	393,358.85	25,683.91	26,968.12	28,316.52	29,732.35	31,218.96	32,779.90	11,854.11	12,446.82	13,069.16	13,722.62	14,408.75	15,129.19	148,1764	155,5853	163,3645	171,5328	180,1094	189,1148
94	315,912.18	331,707.70	348,293.10	365,707.83	383,993.26	403,192.90	26,326.02	27,642.31	29,024.43	30,475.65	31,999.44	33,599.41	12,150.47	12,757.99	13,395.89	14,065.69	14,768.97	15,507.42	151,8809	159,4749	167,4486	175,8211	184,6121	193,8427
95	323,810.05	340,000.40	357,000.57	374,850.44	393,593.08	413,272.62	26,984.17	28,333.37	29,750.05	31,237.54	32,799.42	34,439.38	12,454.23	13,076.94	13,730.79	14,417.32	15,138.20	15,895.10	155,6779	163,4617	171,6349	180,2166	189,2274	198,6888
96	331,905.23	348,500.38	365,925.51	384,221.76	403,432.85	423,604.60	27,658.77	29,041.70	30,493.79	32,018.48	33,619.40	35,300.38	12,765.59	13,403.86	14,074.06	14,777.76	15,516.65	16,292.48	159,5698	167,5483	175,9257	184,7220	193,9581	203,6561
97	340,202.80	357,212.94	375,073.63	393,827.30	413,518.72	434,194.56	28,350.23	29,767.75	31,256.14	32,818.94	34,459.89	36,182.88	13,084.72	13,738.96	14,425.91	15,147.20	15,904.57	16,699.79	163,5590	171,7370	180,3239	189,3401	198,8071	208,7474
98	348,707.87	366,143.39	384,450.47	403,673.01	423,856.64	445,049.52	29,058.99	30,511.95	32,037.54	33,639.42	35,321.39	37,087.46	13,411.84	14,082.44	14,786.56	15,525.89	16,302.18	17,117.29	167,6480	176,0305	184,8320	194,0736	203,7772	213,9661
99	357,425.53	375,296.83	394,061.74	413,764.83	434,452.97	456,175.82	29,785.46	31,274.74	32,838.48	34,480.40	36,204.41	38,014.65	13,747.14	14,434.49	15,156.22	15,914.03	16,709.73	17,545.22	171,8392	180,4312	189,4528	198,9254	208,8716	219,3153
100	366,361.28	384,679.39	403,913.18	424,108.90	445,314.29	467,580.06	30,530.11	32,056.62	33,659.43	35,342.41	37,109.52	38,965.01	14,090.82	14,795.36	15,535.12	16,311.88	17,127.47	17,983.85	176,1352	184,9420	194,1890	203,8985	214,0934	224,7981



CHIEF ADMINISTRATIVE OFFICER

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

FLSA STATUS: Exempt

DEFINITION:

Under general direction, plans, organizes, oversees, coordinates, and manages Tri-City Mental Health Authority's internal operations and administrative functions including Facilities and Operations, Human Resources, Information Technology, Administrative Services, Medical Records, and Compliance/Risk; ensures the Authority's infrastructure, systems, and processes are efficient, scalable, and aligned with strategic objectives; serves as a key advisor to the Executive Officer and collaborates closely with other members of the executive team to drive operational excellence, organizational effectiveness, and cross-functional integration; coordinates assigned activities with other Authority departments, officials, and outside agencies; and performs related duties, as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives general direction from the Executive Officer. Exercises direct supervision over management, supervisory, professional, technical, and administrative support staff.

DISTINGUISHING CHARACTERISTICS:

This is a senior executive classification responsible for planning, organizing, coordinating, and directing staff, operations, and programs of a major service area supporting the Authority's business, internal operations and administrative divisions and sections. The Chief Administrative Officer assumes responsibility for administrative, long- and short-term planning, and budgeting responsibilities; recommends and implements the programs, projects, goals, and policies and procedures for the Authority's core infrastructure to ensure the Authority's internal environment is scalable and aligned with strategic goals. Performance of the work requires the use of considerable independence, initiative, and discretion within broad guidelines.

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

- Plans, manages, and oversees the daily functions, operations, activities, and protocols of the Authority's core infrastructure/internal operations including Facilities and Operations, Human Resources, Information Technology, Administrative Services, Medical Records, and Compliance/Risk, ensuring compliance with local, state, Mental Health Services Act

(MHSA) and federal regulations.

- Participates in the development and implementation of goals, objectives, policies, and priorities that support the Authority's mission in behavioral health, social services and recovery care; recommends within Authority policy, appropriate service and staffing levels for internal operations services.
- Provides leadership in operationalizing the Authority's mission, vision and values across internal operations and services.
- Assumes responsibility for the administrative department's financial management and budget oversight; participates in the development, administration, and oversight of the Authority's budget; collaboratively determines funding needed for staffing, equipment, materials and supplies; ensures compliance with local, state and federal funding, grant, regulatory and audit requirements; recommends and oversees administrative resource allocation, cost control, and operational improvements to maximize value and service delivery.
- In coordination with the Executive Director and Chief Financial Officer, serves as authorized signer to execute agreements for financial retirement services and banking documents.
- Develops and standardizes procedures and methods to improve and continuously monitor the efficiency and effectiveness of assigned programs, service delivery methods, and procedures; assesses and monitors workload, administrative, and support systems, and internal reporting relationships; identifies and implements improvements.
- Oversees the Authority's Human Resources functions including labor/employee relations, training and development, performance management and recruitment/retention strategies; promotes a workplace culture that supports service excellence, inclusion, staff well-being and alignment with the Authority's mission.
- Participates in the selection of, trains, motivates, and evaluates assigned personnel; works with employees to correct deficiencies; recommends and implements discipline and termination procedures.
- In conjunction with other executives, contributes to the overall quality of the Authority's services by developing, reviewing and implementing policies and procedures to meet regulatory requirements, educational standards, and Authority needs.
- Oversees the Authority's Information Technology strategies and infrastructure to support clinical and administrative operations, data security, electronic health records, reporting, and workflow automation; analyzes and directs the modification, conversion and installation of all telecommunications systems hardware and software.
- Manages the Authority's facilities, space planning, maintenance and capital improvement projects, and other physical/operational assets; monitors and tracks the sale, donation or destruction of all surplus equipment in compliance with current HIPAA and HITECH Act, waste disposal regulations, and Authority policy.
- Engages in grant and contract discussions involving internal services and infrastructure and supports fundraising/partnership efforts as needed; in collaboration with the Chief Financial Officer, Chief Compliance Officer and legal counsel, develops guidelines, procedures and standards with respect to the administration and processing of grants and contracts to ensure the Authority's compliance with all statutory and administrative requirements.
- Assumes responsibility for researching and maintaining high quality insurance coverage including, but not limited to, Workers Compensation, Automotive, Directors and Officers, Property, General and Professional Liability, Crime, Earthquake and Cyber Liability;

obtains property appraisals for Authority-owned properties to ensure optimal coverage and submits to the Chief Financial Officer; completes and/or maintains all insurance renewal applications and certificates.

- In conjunction with other executives, ensures the Authority meets all applicable regulatory including, but not limited to, state behavioral health laws, licensing, accreditation, privacy/HIPAA, and safety; maintains policies and procedures manuals and documentation.
- Oversees risk management, internal controls, audits, contracts compliance and vendor oversight; ensures that Business Associate Agreements with all contractors and vendors, when client protected health information (PHI) could be accessed to perform a service for the Authority, are fully executed and on file; collaborates with legal counsel to ensure the Authority's Business Associate Agreement is current and in compliance with HIPAA laws.
- In collaboration with the Chief Compliance Officer, designs, initiates and coordinates methods for collecting, analyzing, storing, retrieving and reporting client medical information and statistics in accordance with local, state, federal and HIPAA and HITECH Act laws; identifies and resolves problems affecting coding, abstracting, billing and legal issues related to the release of medical records; oversees the processing of Authority subpoenas for release of client medical records and employers compensation related records
- In collaboration with the Authority's Security Officer, designs and produces relevant monthly reports and auditing tools to monitor key indicators of HIPAA, HITECH Act, and security risk areas; monitors and coordinates all responsibilities of security and privacy officers; serves as the primary consultant to Authority staff and outside agencies regarding issues concerning the disposition of all client medical records.
- Receives, processes, investigates, reports and tracks all client grievances related to privacy rights; collaborates with the Chief Compliance Officer to resolve all complaints within required timeframes and to the clients' satisfaction.
- Participates in meetings, conferences, and trainings at local, state and national levels to keep informed of all current regulations that govern the operations of publicly funded behavioral health and Medicaid behavioral health providers; stays current on issues being brought forth and/or changes in public policy and legislation that may impact the Authority's operations.
- Represents the department, provides consultation and technical expertise to other Authority divisions, departments, and outside agencies including, but not limited to, funding agencies, regulatory bodies, partner networks, community organizations, government agencies and governing boards; explains and interprets Authority programs, policies, and activities; negotiates and resolves significant and controversial issues.
- Maintains and directs the maintenance of working and official departmental files.
- Prepares, reviews, and presents reports, presentations, briefings and various management and information updates to the Governing Board, executive leadership and community partners.
- Ensures staff observe and comply with all Authority and mandated safety rules, regulations and protocols.
- Performs related duties as assigned.

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 his/her past and current employment history. A typical example includes:

Education, Training, and Experience:

- Required: Bachelor's degree in Business Administration, Public Administration, Finance, Social Work/Psychology, Political Science, or a related field.
- Preferred: Master's Degree in Business Administration, Public Administration, Finance, Social Work/Psychology, Political Science or related field.

Experience

- Seven (7) years of increasingly responsible experience in public sector administration, which includes budgeting, policy development, personnel management, interagency coordination, leadership/management, operations management, and program development.

Licensure/Registration/Certification:

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

Knowledge of:

- Principles and practices of public administration, management, and organizational leadership.
- Behavioral health systems, including community-based mental health, social services, and recovery-oriented care.
- Federal, state, and local regulations governing public mental health services (e.g., HIPAA, DHCS, Medi-Cal, MHSA/BHSA, county contracts, and audit requirements).
- Budgeting, financial management, and funding compliance practices in public or nonprofit agencies.
- Human resources management principles, including recruitment, classification, labor relations, employee development, and performance management.
- Information technology systems, data security, and electronic health record (EHR) applications relevant to behavioral health operations.
- Procurement, contract management, and vendor oversight practices in a public sector environment.
- Facilities management and capital improvement planning for multi-site behavioral health operations.
- Risk management, compliance, and quality assurance frameworks in healthcare or government settings.
- Strategic planning, policy development, and performance measurement processes.
- Equity, diversity, inclusion, and trauma-informed organizational culture principles.
- Board governance and intergovernmental relations, including how public agencies interface with oversight bodies, funders, and community partners.
- Change management and organizational development methodologies.
- Data-driven decision-making, program evaluation, and outcome measurement techniques.

Ability to:

- Provide visionary and strategic leadership in alignment with the agency's mission, goals, and behavioral health mandates.
- Plan, organize, direct, and evaluate complex administrative and operational functions across multiple departments.
- Develop and manage multimillion-dollar budgets, monitor expenditures, and ensure fiscal accountability and compliance.
- Interpret and apply laws, regulations, and funding requirements governing public mental health operations.
- Establish and maintain effective working relationships with staff, Board members, government officials, contractors, and community stakeholders.
- Supervise, motivate, and develop staff, fostering collaboration, accountability, and professional growth.
- Analyze administrative systems and processes and implement improvements for efficiency, transparency, and client-centered service delivery.
- Lead organizational change and adapt to evolving policy, funding, and service environments.
- Oversee complex projects and initiatives, ensuring timely completion, measurable outcomes, and effective resource allocation.
- Communicate effectively, both orally and in writing, with diverse internal and external audiences, including preparing Board reports, policy documents, and presentations.
- Represent the agency in high-level meetings, negotiations, and partnerships with external organizations and stakeholders.
- Exercise sound judgment in sensitive, confidential, and high-stakes situations.
- Use technology effectively, including data analysis tools, project management software, and EHR systems.
- Promote a culture of equity, inclusion, and continuous improvement across all administrative and program areas.
- Balance multiple priorities in a fast-paced environment while maintaining a focus on mission-driven service outcomes.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment; vision to read printed materials and computer screen; and hearing and speech to communicate. May require standing, walking, bending, stooping, and the ability to lift up to 10 pounds.

ENVIRONMENTAL CONDITIONS

Work is performed in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous substances. Requires frequent use of computers, phones, and other standard office equipment. Interaction with upset staff or the public may occur. May involve direct contact with clients who are distressed or experiencing mental health symptoms.

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 perform duties accordingly.

Must receive satisfactory results from a background investigation, pre-employment physical examination including drug/alcohol testing, and administrative review.



CHIEF OPERATIONSADMINSTRATIVE OFFICER / HIPAA PRIVACY OFFICER

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

FLSA STATUS: -Exempt

DEFINITION:

~~Under administrative-general direction, to plan, establish, manage, coordinate plans, organizes, oversees, coordinates, and direct business systems, manages Tri-City Mental Health Authority's internal operations, and administrative functions within the Agency which include human resources, risk management, medical records, Agency wide information security including Facilities and privacy related programs relating to Health Insurance Portability and Accountability Act (HIPAA) and The Health Operations, Human Resources, Information Technology for Economic, Administrative Services, Medical Records, and Compliance/Risk; ensures the Authority's infrastructure, systems, and processes are efficient, scalable, and Clinical Health Act, Public Law 111-005 ("HITECH Act"), facilities, client appointment scheduling, coordinationaligned with strategic objectives; serves as a key advisor to the Executive Officer and development of specialized management reports, management of information technology systems. Performcollaborates closely with other members of the executive team to drive operational excellence, organizational effectiveness, and cross-functional integration; coordinates assigned activities with other Authority departments, officials, and outside agencies; and performs related duties, as required.assigned.~~

SUPERVISION RECEIVED AND EXERCISED

~~Receives general direction from the Executive Officer. Exercises direct supervision over management, supervisory, professional, technical, and administrative support staff.~~

DISTINGUISHING CHARACTERISTICS:

~~The Chief Operations Officer is an executive management level class which is responsible for assisting the Executive Director in the overall management of the administrative operations of Tri-City Mental Health Center with particular responsibility to develop and recommend policies and objectives for business systems operations to effect maximum operational efficiency, improve services, reduce administrative costs, and ensure compliance with local, county, State, HIPAA and HITECH ACT, and federal laws, rules, and regulations. The incumbent of this single position class serves as the Agency's chief information officer, privacy~~

officer, safety and training officer and personnel officer. The Chief Operations Officer reports to the Executive Director.

This is a senior executive classification responsible for planning, organizing, coordinating, and directing staff, operations, and programs of a major service area supporting the Authority's business, internal operations and administrative divisions and sections. The Chief Administrative Officer assumes responsibility for administrative, long- and short-term planning, and budgeting responsibilities; recommends and implements the programs, projects, goals, and policies and procedures for the Authority's core infrastructure to ensure the Authority's internal environment is scalable and aligned with strategic goals. Performance of the work requires the use of considerable independence, initiative, and discretion within broad guidelines.

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

- ~~Responsible to direct, oversee~~Plans, manages, and supervise all aspects of Agency's facilities, human resources, and support oversees the daily functions, operations, activities, and protocols of the Authority's core infrastructure/internal operations including information technology (IT), medical records, supply purchasing, front officeFacilities and phone services, and Agency property and personnel insurance.
- ~~Insures all Operations departments (IT, HR, Program Support/, Human Resources, Information Technology, Administrative Services, Medical Records and Facilities) function to support the mission of the Agency and are fully integrated into the Tri-City System of Care.~~
 - Directs the planning, organization, and implementation of procedures and protocols for all Operations departments (IT, HR, Program Support and Facilities) in accordance, and Compliance/Risk, ensuring compliance with the local, Statestate, Mental Health Services Act (MHSA), and Federal/federal regulations.
- ~~Participates in meetings, conferences and trainings at local, statewide, and national level to keep informed of all current regulations that govern the Operations of publicly funded mental health and Medicaid mental health providers; as well as to stay abreast of issues being brought forth and/or changes in public policy and legislation that may impact the Agency's operations.~~
- ~~Oversee policy and procedure development and education for the Agency.~~
 - Research and maintainParticipates in the development and implementation of goals, objectives, policies, and priorities that support the Authority's mission in behavioral health, social services and recovery care; recommends within Authority policy, appropriate service and staffing levels for internal operations services.
 - Provides leadership in operationalizing the Authority's mission, vision and values across internal operations and services.
 - Assumes responsibility for the administrative department's financial management and budget oversight; participates in the development, administration, and oversight of the Authority's budget; collaboratively determines funding needed for staffing, equipment, materials and supplies; ensures compliance with local, state and federal funding, grant, regulatory and audit requirements; recommends and oversees administrative resource allocation, cost control, and operational improvements to maximize value and service delivery.

