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TRI-CITY MENTAL HEALTH AUTHORITY

AGENDA

GOVERNING BOARD REGULAR MEETING

WEDNESDAY, MARCH 18, 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)
Trent West, 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/83535689902?pwd=jWsErloiHAQBFmQCqGa4vaokBbts3a.1](https://tricitymhs-org.zoom.us/j/83535689902?pwd=jWsErloiHAQBFmQCqGa4vaokBbts3a.1)
Passcode: awFL+Wy4

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

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

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

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

Written participation: you may also submit a comment by writing an email to molmos@tricitymha.ca.gov. 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, Elizabeth Ontiveros-Cole, and Trent West; 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.tricitymha.ca.gov>

CONSENT CALENDAR**1. APPROVAL OF MINUTES OF THE FEBRUARY 18, 2026 REGULAR MEETING OF THE GOVERNING BOARD**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of February 18, 2026.”

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. CONSIDERATION OF RESOLUTION NO. 842 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE TO ADD THE JOB DESCRIPTIONS FOR PATIENT FINANCIAL SERVICES WORKER I/II, CHIEF PROGRAM OFFICER, QUALITY ASSURANCE SPECIALIST I & II, AND QUALITY ASSURANCE SPECIALIST III

Recommendation: “A motion to adopt Resolution No. 842 establishing the Job Descriptions for the Patient Financial Services Worker I/II, and Quality Assurance Specialist I, II, and III Classifications; revising the Chief Program Officer Job Description; and updating the Master Classification and Salary Schedule to include these changes.”

9. CONSIDERATION OF RESOLUTION NO. 843 APPROVING AN AGREEMENT WITH WBCP, INC. TO CONDUCT AN EXECUTIVE SEARCH FOR TCMHA'S CHIEF ADMINISTRATIVE OFFICER IN THE AMOUNT OF \$36,800, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Recommendation: “A motion to adopt Resolution No. 843 approving the Agreement for recruiting services for a Chief Administrative Officer, and authorizing the Executive Director to execute the Agreement with WBCP, Inc., in the amount of \$36,800.00.”

10. CONSIDERATION OF RESOLUTION NO. 844 APPROVING A MEMORANDUM OF UNDERSTANDING WITH PARENTS ANONYMOUS (PA) FOR USE OF DESIGNATED SPACE AT TCMHA'S WELLNESS CENTER FOR FAMILY-RELATED SUPPORT PROGRAMS AND APPROVED PA'S RESEARCH ACTIVITIES

Recommendation: “A motion to adopt Resolution No. 844 approving an MOU with Parents Anonymous, and authorizing the Executive Director to execute the MOU.”

11. CONSIDERATION OF RESOLUTION NO. 845 APPROVING THE PURCHASE OF CORE NETWORK HARDWARE FOR TCMHA NEW OFFICES LOCATED AT 1902 ROYALTY IN POMONA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE PURCHASE ORDER FROM CDW-G IN THE AMOUNT OF \$31,395.17

Recommendation: “A motion to adopt Resolution No. 845 authorizing the Executive Director to purchase core network hardware in the amount of \$31,395.17 for new offices located at 1902 Royalty in Pomona.”

- 12. CONSIDERATION OF RESOLUTION NO. 846 APPROVING THE PURCHASE OF SERVER AND BACKUP INFRASTRUCTURE FOR TCMHA NEW OFFICES LOCATED AT 1902 ROYALTY IN POMONA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE PURCHASE ORDER FROM INTELLI-TECH IN THE AMOUNT OF \$29,998.75**

Recommendation: “A motion to adopt Resolution No. 846 authorizing the Executive Director to purchase network infrastructure in the amount of \$29,998.75 for new offices at 1902 Royalty in Pomona.”

- 13. CONSIDERATION OF RESOLUTION NO. 847 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH THE CLAREMONT UNIFIED SCHOOL DISTRICT (CUSD) FOR SPECIALTY MENTAL HEALTH SERVICES FOR THREE YEARS EFFECTIVE APRIL 1, 2026**

Recommendation: “A motion to adopt Resolution No. 847 approving the three-year MOU with the CUSD for specialty mental health services and authorizing the Executive Director to execute the MOU.”

- 14. CONSIDERATION OF RESOLUTION NO. 848 AUTHORIZING THE EXECUTIVE DIRECTOR TO NEGOTIATE WITH XEROX BUSINESS SOLUTIONS (XBS) AND SHARP BUSINESS SYSTEMS (SBS) BETTER AGREEMENT TERMS, AND TO EXECUTE THE AGREEMENT OF AN ANNUAL AMOUNT NOT TO EXCEED \$150,000.00**

Recommendation: “A motion to adopt Resolution No. 848 authorizing the Executive Director to negotiate better agreement terms with XBS and SBS for the lease of multifunction workstations, and to execute the agreement in an annual amount not to exceed \$150,000, for three years with an option to extend two additional years.

NEW BUSINESS

- 15. CONSIDERATION OF RESOLUTION NO. 849 DECLARING AN EMERGENCY DUE TO MECHANICAL FAILURE OF THE ELEVATOR AT AUTHORITY'S PROPERTY LOCATED AT 2008 N. GAREY AVE. IN THE CITY OF POMONA, CALIFORNIA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO AWARD A CONTRACT AND REPLACE THE ELEVATOR ON AN EMERGENCY BASIS AND WITHOUT GIVING NOTICE FOR BIDS TO LET CONTRACTS**

Recommendation: “A motion to adopt Resolution No. 849 declaring an emergency to elevator failure; awarding an agreement to replace the elevator, and authorizing executive director to execute the agreement.”

16. COLLECTION OF FEEDBACK AFTER PRESENTATION OF THE PROPOSED TRI-CITY MENTAL HEALTH AUTHORITY'S BEHAVIORAL HEALTH SERVICES ACT (BHSA) INTEGRATION PLAN (IP)

Recommendation: “Staff recommends that the Governing Board receive information and provide feedback on the proposed Authority’s BHSA Integration Plan.”

GOVERNING BOARD COMMENTS

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

PUBLIC COMMENT

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

ADJOURNMENT

The Governing Board will meet next in a Regular Meeting to be held on **Wednesday, April 15, 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

REGULAR MEETING OF THE GOVERNING BOARD FEBRUARY 18, 2026 – 5:00 P.M.

The Governing Board Regular Meeting was held on Wednesday, February 18, 2026, at 5:00 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 5:01 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
Trent West, City of La Verne, Board Member

ABSENT: Elizabeth Ontiveros-Cole, City of Pomona, Board Member

STAFF

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

OATH OF OFFICE

General Counsel Flower administered the Oath of Office to newly appointed Governing Board Member Trent West, City of La Verne Community Representative. Chair Leano congratulated Governing Board Member West. Board Member West expressed appreciation for the opportunity to support the community and give back, noting prior interactions with TCMHA over the past four years and firsthand experience observing agency programs in operation, and shared that he was pleased to contribute to supporting families experiencing crisis as a community member.

CONSENT CALENDAR

Board Member Lantz requested to pulled Item No. 4 from the Consent Calendar for further discussion.

AGENDA ITEM NO. 1

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

There being no further comment, Vice-Chair Lau moved, and Board Member Canales seconded, to approve the Consent Calendar Items Nos. 1-3 and 5-11. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and West; Vice Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

1. APPROVAL OF MINUTES THE JANUARY 21, 2026, REGULAR JOINT MEETING OF THE GOVERNING BOARD

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of January 21, 2026.”

2. ONTSON PLACIDE, EXECUTIVE DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

3. DIANA ACOSTA, CHIEF FINANCIAL OFFICER MONTHLY REPORT

Recommendation: “A motion to receive and file.”

5. SEEYAM TEIMOORI, MEDICAL DIRECTOR MONTHLY REPORT

Recommendation: “A motion to receive and file.”

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

Recommendation: “A motion to receive and file.”

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

Recommendation: “A motion to receive and file.”

8. CONSIDERATION OF RESOLUTION NO. 838 ESTABLISHING THE JOB DESCRIPTIONS FOR THE STRATEGIC INITIATIVE DIRECTOR AND OCCUPATIONAL THERAPY STUDENT INTERN CLASSIFICATIONS, AND UPDATING THE MASTER CLASSIFICATION AND SALARY SCHEDULE TO ADD THESE POSITIONS

Recommendation: “A motion to adopt Resolution No. 838 establishing the Strategic Initiative Director and Occupational Therapy Student Intern Job Classifications; and updating the Master Classification and Salary Schedule to include these changes.”

9. CONSIDERATION OF RESOLUTION NO. 839 ESTABLISHING THE RECONCILIATION AND REPORTING OF SERVICE ENCOUNTER CLAIMS POLICY AND PROCEDURE NO. I.29, EFFECTIVE FEBRUARY 18, 2026

Recommendation: “A motion to adopt Resolution No. 839 establishing the Policy and Procedure No. 1.29 for the Reconciliation and Reporting of Service Encounter Claims, effective February 18, 2026.”

10. SERVICE ENCOUNTER CLAIMS RECONCILIATION AND REPORT

Recommendation: “A motion to receive, approve, and file, the reconciliation and report of service encounter claims.”

11. CONSIDERATION OF RESOLUTION NO. 840 APPROVING AN AFFILIATION AGREEMENT WITH PALO ALTO UNIVERSITY AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

Recommendation: “A motion to adopt Resolution No. 840 authorizing the Executive Director to execute an Affiliation Agreement with Palto Alto University, and any amendments thereafter.”

NEW BUSINESS

4. LIZ RENTERIA, CHIEF CLINICAL OFFICER MONTHLY REPORT

Board Member Lantz referenced prior interactions with the Pomona Police Department regarding outreach efforts, noting that TCMHA had previously been asked to participate but that the initiative was funded through Los Angeles County. With the establishment of the Mobile Crisis Care (MCC) program, she inquired about recent discussions on the matter.

Chief Clinical Officer Renteria responded (via electronically) that Pomona continues to utilize Los Angeles County staff, with MCC serving to fill service gaps. She explained that as Los Angeles County triages calls, warm handoffs will be made to Tri-City when appropriate. She further noted that the Pomona Police Department maintains a mental health unit and that MCC is coordinating with that unit. She concluded by stating an MOU was under review, and recent meetings with Los Angeles County and Pomona Police Department were reported as positive.

Board Member Lantz expressed satisfaction with the update.

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

The staff monthly report was received and filed.

12. CONSIDERATION OF RESOLUTION NO. 841 AWARDED A CONTRACT TO VMA COMMUNICATIONS FOR MARKETING SERVICES IN THE AMOUNT OF \$66,000.00, BEGINNING MARCH 1, 2026 THROUGH JUNE 30, 2026, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Director of MHSA & Ethnic Services Barford explained that the contract with VMA Communications supports workforce recruitment efforts during a period of organizational transformation associated with BHSa implementation and anticipated workforce growth. She noted the intent to recruit qualified professionals and address hard-to-fill positions.

Communication Coordinator Sprague provided additional context, stating that the effort aligns with state and county recruitment initiatives and represents a strategic opportunity to expand outreach beyond the immediate service area to neighboring counties. She reported that an RFQ was issued on January 5, with outreach to 15 firms, including chambers of commerce. Six vendors submitted proposals, which were evaluated through interviews by a panel including the herself, Human Resources, and additional staff. Based on the evaluation, VMA Communications was selected due to its strong community presence in the San Gabriel Valley and comprehensive communications capabilities.

Board Member Canales asked whether the four-month contract period would result in completed videos and digital advertisements and whether the materials would extend beyond the contract term. Communication Coordinator Sprague responded that the recruitment videos would serve as foundational assets housed on a recruitment landing page, intended for long-term use. She noted that the contract period includes planning, development, and testing, and that materials produced would be sustainable and reusable.

Board Member Lantz asked how success would be measured. Communication Coordinator Sprague responded that metrics would include reach, engagement, and lead generation, with comparisons to current baseline data. Executive Director Placide added that current click-through data would be used for comparison. Board Member Lantz expressed interest in reviewing results given the contract cost.

Board Member West asked whether the campaign would focus on executive-level positions or general recruitment. Communication Coordinator Sprague responded that the approach would be hybrid, supporting general recruitment while also targeting hard-to-fill positions such as psychiatrists, nurses, peer support specialists, and mobile-based staff. Executive Director Placide noted that increased competition with county and healthcare providers requires clearer messaging regarding the agency's offerings and role as a government entity.

Vice-Chair Lau asked whether the materials would be used across social media platforms and who would control posting. Communication Coordinator Sprague confirmed that a multi-channel approach would be used, including LinkedIn, and that the agency would retain ownership and shared access to all assets. She further stated that VMA would provide training, templates, and support to ensure continuity if services were not extended. Vice-Chair Lau emphasized the importance of engagement metrics and requested comparative data at the conclusion of the contract period.