- In coordination with the Executive Director and Chief Financial Officer, serves as authorized signer to execute agreements for financial retirement services and banking documents.
- Develops and standardizes procedures and methods to improve and continuously monitor the efficiency and effectiveness of assigned programs, service delivery methods, and procedures; assesses and monitors workload, administrative, and support systems, and internal reporting relationships; identifies and implements improvements.
- Oversees the Authority's Human Resources functions including labor/employee relations, training and development, performance management and recruitment/retention strategies; promotes a workplace culture that supports service excellence, inclusion, staff well-being and alignment with the Authority's mission.
- Participates in the selection of, trains, motivates, and evaluates assigned personnel; works with employees to correct deficiencies; recommends and implements discipline and termination procedures.
- In conjunction with other executives, contributes to the overall quality of the Authority's services by developing, reviewing and implementing policies and procedures to meet regulatory requirements, educational standards, and Authority needs.
- Oversees the Authority's Information Technology strategies and infrastructure to support clinical and administrative operations, data security, electronic health records, reporting, and workflow automation; analyzes and directs the modification, conversion and installation of all telecommunications systems hardware and software.
- Manages the Authority's facilities, space planning, maintenance and capital improvement projects, and other physical/operational assets; monitors and tracks the sale, donation or destruction of all surplus equipment in compliance with current HIPAA and HITECH Act, waste disposal regulations, and Authority policy.
- Engages in grant and contract discussions involving internal services and infrastructure and supports fundraising/partnership efforts as needed; in collaboration with the Chief Financial Officer, Chief Compliance Officer and legal counsel, develops guidelines, procedures and standards with respect to the administration and processing of grants and contracts to ensure the Authority's compliance with all statutory and administrative requirements.
- Assumes responsibility for researching and maintaining high quality insurance coverage for the Agency for Workers'including, but not limited to, Workers Compensation, AutoAutomotive, Directors &and Officers, Property, General and Professional Liability, Crime, Earthquake and Cyber Liability. Completes; obtains property appraisals for Authority-owned properties to ensure optimal coverage and submits to the Chief Financial Officer; completes and/or maintains all insurance policy renewal applications and certificates.
- ~~Responsible for obtaining property appraisals, as needed, for all Agency-owned properties to insure adequate property insurance coverage is in place and submit appraisals to the Chief Financial Officer.~~
- ~~In collaboration with the Chief Compliance Officer, design, initiate and coordinate methods for collecting, analyzing, storing, retrieving, and reporting client medical information and statistics in accordance with local, State, federal and HIPAA and HITECHACT laws; identify and resolve problems affecting coding, abstracting, billing, and legal issues related to the release of medical information.~~

- ~~Monitor and coordinate all responsibilities of, security and privacy officers; serve as the primary consultant to Agency staff and outside agencies regarding issues concerning the disposition of all client medical records.~~
- ~~Participate in State and county HIPAA work groups, coordinating HIPAA Officers' participation in network and training opportunities.~~
- ~~In collaboration with the Agency's HIPAA Security Officer design and produce relevant monthly reports and auditing tools to monitor key indicators of HIPAA, HITECH ACT, security risk areas.~~
- ~~In coordination with the Executive Director and Chief Financial Officer, serve as authorized signer to execute agreements for financial retirement services and banking documents~~
- In conjunction with other executives, ensures the Authority meets all applicable regulatory including, but not limited to, state behavioral health laws, licensing, accreditation, privacy/HIPAA, and safety; maintains policies and procedures manuals and documentation.
- Oversees risk management, internal controls, audits, contracts compliance and vendor oversight; ensures that Business Associate Agreements with all contractors and vendors, when client protected health information (PHI) could be accessed to perform a service for the Agency Authority, are fully executed and on file. And; collaborates with legal counsel to insure the Agency Authority's Business Associate Agreement is current and in compliance with all HIPAA laws.
- ~~Analyze and direct modification, conversion, and installation of all telecommunications systems hardware and software.~~
- Receive, process, investigate, report and track In collaboration with the Chief Compliance Officer, designs, initiates and coordinates methods for collecting, analyzing, storing, retrieving and reporting client medical information and statistics in accordance with local, state, federal and HIPAA and HITECH Act laws; identifies and resolves problems affecting coding, abstracting, billing and legal issues related to the release of medical records; oversees the processing of Authority subpoenas for release of client medical records and employers compensation related records
- In collaboration with the Authority's Security Officer, designs and produces relevant monthly reports and auditing tools to monitor key indicators of HIPAA, HITECH Act, and security risk areas; monitors and coordinates all responsibilities of security and privacy officers; serves as the primary consultant to Authority staff and outside agencies regarding issues concerning the disposition of all client medical records.
- Receives, processes, investigates, reports and tracks all client grievances relating related to privacy rights and collaborate; collaborates with the Chief Compliance Officer to resolve all complaints within required timelimestimeframes and to client'sthe clients' satisfaction.
- ~~Develop guidelines, procedures, and standards in collaboration with the Chief Financial Officer, Chief Compliance Officer and legal counsel outlining the administration and processing of contracts and grants to insure the Agency's compliance with all statutory and administrative requirements.~~
- ~~Responsible to keep Agency staff abreast of any and all changes relating to privacy laws and regulations and to provide staff training on HIPAA and privacy rules.~~
- ~~Review and approve Agency's Operational departments' invoices for processing with Accounting.~~

- ~~Oversee the processing of Agency subpoenas for release of client medical records and employee worker's compensation related records.~~
- ~~Collaborate with the Chief Financial Officer in the preparation of the Chief Operations Officer's department budgets; participate in the review and analysis of all program budgets for inclusion in the Agency's budget; provide justifications for items to the Executive Director; review and develop recommendations on expenditure requests and budget variances.~~
- ~~Monitor and track the sale, donation or destruction of all surplus property and equipment in compliance with current HIPAA and HITECH ACT, waste disposal regulations and Agency policy.~~
- ~~Serve as the Agency Disaster Coordinator and participate in California Mental Health Disaster Coordinator's Quarterly Meetings and comply and collaborate with the Los Angeles Department of Mental Health's Disaster Coordinator to provide emergency and disaster preparedness information as it applies to the three cities.~~
- ~~Oversee compliance with the Office of Inspector General pertaining to the implementation and monthly monitoring of a system of sanctions for employees who violate Agency policy or privacy (exclusion rule).~~
- ~~Select, train, supervise, and evaluate professional, technical, and clerical personnel.~~
- ~~Establishes positive working relationships with representatives of the community, state, county, local agencies and associations, and the public.~~
 - Participates in meetings, conferences, and trainings at local, state and national levels to keep informed of all current regulations that govern the operations of publicly funded behavioral health and Medicaid behavioral health providers; stays current on issues being brought forth and/or changes in public policy and legislation that may impact the Authority's operations.
 - Represents the department, provides consultation and technical expertise to other Authority divisions, departments, and outside agencies including, but not limited to, funding agencies, regulatory bodies, partner networks, community organizations, government agencies and governing boards; explains and interprets Authority programs, policies, and activities; negotiates and resolves significant and controversial issues.
 - Maintains and directs the maintenance of working and official departmental files.
 - Prepares, reviews, and presents reports, presentations, briefings and various management and information updates to the Governing Board, executive leadership and community partners.
 - Ensures staff observe and comply with all Authority and mandated safety rules, regulations and protocols.
 - Performs related duties as assigned.

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 his/her past and current employment history. A typical example includes:

Education, Training, and Experience:

- Required: Bachelor's degree in ~~business administration, information systems,~~ Business Administration, Public Administration, Finance, Social Work/Psychology, Political Science, or a related field, ~~and seven,~~
- Preferred: Master's Degree in Business Administration, Public Administration, Finance, Social Work/Psychology, Political Science or related field.

Experience

- Seven (7) years of increasingly responsible experience in ~~health care agency~~public sector administration, which includes budgeting, policy development, personnel management, interagency coordination, leadership/management, operations management, and program development.

Licensure/Registration/Certification:

~~None required.~~

- 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:

- Management informationPrinciples and practices of public administration, management, and organizational leadership.
- ~~Behavioral health~~ systems.
- Clinical business systems, including federal, State community-based mental health, social services, and recovery-oriented care.
- Federal, state, and local laws pertaining to medical records and documentation regulations governing public mental health services (e.g., HIPAA, DHCS, Medi-Cal, MHSA/BHSA, county contracts, and audit requirements).
- ~~Federal~~ Budgeting, financial management, and State OSHA regulations.
- Principles and funding compliance practices of human in public or nonprofit agencies.
- Human resources administration, management principles, including recruitment and selection, risk management, loss prevention, safety training programs, workers' compensation, claims investigation and processing, classification, labor relations, employee development, and performance management.
- ~~Principles and practices of records management.~~
- ~~Laws, rules, regulations and policies affecting record keeping functions, business records, and auditing.~~
- ~~Computer operating~~ Information technology systems and methods and techniques of program development, implementation, operation, and evaluation.
- ~~Federal and state laws affecting personnel practices.~~
- ~~Preparation of complex business reports and analyses.~~
- ~~Principles, methods, and techniques of supervision, training, and performance evaluation.~~
- ~~Current trends in the field of mental health, and local, State and federal laws, rules policies and procedures which affect the operation of mental health programs and clinical services.~~
- Data processing systems/, data security, and electronic health record (EHR) applications.

—**Skill relevant to:**

—Operate a personal computer to utilize a variety of software programs.

—**Ability to:**

- Analyze, plan, and direct business systems behavioral health operations.
- Develop and administer sound departmental goals, objectives, policies, Procurement, contract management, and vendor oversight practices in a public sector environment.
- Facilities management and methods capital improvement planning for evaluating achievement multi-site behavioral health operations.
- Risk management, compliance, and quality assurance frameworks in healthcare or government settings.
- Strategic planning, policy development, and performance levels measurement processes.
- Analyze Equity, diversity, inclusion, and trauma-informed organizational culture principles.
- Board governance and intergovernmental relations, including how public agencies interface with oversight bodies, funders, and community partners.
- Change management and organizational development methodologies.
- Data-driven decision-making, program evaluation, and outcome measurement techniques.

Ability to:

- Provide visionary and strategic leadership in alignment with the agency's mission, goals, and behavioral health mandates.
- Plan, organize, direct, and evaluate complex organization, administrative, and budgetary matters and recommend effective courses of action and operational functions across multiple departments.
- Serve effectively as the chief information security and compliance officer, privacy officer, and safety and training officer
- Represent the Agency in a variety of meetings.
- Make formal presentations.
- Analyze, interpret and make recommendations and oversee implementation for clinical business systems as based on research.
- Prepare clear, concise and complete statistical and data processing reports.
- Develop, revise, and oversee installation and utilization of manual and automated business systems and procedures.
- Analyze, interpret, and explain policies and procedures.
- Follow verbal and written directions.
- Communicate effectively, both verbally and in writing.
- Develop and manage multimillion-dollar budgets, monitor expenditures, and ensure fiscal accountability and compliance.
- Interpret and apply laws, regulations, and funding requirements governing public mental health operations.
- Establish and maintain effective working relationships with staff, Board members, government officials, contractors, and community stakeholders.

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.~~
- Supervise, motivate, and develop staff, fostering collaboration, accountability, and professional growth.
- Analyze administrative systems and processes and implement improvements for efficiency, transparency, and client-centered service delivery.
- Lead organizational change and adapt to evolving policy, funding, and service environments.
- Oversee complex projects and initiatives, ensuring timely completion, measurable outcomes, and effective resource allocation.
- Communicate effectively, both orally and in writing, with diverse internal and external audiences, including preparing Board reports, policy documents, and presentations.
- Represent the agency in high-level meetings, negotiations, and partnerships with external organizations and stakeholders.
- Exercise sound judgment in sensitive, confidential, and high-stakes situations.
- Use technology effectively, including data analysis tools, project management software, and EHR systems.
- Promote a culture of equity, inclusion, and continuous improvement across all administrative and program areas.
- Balance multiple priorities in a fast-paced environment while maintaining a focus on mission-driven service outcomes.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment; vision to read printed materials and computer screen; and hearing and speech to communicate. May require standing, walking, bending, stooping, and the ability to lift up to 10 pounds.

ENVIRONMENTAL CONDITIONS

Work is performed in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous substances. Requires frequent use of computers, phones, and other standard office equipment. Interaction with upset staff or the public may occur. May involve direct contact with clients who are distressed or experiencing mental health symptoms.

WORKING CONDITIONS

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

Must receive satisfactory results from a background investigation, pre-employment physical examination including drug/alcohol testing, and administrative review.

PHYSICAL STANDARDS:

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



EXECUTIVE ASSISTANT

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under general direction, to provide a variety of highly responsible and complex office, secretarial, and administrative services and duties in support of the Executive Director and Executive Management, the Governing Board, and the Mental Health Commission, and other officials where there is continuous exposure to confidential information unique to that office; relieve the Executive Director of all possible routine administrative and clerical details; interpret policy and administrative regulations; and assist the public by providing information personally or directing information requests according to established procedures. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS:

This single-position Executive Assistant class serves as an advisory/support role to the Executive Director and executive management; has continuous exposure to sensitive Center-wide subject matter and confidential issues unique to that office; is expected to independently perform the full scope of assigned duties; and regularly exercise discretion and independent judgment. The Executive Assistant reports to the Executive Director.

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

- Handle highly confidential information regarding controversial issues, individuals and/or projects with diversified, Center-wide implications; render direct and confidential secretarial support and administrative assistance to the Executive Director and executive management, as needed.
- Provide administrative and project management support for the Executive Director with strategic initiatives, community engagement, and special projects. Conduct research, compile data, and assist in preparing reports for local, state, and federal agencies. Support compliance, accreditation, and performance tracking activities, ensuring alignment with agency goals and public sector accountability requirements.
- Prepare Executive Director agenda/material, attend and support the JPA Administrator/Clerk to the Governing Board and Mental Health Commission in accordance with applicable federal, State, City, and Center policy regulations, including the Brown Act.

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- Ensure up-to-date knowledge and compliance with applicable federal, State, City, and Center policy regulations, including the Brown Act. Make recommendations for agency policy changes as needed for compliance.
- Maintain files and records according to federal, State, local, and agency regulations including the Health Insurance Portability and Accountability Act (HIPAA), the Brown Act, and the Fair Labor Standards Act (FLSA).
- Prepare and compile agendas, presentations, and related materials for Executive Team meetings, committees chaired or designated by the Executive Director, and other leadership forums. Attend meetings as directed and serve as recording secretary, ensuring accurate documentation of discussions, actions, and follow-up items. Draft and finalize meeting minutes, correspondence, reports, and agenda items from notes, digital recordings, or direct instruction using current collaboration and transcription tools (e.g., Microsoft Teams, OneNote, or digital dictation software), ensuring accuracy, accessibility, and compliance with agency standards.
- Manage dynamic calendars, scheduling, and coordination of hybrid and in-person meetings using Microsoft 365, Teams, Zoom, and related platforms.
- Serve as the primary point of contact for the Executive Director and Executive Management Team, providing professional and courteous communication to internal and external stakeholders. Manage and triage incoming calls, emails, visitors, and correspondence—ensuring timely review, routing, and response in accordance with agency priorities and confidentiality standards. Utilize digital communication and workflow tools (e.g., Microsoft Outlook, Teams, and SharePoint) to organize and track correspondence. Independently draft responses and provide accurate information consistent with agency policies and procedures. Coordinate and schedule meetings, appointments, and travel arrangements, ensuring efficient use of time and resources while maintaining a high level of discretion and professionalism.
- Assist with training the Administrative Assistant.
- Provide administrative and project support to key Executive Chiefs, including assistance with purchasing, work order requests, and special operational initiatives. Support financial and contractual functions as needed, including preparation of the Annual Financial Report, Los Angeles County Department of Mental Health (LADMH) contract documentation, and other fiscal reporting activities in coordination with executive leadership.
- As part of Public Records Act administration, establish procedures and manage the indexing, preservation, and archiving programs, retention schedules, and research and retrieval systems; coordinate the handling of public records requests, as well as claims and legal actions.
- Research laws, regulations, codes, ordinances, official minutes, and actions taken by the Governing Board and committees; coordinate the maintenance of lists of contracts and agreements for ready access by departmental representatives.

- Coordinate the filing of required conflict of interest pertaining to Governing Board appointments.

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 his/her past and current employment history. A typical example includes:

Education, Training, and Experience:

Required: Bachelor's degree in business administration, public administration, behavioral health administration, or a related field, and three (3) years of increasingly responsible administrative experience supporting executive leadership in a public agency, healthcare, or nonprofit environment. Each additional year of such progressive experience may be substituted for one year of college, to a maximum of four years.

Preferred: Experience supporting a governing board or commission and familiarity with public meeting protocols.

Licensure/Registration/Certification:

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

Knowledge of:

- Strong knowledge of public sector operations, governance protocols, and behavioral health systems.
- Familiarity with state mental health regulations, HIPAA, and Welfare & Institutions Code 5328 confidentiality provisions.
- Functions and basic clerical operations of an administrative office.
- Principles of research, analysis, and report preparation.
- Modern office methods and practices, including record keeping and filing systems, business correspondence, receptionist techniques, and report writing.
- Standard office procedures, practices, and equipment.
- Data processing systems/applications.
- Principles of supervision.

Skill to:

- Operate a computer and utilize a variety of software programs including advanced proficiency with Microsoft 365 (Outlook, Word, Excel, PowerPoint, Teams, SharePoint), Zoom, DocuSign, and agenda management software.
- Operate standard office equipment.
- Type at a corrected rate of not less than 60 net words per minute.

Ability to:

- Interpret and apply policies, laws, and procedures.
- Adapt to a wide variety of situations and change.
- Analyze situations and adopt effective course of action.
- Understand, explain, and apply policies and procedures.
- Use, and edit for, correct English grammar, punctuation, and spelling.
- Input and retrieve data from a computerized record keeping system.
- Compose correspondence and prepare reports independently.
- Understand and carry out written and verbal instructions.
- Work effectively and efficiently with a high degree of independence.
- Establish and maintain effective relationships.
- Maintain extensive files and records.
- Manage complex projects, competing priorities, and sensitive information with integrity and discretion.

ENVIRONMENTAL CONDITIONS:

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; body mobility to move from one work area to another and travel by vehicle; grasping, manual dexterity, repetitive hand movement and fine coordination in preparing reports and data using a computer keyboard; vision sufficient to observe work performed, read correspondence, reports, statistical data, computer screen and other standard text; and hear and speak well enough to converse with others in person, by phone, and in meetings.

WORKING CONDITIONS:

Successfully pass a typing test.

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.

Regular evening availability for public board and committee meetings and occasional offsite attendance at community or interagency meetings.



EXECUTIVE ASSISTANT

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FLSA STATUS: -Non-Exempt

DEFINITION:

Under general direction, to provide a variety of highly responsible and complex office, secretarial, and administrative services and duties in support of the Executive Director and Executive Management, the Governing Board, and the Mental Health Commission, and other officials where there is continuous exposure to confidential information unique to that office; relieve the Executive Director of all possible routine administrative and clerical details; interpret policy and administrative regulations; and assist the public by providing information personally or directing information requests according to established procedures. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS:

This single-position Executive Assistant class serves as an advisory/support role to the Executive Director and executive management; has continuous exposure to sensitive Center-wide subject matter and confidential issues unique to that office; is expected to independently perform the full scope of assigned duties; and regularly exercise discretion and independent judgment. The Executive Assistant reports to the Executive Director.

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

- Handle highly confidential information regarding controversial issues, individuals and/or projects with diversified, Center-wide implications; render direct and confidential secretarial support and administrative assistance to the Executive Director and executive management, as needed.
- ~~Research, compile, Provide administrative and organize information project management support for use by the Executive Director in the completion of reports, recommendations with strategic initiatives, community engagement, and special projects; upon request, personally prepare reports. Conduct research, compile data, and special projects assist in preparing reports for the Executive Director's approval; contact other departments, local, state, and federal agencies, or individuals for additional materials and information as needed.~~

Support compliance, accreditation, and performance tracking activities, ensuring alignment with agency goals and public sector accountability requirements.

- Prepare Executive Director agenda/material, attend and ~~act as recording secretary~~support the JPA Administrator/Clerk to the Governing Board and Mental Health Commission in accordance with applicable federal, State, City, and Center policy regulations, including the Brown Act.
- Ensure up-to-date knowledge and compliance with applicable federal, State, City, and Center policy regulations, including the Brown Act. Make recommendations for ~~Center~~agency policy changes as needed for compliance.
- Maintain files and records according to federal, State, local, and agency regulations including the Health Insurance Portability and Accountability Act (HIPAA), the Brown Act, and the Fair Labor Standards Act (FLSA).
- ~~• Prepare agenda/material, for executive meetings, committees chaired by the Executive Director, or as designated by the Director; attend and act as recording secretary to any meetings as required by Executive Director; transcribe and type finished copy from stenographic notes or recorded dictation, typed copy, rough draft, oral instructions or self-composed letters or memos, transcripts of minutes and reports, and Board or committee agenda and minutes.~~
- ~~• Compose and type letters, reports, forms, memoranda and other materials from copy, rough draft, dictating machine, notes, and verbal instructions.~~
- ~~• May act as receptionist to executive management; screen telephone calls and visitors; open, organize, and monitor the Executive Director's mail and ensure systematic, timely review and response; answer substantial amounts of correspondence independently and interpret Center policy on various issues; respond to inquiries and/or problems over the telephone and in person, personally assisting those whose business does not require the Executive Director's personal attention; direct the caller/visitor to appropriate information sources; and schedule appointments, meetings and travel and lodging arrangements.~~
- ~~• Create and maintain centralized filing systems covering a variety of subject matter including official records of all actions of the Governing Board; maintain office files and records, including those of a confidential nature.~~
- ~~• Assist Executive Management staff and other Mental Health Services Act (MHSA) Program staff in the scheduling, preparation, and delivery of meetings related to funding provided by MHSA, and in association with the Administrative Assistant for MHSA related programs.~~
- Prepare and compile agendas, presentations, and related materials for Executive Team meetings, committees chaired or designated by the Executive Director, and other leadership forums. Attend meetings as directed and serve as recording secretary, ensuring accurate documentation of discussions, actions, and follow-up items. Draft and finalize meeting minutes, correspondence, reports, and agenda items from notes, digital recordings, or direct

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instruction using current collaboration and transcription tools (e.g., Microsoft Teams, OneNote, or digital dictation software), ensuring accuracy, accessibility, and compliance with agency standards.