Board Member Canales commented on the importance of outreach focused on recruiting staff willing to work directly in the community. Communication Coordinator Sprague responded that storytelling centered on field-based staff and community impact would be a central component of the campaign.

Lindsey Barnes of VMA Communications addressed the Board, expressing appreciation for the opportunity to work with the agency and noting her role as project manager and primary point of contact. She reported experience with similar agencies and referenced prior campaigns that generated significant candidate engagement. She explained that VMA would track detailed engagement metrics and provide regular reporting with findings and recommendations.

Vice-Chair Lau requested that campaign metrics be included in future reports to the 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 Vice-Chair Lau seconded, to approve Resolution No. 841 awarding the Agreement for Marketing Services for Recruitment Video Production and Digital Ad Campaign to VMA Communications, and authorizing the Executive Director to execute the Agreement, in the amount of \$66,000.00, beginning March 1, 2026 through June 30, 2026. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and West; Vice Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

13. CONSIDERATION TO FORM AN AD-HOC COMMITTEE TO INTERVIEW APPLICANTS FOR MEMBERSHIP TO TCMHA MENTAL HEALTH COMMISSION

JPA Administrator/Clerk Olmos reported on recent resignations from the Mental Health Commission (MHC) and ongoing recruitment efforts to fill vacancies, including positions designated for youth under the age of 25. It was noted that recruitment for youth representation continues to be challenging, and this marked the second extension of the recruitment period. Staff recommended establishing an Ad Hoc Committee in advance of the recruitment deadline to allow the selection process to proceed without delay once applications close.

Board Member Lantz asked whether an interview process had historically been used. JPA Administrator/Clerk Olmos confirmed that an interview process has been standard practice, noting that in prior recruitments two Governing Board members volunteered to participate, with up to eight candidates interviewed in a single day. Interviews typically lasted 25 to 30 minutes and followed a set list of pre-selected questions, with interviews conducted over one or two days as needed.

Chair Leano inquired about Board Member Grajeda's availability. Board Member Grajeda indicated availability after March and confirmed her willingness to volunteer, pending verification of the date.

Chair Leano then asked for additional volunteers. Vice-Chair Lau expressed concern regarding time commitment based on prior experience serving on similar committees. Board Member Canales indicated interest but also noted concerns regarding scheduling. JPA Administrator/Clerk Olmos stated that interview times could be adjusted to accommodate availability. Board Member West requested additional information regarding the Board and committee responsibilities.

Chair Leano confirmed participation by Board Members Grajeda and tentative participation by Vice-Chair Lau and Board Member Canales, subject to quorum availability on the interview date, and asked whether this approach was acceptable. JPA Administrator/Clerk Olmos responded in the affirmative.

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

There being no further comment, Chair Leano moved, and Vice-Chair Lau seconded, the selection of Board Members Grajeda and Canales and Vice-Chair Lau to participate in an Ad-Hoc Committee to interview MHC Membership Applicants. The motion was carried by the following vote: Board Members Canales, Grajeda, Lantz, and West; Vice Chair Lau; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole.

GOVERNING BOARD COMMENTS

Vice-Chair Lau requested that an email be distributed to announce the extension of the Mental Health Commission recruitment period. JPA Administrator/Clerk Olmos confirmed that the email would be sent.

PUBLIC COMMENT

Three community members addressed the Board in support of continued Wellness Center (WC) services. Speakers emphasized that WC group programs provide a safe and supportive environment for recovery and stated that service consistency is critical. Community members shared personal experiences describing the positive impact of WC services on mental health, grief support, and community connection, and expressed concern that reductions in services would have serious consequences. Speakers urged the Board to continue WC programming.

Chair Leano thanked the community members for their comments and asked whether WC services were subject to budgetary changes. Executive Director Placide responded that the Board packet included a timeline related to the Integrated Plan (IP) and explained that, under BHSA, funding categories are being restructured, including shifts in Prevention and Early Intervention (PEI) funding back to the State. He stated that TCMHA was in the process of developing a three-year plan and encouraged stakeholders to provide comments during scheduled stakeholder meetings. He noted that recommendations would be made to the Governing Board and the Mental Health Commission and submitted to the State as part of the planning process. Executive Director Placide further stated that funding decisions are complex and that staff is currently in the planning phase, but that current services are anticipated to continue at this time.

Chair Leano asked for clarification regarding PEI-funded activities. Executive Director Placide stated that PEI currently funds WC services and that while services are not eliminated, funding may be significantly reduced. Chair Leano asked whether a reduction in WC services was anticipated, and Executive Director Placide responded that reductions are possible and that further discussion would occur once the Integrated Plan was posted, with additional opportunities for Board and stakeholder input.

Board Member Canales asked whether WC services could be cut, and Executive Director Placide confirmed that this was a possibility. Director of MHSA & Ethnic Barford noted that informational flyers had been distributed. Chair Leano requested that WC participants be provided alternative avenues to submit feedback if unable to attend stakeholder meetings. Executive Director Placide confirmed that staff would create additional options for public input.

Chair Leano asked when the matter would return to the Board. Executive Director Placide stated that stakeholder feedback would be reviewed at the March meeting, with Board approval anticipated at the April meeting, subject to quorum. Board Member West inquired if there was enough time to offer feedback before the 30 day posting, Executive Director Placide clarified that the public posting period would not limit Governing Board feedback and that the State would also provide feedback following posting.

Chair Leano directed that the full timeline of stakeholder meetings be shared publicly.