- Manage dynamic calendars, scheduling, and coordination of hybrid and in-person meetings using Microsoft 365, Teams, Zoom, and related platforms.
- Serve as the primary point of contact for the Executive Director and Executive Management Team, providing professional and courteous communication to internal and external stakeholders. Manage and triage incoming calls, emails, visitors, and correspondence—ensuring timely review, routing, and response in accordance with agency priorities and confidentiality standards. Utilize digital communication and workflow tools (e.g., Microsoft Outlook, Teams, and SharePoint) to organize and track correspondence. Independently draft responses and provide accurate information consistent with agency policies and procedures. Coordinate and schedule meetings, appointments, and travel arrangements, ensuring efficient use of time and resources while maintaining a high level of discretion and professionalism.
- Assist with training the Administrative Assistant.
- ~~Assist the Director of Operations~~Provide administrative and project support to key Executive Chiefs, including assistance with purchasing and work order requests, and other special projects when operational initiatives. Support financial and contractual functions as needed.
- ~~Assist the Chief Financial Officer with the production, including preparation of the Annual Financial Report and, Los Angeles County Department of Mental Health (LADMH) Contract documents~~contract documentation, and other accounting functions when needed. fiscal reporting activities in coordination with executive leadership.
- As part of Public Records Act administration, establish procedures and manage the indexing, preservation, and archiving programs, retention schedules, and research and retrieval systems; coordinate the handling of public records requests, as well as claims and legal actions.
- ~~Lead the development and implementation of electronic records software management systems for the standardization and preservation of City communications and transference of vital information.~~
- Research laws, regulations, codes, ordinances, official minutes, and actions taken by the Governing Board and committees; coordinate the maintenance of lists of contracts and agreements for ready access by departmental representatives.
- Coordinate the filing of required conflict of interest pertaining to Governing Board appointments.

QUALIFICATIONS:

Executive Assistant
Revised

06/03/2014

01/21/2026

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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 his/her past and current employment history. A typical example includes:

Education, Training, and Experience: ___

~~Four years of significant, directly related and progressive administrative and clerical support experience, which involved administrative responsibilities of a highly sensitive nature and contact with the public, including or supplemented by specialized training in the clerical/secretarial occupational field. An associate's degree is highly desirable.~~

Required: Bachelor's degree in business administration, public administration, behavioral health administration, or a related field, and three (3) years of increasingly responsible administrative experience supporting executive leadership in a public agency, healthcare, or nonprofit environment. Each additional year of such progressive experience may be substituted for one year of college, to a maximum of four years.

Preferred: Experience supporting a governing board or commission and familiarity with public meeting protocols.

Licensure/Registration/Certification:

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

Knowledge of:

- Strong knowledge of public sector operations, governance protocols, and behavioral health systems.
- Familiarity with state mental health regulations, HIPAA, and Welfare & Institutions Code 5328 confidentiality provisions.
- Functions and basic clerical operations of an administrative office.
- Principles of research, analysis, and report preparation.
- Modern office methods and practices, including record keeping and filing systems, business correspondence, receptionist techniques, and report writing.
- Standard office procedures, practices, and equipment.
- Data processing systems/applications.
- Principles of supervision.

Skill to:

- Operate a ~~typewriter~~computer and utilize a variety of software programs including advanced proficiency with Microsoft 365 (Outlook, Word, Excel, PowerPoint, Teams, SharePoint), Zoom, DocuSign, and agenda management software.
- Operate standard office equipment.
- Type at a corrected rate of not less than 60 net words per minute.
- ~~Operate a computer and utilize a variety of software programs.~~

Ability to:

- Interpret and apply policies, laws, and procedures.
- Adapt to a wide variety of situations and change.
- Analyze situations and adopt effective course of action.
- Understand, explain, and apply policies and procedures.
- ~~Transcribe letters/memos/material from a dictating machine.~~
- Use, and edit for, correct English grammar, punctuation, and spelling.
- Input and retrieve data from a computerized record keeping system.
- Compose correspondence and prepare reports independently.
- Understand and carry out written and verbal instructions.
- Work effectively and efficiently with a high degree of independence.
- Establish and maintain effective relationships.
- Maintain extensive files and records.
- ~~Handle confidential matters~~Manage complex projects, competing priorities, and sensitive information with integrity and discretion.

ENVIRONMENTAL CONDITIONS:

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; body mobility to move from one work area to another and travel by vehicle; grasping, manual dexterity, repetitive hand movement and fine coordination in preparing reports and data using a computer keyboard; vision sufficient to observe work performed, read correspondence, reports, statistical data, computer screen and other standard text; and hear and speak well enough to converse with others in person, by phone, and in meetings.

WORKING CONDITIONS:

Successfully pass a typing test.

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.

Regular evening availability for public board and committee meetings and occasional offsite attendance at community or interagency meetings.

Executive Assistant
Revised

06/03/2014

01/21/2026

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

DATE: January 21, 2026

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

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Review of the Issuance of the Audited Financial Statements for Fiscal Year ended June 30, 2025

Summary:

Nigro & Nigro, PC has completed an audit of Tri-City's financial statements for the Fiscal Year ended June 30, 2025. As indicated on page 1 of the Independent Auditor's Report, the accompanying financial statements are presented fairly in all material respects. The final issued report is enclosed herein for your review.

Fiscal Impact:

None.

Recommendation:

Staff asks the Governing Board to accept and file the final issued audited Financial Statements for Fiscal Year ended June 30, 2025.

Attachments

Attachment 11-A: AU 260 Letter to the Governing Board

Attachment 11-B: Audited Financial Statements for Fiscal Year ended June 30, 2025

TRI-CITY MENTAL HEALTH AUTHORITY
Report to the Board of Directors
For the Fiscal Year Ended
June 30, 2025



TRI-CITY MENTAL HEALTH AUTHORITY

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Board of Directors
Tri-City Mental Health Authority
Pomona, California

We are pleased to present this report related to our audit of the financial statements of the Tri-City Mental Health Authority (Authority) as of and for the year ended June 30, 2025. This report summarizes certain matters required by professional standards to be communicated to you in your oversight responsibility for the Authority's financial reporting process.

This report is intended solely for the information and use of the Board of Directors and management and is not intended to be, and should not be, used by anyone other than these specified parties. It will be our pleasure to respond to any questions you have about this report. We appreciate the opportunity to continue to be of service to the Authority.

Very truly yours,

A handwritten signature in blue ink that reads 'Nigro & Nigro, PC'. The signature is written in a cursive, flowing style.

Murrieta, California
December 12, 2025

Required Communications

TRI-CITY MENTAL HEALTH AUTHORITY

Required Communications

For the Fiscal Year Ended June 30, 2025

Generally accepted auditing standards (AU-C 260, *The Auditor’s Communication With Those Charged With Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance. Consistent with this requirement, the following summarizes our responsibilities regarding the financial statement audit as well as observations arising from our audit that are significant and relevant to your responsibility to oversee the financial reporting process.

Area	Comments
<p>Our Responsibilities with Regard to the Financial Statement Audit</p>	<p>Our responsibilities under auditing standards generally accepted in the United States of America have been described to you in our arrangement letter dated July 31, 2025. Our audit of the financial statements does not relieve management or those charged with governance of their responsibilities, which are also described in that letter.</p>
<p>Overview of the Planned Scope and Timing of the Financial Statement Audit</p>	<p>An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit involved judgment about the number of transactions and the account-type of areas tested. There were no changes to the planned scope and timing of our audit testwork.</p>
<p>Accounting Policies and Practices</p>	<p>Accounting Policies and Practices Under generally accepted accounting principles, in certain circumstances, management may select among alternative accounting practices. During our audit, no such circumstances were noted.</p> <p>Adoption of, or Change in, Significant Accounting Policies or Their Application Management has the ultimate responsibility for the appropriateness of the accounting policies used by the Authority. The Authority did not adopt any significant new accounting policies, nor have there been any changes in existing significant accounting policies during the current period.</p> <p>Significant or Unusual Transactions We did not identify any significant or unusual transactions or significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.</p> <p>Management’s Judgments and Accounting Estimates Accounting estimates are an integral part of the preparation of financial statements and are based upon management’s current judgement. No such significant accounting estimates were noted or estimate applications were changed from the previous year.</p>
<p>Audit Adjustments</p>	<p>Audit adjustments are summarized in the attached Summary of Adjusting Journal Entries.</p>
<p>Uncorrected Misstatements</p>	<p>We are not aware of any uncorrected misstatements other than misstatements that are clearly trivial.</p>

TRI-CITY MENTAL HEALTH AUTHORITY

Required Communications

For the Fiscal Year Ended June 30, 2025

Area	Comments
Discussions With Management	We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Authority's auditor. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.
Disagreements With Management	We encountered no disagreements with management over the application of significant accounting principles, the basis for management's judgments on any significant matters, the scope of the audit, or significant disclosures to be included in the financial statements.
Consultations With Other Accountants	We are not aware of any consultations management had with other accountants about accounting or auditing matters.
Significant Issues Discussed With Management	No significant issues arising from the audit were discussed or the subject of correspondence with management.
Significant Difficulties Encountered in Performing the Audit	No significant difficulties were encountered in performing our audit.
Required Supplementary Information	We applied certain limited procedures to the: <ol style="list-style-type: none">1. Management's Discussion and Analysis2. Budgetary Comparison - General Fund3. Required Pension Plan Disclosures4. Required OPEB Plan Disclosures Which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

This information is intended solely for the information and use of Board of Directors and management of the Authority and is not intended to be, and should not be, used by anyone other than these specified parties.

TRI-CITY MENTAL HEALTH AUTHORITY

Required Communications

For the Fiscal Year Ended June 30, 2025

Our Audit Methodology

As part of our firm's standard audit methodology, once our Audit Team has uploaded management's trial balance into our audit software, we are required to report to the Governance Board and Management all adjustments made to the trial balance during the audit process. This includes any proposed audit adjustments identified by our auditors as well as any adjustments provided by management. Our policy is designed to ensure full transparency and to give the Governance Board and Management a clear understanding of the nature and extent of changes considered during the audit, thereby reinforcing the integrity and depth of the audit procedures performed.

Disclosure of Audit Adjustments and Reclassifications

As part of our external audit engagement, we operate under the presumption that the District's books and records are materially accurate and appropriately closed prior to the commencement of audit fieldwork. Nonetheless, audit adjustments and reclassifications are often proposed during the course of the audit to ensure the District's financial statements are presented in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), and to enhance comparability with prior-year financial data. In the interest of transparency and governance, we have included, as an attachment to this letter, a summary of audit adjustments and reclassification journal entries identified during the audit.

The existence or absence of such adjustments does not inherently indicate deficiencies, but rather reflects the auditor's role in enhancing the fair presentation of the financial statements. Disclosure of these items provides the Governance Board and Management with insight into the scope and depth of the audit procedures performed.

To promote timely and accurate financial reporting, we recommend that management strengthen internal controls and oversight over the year-end financial close process. Enhancing these procedures can reduce the volume of post-closing audit adjustments and reclassifications, improve the quality of interim and year-end financial reporting, and support the District's efforts in maintaining compliance with financial reporting requirements and best practices in fiscal governance.

Summary of Adjusting Journal Entries

TRI-CITY MENTAL HEALTH AUTHORITY

*Summary of Adjusting Journal Entries
For the Fiscal Year Ended June 30, 2025*

Account	Description	Debit	Credit
Adjusting Journal Entries			
Adjusting Journal Entries JE # 1			
Post close adjustments provided by client			
11185-001	STATE REALIGNMENT - NEW	1,068,772.76	
40280-680	INN RESTRICTED REVENUE	59,698.81	
60480-680	PROFESS FEES/SVCS	59,698.81	
20100-002	ACCOUNTS PAYABLE - VENDORS		59,698.81
40120-110	REALIGNMENT		1,068,772.76
40250-680	INN UNRESTRICTED REV		59,698.81
Total		1,188,170.38	1,188,170.38
Adjusting Journal Entries JE # 2			
To reverse out GASB 96 provided by client			
26187-000	LEASE LIABILITY-CURRENT	401,074.00	
26287-000	LEASE LIABILITY-LONG TERM	1,794,285.00	
16087-000	INTANGIBLE ASSETS-BUILDING		2,195,359.00
Total		2,195,359.00	2,195,359.00
	Total Adjusting Journal Entries	3,383,529.38	3,383,529.38

TRI-CITY MENTAL HEALTH AUTHORITY

**FINANCIAL STATEMENTS
FOR THE FISCAL YEARS ENDED
JUNE 30, 2025**

TRI-CITY MENTAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE FISCAL YEAR ENDED JUNE 30, 2025

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Tri-City Mental Health Authority
Pomona, California

Opinion

We have audited the accompanying financial statements of the Tri-City Mental Health Authority (Authority), which comprise the statement of net position as of June 30, 2025, and related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and related notes to the financial statements, as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Authority as of June 30, 2025, and the respective changes in its financial position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Authority and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Change in Accounting Principle

As described in Notes 1F, 13 and 18 to the financial statements, as of July 1, 2024, the District adopted new accounting guidance, GASB Statement No. 101, Compensated Absences and Statement No. 102, Certain Risk Disclosures. Our opinion is not modified with respect to these matters.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of proportionate share of the net pension liability and schedule of pension contributions be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a separate report dated December 12, 2025, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

A handwritten signature in blue ink that reads "Nigro & Nigro, PC". The signature is written in a cursive, flowing style.

Murrieta, California
December 12, 2025

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT’S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

The following management’s discussion and analysis of the Tri-City Mental Health Authority (“Tri-City”), a Municipal Joint Powers Authority (“JPA”), financial statements present a narrative overview and analysis of Tri-City’s financial activities for the fiscal year ended June 30, 2025 along with comparative information for fiscal year ended 2024.

BACKGROUND

General

Tri-City Mental Health Authority 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 more than sixty 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 public 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. However, Tri-City is one of two entities 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 Medicaid and Medicare 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 (Early and Periodic Screening, Diagnostic and Treatment) services to an 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, in particular EPSDT funding.

Since Tri-City’s formation to the current period, Tri-City has provided mental health care services for the residents of Pomona, Claremont and La Verne. 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 consumers are either eligible under the Medi-Cal programs or are indigent. Tri-City Mental Health Authority is continually developing its operations and system of care for the residents of the three cities. This includes the continuation of Tri-City’s outpatient clinics and the implementation of any new programs approved through the Mental Health Service Act (MHSA).

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

Tri-City's outpatient clinics located in Pomona provided services to approximately 3194 unduplicated clients during the past fiscal year (2024-25), which include high intensity mental health services through Tri-City's Full Service Partnership (FSP) MHSA program. Through the efforts to provide a continuum of care and in order to meet the needs of Tri-City's residents, even during the COVID-19 crisis, the clinical teams continually implement new groups available to the community both at the outpatient clinics and at the Wellness Center and in the past increased the hours of clinic operations to include later appointment hours for children and their families. Currently Tri-City continues to offer a wide range of flexibilities including video and telephone appointments.

As mentioned above, in addition to the outpatient clinical operations, Tri-City has operations established through the Mental Health Services Act (MHSA). Under the MHSA Act, various programs were established within five plans which include: 1) the Community Services and Support (CSS) Plan; 2) the Prevention and Early Intervention (PEI) Plan; 3) the Workforce Education and Training (WET) Plan; 4) the Innovations (INN) Plan; and 5) the Capital Facilities and Technology (CFTN) Plan. All of these plans have been fully operational since their individual plan approvals and continue to be updated and approved annually through the stakeholder process including Governing Board approval.

In addition to ongoing CSS programs providing mental health services, Tri-City implemented CSS housing projects under its approved CSS Housing Plan funded by State designated CSS funds and CSS funds approved by the MHSA annual updates. These projects include apartment developments (owned by the developers), including four in the City of Pomona and one in the City of La Verne, as well as the purchase of homes by Tri-City, one home in the City of Pomona and one in the City of Claremont which is currently in the process of being developed as an affordable permanent supportive housing project for seniors. These projects provide low income housing to Tri-City clients that have mental illness and are either homeless or at risk of homelessness. In accordance with the MHSA CSS Housing Plan, all Tri-City residents of these projects are or will receive mental health support from Tri-City.

Funding of Tri-City's operations come from Realignment (initiated in 1991 under the Bronson-McCorquodale Act), MHSA (initiated in 2005 through the passage of Proposition 63) and Medi-Cal reimbursement from the federal and State governments. MHSA funding can only be used for MHSA programs however can be leveraged (as the match) for Medi-Cal reimbursement for services provided through FSP and other MHSA programs. Realignment is the only source of funds besides Medi-Cal reimbursements that can be used to provide Medi-Cal services at the outpatient clinics, as well as non Medi-Cal clinical services and operating costs.

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. Tri-City relies on MHSA funds to provide an array of mental health services approved under its MHSA programs. As further discussed below in this document, State MHSA funds can fluctuate based on new events and economic pressures not currently known, however as a result of various events including the previous impacts of COVID-19, actual and estimated impacts have been experienced throughout the years and further discussed below. Also discussed below is the passage of Proposition 1 which will change the requirements of MHSA dollars and transformed under a new name, Behavioral Health Services Act (BHSA).

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

OVERVIEW OF THE FINANCIAL STATEMENTS

The financial statements include the *Statements of Net Position*, the *Statements of Revenues, Expenses and Changes in Net Position* and the *Statements of Cash Flows*. These Statements should be read in conjunction with the *Notes to the Financial Statements*. A further description of these Statements is provided below.

The *Statements of Net Position* presents information on all of Tri-City's assets, liabilities, and deferred inflow and outflow of resources, with the difference reported as *net position*. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of Tri-City is improving or deteriorating.

The *Statements of Revenues, Expenses, and Changes in Net Position* presents information showing how Tri-City's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows.

The *Statements of Cash Flows* reports inflows and outflows of cash and is classified into four components:

- *Cash flows from operating activities* include transactions and events reported as components of the operating income in the Statements of Revenues, Expenses, and Changes in Net Position.
- *Cash flows from non-capital financing activities* include proceeds from Realignment, funds received from the State of California for the implementation and provision of services as approved under the Mental Health Services Act, and contributions from member cities.
- *Cash flows from capital and related financing activities* include the borrowing and repayment (principal and interest) of capital-related debt and the acquisition and construction of capital assets.
- *Cash flows from investing activities* represent proceeds from the receipt of interest.

TRI-CITY MENTAL HEALTH AUTHORITY

**MANAGEMENT’S DISCUSSION AND ANALYSIS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

The following table shows the net position as of June 30, 2025, and 2024:

Statements of Net Position

	<u>2025</u>	<u>2024</u>
Assets		
Current Assets	\$ 79,562,095	\$ 61,277,657
Capital Assets, Net	6,664,735	8,099,176
Note Receivable	2,800,000	2,800,000
Other Assets	186,847	157,002
Total Assets	<u>89,213,677</u>	<u>72,333,835</u>
Deferred Outflows of Resources		
Deferred Outflows Related to Pensions	5,355,114	6,257,996
Total Deferred Outflows of Resources	<u>5,355,114</u>	<u>6,257,996</u>
Liabilities		
Current Liabilities	12,883,981	11,356,341
Noncurrent Liabilities (excluding Net Pension Liability)	6,788,568	1,785,230
Net Pension Liability	9,878,611	9,745,737
Total Liabilities	<u>29,551,160</u>	<u>22,887,308</u>
Deferred Inflows of Resources		
MHSA Revenues Restricted for Future Period	12,920,182	13,188,357
Deferred Inflows Related to Pensions	66,044	156,688
Total Deferred Inflows of Resources	<u>12,986,226</u>	<u>13,345,045</u>
Net Position		
Net Investment in Capital Assets	6,263,320	7,030,805
Restricted Net Position	33,420,681	26,544,524
Unrestricted	12,347,404	8,784,149
Total Net Position	<u>\$ 52,031,405</u>	<u>\$ 42,359,478</u>

- **Total Assets** are comprised of cash and investments, accounts receivable, capital assets, notes receivable and prepaid items.
- *Comparison of June 30, 2025 to June 30, 2024.* At June 30, 2025, Tri-City reflected an increase in total assets of approximately \$16.9 million. The most significant amount attributing to the increase in total assets includes the increase in cash. Total cash and investments at June 30, 2025 was approximately \$69.6 million reflecting a net increase of approximately \$21.8 million from the balance at June 30, 2024 of \$47.8 million. The most significant reasons attributing to the overall increase in cash is due to an increase in the collection of Medi-Cal funding in the provision of services. Additionally, the receipt of MHSA funding experienced an increase of approximately \$700 thousand. The MHSA is funded through the imposition of a 1% State income tax on personal

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

income in excess of \$1 million and changes from year to year are the result of the timing of tax return filings which also include adjustments due to true-ups by the state when final returns are filed.