ADJOURNMENT

At 5:57 p.m., on consensus of the Governing Board its Regular Meeting of February 18, 2026, was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, March 18, 2026, at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela Perez Olmos, CPMC
JPA Administrador/Clerk

DRAFT



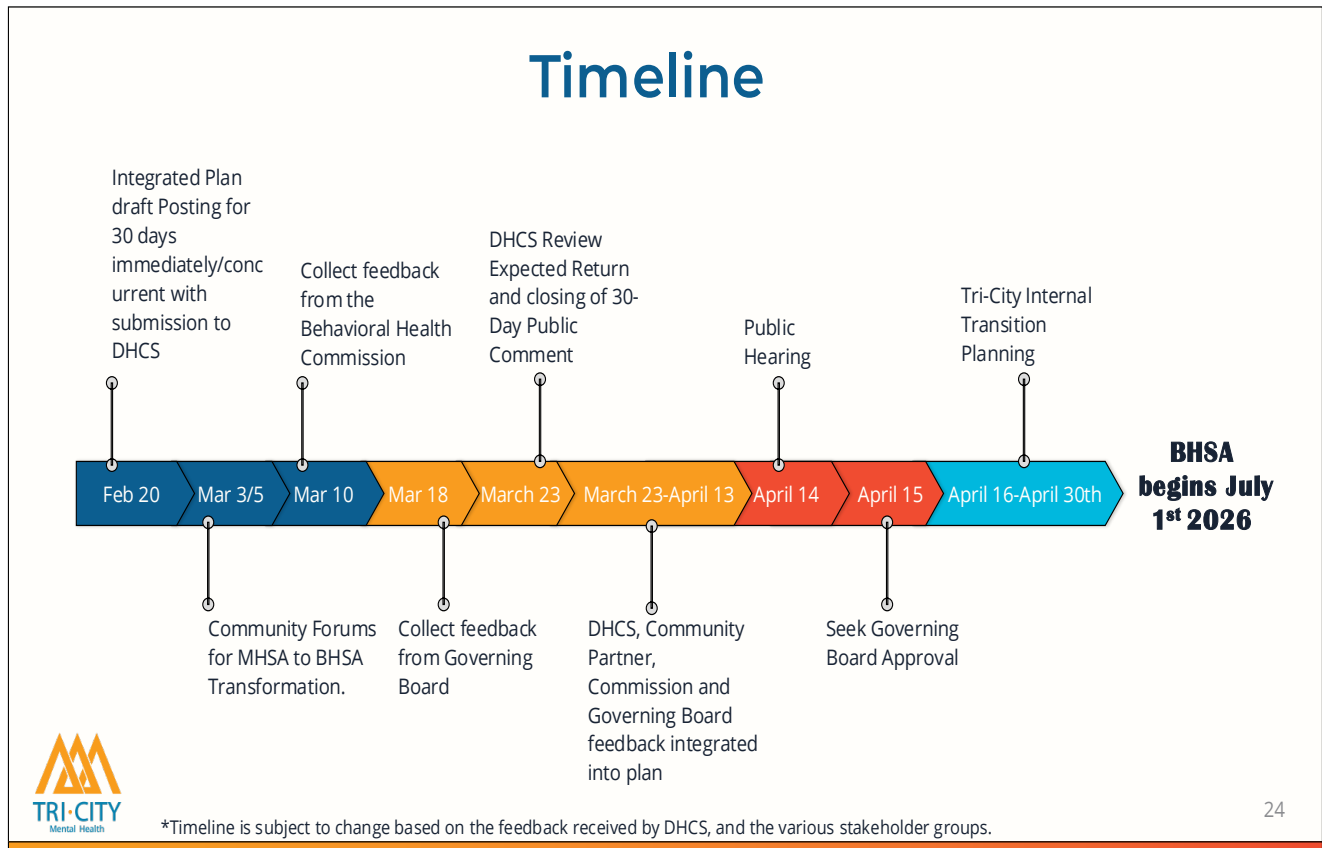
Tri-City Mental Health Authority MONTHLY STAFF REPORT

DATE: March 18, 2026
TO: Governing Board of Tri-City Mental Health Authority
FROM: Ontson Placide, LMFT, Executive Director
SUBJECT: Monthly Executive Director Report

I. EXECUTIVE SUMMARY

A. 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. See below updated timeline of activities. Community Stakeholder meetings have occurred along with the Mental Health Commission meeting. Feedback will be collected at this meeting from the Governing Board and utilized in the final planning process.



B. 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 is the stages of gathering closing documents from all funding sources and continued to be anticipated to close by June 30, 2026. The Tiny Home Project with City of Pomona was altered to 1 larger home rather than 2 properties due to various City concerns. A final plan will be taken to Pomona City Council on March 17, 2026 for approval of the revised project. A verbal report on the outcome will be provided in this meeting and formally on next month's report. The Baseline Senior Project is underway and monthly reports regarding expenditures are occurring.

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 February 2026:

- Total Staff is 225 full-time and 10 part-time plus 44 full-time vacancies 4 part-time vacancies for a total of 276 full-time equivalent positions.
- There were 2 new hires in February 2026.
- There were 1 separation in February 2026.

Workforce Demographics in February 2026

- American Indian or Alaska Native = 0.43%
- Asian = 8.55%
- Black or African American = 7.26%
- Hispanic or Latino = 62.82%
- Native Hawaiian or Other Pacific Islander = 0.43%
- Other = 2.56%
- Two or more races = 2.14%
- White or Caucasian = 15.81%

New Posted Positions in February 2026

- Executive Assistant (1 FTE)
- Office Assistant (2 FTEs)
- Office Specialist (1 FTE)
- Peer Support Specialist I/II MHSSA (1 FTE)
- Peer Support Specialist AOP (.5 FTE)

- Psychiatric Technician I/II (1 FTE)
- Peer Support Specialist I/II Mobile Crisis (3 FTEs)
- Senior Behavioral Health Specialist (1 FTE)

C. Information Technology (IT)

1. Technology preparation for new 1902 building continues along with new 431 Baseline Admin building.
2. The agency will tentatively move to Teams virtual communication application in May while still utilizing Ring Central for telehealth and telephony.

III. NATIONAL & STATEWIDE UPDATES IN BEHAVIORAL HEALTH

CA Government

Governor Newsom announces major transformation of six vacant buildings in Los Angeles County into mental health and housing communities– As part of his comprehensive approach to get people off the streets and into treatment and housing, Governor Gavin Newsom today announced the groundbreaking of Los Angeles County Care Community, a state-of-the-art behavioral health campus that will transform six vacant buildings into a unified mental health and housing community providing 162 housing and treatment beds.