The net total decrease of approximately 26% in the accounts receivable balances resulted primarily from a decrease to Medi-Cal receivables by approximately \$6.1 million and offset by an increase to realignment receivables by approximately \$1.7 million as noted at Note 4. Realignment receivable was up by approximately \$1.7 million as a result of growth in state vehicle license fees and sales tax in the prior year and collected subsequent to year end. Realignment revenue was up by approximately \$1.5 million from prior year.

○ **Deferred Outflows of Resources**

- Comparison of June 30, 2025 to June 30, 2024. Certain amounts attributing to Tri-City's proportionate share of the CalPERS Miscellaneous Cost Sharing Plan liability result in amounts that are deferred due to timing differences. These amounts include contributions paid to the plan by Tri-City subsequent to the measurement date of the net pension liability and are classified within the caption titled Deferred Outflow of Resources. This separate financial statement caption represents a future decrease to net position that applies to a future period and would not be recognized as an outflow of resources (expense) until that time. Accordingly, Tri-City has classified the total amount of \$5,355,114 as Deferred Outflows of Resources at June 30, 2025 which reflects a decrease of approximately \$903 thousand from the prior year. The decrease is primarily due to the net difference between expected and actual earnings on pension plan investments and changes of assumptions (also refer to Note 7B).

- **Total Liabilities** are comprised of current and noncurrent liabilities, including, estimated third party payor settlements, net pension liability, unearned MHSA revenues and SBITA liabilities.

- Comparison of June 30, 2025 to June 30, 2024. Total liabilities increased by approximately \$6.7 million from \$22.9 million at June 30, 2024 to \$29.6 million at June 30, 2025.

This total net change of approximately \$6.7 million is made up several changes which include increases to accrued payroll liabilities, accounts payable and other accrued liabilities with the most significant increases experienced in Unearned MHSA Revenues, and Estimated Third Party Payor Settlements. However decreases were experienced in lease liabilities and the SBITA liabilities. During 2005 an increase was experienced in the net pension liability (as more fully described at Note 7B of the financial statements), which experienced an increase of approximately \$133 thousand in fiscal year ending 2025. Tri-City's proportionate share of the Plan's pooled net pension liability at June 30, 2025 is \$9,878,611. The net increase to this liability from fiscal 2024, primarily was as a result of differences between projected and actual investment earning and changes in employer's proportion. Additionally, the changes also includes net increases and decreases in the changes of assumptions, changes in employer's proportion, differences between projected and actual investment earnings, projected and actual experience, and differences between employer's contributions and proportionate share of contributions.

The accrued payroll balance of \$468 thousand at June 30, 2025 only experienced a slight increase of approximately \$112 thousand as compared to the balance of \$346 thousand at June 30, 2024 as a part of normal operations and primarily due to timing. The current portion of the lease liability experienced a decrease of approximately \$358 thousand as a result of payments made during fiscal 2024. The noted zero balance of the non-current portion of the lease results from the this lease not

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

yet renewed as the lease was set to expire in June of 2025. The lease was renewed effective July 1, 2025 and as such no liability is reflected at June 30, 2025.

The change in total liabilities also included the recognition of a new liability as a result of implementing Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements (SBITAs)* (implemented in a prior year). This new accounting pronouncement (more fully explained at Note 2Q and Note 9 to the financial statements) required the accounting for the related assets and liabilities associated with these IT subscription arrangements. The balance of this liability at June 30, 2025 is \$128 thousand, a decrease of approximately \$272 thousand as a result of the reduction of payments made during fiscal year 2025.

The Unearned MHSA Revenues balance (reported under Noncurrent Liabilities) experienced a change from the prior year as a result of funds received that are dedicated to the MHSA CSS and INN Plans however not yet programmed. As noted at June 30, 2025 and at June 30, 2024, noncurrent unearned MHSA revenues were approximately \$6.4 million and \$1.4 million, respectively. The unearned MHSA revenue recorded in noncurrent liabilities at June 30, 2025 reflect the receipt of MHSA funds that cannot be used until new or updated MHSA programs have been approved through the required MHSA process, which includes stakeholder meetings and input from stakeholder work groups, review and recommendations by the Mental Health Commission and final Governing Board approval.

Lastly, the second largest liability in the amount of \$8,486,491 for Estimated Third Party Payor Settlements increased by approximately \$1.6 million from the prior year's amount of \$6,875,222 as a result of noted increases in amounts billed during fiscal year 2024-25. As more fully described at Note 6, this liability represents a reserve (approximately 8.3%) of Medi-Cal revenues already received by Tri-City for services provided. Since the final cost reports for these related revenues have not yet been settled or audited by the State, they are subject to future audits. This liability increases each year as a percentage of each year's billings and would decrease upon Los Angeles County Department of Mental Health's (LAC DMH) final cost report settlement with the State. With the implementation of CalAIM, cost report settlements will no longer be required as of the fiscal year 2023-24 however, the increase to this liability is primarily due to payment on interim cost report settlements from prior fiscal years.

- **Deferred Inflows of Resources** is comprised of MHSA Revenues Restricted for Future Period and Deferred Inflows Related to Pensions. This separate financial statement caption represents an increase to net position that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time.
- *Comparison of June 30, 2025 to June 30, 2024.* At June 30, 2025 and June 30, 2024 the amounts reported for MHSA Revenues Restricted for Future Period under this caption totaled the approximate amount of \$12.9 million and \$13.2 million, respectively. The decrease of approximately \$268 thousand was due to an overall decrease of MHSA revenues (deferred for a future period) that are to be utilized during fiscal 2026. The MHSA is funded through the imposition of a 1% State income tax on personal income in excess of \$1 million and as mentioned previously, the MHSA revenue restricted for future period recorded within this caption reflect the receipt of MHSA funds in fiscal 2025 and 2024 and prior fiscal years, not permitted for use during that fiscal year, but allocated to be used at the beginning of the next fiscal year per an approved MHSA plan.

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MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

In addition to MHSA Revenues Restricted for Future Period, the Deferred Inflows of Resources caption includes Deferred Inflows Related to Pensions. As noted previously, and as more fully described at Note 7B, certain differences between expected and actual experiences, changes of assumptions, and changes in proportion associated with the actuarially determined liability are deferred and classified within this caption titled Deferred Inflows of Resources. Accordingly, Tri-City has classified the net effect of these changes in the amount of \$66,044 at June 30, 2025 and \$156,688 at June 30, 2024 as Deferred Inflow of Resources, net of applicable amortization. The net decrease of approximately \$91 thousand from fiscal 2024 to 2025 is primarily attributed to various actuarially determined amounts including changes in assumptions, and differences between expected and actual earnings on pension plan investments.

- **Net Position** is the difference between total assets plus deferred outflows of resources, less liabilities and deferred inflow of resources.
 - At June 30, 2025. Tri-City's net position at June 30, 2025 was approximately \$52 million, which is the result of total assets of \$89.2 million and total deferred outflow of resources of \$5.3 million less total liabilities and deferred inflow of resources of \$29.6 million and \$13 million, respectively. Net position is comprised of Net Investment in Capital Assets of approximately \$6.2 million (capital assets less the lease and SBITA liabilities), Restricted Net Position of approximately \$33.4 million, and Unrestricted Net Position of approximately \$12.4 million. The decrease in Net Investment in Capital Assets of approximately \$767 thousand was primarily due to reduction of capital assets under the caption Rights to use - Building Leases as a result of the expiration of the leases as of June 30, 2025. As previously disclosed, this new caption was recorded as part of the implementation of GASB 87 which required the recognition of the lease liability along with corresponding asset (Right to Use – Building Leases). As the lease expired as of June 30, 2025 no liability or corresponding assets are reflected. Note that the lease was renewed however effective as of July 1, 2025. Additionally, as a result of the implementation of GASB Statement No. 96 in the prior year (more fully described at Note 2Q and Note 9) assets related to the SBITA have been recognized and resulting in an addition of capital assets in the amount of \$1,298,467. The increase of \$6.9 million in Restricted Net Position, as previously noted, is primarily due to an increase in MHSA funding recognized into revenue which was unspent as of the end of the fiscal year. The Unrestricted Net Position balance increased by approximately \$3.6 million, primarily as a result of the increase to Med-Cal revenue and an increase of realignment revenue in the approximate of \$1.5 million.

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**MANAGEMENT’S DISCUSSION AND ANALYSIS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

The following table shows the change in net position during the fiscal years ended June 30, 2025, and 2024:

Statements of Revenues, Expenses and Changes in Net Position

	<u>2025</u>	<u>2024</u>
Operating Revenues:		
Medi-Cal - Federal Financial Portion	\$ 15,671,674	\$ 10,951,852
Medi-Cal - State EPSDT	3,473,105	3,473,105
Other Operating Revenue	50,677	63,139
Total Operating Revenue	<u>19,195,456</u>	<u>14,488,096</u>
Operating Expenses:		
Salaries, wages and benefits	27,327,434	25,528,874
Facility and equipment operating costs	2,012,652	1,555,447
Client lodging, transportation, and supply expense	565,950	607,325
Depreciation and Amortization	1,378,933	1,213,344
Other operating expense	4,125,787	3,216,565
Total Operating Expenses	<u>35,410,756</u>	<u>32,121,555</u>
Operating Loss	<u>(16,215,300)</u>	<u>(17,633,459)</u>
Non Operating Revenues (Expenses), Net		
Realignment	5,333,727	3,856,630
MHSA Funding	16,693,036	15,539,344
Other Grants	1,547,286	1,225,077
Rental revenue	93,549	76,428
Contributions from member cities	58,236	70,236
Investment earnings (loss)	2,725,645	2,144,953
Interest expense	(76,252)	(65,923)
Donation of land	(488,000)	-
Total Non Operating Revenues (Expenses)	<u>25,887,227</u>	<u>22,846,745</u>
Income Before Special Items	<u>9,671,927</u>	<u>5,213,286</u>
Change in Net Position	9,671,927	5,213,286
Net Position, Beginning of Year	<u>42,359,478</u>	<u>37,146,192</u>
Net Position, End of Year	<u>\$ 52,031,405</u>	<u>\$ 42,359,478</u>

Fiscal Year 2025 to 2024 Comparisons

- **Operating Revenues** — Operating revenues increased by approximately \$4.7 million. This increase is primarily due to a net increase in Medi-Cal revenues by approximately \$4.7 million generated during the fiscal year, net of provision for doubtful accounts. Medi-Cal revenue traditionally fluctuated from year to year based on actual units of service provided and reimbursable costs which drove the reimbursable rates

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MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

received through LA DMH. As previously noted, Cal-AIM became effective on July 1, 2023 and the rates at which Tri-City is reimbursed for services provided are now set by the State. Cal-AIM's payment reform aimed to restructure payment from a cost reimbursement basis to a fee for service model. The noted increase in overall Medi-Cal revenue was a result from both an increase in services provided and the mixture of the various new rates.

- **Operating Expenses** — Total operating expenses increased by approximately \$3.2 million (10%) in fiscal 2025 as compared to fiscal 2024. The most significant operating expense is made up of salaries and benefits and during fiscal year 2025 and the increase of approximately \$1.8 million was the result of hiring approximately 20 FTE's in addition to annual merit increases. Additionally, salaries and wages were also impacted by a slight increase to the Net Pension Liability (further explained at Note 7).

Operating expenses also include Facilities and Equipment, Client Lodging and Transportation, and Other Operating Expenses. Total facilities and equipment expenses experienced an increase of approximately \$457 thousand across various cost centers primarily for furniture, for computers and other equipment. Client lodging costs include costs associated with an agreement with the City of Pomona for the use of the City's year-round emergency shelter facility in the amount of \$396 thousand. Total client lodging costs experienced \$41 thousand decrease. Other Operating Expenses include expenses such as security, professional fees, banking fees and other miscellaneous operating expenses and the most significant increases in this category include increases in attorney fees, security guard services, and liability insurance due to market conditions.

- **Operating Loss** — Operating losses do not include non-operating revenues such as Realignment funding or MHSA funding, which are two of Tri-City's major sources of funding (see Note 2B for further discussion). These funds are included in non-operating revenues as discussed below. Therefore, the financial statement presentation reflects operating losses of approximately \$16.1 million in fiscal 2025 compared to \$17.6 million in 2024. The decrease in operating losses resulted primarily from the noted increase in medi-cal revenue experienced through provision of services.
- **Non-Operating Revenues (Expenses), Net** — Non-operating revenues (expenses) were approximately \$25.7 million in fiscal 2025 and \$22.8 million in fiscal 2024, an increase of approximately \$2.9 million. This change is mainly due to an increase in the recognition of MHSA revenue during fiscal 2024-25 by approximately \$1.1 million and an increase in 1991 Realignment of approximately \$1.5 million. As noted previously, MHSA Funds are recognized in the fiscal year in which an approved plan has been adopted through the required MHSA Update process. Additionally an increase was also experienced in investment earnings in the amount of \$580 thousand.
- **Changes in Net Position** — Tri-City's change in net position as of June 30, 2025 increased by approximately \$9.6 million compared to fiscal year 2024. The total change in net position of \$9.6 million for fiscal 2025 relates to operating revenues and non-operating revenues exceeding operating expenses. A net total increase to net position was experienced during fiscal year 2025 primarily as a result of an increase experienced in Medi-Cal revenue coupled with increases experienced in non-operating revenues including realignment, MHSA revenue and investment earnings. Also as noted previously, the recognition of the net pension liability was as a result of the required implementation of GASB Statement No. 68 during fiscal 2015 which among other disclosures, required the recording of Tri-City's proportionate share of the net pension liability determined through the preparation of an actuarial valuation by CalPERS. The change in the pension liability to \$9,878,611 at June 30, 2025 as compared to

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MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

the prior year balance of \$9,745,737 resulted from timing differences related to contributions and changes in proportionate shares which are components in the change to the net pension liability.

Capital Asset and Debt Administration

	Capital Assets (Net of Depreciation)	
	2025	2024
Land	\$ 2,032,749	\$ 2,520,749
Buildings and improvement	3,753,226	3,138,626
Construction in Progress	-	963,136
Furniture and equipment	477,342	408,291
Right to Use - Building Leases	-	357,977
Right to Use - SBITA	401,418	710,397
Total	\$ 6,664,735	\$ 8,099,176

Tri-City's investment in capital assets as of June 30, 2025 and June 30, 2024 totaled approximately \$8.9 million and \$8.1 million, respectively. This investment in capital assets includes land, buildings and improvements, leasehold improvements, furniture and equipment and during fiscal 2022 Tri-City began including intangible assets as a result of implementing GASB 87. As previously noted above and as a result of implementing GASB 87, existing leases previously identified as operating leases were required to be identified as lease liabilities on the Statement of Net Position with corresponding intangible assets equal to the lease liability, net of amortization. As part of the requirement of the GASB, this change was recorded retroactively. Additionally, and as more fully described at Note 2Q and Note 9, GASB 96 was implemented in fiscal year 2023 which included the recognition of assets related to IT subscription arrangements. Aside from the implementation of GASB 87 and GASB 96, the most significant changes that occurred with regard to capital assets in fiscal 2025, included the increase to building and improvements which resulted from a reclassification from the caption of Construction in Progress noting certain projects were completed during fiscal year 2025 which included improvements to the Therapeutic Community Garden, the Parking Lot Project and improvements to Office Space at the 2001 N. Garey Ave. building in Pomona. Additionally a decrease to the Rights to Use Building Leases category experienced the decrease of approximately \$1.8 million due to the expiration of the lease of space at the Royalty building in Pomona. The existing multi-year lease expired as of June 30, 2025. As a result, both the lease liability and corresponding Assets under the caption Rights to Use Building, were reduced to zero. The lease was renewed, however is effective as of July 1, 2025. Depreciation & Amortization expense for year ending June 30, 2025 and June 30, 2024 was approximately \$1.4 million and \$1.2 million, respectively with the noted slight increase related to the implementation of GASB 87 and GASB 96. Additional information on Tri-City's capital assets can be found in Note 5 to the financial statements.

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**MANAGEMENT’S DISCUSSION AND ANALYSIS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

	Noncurrent Liabilities	
	2025	2024
SBITA	\$ 128,923	\$ 401,415
Compensated absences	301,398	-
Net pension liability	9,878,611	9,745,737
Unearned MHSA revenues	6,358,247	1,383,815
Total	\$ 16,667,179	\$ 11,530,967

Noncurrent liabilities include the Net Pension Liability (further explained at Note 7B to the financial statements), the Unearned MHSA Revenues (further explained at Note 2L and Note 10 to the financial statements), and lease liabilities which, as described previously, were new to the Statement of Net Position in fiscal year 2022 after the implementation of GASB Statement No. 87. Additionally, during fiscal year 2023, GASB Statement No. 96 was implemented which resulted in the recognition of liabilities related to Subscription Based Information Technology Arrangements (SBITA). The implementation of this GASB Statement required the recognition of assets relating to the right to use subscription IT assets, in addition to the corresponding liability. Further details relating to GASB Statement No. 96 are included at Note 2Q and Note 9 to the financial statements.

The most significant events with regard to noncurrent liabilities during the fiscal year ending June 30, 2025 included the following:

2025

- During fiscal year 2023, the implementation of GASB Statement No. 96 *Subscription-Based Information Technology Arrangements* (SBITA) was required which included the recognition of assets and liabilities related to SBITAs (further explained at Note 2Q and Note 9 to the financial statements). At June 30, 2025 the amount of SBITA liabilities was \$128,923.
- Based on the CalPERS actuarial valuation, the net pension liability increased by approximately \$133 thousand. Refer to Note 7B to the financial statements for further details.
- As further described at Note 2L, when MHSA funds are received they do not yet meet eligibility requirements and as such, are classified as Unearned Revenues on the Statement of Net Position as Noncurrent Liabilities until they are approved for programming. The net increase of approximately \$5 million in Unearned MHSA Revenues, represents funds received during fiscal year 2025 that have not yet been approved for programming.

Economic Factors

Tri-City has three significant sources of revenue (MHSA, 1991 Realignment and Medi-Cal) and the impact experienced in these three sources are as follows:

MHSA - The California Behavioral Health Directors Association (CBHDA) provides continual information to county behavioral health departments that includes updates on legislation, the State budget and projections of behavioral health revenue sources. Periodically, delays in tax filings as a result of extreme weather have delayed cash receipts and then receipts are subsequently received in a current fiscal year. For example, receipts of approximately \$10.3 million were received in the month of August 2023, which represents nearly 90% of total receipts were received in the fiscal year 2023-24. According to previous projections, fiscal year 2024-25 was expected to experience a decrease (or return to normal) in MHSA cash flows as compared to the amounts received in the prior year (fiscal year 2023-24), however the cash receipts actually experienced a 3% increase. As of the

TRI-CITY MENTAL HEALTH AUTHORITY

MANAGEMENT'S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

latest projections in September of 2025, a decrease is projected for fiscal year 2025-26 and closer to prior normal levels which in this case would be somewhere in the \$12M to \$14M range.

MHSA to BHSA Transformation – 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. Beginning in July 1, 2026, under BHSA, this funding will be required to be expended in Full Services Partnership programming (35%), in Behavioral Health Services and Supports (BHSS) (35%) and in Housing (30%). Tri-City is actively preparing for this transformation and is prepared to implement new programming on July 1, 2026.

1991 Realignment - As mentioned above, CBHDA periodically provides updated information and estimates for 1991 Realignment. Tri-City's third largest source of revenue (1991 realignment) is funded through a combination of vehicle license fees and sales tax. Absent change to legislation, Tri-City is guaranteed a base amount of 1991 realignment annually, however growth is not guaranteed. During fiscal year 2024-25, Tri-City did receive its guaranteed base. According to CBHDA and consistent with the Governor's budget, Tri-City expects to receive its minimum base of approximately \$3.7 million annually, in addition to continuing to receive some growth for the next year.

Medi-Cal as a result of CalAIM - The Payment Reform portion under California's Advancing and Innovating Medi-Cal (CalAIM) took place beginning in fiscal year 2023-24. Over the past two fiscal years the experience has included an increase of medi-cal revenue recognized through the provision of services which a direct reflection of the Cal-Aim rates coupled with an increase of services.

Other Historical Factors

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. Since then individuals qualifying for expanded Medi-Cal in the Tri-City area are either current Tri-City clients receiving mental health services from Tri-City as unfunded clients or are seeking services from Tri-City as a new client. 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 that become eligible under expanded Medi-Cal (MCE) will be served. The cost of services provided by Tri-City for residents qualifying under MCE were to be reimbursed at 100% through Federal Financial Participation (FFP) for the first three calendar years (2014 thru 2016). As of January 1, 2017, the reimbursement was reduced to 95%, then to 94% as of January 1, 2018, and to 93% as of January 1, 2019. Beginning January 1, 2020 and thereafter, the rate was reduced to 90%. In order to ensure proper reimbursement, Tri-City's contract with LA DMH includes language regarding MCE and Tri-City's authority to bill for such services through LA DMH.

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MANAGEMENT’S DISCUSSION AND ANALYSIS FOR FISCAL YEAR ENDED JUNE 30, 2025

During fiscal year 2015-16 new legislation, Assembly Bill 1618, was passed in California for the purpose of funding a new program titled “No Place Like Home” and would potentially redirect 7% of the annual MHSA tax revenue thereby decreasing MHSA funds that will be allocated and received by California counties and Tri-City in the future. At the November 6, 2018 statewide general election the No Place Like Home Act of 2018 was approved by the voters. MHSA funding projections included above, already take into account the 7% redirection in MHSA funding.

Liquidity

At June 30, 2025, Tri-City had approximately \$69.6 million in cash. Of this amount, approximately \$51.8 million is cash that is immediately available but restricted only for the implementation and provision of services under approved MHSA programs, \$17.9 million is cash available for Tri-City’s outpatient clinic operations and of these amounts approximately \$6.4 million (which is reflected as unearned revenues) is restricted for future MHSA programs developed and recommended through the MHSA process and approved by Tri-City’s Governing Board.

Request for Information

These financial statements are designed to provide our citizens a general overview of Tri-City’s finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the Tri-City Mental Health Authority, 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711.

TRI-CITY MENTAL HEALTH AUTHORITY

**STATEMENT OF NET POSITION
JUNE 30, 2025**

	<u>2025</u>
ASSETS	
Current Assets:	
Cash and investments (Note 3)	\$ 17,831,954
Restricted cash and investments (Note 3)	51,817,351
Accounts receivable, net (Note 4A)	9,912,790
Total Current Assets	<u>79,562,095</u>
Noncurrent Assets:	
Land and CIP	2,032,749
Capital assets being depreciated, net (Note 5)	4,631,986
Note receivable (Note 4B)	2,800,000
Prepaid items (Note 2E)	186,847
Total Noncurrent Assets	<u>9,651,582</u>
Total Assets	<u>89,213,677</u>
DEFERRED OUTFLOWS OF RESOURCES:	
Deferred outflows related to pensions (Note 7B)	<u>5,355,114</u>
LIABILITIES	
Current Liabilities:	
Accounts payable	1,177,071
Accrued payroll	468,118
Compensated absences (Note 13)	1,627,352
Other accrued liability	852,457
Estimated third party payor settlements (Note 6)	8,486,491
Current portion of SBITA liabilities (Note 9)	272,492
Total Current Liabilities	<u>12,883,981</u>
Noncurrent Liabilities:	
SBITA liabilities (Note 9)	128,923
Compensated absences (Note 13)	301,398
Net pension liability (Note 7B)	9,878,611
Unearned MHSA revenues (Note 10)	6,358,247
Total Noncurrent Liabilities	<u>16,667,179</u>
Total Liabilities	<u>29,551,160</u>
DEFERRED INFLOWS OF RESOURCES:	
MHSA revenues restricted for future period (Note 10)	12,920,182
Deferred inflows related to pensions (Note 7B)	66,044
Total Deferred Inflows of Resources	<u>12,986,226</u>
NET POSITION	
Net investment in capital assets (Note 12)	6,263,320
Restricted net position (Note 11)	33,420,681
Unrestricted	12,347,404
Total Net Position	<u>\$ 52,031,405</u>

The accompanying notes are an integral part of the financial statements.

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**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE FISCAL YEAR ENDED JUNE 30, 2025**

	<u>2025</u>
Operating Revenues:	
Medi-Cal, net of provision for disallowances and bad debts	\$ 19,144,779
Medicare	17,063
Patient fees and insurance	79
Other revenue	33,535
Total Operating Revenues	<u>19,195,456</u>
Operating Expenses:	
Salaries, wages, and benefits	27,327,434
Facility and equipment operating costs	2,012,652
Client lodging, transportation, and supplies	565,950
Depreciation and ammortization	1,378,933
Other operating expense(s)	4,125,787
Total operating expense	<u>35,410,756</u>
Operating income (loss)	<u>(16,215,300)</u>
Non-Operating Revenues (Expenses):	
Realignment	5,333,727
MHSA funding	16,693,036
Other grants	1,547,286
Rental revenue	93,549
Contributions from member cities	58,236
Investment earnings	2,725,645
Donation of Land (<i>Note 5</i>)	(488,000)
Interest expense	(76,252)
Total Non-Operating Revenues (Expenses)	<u>25,887,227</u>
Change in Net Position	<u>9,671,927</u>
Net Position at Beginning of Year	<u>42,359,478</u>
Net Position at End of Year	<u>\$ 52,031,405</u>

The accompanying notes are an integral part of the financial statements.

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**STATEMENT OF CASH FLOWS
FOR THE FISCAL YEAR ENDED JUNE 30, 2025**

	<u>2025</u>
CASH FLOWS FROM OPERATING ACTIVITIES	
Receipts from and on behalf of patients	\$ 26,293,665
Payments to suppliers and contractors	(6,261,808)
Payments to employees for salaries and benefits	(26,242,515)
Net Cash Used by Operating Activities	<u>(6,210,658)</u>
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
Funding from Mental Health Services Act	21,399,293
Realignment	3,655,351
Contributions from member cities	58,236
Rental revenue	93,549
Grants	1,547,286
Net Cash Provided by Noncapital Financing Activities	<u>26,753,715</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
Purchase of capital assets	(432,492)
Principal payments on leases liabilities	(357,977)
Principal payments on SBITA liabilities	(308,979)
Interest paid	(76,252)
Net Cash Used by Capital and Related Financing Activities	<u>(1,175,700)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Investment earnings	2,474,333
Net Cash Provided by Investing Activities	<u>2,474,333</u>
Net Increase (Decrease) in Cash and Cash Equivalents	21,841,690
Cash and Cash Equivalents at Beginning of Year	47,807,615
Cash and Cash Equivalents at End of Year	<u>\$ 69,649,305</u>
Reconciliation of Cash to Statement of Net Position:	
Cash and investments	\$ 17,831,954
Restricted cash and investments	51,817,351
Total cash and Investments	<u>\$ 69,649,305</u>

The accompanying notes are an integral part of the financial statements.

TRI-CITY MENTAL HEALTH AUTHORITY

**STATEMENT OF CASH FLOWS
FOR THE FISCAL YEAR ENDED JUNE 30, 2025**

	<u>2025</u>
Reconciliation of Operating Income (Loss) from Operations to Net Cash Used by Operating Activities:	
Operating Income (Loss)	\$ (16,215,300)
Adjustments to Reconcile Operating Income (Loss) to Net Cash Used by Operating Activities:	
Depreciation and amortization	1,378,933
Changes in assets and liabilities:	
(Increase) decrease in accounts receivable, net of allowance	5,486,940
(Increase) decrease in prepaid items	(29,845)
Increase (decrease) in accounts payable	116,693
Increase (decrease) in accrued payroll liabilities	112,262
Increase (decrease) in compensated absences	27,545
Increase (decrease) in other accrued liabilities	355,733
Increase (decrease) in estimate for third party payor settlements	1,611,269
Increase (decrease) in deferred inflows related to pensions	(90,644)
(Increase) decrease in deferred outflows related to pensions	902,882
Increase (decrease) in net pension liability	132,874
Net Cash Used by Operating Activities	<u>\$ (6,210,658)</u>

The accompanying notes are an integral part of the financial statements.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 1 – DESCRIPTION OF REPORTING ENTITY

Tri-City Mental Health Authority (Tri-City) is a Joint Powers Agency formed on June 21, 1960, pursuant to the Short-Doyle Act (included in the Welfare and Institutions Code of California). This act authorized two or more cities to develop mental health services and facilities. The Joint Powers Agreement among the Cities of Pomona, Claremont and La Verne was amended in December 2007 and calls for a governing body of seven members (two Pomona council members, one Claremont council member, one La Verne council member and one non-elected member from each city). The governing body appoints a local director to administer the program.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation

The financial statements of Tri-City have been prepared in conformity with generally accepted accounting principles as applied to governmental entities. The Government Accounting Standards Board is the recognized standard setting body for establishing governmental accounting and financial reporting principles for governments. Tri-City has adopted the accounting principles and methods appropriate for a governmental enterprise activity.

B. Basis of Accounting

The accounts of Tri-City are organized in a single enterprise (proprietary type) fund and maintained on the accrual basis of accounting. Proprietary fund financial statements include the Statement of Net Position, Statement of Revenues, Expenses, and Change in Net Position, and the Statement of Cash Flows.

Proprietary fund types are accounted for using the “economic resources” measurement focus and accrual basis of accounting. This means that all assets and liabilities (whether current or non-current) including deferred inflows of resources and deferred outflows of resources associated with the activity are included on the Statement of Net Position. The Statement of Revenues, Expenses, and Changes in Net Position of the proprietary fund present increases (revenues) and decreases (expenses) in total net position. Revenues are recognized when they are earned and expenses are recognized when the liability is incurred.

Proprietary funds distinguish *operating* revenues and expenses from *non-operating* items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund’s principal ongoing operations. Realignment funds received from the State are required to be used by the Agency to provide mental health services, however, the Realignment funds received are allocated by the State based on State sales tax receipts. Therefore, the Realignment funds are not directly tied to billing for actual services provided and thus included as a non-operating revenue item. In addition, MHSA funds, as more fully described at *Notes 10 and 11*, are also reflected as non-operating revenues because they are “Non-Exchange Transactions”.

C. Cash and Cash Equivalents

For the purpose of the Statement of Cash Flows, Tri-City considers cash and cash equivalents as short-term highly liquid investments that are both readily convertible to known amounts of cash. At June 30, 2025, Tri-City’s cash and cash equivalents included pooled cash balances and investments in the Local Agency Investment Fund (LAIF).

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

D. Capital Assets

Capital assets owned by Tri-City are capitalized at historical cost and contributed assets (if any) are recorded at acquisition value. Depreciation is charged to operations using a straight-line method, based on the estimated useful life of the asset. The estimated useful lives of the buildings, automobiles, property, and equipment range from three to twenty years. Capital assets are defined by Tri-City to be land, buildings and improvements, leasehold improvements, furniture and equipment and vehicles with an initial individual cost of more than \$1,000. Estimated useful lives of the various classes of property are as follows:

Buildings and improvements	20 years
Equipment	3 years
Furniture	5 years
Vehicles	3 years
Leasehold improvements	5 years

E. Prepaid Items

Prepaid Items include prepaid expense, security, rental and utility deposits that have been paid to third parties. At June 30, 2025, Tri-City had prepaid deposits outstanding in the amounts of \$186,847.

F. Compensated Absences and Sick Leave

In accordance with GASB Statement No. 101, Compensated Absences, leave is recognized when it is attributable to services already rendered, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means.

Management evaluates sick leave for other District employees to determine the amount that is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This analysis includes assessing relevant factors such as historical information about the use, payment or forfeiture of compensated absences, and the District’s policies related to compensated absences. The measurement of compensated absences includes salary-related payment such as the employer portion of social security and Medicare taxes.

Full-time employees can only accrue up to a maximum of 240 hours of vacation time and may be paid up to 240 hours of accrued sick time upon separation. Therefore, accumulated unpaid vacation and sick time up to 240 hours per employee, is recognized as a liability of Tri-City. Both vacation and sick time may be cashed out upon separation. All employees accrue sick leave at the rate of eleven days per year. Additional hours over 240 can be rolled into the California Public Employees' Retirement System (PERS) Retirement Plan as additional service credit if the employee is retiring at the time of separation.

Part-time employees shall accrue sick leave at a rate of 1 hour for every 30 hours worked up to 24 hours per a 12-month period. Unused accrued sick leave of part-time employees may not be cashed out upon termination and therefore is not recognized as a liability by Tri-City.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

G. Restricted Resources

When both restricted and unrestricted resources are available for use, it is Tri-City’s policy to use restricted resources first for the designated program, and then unrestricted resources as they are needed.

H. Operating Revenues and Expenses

Tri-City’s Statement of Revenues, Expenses, and Changes in Net Position distinguish between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing mental health care services, Tri-City’s principal activity. Voluntary and government mandated non-exchange revenues received are reported as non-operating revenue when all eligibility requirements are met. As such, Tri-City has classified State Realignment and MHSA funds allocated to the Agency for the provision of mental health services, as non-operating revenues. Operating expenses are all expenses incurred to provide mental health care services, other than financing costs.

I. Nominal Fee Provider

Tri-City provides care to patients who meet certain criteria under the California Department of Mental Health (now the Department of Health Care Services) Uniform Method for Determining Ability to Pay (UMDAP) policy. When charges are determined to qualify under UMDAP, Tri-City follows collection requirements as stated by UMDAP guidelines.

J. Medi-Cal Revenue

Tri-City submits its Medi-Cal claims through Los Angeles County of Department of Mental Health (LAC DMH) and receives FFP cost reimbursement for all qualifying mental health services. Revenue under this third-party payor agreement is reported at the estimated net realizable amounts and is subject to audit and retroactive adjustment. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

K. Realignment Revenue

In 1991, the Medi-Cal program (Short-Doyle Act) was revised under the Bronson-McCorquodale Act, which is known as Realignment. Realignment is a mechanism for the State of California to fund the public mental health system and provide matching funds for the Federal Financial Participation (FFP) of the funding. Through 2013, “1991” Realignment was derived from State Vehicle License Fees and Sales Tax collected at the State level. In 2013, the State created a new “2011” Realignment account that is funded through State taxes. This new Mental Health Fund is allocated to counties that are Mental Health Plans and is used to cover the State’s required FFP match for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services as well as funds for newly realigned mental health services previously run by the State.

Tri-City is not a Mental Health Plan and does not directly receive “2011” Realignment. However, Tri-City will continue to receive “1991” Realignment directly from the State and will receive State EPSDT match for FFP funded by “2011” Realignment through its contract with LA DMH.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

L. Mental Health Services Act (MHSA) Revenue

Tri-City receives MHSA funds to provide mental health programs and services included in the approved MHSA plans. MHSA funds are recorded as non-operating revenues on the Statement of Revenues, Expenses and Changes in Net Position when eligibility requirements are met, including time restriction requirements. The MHSA funds received for programs not yet meeting these eligibility requirements, are recorded as Unearned Revenues on the Statement of Net Position as Noncurrent Liabilities (amounts unapproved by a plan) and as MHSA Revenues Restricted for Future Period under Deferred Inflow of Resources (amounts approved for the beginning of the next fiscal year).

M. Contributions

Revenues from contributions are recognized when all eligibility requirements, including time requirements, are met. Contributions may be restricted for specific operating purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Every year, the Cities of Pomona, Claremont, and La Verne each contribute operating funds to Tri-City to meet matching requirements under Realignment. These entities are considered related parties as they are member agencies (*Note 15*).

N. Management's Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts and disclosures at the date of the financial statements. While management believes that these estimates are adequate as of June 30, 2025, it is reasonably possible that actual results could differ from those estimates. Certain estimates relate to accounts receivable (*Note 4*), deferred outflows and inflows of resources (*Note 7B*) and estimated third party payor settlements (*Note 6*).

O. Net Position

Net position of Tri-City is classified in three components. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase of those assets. Restricted net position consists of net position with constraints placed on the use either by (1) external groups such as creditors, grantors, contributors or laws or regulations of other governments, or (2) law through constitutional provisions or enabling legislation. Restricted net position is reduced by any liabilities payable from restricted assets. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted. The Statements of Net Position report \$33,420,681 of restricted net position, at June 30, 2025, which include MHSA funds that are restricted for use in MHSA programs as well as restricted cash related to grants. Net Investment in Capital Assets of \$6,263,320 is equal to Tri-City's capital assets at June 30, 2025 (*Note 5*), net of the related lease liabilities and SBITA liabilities. The remaining Unrestricted Net Position at June 30, 2025 of \$12,347,404. The unrestricted net position is available for the general operations of Tri-City.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

P. Deferred Outflows/Inflows of Resources

In addition to assets reported on the Statements of Net Position, Tri-City will sometimes report a separate section for deferred outflows of resources. This separate financial statement caption represents a consumption of net position that applies to a future period and so, will not be recognized as an outflow of resources (expenditure) until then. At June 30, 2025 Tri-City reported \$5,355,114 in deferred outflows of resources related to pensions as further explained at Note 7B.

In addition to liabilities reported on the Statements of Net Position, Tri-City will sometimes report a separate section for deferred inflows of resources. This separate financial statement caption represents an acquisition of net position that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time. Tri-City reports MHSA revenues restricted for future periods as an inflow of resources in the period that the amounts become available. Also refer to Note 10, for additional details relating to MHSA revenues restricted for future period and unearned MHSA revenues. Additionally, Tri-City reported \$66,044 at June 30, 2025 respectively in deferred inflows of resources related to pensions as further explained at Note 7B.

Q. Pensions

For purposes of measuring the net pension liability and deferred outflows/inflows of resources related to pensions, and pension expense, information about the fiduciary net position of Tri-City's California Public Employees Retirement System (CalPERS) plans and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by CalPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value. See Note 7B for further information related to pensions.

R. Fair Value Measurement

Tri-City categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Continued

S. New Pronouncements – Governmental Accounting Standards Board (GASB)

During the fiscal year ended June 30, 2025, Tri City has implemented a new pronouncement as follows:

GASB Statement No. 101 – Compensated Absences

This GASB Statement amends the definition of a compensated absence to encompass the various types of benefits offered by governmental employers and establishes a unified model for accounting and reporting. The statement also revises the related financial statement disclosure requirements, including eliminating certain disclosures previously required that GASB research found did not provide essential information to financial statement users. The GASB statement applies to all units of state and local governments. Tri City adopted the Statement as of July 1, 2024.