<https://www.gov.ca.gov/2026/03/06/governor-newsom-announces-major-transformation-of-six-vacant-buildings-in-los-angeles-county-into-mental-health-and-housing-communities/>

10 projects from Newsom’s mental health bond were supposed to open in 2025. That didn’t happen- The initial idea was for counties to fill the gaps with Medi-Cal funds, said Michelle Cabrera, executive director of the County Behavioral Health Directors Association. But with recent federal cuts to Medicaid, that’s no longer as doable, she said. [CalMatters](#)

Newsom touts new construction to expand mental health treatment- Two years after voters approved funding to supercharge the expansion of the state’s of mental health and drug use treatment capacity, Gov. Gavin Newsom announced his administration has built hundreds more treatment slots than initially promised. Since 2024, the state has added 6,919 new residential treatment beds and 27,561 new outpatient treatment slots, Newsom announced Tuesday. When voters approved Proposition 1 in 2024, which included a \$6.4 billion bond, they were promised 6,800 new beds and 26,700 new outpatient placements. [Politico Pro \[full article below\]](#) // Related: [USA Today](#); [Becker’s Behavioral Health](#);



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: March 18, 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 SEVEN MONTHS ENDED JANUARY 31, 2026 (2026 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the seven months ended January 31, 2026. 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 \$1.5 million. MHSA operations accounted for approximately \$2.6 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 \$9.3 million in MHSA funding has been received of which \$1.7 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 \$14.6 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 \$1.1 million is from Clinic outpatient operations, which is the result of operations for the seven months ended January 31, 2026 which includes one-time payments made at the beginning of the year.

The total cash balance at January 31, 2026 was approximately \$59.5 million, which represents a decrease of approximately \$10.1 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 a decrease in cash of approximately \$1.5 million primarily as a result timing of cash receipts from LADMH. MHSA operations reflected a decrease in cash of approximately \$8.6 million, after excluding intercompany receipts or costs resulting from clinic operations. Total decrease in MHSA cash reflects the receipt of approximately \$9.3 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$2.2 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the seven months ended January 31, 2026. An additional \$2.6 million has been received through March 13, 2026.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

We continue to closely monitor for any new developments, changes to legislation and updated revenue projections from CBHDA, specifically with regard to MHSA as these revenues continually fluctuate and as evidenced in the past, 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).
 - The final report has been received and management is working with PERS to make the necessary corrections with the PERS reporting system
- Reversion calculations have been completed by DHCS as of July 1, 2025. DHCS has determined that TCMHA owes approximately \$30 thousand in housing plan funds to be reverted. Management is in the process of appealing the determination as management believes this is due to a reporting error in previous ARERs. Management will continue to update the Board on final determination.

Internal

- Preparation for the BHSA Integrated Plan

IV. ATTACHMENTS

Attachment 3-A: January 31, 2026 Unaudited Monthly Financial Statement

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

	AT JANUARY 31, 2026			AT JUNE 30, 2025		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
Current Assets						
Cash	\$ 16,138,970	\$ 43,386,444	\$ 59,525,414	\$ 17,961,366	\$ 51,687,939	\$ 69,649,305
Accounts receivable, net of reserve for uncollectible accounts \$993,191 at January 31, 2026 and \$527,386 at June 30, 2025	5,298,999	7,001,198	12,300,197	5,537,192	4,375,601	9,912,793
	<u>21,437,969</u>	<u>50,387,642</u>	<u>71,825,611</u>	<u>23,498,558</u>	<u>56,063,540</u>	<u>79,562,098</u>
Property and Equipment						
Land, building, furniture and equipment	4,095,629	13,218,519	17,314,148	4,232,362	10,168,006	14,400,368
Accumulated depreciation	(2,854,504)	(5,164,435)	(8,018,939)	(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	(233,960)	-	(233,960)	-	-	-
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>3,603,940</u>	<u>8,054,084</u>	<u>11,658,023</u>	<u>1,691,716</u>	<u>4,973,014</u>	<u>6,664,730</u>
Other Assets						
Deposits and prepaid assets	487,583	287,745	775,328	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>4,091,523</u>	<u>11,141,829</u>	<u>15,233,351</u>	<u>1,815,817</u>	<u>7,835,759</u>	<u>9,651,576</u>
Total Assests	<u>25,529,492</u>	<u>61,529,470</u>	<u>87,058,962</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>\$ 30,884,606</u>	<u>\$ 61,529,470</u>	<u>\$ 92,414,076</u>	<u>\$ 30,669,489</u>	<u>\$ 63,899,299</u>	<u>\$ 94,568,788</u>
LIABILITIES						
Current Liabilities						
Accounts payable	529,085	79,487	608,572	624,755	552,315	1,177,070
Accrued payroll liabilities	387,205	702,954	1,090,158	117,583	350,534	468,118
Accrued vacation and sick leave	640,407	1,372,030	2,012,437	636,548	1,292,202	1,928,750
Deferred revenue	238,334	-	238,334	852,457	-	852,457
Reserve for Medi-Cal settlements	4,378,369	4,291,806	8,670,174	4,324,954	4,161,537	8,486,491
Current portion of lease liability	167,114	-	167,114	-	-	-
Current portion of SBITA liability	272,492	-	272,492	272,492	-	272,492
Total Current Liabilities	<u>6,613,007</u>	<u>6,446,276</u>	<u>13,059,283</u>	<u>6,828,789</u>	<u>6,356,588</u>	<u>13,185,378</u>
Intercompany Acct-MHSA & TCMH	(344,541)	344,541	-	(65,052)	65,052	-
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	-	13,988,399	13,988,399	-	6,358,247	6,358,247
Total Long-Term Liabilities	<u>11,801,819</u>	<u>13,988,399</u>	<u>25,790,218</u>	<u>10,007,534</u>	<u>6,358,247</u>	<u>16,365,781</u>
Total Liabilities	<u>18,070,284</u>	<u>20,779,216</u>	<u>38,849,500</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	1,241,126	8,054,084	9,295,209	1,290,301	4,973,014	6,263,315
Restricted for MHSA programs	-	32,696,171	32,696,171	-	33,226,218	33,226,218
Unrestricted	11,507,152	-	11,507,151	12,541,872	-	12,541,872
Total Net Position	<u>12,748,277</u>	<u>40,750,255</u>	<u>53,498,532</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>\$ 30,884,606</u>	<u>\$ 61,529,470</u>	<u>\$ 92,414,076</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
SEVEN MONTHS ENDED JANUARY 31, 2026 AND 2025