GASB Statement No. 102 – Certain Risk Disclosures

This GASB Statement requires state and local governments to disclose vulnerabilities due to certain concentrations and constraints that could significantly impact their financial health. A concentration refers to a dependency on a specific source—such as a major revenue stream, customer, supplier, or workforce—while a constraint involves legal, regulatory, contractual, or other external limitations that restrict an entity’s ability to respond to those risks. If these factors make the government vulnerable to a near-term severe impact, disclosure is required in the notes to the financial statements. The goal of Statement No. 102 is to improve transparency and provide users with better insight into potential risks that could affect a government's financial condition. Tri City adopted the Statement as of July 1, 2024. See Note 17 for the effect of this Statement.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 3 – CASH AND INVESTMENTS

Cash and investments were classified in the accompanying financial statements as follows:

<u>Description</u>	<u>Balance</u>
Cash and investments	\$ 17,831,954
Restricted cash and investments	51,817,351
Total	<u><u>\$ 69,649,305</u></u>

As of June 30, 2025, cash and investments consisted of the following:

Cash on hand	\$ 30
Deposits with financial institutions	11,379,298
Deposit with Local Agency Investment Fund (LAIF)	58,269,977
Total Cash and Investments	<u><u>\$ 69,649,305</u></u>

Investments

Tri-City is authorized under California Government Code to make direct investments. Tri-City has adopted an investment policy that is more restrictive and is limited to the following investments types:

<u>Authorized Investment Type</u>	<u>Maximum Maturity</u>	<u>Maximum Percentage of Portfolio</u>	<u>Maximum Investment in One Issuer</u>
Local Agency Bonds	5 years	None	None
U.S. Treasury Obligations	5 years	None	None
U.S. Agency Securities	5 years	None	None
Negotiable Certificates of Deposit	5 years	20%	\$250,000
Local Agency Investment Fund (LAIF)	N/A	None	\$75,000,000 per account

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 3 – CASH AND INVESTMENTS, Continued

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value is to changes in market interest rates. As noted above, as of June 30, 2025 all of Tri-City's investments are held in LAIF. The total balance of investments in LAIF is liquid and available for withdrawal at any time.

Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. At June 30, 2025, \$58,269,977 of cash and investments were placed in Tri-City's LAIF account. LAIF is not rated.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The California Government Code does not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits or investments, other than the following provision for deposits: The California Government Code requires that a financial institution secure deposits made by State or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under State laws (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110 percent of the total amount deposited by the public agencies. California law also allows financial institutions to secure deposits by pledging first trust deed mortgage notes having a value of 150 percent of the secured public deposits.

At June 30, 2025, Tri-City's total cash balances held by banks and collateralized by the pledging Financial Institutions under the California Government Code, but not in Tri-City's name, was \$6,037,598, respectively. Amounts held by banks and collateralized under the California Government Code are not FDIC insured.

Investment in State Investment Pool

Tri-City is a voluntary participant in the LAIF that is regulated by the California Government Code Section 16429 under the oversight of the Treasurer of the State of California. The fair value of Tri-City's investment in this pool is reported in the accompanying financial statements at amounts based upon Tri-City's pro-rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on an amortized cost basis. The total balance in the LAIF is available for withdrawal. The California Local Agency Investment Fund is not insured or collateralized.

**TRI-CITY MENTAL HEALTH AUTHORITY
 NOTES TO THE FINANCIAL STATEMENTS
 FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 3 - CASH AND INVESTMENTS, Continued

Restricted Cash and Investments

Cash and investments reflected on the Statements of Net Position as restricted was \$51,817,351 at June 30, 2025. Restricted cash primarily represents cash received from MHSA funding that is only available to use for expenses of MHSA programs approved under Tri-City’s MHSA plans. Therefore, amounts reflected on the Statements of Net Position which include MHSA current operating liabilities will be funded through the MHSA restricted cash balance and collection of MHSA Medi-Cal receivables. Restricted cash also represents \$194,464 of cash received for grant programs that has yet to be spent.

As of June 30, 2025, restricted cash in the Statements of Net Position consisted of the following:

MHSA restricted cash	\$ 51,687,939
Intercompany	(65,052)
CCMU grant restricted cash	<u>194,464</u>
Total Restricted Cash and Investments	<u>\$ 51,817,351</u>

Fair Value Measurements

Tri-City categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. As of June 30, 2025, Tri-City held no individual investments. All funds are invested in LAIF.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. Tri-City’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Deposits and withdrawals are made on the basis of \$1 and not fair value. Accordingly, Tri-City’s investments in LAIF at June 30, 2025 are uncategorized inputs not defined as a Level 1, Level 2, or Level 3 input.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 4 – RECEIVABLES

A - Accounts Receivable

Accounts receivable at June 30, 2025, consisted of the following:

Accounts Receivable:	
Medi-Cal	\$ 6,370,025
Medicare	2,449
Realignment	2,287,601
Grants and Contracts	818,550
Interest & Other Receivables	<u>961,555</u>
 Total Accounts Receivable	 \$ 10,440,180
 Less: Allowance for Doubtful Accounts	 <u>(527,390)</u>
 Accounts Receivable, Net	 <u>\$ 9,912,790</u>

Services delivered to Medi-Cal eligible clients are reimbursed to Tri-City through a contract with LA DMH. The outstanding balance for Medi-Cal services was \$6,370,025 at June 30, 2025 and represent services provided during fiscal year 2025 and for prior years. In accordance with Tri-City’s original contracts with the Los Angeles County Department of Mental Health (LAC DMH), a percentage of the Medi-Cal FFP and State EPSDT reimbursement payments received by LAC DMH for mental health services provided by Tri-City to Medi-Cal eligible clients were to be withheld by LAC DMH pending preliminary settlement or final audit of the cost reports filed for the contract periods. Commencing with fiscal 2014-15, this withholding was eliminated in the contract with LA DMH. The allowance for doubtful accounts is estimated based on withholding percentages previously used by LAC DMH, and will be adjusted upon settlement of the cost reports. The provision expensed in fiscal 2025 for doubtful accounts was approximately \$1,109,789.

B - Note Receivable

In March of 2021 Resolution #578 approved a Loan Agreement secured by a deed of trust on the property, a Regulatory Agreement, and Supportive Services Agreement with West Mission Housing Partners, LP for the development, construction, financing and operation of 10 units of affordable and permanent supportive housing in the amount of \$2.8 million. The Note shall accrue simple interest at the rate of 3% per annum on outstanding principal. The Note is due 55 years after the completion of and issuance of a certificate of occupancy. As of June 30, 2025, Tri-City has recorded \$336,000 of accrued interest receivables and interest income related to the note.

Commencing on the completion of and issuance of a certificate of occupancy for the Project, annual payments of 17.95% of Residual Receipts for the preceding annual period shall be paid to Tri-City and applied to the sums outstanding under the Note.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 5 – CAPITAL ASSETS

The following schedule summarizes capital asset activity for the year ended June 30, 2025:

	Beginning Balance July 1, 2024	Reclassification	Additions	Deletions	Ending Balance June 30, 2025
Capital Assets not being depreciated:					
Construction in Progress	\$ 963,136	\$ (1,100,605)	\$ 137,469	\$ -	\$ -
Land	2,520,749	-	-	(488,000)	2,032,749
Total Capital Assets not being depreciated	<u>3,483,885</u>	<u>-</u>	<u>137,469</u>	<u>(488,000)</u>	<u>2,032,749</u>
Capital Assets, being depreciated:					
Buildings and improvements	8,514,762	1,100,605	55,143	(256,998)	9,413,512
Leasehold improvements	105,878	-	-	-	105,878
Furniture and equipment	2,762,664	-	239,880	(154,322)	2,848,222
Right to use - Building Leases	1,753,343	-	-	(1,753,343)	-
SBITA	1,298,467	-	-	-	1,298,467
Total Capital Assets being depreciated	<u>14,435,114</u>	<u>1,100,605</u>	<u>295,023</u>	<u>(2,164,663)</u>	<u>13,666,079</u>
Less accumulated depreciation for:					
Buildings and improvements	(5,376,136)	-	(541,148)	256,998	(5,660,286)
Leasehold improvements	(105,878)	-	-	-	(105,878)
Furniture and equipment	(2,354,373)	-	(170,829)	154,322	(2,370,880)
Right to use - Building Leases	(1,395,366)	-	(357,977)	1,753,343	-
SBITA	(588,070)	-	(308,979)	-	(897,049)
Total Accumulated Depreciation	<u>(9,819,823)</u>	<u>-</u>	<u>(1,378,933)</u>	<u>2,164,663</u>	<u>(9,034,093)</u>
Total Capital Assets being depreciated	<u>4,615,291</u>	<u>-</u>	<u>(1,083,910)</u>	<u>-</u>	<u>4,631,986</u>
Capital Assets, Net	<u>\$8,099,176</u>	<u>\$ -</u>	<u>\$ (946,441)</u>	<u>\$(488,000)</u>	<u>\$ 6,664,735</u>

Donation of Land

On October 21, 2015, the governing board adopted Resolution No. 409 approving the acquisition of a parcel of land and associated improvements. For financial reporting purposes, the acquisition cost was allocated to land in the amount of \$488,000 and buildings in the amount of \$125,430 based on estimated fair values at the acquisition date. Subsequent to acquisition, Tri City incurred \$131,567 in capitalized building improvements.

On February 19, 2020, Resolution No. 520 was adopted authorizing the planned disposition and development of the site for a senior housing project. The final disposition of the property was completed upon the closing of escrow on February 28, 2025, resulting in the remaining depreciation on the depreciable assets to be expensed in the current year. The disposition of the land is recognized as a donation on the Statement of Changes in Net Position in the amount of \$488,000 as of June 30, 2025.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 6 – ESTIMATED THIRD PARTY PAYOR SETTLEMENTS AND COST REPORTS PAYABLE

Reimbursements and revenue recorded for services provided under the Medi-Cal program through the contract with LA DMH are subject to audit and retroactive adjustment through review of annual cost reports. Management’s estimates for potential interim settlements and audit adjustments are recorded as reserves during the year the services are provided and reflected as “Estimated Third Party Payor Settlements.” Adjustments for actual interim settlement letters issued and final audit adjustments are recorded in the year the amounts are finalized and reflected as “Cost Report Payable”. At June 30, 2025, no outstanding cost report payables exist.

Estimated Third Party Payor Settlements

Tri-City’s Estimated Third Party Payor Settlements are included in current liabilities. Estimated Third Party Payor Settlements reflected in current liabilities is \$8,486,491 at June 30, 2025. These amounts include estimated Medi-Cal settlements payable for the fiscal year ended 2005 and reserves on Medi-Cal revenues received for services provided under contract with LAC DMH from fiscal 2015 through fiscal 2025. The reserves for fiscal years 2015 through 2025 are estimated based on LAC DMH’s past practice withholding percentages applied for each fiscal year. Since the cost reports for these years have either: 1) not been settled or reviewed by the State, 2) are subject to future audits, or 3) have been audited but audit appeals remain outstanding, the reserves for disallowances on the Medi-Cal payments received are reflected as a current liability. Once LAC DMH finalizes its cost report settlement with the State, Tri-City expects that the County will pass on the settlement to Tri-City at which time Tri-City would remove the reserve amount related to that fiscal year.

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION

Tri-City Mental Health Authority offers the following plans:

A. Tri-City 401A Money Purchase Plan

Prior to July 1, 2000, all employees were required to enroll in the Tri-City 401A Money Purchase Plan (the "MPP"), a defined contribution plan, on the date of hire in lieu of social security. Effective July 1, 2000, only part-time employees qualified for the MPP since all full-time employees were transferred into CalPERS. Employees are not required and do not contribute to the MPP. For all participating employees, Tri-City contributes an amount equal to 7.5 percent of the employee's annual gross salary reportable for Federal income tax purposes to the plan's administrator, Lincoln Financial Insurance Company. An employee is 100 percent vested in the retirement plan upon entry into the MPP. Benefit terms may be amended by Tri-City, the plan sponsor. Tri-City’s contribution to the MPP for the fiscal years ended June 30, 2025 was \$5,311.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

B. California Public Employees’ Retirement System (PERS)-Cost Sharing Employer Plans

Plan Description – Employees of Tri-City participate in the California Public Employees Retirement System (PERS), a cost sharing multiple employer defined benefit pension plan. PERS provides retirement, disability benefits, and death benefits to plan members and beneficiaries. PERS acts as a common investment and administrative agent for participating public entities within the State of California. Tri-City’s plans consist of both the Classic Tier and the PEPRA Tier within the Cost Sharing Plan’s Miscellaneous Risk Pool. On January 1, 2013, the Public Employees’ Pension Reform Act of 2013 (PEPRA) took effect. The establishment of the PEPRA Tier created new retirement formulas for newly hired members. All qualified permanent and probationary employees are eligible to participate in PERS. Benefit provisions under the Tiers are established by State statute and Tri-City resolution.

CalPERS issues publicly available reports that include a full description of the pension plans regarding benefit provisions, assumptions and membership information can be found on the CalPERS website at: <https://www.calpers.ca.gov/page/employers/actuarial-resources>

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

Benefits Provided – CalPERS provides retirement and disability benefits, annual cost of living adjustments and death benefits to plan members, who must be public employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full time employment. Members with five years of total service are eligible to retire at age 50 for classic members and age 52 for PEPRA members with statutorily reduced benefits. All members are eligible for non-duty disability benefits after 5 years of service; however, must be actively employed at the time of disability. The death benefit is one of the following: the Basic Death Benefit, the 1957 Survivor Benefit, or the Optional Settlement 2W Death Benefit. The cost of living adjustments for each plan are applied as specified by the Public Employees’ Retirement Law.

The rate plan provisions and benefits in effect at June 30, 2025 are summarized as follows:

	Miscellaneous Pool	
	Classic	PEPRA
	Prior to January 1, 2013	On or after January 1, 2013
Hire Date		
Formula	2.0% @ 55	2% @ 62
Benefit vesting schedule	5 years of service	5 years of service
Benefit payments	monthly for life	monthly for life
Retirement age	50-55	52-62
Monthly benefits, as a % of annual salary *	1.426% to 2.0%	1.0% to 2.0%
Required employee contribution rates	7%	7.75%
Required employer contribution rates	12.520%	7.870%

* These percentages will vary based on age of retiree and could increase for retirees who prolong their retirement.

Contributions – Section 20814(c) of the California Public Employees’ Retirement law requires that the employer contribution rates for all public employers are determined on an annual basis by the actuary and shall be effective on the July 1 following notice of a change in rate. Funding contributions for each of the Tiers within the Plan are determined annually on an actuarial basis as of June 30 by CalPERS.

Beginning in fiscal year 2016, CalPERS collects employer contributions for the Plan as a percentage of payroll for the normal cost portion as noted in the rates above and as a dollar amount for contributions toward the unfunded liability. The dollar amounts are billed on a monthly basis.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

Tri-City employees enrolled in the PERS are required to contribute the “employee” contribution of 7% for the Classic Tier and 7.75% for the PEPRA Tier of their annual covered salary. The contribution requirements of the plan members are established by State statute and the employer contribution rate is established and may be amended by CalPERS. Benefit provisions and all other requirements are established by State statute. Full time employees or part-time employees that exceed 1,000 hours of work time in any fiscal period are eligible under this plan and must follow the contribution guidelines. The vesting period to receive pension retirement is five years. If an employee terminates before five years, they may withdraw their “employee” contributions to the plan.

For the year ended June 30, 2025, Tri-City’s contributions to the Plan were \$2,265,064, which includes Tri-City’s required contributions for the unfunded liability of \$597,952.

Pension Liabilities, Pension Expenses and Deferred Outflows/Inflows of Resources Related to Pensions - As of June 30, 2025, Tri-City reported a liability for its proportionate share of the net pension liability of the Plan of \$9,878,611.

Tri-City’s net pension liability is measured as the proportionate share of the net pension liability. The net pension liability of the Plan at June 30, 2025 is measured as of June 30, 2024, and the total pension liability for the Plan is used to calculate the net pension liability which was determined by an actuarial valuation as of June 30, 2023 rolled forward to June 30, 2024 using standard update procedures. Tri-City’s proportion of the net pension liability was based on a projection of Tri-City’s long-term share of contributions to the Plan relative to the projected contributions of all participating employers, actuarially determined.

Tri-City’s proportionate share of the net pension liability, measured as of June 30, 2023 and 2024 is as follows:

	Plan
Proportion - June 30, 2023	0.19490%
Proportion - June 30, 2024	0.20425%
Change in proportion- Increase (Decrease)	0.00935%

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

At the year ended June 30, 2025, Tri-City recognized pension expense (credit) of \$3,210,177 associated with the net pension liability. At June 30, 2025, Tri-City reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Deferred Outflows of Resources

Tri-City contributions subsequent to measurement date	\$ 2,265,064
Changes of assumptions	253,901
Net difference between expected and actual earnings on pension plan investments	568,700
Changes in proportion and differences between Tri-City's contributions and proportionate share of contributions	609,585
Changes in employer's proportion	803,767
Differences between expected and actual experience	854,097
Total Deferred Outflows	<u>5,355,114</u>

Deferred Inflows of Resources

Differences between expected and actual experience	(33,327)
Changes in proportion and differences between Tri-City's contributions and proportionate share of contributions	(32,717)
Total Deferred Inflows	<u>(66,044)</u>

Amounts Not Amortized

Tri-City's contributions subsequent to measurement date	(2,265,064)
	-
Net Total Deferred Outflows and Inflows to be Amortized	<u>\$ 3,024,006</u>

The amount of \$2,265,064 reported as deferred outflows of resources related to contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the fiscal year ended June 30, 2026. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized as pension expense as follows:

<u>Year ended June 30,</u>		
2026	\$	1,267,673
2027		1,717,669
2028		233,550
2029		(194,886)
Total	\$	<u>3,024,006</u>

**TRI-CITY MENTAL HEALTH AUTHORITY
 NOTES TO THE FINANCIAL STATEMENTS
 FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

Actuarial Assumptions – The total pension liability of the Plan in the June 30, 2024 actuarial valuation was determined using the following actuarial assumptions.

Balance Sheet Date:	June 30, 2025
Valuation Date:	June 30, 2023
Measurement Date:	June 30, 2024
Actuarial Cost Method:	Entry-Age Normal Cost Method
Actuarial Assumptions:	
Discount Rate	6.90%
Inflation	2.30%
Payroll Growth	2.50%
Projected Salary Increase	Varies by entry age and services
Investment Rate of Return	6.90% (2)
Mortality Rates	Derived using CalPERS membership Data for all funds

- (1) Depending on age, service and type of employment
- (2) Net of pension plan investment expenses, including inflation

The mortality table used was developed based on CalPERS-specific data. The table includes 15 years of mortality improvements using Society of Actuaries Scale 90% of scale MP 2021. For more details on this table, please refer to the November 2021 experience study report (based on CalPERS demographic data from 1997 to 2021) that can be found on the CalPERS website at: <https://www.calpers.ca.gov/page/employers/actuarial-resources>.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class.