	PERIOD ENDED 1/31/26			PERIOD ENDED 1/31/25		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 2,420,916	\$ 3,324,493	\$ 5,745,409	\$ 2,535,055	\$ 3,534,102	\$ 6,069,156
Medi-Cal FFP FYE Prior Year	197	9,247	9,444	1,076,815	1,188,733	2,265,548
Medi-Cal SGF-EPSDT	359,084	1,061,352	1,420,437	643,500	1,142,015	1,785,514
Medi-Cal SGF-EPSDT Prior Year	-	385	385	174,562	174,613	349,175
Medicare	9,619	6,068	15,687	6,296	5,074	11,370
Contracts	-	19,316	19,316	-	18,871	18,871
Patient fees and insurance	-	261	261	-	-	-
Rent income - TCMH & MHSA Housing	7,546	33,433	40,979	7,546	51,765	59,312
Other income	488	491	979	412	522	934
Net Operating Revenues	2,797,849	4,455,046	7,252,895	4,444,186	6,115,694	10,559,880
OPERATING EXPENSES						
Salaries, wages and benefits	5,863,459	12,433,585	18,297,044	4,775,402	11,045,864	15,821,266
Facility and equipment operating cost	363,501	1,214,968	1,578,469	361,931	974,570	1,336,501
Client lodging, transportation, and supply expense	10,916	2,041,192	2,052,108	17,297	451,152	468,448
Depreciation & amortization	185,792	391,257	577,049	174,848	364,644	539,492
Other operating expenses	674,331	1,616,274	2,290,604	568,325	1,472,648	2,040,973
Total Operating Expenses	7,097,999	17,697,276	24,795,275	5,897,803	14,308,877	20,206,680
OPERATING (LOSS) (Note 1)	(4,300,150)	(13,242,230)	(17,542,379)	(1,453,617)	(8,193,183)	(9,646,800)
Non-Operating Revenues (Expenses)						
Realignment	2,209,388	-	2,209,388	2,132,288	-	2,132,288
MHSA funds	-	14,582,840	14,582,840	-	16,693,035	16,693,035
Grants and Contracts	643,093	-	643,093	473,146	-	473,146
Rent Income from the new Admin Building	-	12,323	12,323	-	-	-
Interest Income net with FMV	363,773	1,198,089	1,561,862	262,417	1,243,294	1,505,711
Total Non-Operating Revenues (Expense)	3,216,254	15,793,252	19,009,506	2,867,850	17,936,329	20,804,180
INCOME (LOSS)	(1,083,896)	2,551,022	1,467,127	1,414,233	9,743,146	11,157,379
INCREASE (DECREASE) IN NET POSITION	(1,083,896)	2,551,022	1,467,127	1,414,233	9,743,146	11,157,379
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	\$ 12,748,277	\$ 40,750,254	\$ 53,498,532	\$ 11,434,532	\$ 42,082,328	\$ 53,516,860

(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
SEVEN MONTHS ENDED JANUARY 31, 2026 AND 2025**

	PERIOD ENDED 1/31/26			PERIOD ENDED 1/31/25		
	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	\$ 662,228	\$ 1,608,045	\$ 2,270,272	\$ 5,979,462	\$ 7,069,404	\$ 13,048,866
Cash payments to suppliers and contractors	(1,613,651)	(5,698,470)	(7,312,121)	(1,446,724)	(3,395,087)	(4,841,811)
Payments to employees	(5,589,979)	(12,001,337)	(17,591,316)	(4,688,339)	(10,737,803)	(15,426,142)
	<u>(6,541,402)</u>	<u>(16,091,762)</u>	<u>(22,633,164)</u>	<u>(155,601)</u>	<u>(7,063,486)</u>	<u>(7,219,087)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	9,292,811	9,292,811	-	15,771,672	15,771,672
CalHFA-State Administered Projects	-	-	-	-	532	532
Realignment	3,887,764	-	3,887,764	2,132,288	-	2,132,288
Grants and Contracts	699,530	-	699,530	1,380,437	-	1,380,437
	<u>4,587,294</u>	<u>9,292,811</u>	<u>13,880,105</u>	<u>3,512,724</u>	<u>15,772,204</u>	<u>19,284,928</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(30,865)	(3,344,118)	(3,374,983)	(38,400)	(178,136)	(216,536)
Intercompany-MHSA & TCMH	(279,489)	279,489	-	1,106,048	(1,106,048)	-
	<u>(310,354)</u>	<u>(3,064,629)</u>	<u>(3,374,983)</u>	<u>1,067,649</u>	<u>(1,284,184)</u>	<u>(216,536)</u>
Cash Flows from Investing Activities						
Interest received	426,908	1,529,218	1,956,126	277,823	1,356,976	1,634,799
	<u>426,908</u>	<u>1,529,218</u>	<u>1,956,126</u>	<u>277,823</u>	<u>1,356,976</u>	<u>1,634,799</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(1,837,555)	(8,334,361)	(10,171,916)	4,702,595	8,781,509	13,484,104
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>\$ 16,123,811</u>	<u>\$ 43,353,577</u>	<u>\$ 59,477,388</u>	<u>\$ 15,764,525</u>	<u>\$ 45,527,194</u>	<u>\$ 61,291,718</u>
Cash from the Balance Sheet	<u>16,138,970</u>	<u>43,386,444</u>	<u>59,525,414</u>	<u>15,784,604</u>	<u>45,638,386</u>	<u>61,422,990</u>
YTD Gain/(Loss) from GASB 31 Fair Market Value	<u>\$ 15,159</u>	<u>\$ 32,867</u>	<u>\$ 48,026</u>	<u>20,079</u>	<u>111,192</u>	<u>131,271</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
SEVEN MONTHS ENDING JANUARY 31, 2026
(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	\$ 2,640,039	\$ 5,185,739	\$ (2,545,700)	\$ 3,625,401	\$ 6,123,832	\$ (2,498,431)	\$ 6,265,440	\$ 11,309,572	\$ (5,044,131)
Medi-Cal FFP Prior Year	215	-	215	10,084	-	10,084	10,299	-	10,299
Medi-Cal SGF-EPSDT	391,586	528,893	(137,307)	1,157,418	1,326,726	(169,308)	1,549,004	1,855,620	(306,616)
Medi-Cal SGF-EPSDT Prior Year	-	-	-	420	-	420	420	-	420
Medicare	9,619	5,542	4,077	6,068	2,917	3,151	15,687	8,458	7,228
Patient fees and insurance	-	-	-	261	-	261	261	-	261
Contracts	-	-	-	19,316	-	19,316	19,316	-	19,316
Rent income - TCMH & MHSA Housing	7,546	7,896	(350)	33,433	54,028	(20,595)	40,979	61,924	(20,945)
Other income	488	-	488	491	-	491	979	-	979
Provision for contractual disallowances	(251,625)	(464,524)	212,899	(396,974)	(745,056)	348,082	(648,599)	(1,209,580)	560,981
Provision for contractual disallowances prior year	(18)	-	(18)	(872)	-	(872)	(890)	-	(890)
Net Operating Revenues	2,797,849	5,263,546	(2,465,697)	4,455,046	6,762,447	(2,307,401)	7,252,895	12,025,994	(4,773,098)
OPERATING EXPENSES									
Salaries, wages and benefits	5,863,459	6,843,756	(980,297)	12,433,585	15,227,702	(2,794,117)	18,297,044	22,071,458	(3,774,414)
Facility and equipment operating cost	363,501	351,945	11,556	1,214,968	989,279	225,689	1,578,469	1,341,223	237,246
Client program costs	10,916	31,113	(20,197)	2,041,192	357,861	1,683,331	2,052,108	388,974	1,663,135
Grants	134,022	768,987	(634,966)	126,845	77,962	48,883	260,867	846,949	(586,082)
MHSA training/learning costs	-	-	-	51,698	56,566	(4,869)	51,698	56,566	(4,869)
Depreciation & amortization	185,792	105,828	79,964	391,257	355,429	35,829	577,049	461,257	115,792
Other operating expenses	540,309	416,142	124,166	1,437,731	1,390,884	46,847	1,978,040	1,807,026	171,013
Total Operating Expenses	7,097,999	8,517,771	(1,419,772)	17,697,276	18,455,682	(758,407)	24,795,275	26,973,454	(2,178,179)
OPERATING INCOME (LOSS)	(4,300,150)	(3,254,225)	(1,045,925)	(13,242,230)	(11,693,235)	(1,548,995)	(17,542,379)	(14,947,460)	(2,594,919)
Non-Operating Revenues (Expenses)									
Realignment	2,209,388	2,132,288	77,101	-	-	-	2,209,388	2,132,288	77,101
MHSA Funding	-	-	-	14,582,840	14,854,572	(271,732)	14,582,840	14,854,572	(271,732)
Grants and contracts	643,093	1,522,036	(878,942)	-	-	-	643,093	1,522,036	(878,942)
Rent Income from the new Admin Building	-	-	-	12,323	-	12,323	12,323	-	12,323
Interest (expense) income, net	363,773	276,606	87,167	1,198,089	1,295,945	(97,856)	1,561,862	1,572,551	(10,689)
Total Non-Operating Revenues (Expense)	3,216,254	3,930,929	(714,675)	15,793,252	16,150,517	(357,265)	19,009,506	20,081,446	(1,071,940)
INCREASE(DECREASE) IN NET POSITION	\$ (1,083,896)	\$ 676,704	\$ (1,760,599)	\$ 2,551,022	\$ 4,457,282	\$ (1,906,260)	\$ 1,467,127	\$ 5,133,986	\$ (3,666,859)

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
SEVEN MONTHS ENDING JANUARY 31, 2026**

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 \$4.8 million for the following reasons:

- 1 Medi-Cal FFP revenues for FY 2025-26** were approximately \$5.0 million lower than the budget. Medi-Cal FFP revenues were \$2.5 million lower for TCMH and approximately \$2.5 million lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$1.7 million and the children program revenues were lower by \$887 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$1.8 million and the Children and TAY FSP programs were lower by \$736 thousand.
- 2 Medi-Cal SGF-EPSDT revenues for fiscal year 2025-26** were lower than budget by \$306 thousand of which \$137 thousand lower were from TCMH and \$169 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 \$7 thousand higher than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 Contract revenues** are approximately \$19 thousand higher than the budget from MHSA.
- 5 Rent Incomes** are lower than the budget by approximately \$21 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 \$560 thousand due to lower revenues.

Operating Expenses

Operating expenses were lower than budget by \$2.2 million for the following reasons:

- 1 Salaries and benefits** are approximately \$3.8 million lower than the budget and of that amount, salaries and benefits are \$980 thousand lower for TCMH operations and are \$2.8 million lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than the budget by \$492 thousand due to vacant positions. Benefits are also lower by \$488 thousand.

MHSA salaries are lower than budget by \$1.9 million. The direct program salary costs are lower by \$916 thousand due to vacant positions and the administrative salary costs are lower than the budget by \$970 thousand. Benefits are lower than the budget by \$908 thousand due to lower health insurance of \$360 thousand, retirement costs of \$451 thousand, state unemployment insurance of \$74 thousand and medicare tax of \$32 thousand. These lower costs are slightly offset by higher workers compensation insurance.
- 2 Facility and equipment operating costs** were higher than the budget by \$237 thousand mainly due to the Laptop Refresh Project replacing over 230 new laptops for all staff, funded by CFTN plan.
- 3 Client program costs** are higher than the budget by \$1.7 million due to a payment of \$1.9 million to the City of Pomona's Hope for Home Year-Round Emergency Shelter for the exclusive 71 beds to support emergency shelter for TCMHA clients.
- 4 Grants for fiscal year 2025-26** are \$586 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 \$5 thousand lower than the budget.
- 6 Depreciation and amortization** are approximately \$116 thousand higher than the budget.
- 7 Other operating expenses** were higher than the budget by \$171 thousand of which \$124 thousand higher were from TCMH and \$47 thousand higher were from MHSA. Overall, the higher costs were due to higher security expense, personnel recruiting costs and liability insurance. These higher costs are offset with lower attorney fees.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
SEVEN MONTHS ENDING JANUARY 31, 2026**

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 \$1.1 million as follows:

- 1 **TCMH non-operating revenues** are \$715 thousand lower than the budget. Of that, realignment fund was higher than the budget by \$77 thousand, grants and contracts were lower by \$879 thousand, and interest income net were higher by \$87 thousand.

- 2 **MHSA non-operating revenue** is lower than the budget by \$272 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	3,137,189	3,408,921	(271,732)
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>\$ 14,582,840</u>	<u>\$ 14,854,572</u>	<u>\$ (271,732)</u>

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

PEI recorded revenue is lower than budget by approximately \$272 thousand. The difference is due to the amount received and available for the PEI plan through January 2026. The additional funds received during the fiscal year 2025-26 will be recorded as revenue up to the budgeted amount.

Rent income from the New Admin Building, \$12 thousand in rent credit through the close of escrow of the newly purchased building on 431 W. Baseline Rd., Claremont on January 15, 2026. It was agreed that the tenant continue to occupy the space until end of March.