In determining the long-term expected rate of return, staff took into account both short-term and long-term market return expectations as well as the expected pension fund (Public Employees’ Retirement Fund) cash flows. Taking into account historical returns of all the Public Employees Retirement Funds’ asset classes (which includes the agent plan and two cost-sharing plans or PERF A, B, and C funds), expected compound (geometric) returns were calculated over the short-term (first 10 years) and the long-term (11-60 years) using a building-block approach. Using the expected nominal returns for both short-term and long-term, the present value of benefits was calculated for each PERF fund. The expected rate of return was set by calculating the single equivalent expected return that arrived at the same present value of benefits for cash flows as the one calculated using both short-term and long-term returns. The expected rate of return was then set equal to the single equivalent rate calculated above and rounded down to the nearest one quarter of one percent.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

The table below reflects long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses. The target allocation and best estimates of arithmetic real rates of return for each major asset class are the same for the Plan and are summarized in the following tables:

June 30, 2024 Measurement		
Asset Class	Target Allocation	Expected Real Rate of Return^{1,2}
Global Equity - Cap-weighted	30%	4.54%
Global Equity - Non-Cap-weighted	12%	3.84%
Private Equity	13%	7.28%
Treasury	5%	0.27%
Mortgage-backed Securities	5%	0.50%
Investment Grade Corporates	10%	1.56%
High Yield	5%	2.27%
Emerging Market Debt	5%	2.48%
Private Debt	5%	3.57%
Real Assets	15%	3.21%
Leverage	-5%	0.59%
Total	100%	

¹ An expected inflation of 2.3% used for this period

² Figures are based on the 2021 Asset Liability Management study.

Discount Rate – The discount rate used to measure the total pension liability was 6.90%. The projection of cash flows used to determine the discount rate assumed that contributions from plan members will be made at the current member contribution rates and that contributions from employers will be made at statutorily required rates, actuarially determined. Based on those assumptions, the Plan’s fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 7 – RETIREMENT PLAN/DEFERRED COMPENSATION, Continued

Sensitivity of Tri-City’s Proportionate Share of the Net Pension Liability to Changes in the Discount Rate –
The following table presents the net pension liability of Tri-City, calculated using the discount rate of 6.90% as well as what the net pension liability would be if it were calculated using a discount rate that is 1 percentage-point lower or 1 percentage-point higher than the current rate:

1% Decrease		5.90%
Tri-City's Proportionate Share of the Net Pension Liability	\$	16,911,567
Current Discount Rate		6.90%
Tri-City's Proportionate Share of the Net Pension Liability	\$	9,878,611
1% Increase		7.90%
Tri-City's Proportionate Share of the Net Pension Liability	\$	4,089,452

Pension Plan Fiduciary Net Position – Detailed information about the Plan’s fiduciary net positions is available in the separately issued CalPERS financial reports.

NOTE 8 –LEASES

Office Space – Royalty Building

Tri-City leases various suites within a medical building complex from 1900 Royalty Drive, LLC. These leases are for office space for the QA/Best Practices program and various mental health programs including Children and Family Outpatient Clinic and Full Service Partnership services.

In March of 2019, Tri-City entered into a fourth new agreement for the rental of additional office space suites and simultaneously extending all three existing leases to the same terms which are due to expire on June 30, 2025. During fiscal year ended June 30, 2025, there were a total of five leases with monthly payments ranging from \$2,564 to \$14,015.

In accordance with GASB 87, the present value of future monthly lease payments at a discount rate of 2.5% has been calculated to determine the beginning value of the right-to-use asset and the associated liability as of July 1, 2020. The discount rate of 2.5% was determined to be appropriate, as it is the rate explicitly stated in the lease agreements by which rent will be increased annually over the life of the lease. Accordingly, Tri-City has recognized a right-to-use asset in the amount of \$1,753,343 with associated accumulated amortization of \$1,753,343 during the fiscal year. As the leases ended as of the June 30, 2025, the associated balances are zero. Tri-City also recognized \$357,977 in principal payments, \$60,787 in interest expense, and \$105,756 in operating expense for common area maintenance in fiscal years ended June 30, 2025.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 9 – SBITA LIABILITIES

The applicable subscriptions are for various services ranging from the electronic health record system, the general ledger system, training software and the unified communications system.

In accordance with GASB 96, the present value of future subscription payments at a discount rate of 2.5% has been calculated to determine the beginning value of the right-to-use asset and the associated liability as of July 1, 2022. The discount rate of 2.5% was determined to be appropriate, as it is the rate explicitly stated in similar right-to-use agreements entered into by Tri-City. Accordingly, as of June 30, 2025, the value of the subscription liability was \$401,415. The total amount of right to use subscription assets, and the related accumulated amortization on right to use subscription assets was \$1,298,467 and \$897,049, as of June 30, 2025, respectively.

A summary of the changes in subscription IT liabilities during the year ended June 30, 2025 is as follows:

	<u>Balance Beginning</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance End of Year</u>	<u>Due Within One Year</u>
Subscription IT liabilities	\$ 710,394	\$ -	\$ (308,979)	\$ 401,415	\$ 272,492
	<u>\$ 710,394</u>	<u>\$ -</u>	<u>\$ (308,979)</u>	<u>\$ 401,415</u>	<u>\$ 272,492</u>

Remaining principal and interest payments on subscriptions are as follows:

<u>Years Ended June 30,</u>	<u>Principal Payments</u>	<u>Interest Payments</u>	<u>Total</u>
2026	272,492	14,243	286,735
2027	128,923	7,527	136,450
	<u>\$ 401,415</u>	<u>\$ 21,770</u>	<u>\$ 423,185</u>

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 10 –MNSA REVENUES RESTRICTED FOR FUTURE PERIOD AND UNEARNED MNSA REVENUES

MNSA funds received in the fiscal year that have been approved, allocated and available for use are recognized as non-operating income when received. Amounts received that have been approved for use in the next fiscal year are recorded as MNSA Revenues Restricted for Future Period in Deferred Inflow of Resources (see below) until the beginning of the period for which it was allocated and available for use. In addition, unapproved MNSA funds received are included in Noncurrent Liabilities as Unearned MNSA Revenues. Once eligibility requirements are met, these amounts will be recognized into revenues or deferred inflows of resources.

Per the MNSA Statute, any funds allocated to a county/city which have not been spent for their authorized purpose within three years shall be reverted to the State to be deposited into the MNSA fund and made available for other counties in future years. Based on the most current information, including guidance from DHCS and the most recent State Budget Trailer Bill (AB 114), passed in 2017, Tri-City has determined no amounts are subject to reversion as of June 30, 2025.

Tri-City classifies the MNSA Revenue received but not meeting time requirements as MNSA Revenues Restricted for Future Period under the Deferred Inflows of Resources caption on the Statements of Net Position. As of June 30, 2025 MNSA Revenues Restricted for Future Period are \$12,920,182.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 10 –MHTSA REVENUES RESTRICTED FOR FUTURE PERIOD AND UNEARNED MHTSA REVENUES, Continued

The following table reflects the activity in the Deferred Inflows of Resources-MHTSA Revenues Restricted For Future Period and Unearned MHTSA Revenue Accounts for the Community Services and Support (CSS) Plan, the Prevention and Early Intervention (PEI) Plan, the Innovations (INN) Plan, the Workforce Education and Training (WET) Plan, and the Capital Facilities & Technology (CFTN) Plan programs and unapproved plans during the fiscal year ended June 30, 2025:

	Balance Beginning of Year	Funding Received	Amounts Recognized as Non-Operating Revenue	Reclassification of Previously Unapproved Programs	Balance End of Year
June 30, 2025					
CSS	\$ 11,152,082	\$ 16,253,640	\$ (12,056,637)	\$ (4,924,465)	\$ 10,424,620
PEI	1,406,290	4,074,651	(4,006,411)	-	1,474,530
INN	629,985	1,070,974	(629,986)	(49,941)	1,021,032
WET	-	27	-	(27)	-
CFTN	-	-	-	-	-
MHTSA Revenues Restricted for Future Period	\$ 13,188,357	\$ 21,399,292	\$ (16,693,034)	\$ (4,974,433)	\$ 12,920,182
Unearned MHTSA Revenues	\$ 1,383,814	\$ -	\$ -	\$ 4,974,433	\$ 6,358,247

**TRI-CITY MENTAL HEALTH AUTHORITY
 NOTES TO THE FINANCIAL STATEMENTS
 FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 11 – RESTRICTED NET POSITION

Restricted Net Position as of June 30, 2025 consists of the following:

Calculation of Restricted Net Position

Restricted Net Position for MHSA programs	\$ 33,226,217
CCMU grant restricted cash	<u>194,464</u>
Total Restricted Net Position	<u><u>\$ 33,420,681</u></u>

Restricted for MHSA Programs

Restricted Net Position for MHSA Programs represents the amounts which are restricted due to enabling legislation related to MHSA Proposition 63. The following table further summarizes the net position restricted by enabling legislation as of June 30, 2025 by specific MHSA Program Plans.

Restricted Net Position for MHSA Programs

Community Services and Supports	* \$ 18,503,424
Prevention and Early Intervention	3,932,235
Innovation	1,414,049
Workforce, Education and Training	627,888
Capital Facilities and Technology Needs	6,548,622
Prudent Reserves	<u>2,199,999</u>
Total Restricted Net Position for MHSA Programs	<u><u>\$ 33,226,217</u></u>

* During fiscal year 2017 and through the stakeholder process, the amount of \$1.2 million in unspent funds was designated for future housing projects as part of the Permanent Supportive Housing programs which is included within the Community Services and Supports (CSS) Plan. During fiscal year 2019, an additional \$1.6 million in unspent funds was designated for future housing programs within the CSS Plan. Amounts designated for Permanent Supportive Housing programs within the CSS Plan as of June 30, 2020 was \$2,800,000 and during fiscal year 2021 the amount of \$2.8 million was transferred to the developer via a Note Receivable, see Note 4B for further details. As such, the total amount of \$33,226,217 in Restricted Net Position in MHSA programs includes the \$2.8 million Note Receivable.

Restricted for Grants

Restricted Net Position for Grants represent restricted cash received from the granting agency as of June 30, 2025, in the amount of \$194,464.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 12 – Net Investment in Capital Assets

Net Investment in capital assets consisted of the following:

<u>Description</u>	<u>June 30, 2025</u>
Net investment in capital assets:	
Capital assets - not being depreciated	\$ 2,032,749
Capital assets - being depreciated, net	4,631,986
SBITA liabilities - current portion	(272,492)
SBITA liabilities - long-term portion	(128,923)
Total net investment in capital assets	<u>\$ 6,263,320</u>

NOTE 13 – Compensated Absences

Changes in compensated absences amounts for the fiscal year ended June 30, 2025 were as follows:

	<u>Balance July 1, 2024</u>	<u>Net Change</u>	<u>Balance June 30, 2025</u>	<u>Due Within One Year</u>	<u>Due in More Than One Year</u>
June 30, 2025:					
Compensated Absences	<u>\$ 1,901,206</u>	<u>\$ 27,544</u>	<u>\$ 1,928,750</u>	<u>\$ 1,627,352</u>	<u>\$ 301,398</u>

As of June 30, 2025, the total liability for compensated absences was \$1,928,750, of which \$1,627,352 is expected to be paid within one year and is reported as a current liability. The beginning balance of compensated absences as of July 1, 2024, reflected an immaterial difference upon implementation of GASB Statement No. 101; therefore, no restatement was required.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 14 – RISK MANAGEMENT

Tri-City is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions; and natural disasters for which they carry commercial insurance. Tri-City is insured for risks of loss through insurance companies. There have been no significant changes in coverage amounts or any significant losses in the past three years. The following table identifies the major insurance coverage’s purchased:

Insurance Risk	Coverage per Incident	Coverage in Aggregate	Deductible
Professional Liability	\$ 2,000,000	\$ 3,000,000	\$ 10,000
Sexual Misconduct Liability	\$ 1,000,000	\$ 1,000,000	\$ 10,000
General Liability/Employee Benefit Liability	\$ 2,000,000	\$ 3,000,000	\$ 0 / 1,000
Workers Compensation	\$ 1,000,000	\$ 1,000,000	\$ -
Directors and Officers/EPL/Fiduciary Liability	\$ 2,000,000	\$ 6,000,000	\$ 25/75/10k
Automobile	\$ 1,000,000	\$ 1,000,000	\$ 1,000
Property-Building	\$ 12,507,899	\$ 12,507,899	\$ 1,000
Property-Computer	\$ 2,240,000	\$ 2,240,000	\$ 1,000
Cyber Liability	\$ 3,000,000	\$ 3,000,000	\$ 25,000
Cyber Liability	\$ 3,000,000	\$ 3,000,000	\$ 25,000
Excess Cyber Liability	\$ 2,000,000	\$ 2,000,000	\$ 25,000
Volunteer Accident Policy	\$ 10,000	\$ 10,000	\$ 100
Commercial Crime	\$ 5,000,000	\$ 5,000,000	\$ 50,000
Earthquake / Flood	\$ 5,000,000	\$ 5,000,000	\$ 50,000
Umbrella Excess Coverage	\$ 2,000,000	\$ 2,000,000	\$ -

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 15 – CONTRACT WITH LOS ANGELES DEPARTMENT OF MENTAL HEALTH

The Los Angeles County Board of Supervisors originally approved Tri-City’s three-year contract with LAC DMH to provide Medi-Cal services to the residents of the tri-cities of Pomona, La Verne and Claremont which was renewed in June 2014 for fiscal years 2015 through fiscal 2017. In June of 2017, a three-year agreement was once again renewed (1-year agreement with two optional extension periods to June 30, 2020). This contract allows the County to pass through Medi-Cal Federal and State reimbursement for Medi-Cal eligible services provided by Tri-City under the Agency’s outpatient clinics and its MHSA programs including Full Service Partnership programs. The most current contract with LAC DMH is now effective from July 1, 2020 through June 30, 2021 with four automatic renewal periods through June 30, 2025 without any further action on Tri-City’s behalf.

NOTE 16 – RELATED PARTY TRANSACTIONS

The Cities of Pomona, Claremont and La Verne, as member agencies, contributed funds in the amount of \$58,236 in 2025 to support the operations of Tri-City as required by Realignment legislation. In addition, Tri-City has leased a 4,000 square foot facility from the City of Claremont to house its administrative staff. In July of 2018, the Governing Board authorized resolution No. 455, for Tri-City to enter into an agreement with the City of Pomona for the use of the City’s year-round emergency shelter facility in the amount of \$396 thousand for fiscal year ending June 30, 2025.

NOTE 17 – COMMITMENTS AND CONTINGENCIES

General

Claims for damages that arise through the normal course of operations, alleged against Tri-City are generally filed with or referred to a claims adjuster through Tri-City’s insurance providers. As of June 30, 2025, and through the date of this report, management believes based upon consultation with legal counsel, that any such reported matters are not expected to have a material impact on Tri-City, that there is minimal exposure to Tri-City and that no case so reported exceeds existing liability coverages.

Medicaid/MHSA Programs & Grants

Tri-City participates in the Federal and State Medicaid (Medi-Cal) programs through its contract with LAC DMH. In addition, Tri-City participates in the State MHSA programs and various other grants. These programs are subject to examination by the respective agencies overseeing the implementation of the programs and the amount of expenditures, if any, which may be disallowed by the responsible agency, cannot be determined at this time. Management believes any actions that may result from investigations of noncompliance with laws and regulations will not have a material effect on Tri City’s future financial position or results of operations.

Realignment and MHSA Funding

Realignment and MHSA funding are based on taxes collected by the State. Due to the possible changing economic conditions continually experienced by the State of California, the collection of State sales taxes and the 1% tax imposed on individuals with personal income over \$1 million established through Proposition 63, could fluctuate.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 17 – COMMITMENTS AND CONTINGENCIES, Continued

Excluded Leases – Short-Term Leases and De Minimis Leases

Tri-City does not recognize a lease receivable and a deferred inflow of resources for short-term leases. Short-term leases are certain leases that have a maximum possible term under the lease contract of twelve months (or less), including any options to extend, regardless of their probability of being exercised.

Also, *de minimis* lessor or lessee leases are certain leases (i.e., room rental, copiers, printers, postage machines) that regardless of their lease contract period are *de minimis* with regards to their aggregate total dollar amount to the financial statements as a whole.

Hope 4 Home Shelter

In June of 2025, the Governing Board authorized resolution No. 793, for Tri-City to enter into an agreement with the City of Pomona for the use of the City’s year-round emergency shelter facility in the amount of \$1.9 million effective July 1, 2025 for fiscal year ended June 30, 2026.

Office Space – Royalty Building

Tri-City leases various suites within a medical building complex from 1900 Royalty Drive, LLC. These leases are for office space for the QA/Best Practices program and various mental health programs including Children and Family Outpatient Clinic and Full Service Partnership services.

In May of 2025, Tri-City entered into a new five-year agreement effective July 1, 2025 for the rental of office space suites due to expire on June 30, 2029. Under GASB 87, this agreement will result in a new lease intangible asset and the associated liability in the amount of approximately \$2.2 million as of July 1, 2025.

NOTE 18 – RISK DISCLOSURES UNDER GASB 102

In accordance with GASB Statement No. 102, “Certain Risk Disclosures”, Tri City has evaluated its exposure to vulnerabilities arising from concentrations of inflows of resources and constraints on outflows of resources. GASB 102 requires disclosure of a concentration or constraint if **all** of the following criteria are met:

1. The concentration or constraint is known to the government prior to issuance of the financial statements.
2. The concentration or constraint makes the reporting unit vulnerable to the risk of a *substantial impact*.
3. An event or events associated with the concentration or constraint that could cause a substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued.

If such criteria are met, Tri City must disclose: (i) the concentration or constraint, (ii) each event associated with it that could cause a substantial impact, and (iii) actions taken by the Tri City prior to issuance of the financial statements to mitigate the risk.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 18 – RISK DISCLOSURES UNDER GASB 102, Continued

Based on its assessment, Tri City provides the following disclosures:

Concentrations of inflows of resources

Tri City’s operations are substantially dependent on funding from a limited number of sources, including:

- The 1991 Realignment funding program (via the State of California for mental health services)
- The Mental Health Services Act (MHSA) funds
- Federal Financial Participation (FFP) for eligible outpatient mental health services

These revenue sources represent a significant portion of Tri City’s total inflows of resources and, accordingly, constitute a concentration risk under GASB 102.

Nature of the risk / vulnerability

Because Tri City relies heavily on the funding streams listed above, a reduction or cessation of one or more of these primary revenue sources would make Tri City vulnerable to a substantial impact on its ability to deliver outpatient mental health services. Such an impact could result in reductions in service capacity, staffing, or continuity of care for clients, or the need to identify alternative funding sources on short notice.

Event(s) that could cause a substantial impact

Tri City has identified the following events and circumstances that could trigger a substantial impact within the next 12 months:

- Legislative or budgetary action by the State of California or the federal government reducing the allocation or eligibility of 1991 Realignment funds to mental health programs.
- Changes in the MHSA funding structure, including possible re-prioritization of funds or delays in approval of plan updates.
- Changes in the federal Medicaid program or FFP policy (e.g., eligibility changes, federal audit or disallowance, or cap on FFP for outpatient specialty mental health services).
- A significant change in service demand or client population requiring a higher level of funding than has been budgeted, which in turn could strain the funding structure and lead to service cuts.

Mitigation actions undertaken prior to issuance of the financial statements

Prior to the issuance of these financial statements, Tri City has taken the following steps to mitigate the identified risks:

- Ongoing monitoring of legislative and budgetary developments at the state and federal level that may affect 1991 Realignment, MHSA, or FFP funding, including participation in stakeholder meetings and working groups.
- Development of a contingency planning framework that identifies alternative funding strategies, cost-containment measures, and service prioritization in the event of funding reductions.
- Maintenance of a prudent level of fund balance/reserves to provide a buffer for short-term disruptions in primary funding sources.
- Engaging external advisors (legal, policy, financial) to assess potential exposures and assist with scenario planning.

**TRI-CITY MENTAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
FOR FISCAL YEAR ENDED JUNE 30, 2025**

NOTE 18 – RISK DISCLOSURES UNDER GASB 102, Continued

Conclusion

Although Tri City is exposed to funding concentration risk as described above, management does not currently believe the risk has crystallized into an event that will imminently cause a substantial impairment of service delivery within the next twelve months, and as of the date the financial statements are issued, no additional mitigating actions have been approved that would eliminate the disclosure requirement. Management and the Board will continue to monitor funding trends, policy developments and service demands closely.

NOTE 19 – SUBSEQUENT EVENTS

Tri-City has evaluated subsequent events through December 12, 2025, the date which the financial statements were available to be issued.

REQUIRED SUPPLEMENTARY INFORMATION

TRI-CITY MENTAL HEALTH AUTHORITY

**REQUIRED SUPPLEMENTARY INFORMATION
FOR FISCAL YEAR ENDED JUNE 30, 2025**

Schedule of Tri-City's Proportionate Share of the Net Pension Liability

As of the fiscal year ending June 30:

Last Ten Years*

<u>Measurement Date</u>	<u>Proportion of the net pension liability</u>	<u>Proportionate share of the net pension liability</u>	<u>Covered payroll</u>	<u>Proportionate share of the net pension liability as a percentage of covered payroll</u>	<u>The pension plan's fiduciary net position as a percentage of the total pension liability</u>
June 30, 2016	0.04370%	\$ 3,781,246	\$ 9,129,664	41.42%	74.06%
June 30, 2017	0.04780%	4,740,262	10,121,504	46.83%	73.31%
June 30, 2018	0.04834%	4,658,577	10,245,313	45.47%	77.69%
June 30, 2019	0.53310%	5,462,528	11,750,054	46.49%	77.73%
June 30, 2020	0.05814%	6,325,906	12,763,454	49.56%	77.71%
June 30, 2021	0.12127%	2,302,724	13,885,388	16.58%	88.30%
June 30, 2022	0.17658%	8,262,000	13,875,353	59.54%	78.19%
June 30, 2023	0.19490%	9,745,737	15,878,389	61.38%	77.97%
June 30, 2024	0.20425%	9,878,611	19,753,233	50.01%	79.91%

Notes to Schedule:

Benefit Changes:

There were no changes in benefits

Changes in Assumptions:

From fiscal year June 30, 2016 to June 30, 2017:

There were no changes in assumptions

From fiscal year June 30, 2017 to June 30, 2018:

The discount rate was reduced from 7.65% to 7.15%

From fiscal year June 30, 2018 to June 30, 2022:

There were no significant changes in assumptions.

From fiscal year June 30, 2022 to June 30, 2023:

The discount rate was reduced from 7.15% to 6.90%

From fiscal year June 30, 2023 to June 30, 2025:

There were no significant changes in assumptions.

* Fiscal year 2016 was the first year in which GASB 68 was implemented, therefore only nine years are shown.

TRI-CITY MENTAL HEALTH AUTHORITY

**REQUIRED SUPPLEMENTARY INFORMATION
FOR FISCAL YEAR ENDED JUNE 30, 2025**

Schedule of Contributions
As of the fiscal year ending June 30:
Last Ten Years*

Fiscal Year	Actuarially determined contributions	Contributions in relation to the actuarially determined contribution	Contribution deficiency (excess)	Covered payroll	Contributions as a percentage of covered payroll
June 30, 2017	\$ 861,026	\$ (861,026)	\$ -	\$ 10,121,504	8.51%
June 30, 2018	904,469	(904,469)	-	10,245,313	8.83%
June 30, 2019	1,134,877	(1,134,877)	-	11,750,054	9.66%
June 30, 2020	1,328,508	(1,328,508)	-	12,763,454	10.41%
June 30, 2021	1,586,047	(1,586,047)	-	13,885,388	11.42%
June 30, 2022	1,609,594	(1,609,594)	-	13,875,353	11.60%
June 30, 2023	1,877,761	(1,877,761)	-	15,878,389	11.83%
June 30, 2024	2,250,167	(2,250,167)	-	19,753,233	11.39%
June 30, 2025	2,265,064	(2,265,064)	-	18,092,856	12.52%

Fiscal Year	Valuation Date	Actuarial Cost Method	Asset Valuation	Inflation	Investment Rate of Return
June 30, 2017	June 30, 2015	Entry Age	Market Value	2.75%	7.65%
June 30, 2018	June 30, 2016	Entry Age	Market Value	2.75%	7.65%
June 30, 2019	June 30, 2017	Entry Age	Market Value	2.75%	7.65%
June 30, 2020	June 30, 2018	Entry Age	Market Value	2.75%	7.65%
June 30, 2021	June 30, 2019	Entry Age	Market Value	2.75%	7.65%
June 30, 2022	June 30, 2020	Entry Age	Market Value	2.75%	7.65%
June 30, 2023	June 30, 2021	Entry Age	Market Value	2.75%	6.90%
June 30, 2024	June 30, 2022	Entry Age	Market Value	2.75%	6.90%
June 30, 2025	June 30, 2023	Entry Age	Market Value	2.75%	6.90%

Amortization Method

Level percentage of payroll, closed

Salary Increases

Depending on age, service, and type of employment

Investment Rate of Return

Net of pension plan investment expense, including inflation

Retirement Age

50 years (3% @ 60), 52 years (2% @ 62)

Mortality

Mortality assumptions are based on mortality rates resulting from the most recent CalPERS Experience Study adopted by the CalPERS Board.

* Fiscal year 2017 was the first year in which GASB 68 was implemented, therefore only nine years are shown.



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Tri-City Mental Health Authority
Pomona, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Tri-City Mental Health Authority (Authority) as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated December 12, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in blue ink that reads "Nigro & Nigro, PC". The signature is written in a cursive style.

Murrieta, California
December 12, 2025



Tri-City Mental Health Authority
AGENDA REPORT

DATE: January 21, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson, Placide, LMFT, Executive Director

BY: Natalie Majors, LCSW, Chief Compliance Officer

SUBJECT: Consideration of Resolution No. 837 Authorizing the Executive Director To Enter Into An Agreement With Getaccept, Inc. for Electronic Signature Services for One Year in the Amount of \$36,353.01, with an Option to Renew for two Successive One-Year Terms

Summary:

Staff recommends that the Governing Board approve Agreement with GetAccept, Inc. and authorize the Executive Director to execute the Agreement with GetAccept, Inc., for electronic signature services.

Background:

Tri-City Mental Health Authority (TCMHA) has worked with GetAccept, Inc. for electronic signature services, for the past 3 years. It is recommended that we renew our agreement with GetAccept, Inc., to continue using their electronic signature services. In accordance with Los Angeles Department of Mental Health policy, client appointment service locations shall be based upon client preference, where possible, which can include video or telephone services. Providing services via video or telephone has created a corresponding need to have a method for remotely collecting legally binding signatures from clients on important administrative and treatment documents. In order to continue addressing this need, it is recommended to continue using GetAccept, Inc. as the electronic signature service solution. Additionally, as we prepare for growth and BHSA transition it is also recommended to expand use by adding 20 additional staff user accounts, which will bring our total staff user accounts up to 40.

Fiscal Impact:

Total anticipated annual cost for the first year is \$36,353.01 and includes:

- 40 User Accounts (GetAccept Enterprise Plus) - \$34,740.40
- 1 Customer Success Package - \$1,612.61

It is anticipated that future costs will be comparable.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 837 Authorizing the Executive Director To Enter Into An Agreement With Getaccept, Inc. for Electronic Signature Services for One Year in the Amount of \$36,353.01, with an Option to Renew for two Successive One-Year Terms
January 21, 2026
Page 2 of 4

Recommendation:

Staff recommend that the Governing Board adopt Resolution No. 837 approving an Agreement with GetAccept, Inc. for Electronic Signature Services in the amount of \$36,353.01 commencing on December 12, 2025 through December 12, 2026; with an option to renew for two successive one-year terms; and authorizing the Executive Director to execute the Agreement.

Attachments

Attachment 12-A: Resolution No. 837 – DRAFT

Attachment 12-B: TCMHA & GetAccept, Inc. Agreement for Electronic Signature Services

RESOLUTION NO. 837

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT WITH GETACCEPT, INC. FOR ELECTRONIC SIGNATURE SERVICES FOR ONE-YEAR IN THE AMOUNT OF \$36,353.01

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 continue to have a viable method for remotely collecting legally binding signatures from clients on administrative and treatment documents when providing telehealth services.

B. GetAccept, Inc. is an electronic signature service solution and the annual cost for the first year of service is \$36,353.01 (User Accounts– GetAccept Enterprise Plus- \$34,740.40; and Customer Success Package \$1,612.61).

2. Action

The Governing Board approves the Agreement with GetAccept, Inc. for Electronic Signature Services, in substantially the same form as presented at its meeting on January 21, 2026, and authorizes the Authority’s Executive Director to enter into and execute the Agreement, effective December 12, 2025 through December 12, 2026, with an option to extend two additional years.

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 21, 2026, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICHAELA P. OLMOS, RECORDING SECRETARY



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INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

GETACCEPT, INC.

DATED

JANUARY 26, 2026

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 12-B

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AGREEMENT

1. PARTIES AND DATE

THIS AGREEMENT (hereinafter "Agreement") is made and entered into as of January 21, 2026 ("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 ("TCMHA") and GETACCEPT, INC., a Delaware Corporation, with its corporate office at 2261 Market St #4358, San Francisco, CA 94114 ("CONTRACTOR"). TCMHA and CONTRACTOR are sometimes individually referred to as a "Party" and collectively as "Parties."

2. 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 Contractor shall provide the specified Electronic Signature Services and/or materials ("Services") as set forth in the Insight Quotation No. 0229043846, attached hereto and incorporated herein 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.

4. PERFORMANCE OF SERVICES

CONTRACTOR reserves the sole right to control or direct the manner in which the 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

Neither Party hereto may assign this Agreement, nor will CONTRACTOR subcontract any service requested hereunder to contractor(s) unless consented to in writing by the Executive Director of TCMHA. 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. TERM

The services and/or materials furnished under this Agreement shall be for one (1) year, commencing on December 12, 2025, and terminating on December 12, 2026; with an option to renew for two successive one-year terms; and shall be and remain in full force and effect until the Agreement is amended or terminated in accordance with the provisions of Section 8 below.

8. TERMINATION. This Agreement may be terminated only as follows:

8.1 Written Election. Either Party 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.

8.2 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 cause the software for Electronic Signature Services to operate correctly 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.

8.3 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 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. COMPENSATION. For the full performance of this Agreement:

9.1 TCMHA shall pay CONTRACTOR an amount not to exceed as stated in Insight Quotation No. 0229043846, attached hereto and incorporated herein as "Exhibit A," within thirty (30) days following receipt of invoice and completion/delivery of Services as detailed in Section 3

of this Agreement and only upon satisfactory delivery/completion of the Services in a manner consistent with professional/industry standards for the area in which CONTRACTOR operates. TCMHA is not responsible for paying for any work done by CONTRACTOR or any subcontractor above and beyond the "not to exceed" amount. In the event of termination, In the event of termination, GetAccept will issue a refund if services were not delivered as outlined in the Agreement or for breach of contract.

9.2 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.

9.3 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.

9.4 In the event of any anticipated increase in fees, Contractor shall notify TCMHA at least ninety (90) calendar days prior of such increase.

10. LICENSES

CONTRACTOR shall carry out the Services in conformity with all applicable federal, state and local laws, codes, ordinances, orders, regulations, and statutes, including business permits and licensing requirements necessary to conduct business and all applicable federal and state occupation, safety and health standards. 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 the 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. CONTRACTOR shall also be bound by all the requirements of HIPAA.

12. 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 audit purposes to TCMHA or any authorized representative, and must be retained, at the CONTRACTOR's expense, for a minimum of seven (7) years after the Agreement expires, unless the CONTRACTOR is notified in writing by TCMHA of the need to extend the retention period. The Contractor shall include a copy of this Section 12 in all contracts with its Subcontractors, and the Contractor shall be responsible for immediately obtaining those records or other written material from its Subcontractors upon a request by the State Auditor or TCMHA.

13. CONFLICT OF INTEREST

CONTRACTOR 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, 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 award of the Agreement.

14. GENERAL TERMS AND CONDITIONS.

14.1 Indemnity.

14.1.1 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 (1) of Section 14), from any and all demands, claims, compensation, fines, penalties, costs or liability of personal injury, bodily injury (including death) and property damage of any nature, including without limitation the payment of all consequential damages, attorneys' fees, and other related costs and expenses (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 (1) of Section 14), 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. All duties of the Contractor under this Subsection (1) of Section 14 shall survive expiration or termination of the Agreement.

14.1.2 CONTRACTOR must obtain executed indemnity agreements with provisions identical to those in Section 14.1.1 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.

14.2 Insurance. CONTRACTOR shall obtain and file with TCMHA, at its expense, a certificate of insurance before commencing any services under this Agreement as follows:

14.2.1 Workers Compensation Insurance: Minimum statutory limits.

14.2.2 Errors And Omissions Insurance: \$2,000,000 per occurrence and \$4,000,000 annual aggregate.

14.2.3 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.

14.2.4 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."

14.2.5 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.

14.2.6 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.

14.2.7 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

14.3 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.

14.4 Changes to the Agreement. This Agreement shall not be assigned or transferred without advance written consent of TCMHA. 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.

14.5 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 agree 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 9 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 marketing of their professional services.

14.6 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 the Services on TCMHA's behalf pursuant to this Agreement. 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*, incorporated herein as 'Exhibit B', accepting liability for any breach of ePHI or PHI.

14.7 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'.

14.8 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.

14.9 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.

15. REPRESENTATIVE AND NOTICE

15.1 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.

15.2 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.

15.3 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:

GetAccept, Inc.
2261 Market St #4358
San Francisco, CA 94114
Attn: Head of Sales

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.

16. 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.

17. EXHIBITS. The following attached exhibits are hereby incorporated into and made a part of this Agreement:

17.1 Exhibit A: Insight Quotation No. 0229043846, Dated 12/12/2025

17.2 Exhibit B: Business Associate Agreement

17.3 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

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 the 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. In no event shall the making by TCMHA of any payment to the CONTRACTOR constitute or be construed as a waiver by TCMHA of any breach of covenant, or any default that may then exist on the part of the CONTRACTOR, and the making of any such payment by TCMHA shall in no way impair or prejudice any right or remedy available to TCMHA with regard to such breach or default.

22. EXECUTION

22.1 Each person executing this Agreement on behalf of CONTRACTOR warrants that he or she is duly authorized to execute this Agreement on behalf of CONTRACTOR and that by his or her execution, CONTRACTOR is formally bound to the provisions of this Agreement.

22.2 CONTRACTOR certifies it is aware of the requirements of Sections 313 of the California Corporations Code. If CONTRACTOR is a corporate entity, it shall either: (i) provide TCMHA written proof that each person executing this Agreement on CONTRACTOR's behalf is duly authorized to bind CONTRACTOR; or (ii) provide two signatories to this Agreement, of whom the first must be CONTRACTOR's chairman of the board, president, or a vice president and the second must be CONTRACTOR'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.

**TRI-CITY MENTAL HEALTH
AUTHORITY**

GETACCEPT, INC.

By: _____
Ontson Placide, Executive Director

By: _____
Ali Khaleel Ali, Head of Sales

Attest:

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

Approved as to Form:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel

EXHIBIT A



INSIGHT DIRECT USA INC
 2701 E INSIGHT WAY
 CHANDLER AZ 85286-1930
 Tel: 800-467-4448

Page 1 of 2

Account name: 11115384

TRI-CITY MENTAL HEALTH SERVICE
 ATTN: ACCOUNTING DEPARTMENT
 1717 N INDIAN HILL BLVD
 CLAREMONT CA 91711-2788

SHIP-TO

TRI-CITY MENTAL HEALTH
 I.T. DEPARTMENT
 1900 ROYALTY DR STE 180
 POMONA CA 91767-3046

Quotation

Quotation Number : [0229043846](#)
Document Date : 12-DEC-2025
PO Number :
PO Release :
Sales Rep : Sierra Thompson
Email : SIERRA.THOMPSON@INSIGHT.COM
Phone : +14803333177
Sales Rep 2 : Camille Remoroza
Email : CAMILLE.REMOROZA@INSIGHT.COM
Phone :

We deliver according to the following terms:

Payment Terms : Net 30 days
Ship Via : Electronic Delivery
Terms of Delivery : FOB ORIGIN
Currency : USD

Material	Material Description	Quantity	Unit Price	Extended Price
GACP-ENT-ESI-BCV	GETACCEPT INC GETACCEPT ENTERPRISE SUCH AS (ELECTRONIC SIGNATURES, IN-APP EDITOR, BRANDING, CHAT AND VIDEO, LIBRARY, DOCUMENT TRACKING & INSIGHTS) Coverage Dates: 12-DEC-2025 - 12-DEC-2026	40	868.51	34,740.40
GTA-CTM-SSP	GETACCEPT CUSTOMER SUCCESS PACKAGE Coverage Dates: 12-DEC-2025 - 12-DEC-2026	1	1,612.61	1,612.61
			Product Subtotal	36,353.01
			TAX	0.00
			Total	36,353.01

Thank you for choosing Insight. Please contact us with any questions or for additional information about Insight's complete IT solution offering.

Sincerely,

Sierra Thompson
 +14803333177
SIERRA.THOMPSON@INSIGHT.COM

Camille Remoroza
CAMILLE.REMOROZA@INSIGHT.COM

EXHIBIT B**BUSINESS ASSOCIATE AGREEMENT**

This BUSINESS ASSOCIATE AGREEMENT (“**BAA**”) is made as of this 12th day of December, 2025 (the “**Effective Date**”) by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity (“**Covered Entity**” or “**CE**”) and GETACCEPT, INC. (“**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: GetAccept, Inc.
2261 Market St #4358
San Francisco, CA 94114
Attn: Head of Sales

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

GETACCEPT, INC.

Name of Covered Entity

Name of Business Associate

Authorized Signature

Authorized Signature

ONTSON PLACIDE

ALI KHALEEL ALI

Print Name

Print Name

EXECUTIVE DIRECTOR

HEAD OF SALES

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

GETACCEPT, INC.

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

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

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

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

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

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

Date	Ali Khaleel Ali, Head of Sales	Contractor or Vendor’s Signature
	Contractor or Vendor’s Name	

Date	Ontson Placide, Executive Director	TCMHA Executive Official’s Signature
	TCMHA Executive Official’s Name	

DISTRIBUTION:

COPIES: Contractor
Finance



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

DATE: January 21, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Micaela P. Olmos, CPMC, JPA Administrator/Clerk

SUBJECT: Election of Governing Board Officers for the 2026 Calendar Year as Required by the Joint Powers Agreement between the Cities of Pomona, Claremont, and La Verne

Summary:

The Joint Powers Agreement between the Cities of Pomona, Claremont, and La Verne, requires the Governing Board to elect, or re-elect, a chairperson and a vice-chairperson at the first meeting held in each succeeding calendar year.

Background:

Pursuant to the Joint Powers Agreement, Tri-City Mental Health Authority is governed by a Governing Board composed of seven members, each serving in his/her individual capacity and without compensation. In addition, Section 5601(a) of the Bronzan-McCorquodale Act/Short-Doyle Act, states that members of the board shall be a council member of his/her respective City, and three members of the board shall be community members appointed by the three Cities. The chairperson presides at, and conducts all meetings of the Governing Board. In the absence or inability of the chairperson to act, the vice-chairperson shall act as chairperson.

Funding:

None required.

Recommendation:

Staff recommend that the Governing Board consider the election or re-election of a chairperson and vice-chairperson.

Attachments:

None.