Interest income net with interest expense for MHSA were lower than budget by approximately \$98 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
SEVEN MONTHS ENDED JANUARY 31, 2026 AND 2025

	PERIOD ENDED 1/31/26			PERIOD ENDED 1/31/25		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 2,420,916	\$ 3,324,493	\$ 5,745,409	\$ 2,535,055	\$ 3,534,102	\$ 6,069,156
Medi-Cal FFP FYE Prior Year	197	9,247	9,444	1,076,815	1,188,733	2,265,548
Medi-Cal SGF-EPSDT	359,084	1,061,352	1,420,437	643,500	1,142,015	1,785,514
Medi-Cal SGF-EPSDT Prior Year	-	385	385	174,562	174,613	349,175
Medicare	9,619	6,068	15,687	6,296	5,074	11,370
Realignment	2,209,388	-	2,209,388	2,132,288	-	2,132,288
MHSA funds	-	14,582,840	14,582,840	-	16,693,035	16,693,035
Grants and contracts	643,093	19,316	662,409	473,146	18,871	492,017
Patient fees and insurance	-	261	261	-	-	-
Rent income - TCMH & MHSA Housing	7,546	33,433	40,979	7,546	51,765	59,312
Rent Income from the new Admin Building	-	12,323	12,323	-	-	-
Other income	488	491	979	412	522	934
Interest Income	363,773	1,198,089	1,561,862	262,417	1,243,294	1,505,711
Total Revenues	6,014,103	20,248,298	26,262,401	7,312,036	24,052,023	31,364,059
EXPENSES						
Salaries, wages and benefits	5,863,459	12,433,585	18,297,044	4,775,402	11,045,864	15,821,266
Facility and equipment operating cost	363,501	1,214,968	1,578,469	361,931	974,570	1,336,501
Client lodging, transportation, and supply expense	10,916	2,041,192	2,052,108	17,297	451,152	468,448
Depreciation & amortization	185,792	391,257	577,049	174,848	364,644	539,492
Other operating expenses	674,331	1,616,274	2,290,604	568,325	1,472,648	2,040,973
Total Expenses	7,097,999	17,697,276	24,795,275	5,897,803	14,308,877	20,206,680
INCREASE (DECREASE) IN NET POSITION	(1,083,896)	2,551,022	1,467,127	1,414,233	9,743,146	11,157,379
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	\$ 12,748,277	\$ 40,750,254	\$ 53,498,532	\$ 11,434,532	\$ 42,082,328	\$ 53,516,860

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: March 18, 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

This report highlights continued Behavioral Health Services Act (BHSA) implementation efforts, including establishing initial meetings with Centers of Excellence for fidelity-focused program development and ongoing clinical workflow refinement. It also summarizes supervisory training in Clinical Leadership meetings (documentation, crisis management, and team collaboration) and interagency partnership development with Managed Care Plans through MOUs to strengthen coordinated housing interventions.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

Work has continued on Behavioral Health Services Act (BHSA) implementation, including establishing initial meetings with Centers of Excellence to support fidelity-focused program development. Clinical and housing leadership also continued refining workflows to support coordinated service delivery and effective implementation across programs

III. ADMINISTRATIVE UPDATES

Supervisory training continued as part of Clinical Leadership meetings to strengthen day-to-day supervision practices and support consistent, high-quality staff development across programs. Supervisors and managers were actively engaged through guided discussion, shared problem-solving, and review of real supervision scenarios to address common issues and identify practical, strengths-based strategies geared toward employee success and effective agency functioning. Topics discussed included documentation expectations and quality standards, managing crisis situations, and supporting team collaboration to promote communication, accountability, and coordinated care.

IV. INTERAGENCY COLLABORATION / COMMUNITY PARTNERSHIPS

TCMHA staff is meeting with several Managed Care Plans (MCPs) to establish formal partnerships and develop Memorandums of Understanding (MOUs) to support housing interventions for clients. This collaboration is required under the Behavioral Health

Services Act to ensure services between the BHSA programs and MCPs are coordinated and not duplicated, that resources across both entities are fully leveraged for the benefit of clients, and that appropriate data can be collected and shared to support oversight and outcomes. The MOUs will serve as the foundation for the partnership, outlining shared roles, referral and communication pathways, and expectations for ongoing coordination.



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

DATE: March 18, 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

The transition from MHSA to BHSA represents a significant structural and operational shift for our community mental health programs, requiring adjustments in funding streams, reporting expectations, service delivery models, and clinical workflows. This change introduces new performance metrics, expanded behavioral health integration requirements, and a stronger emphasis on coordinated care across systems. While the transition is designed to strengthen long-term sustainability and improve client outcomes, it also brings understandable uncertainty for staff who must adapt to revised procedures, documentation standards, and program priorities. Ensuring that teams feel informed, supported, and equipped during this period is essential to maintaining continuity of care and minimizing disruption for the clients we serve and help with staff retention and satisfaction.

To support a smooth transition, in our multiple psychiatric and nursing team meetings, information on the upcoming BHSA-related changes have been shared and concerns have been discussed directly. The discussions have been focused on clarifying how clinical roles, workflows, and communication pathways may shift under the new structure, to reduce stress and maintain stability during implementation. Staff were provided with clear expectations, opportunities to ask questions, and guidance on how psychiatric and nursing services, and interdisciplinary coordination will be transformed throughout the transition. The goal has been to be transparent and to ensure the teams feel prepared, informed and confident as the organization moves from MHSA to BHSA.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

The psychiatric and nursing teams involved and participated in multiple operational EHR systems introductions, reviews and in-depth presentations, and provided collective, constructive and detailed feedback to help the agency to finalize the selection of the best EHR system to meet our operational priorities and needs.

III. INTERAGENCY COLLABORATION

- Collaboration with The Best Practices Department on the billing accuracy and client service hours initiatives.
- Collaboration with other departments and our consultants in completing Drug Medi-Cal application process.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: March 18, 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: March 2026 Staff Report for MHSA

I. EXECUTIVE SUMMARY

Tri-City advanced several key initiatives this period, including the release of the Behavioral Health Services Act (BHSA) 3-Year Integrated Plan for a 30-day public comment period and continued preparation for final submission in June of 2026. Wellness Center programming remains strong, with movie nights reinstated and two additional years of funding secured. PADs implementation also progressed through the launch of the *My Plan My Voice* platform, staff trainings, and expanded community outreach.

Community engagement efforts grew through the Innovation's Community Planning Project (CPP) social media campaigns, meeting-focused video content, and preparation of Together For Change participants for upcoming BHSA forums. Partnerships further strengthened program impact, including a Wellness Lotería collaboration with Cal Poly Pomona. The Community Navigator Program continued broad outreach and provided intensive support to a newly relocated teen, connecting her to basic needs, documentation, mental health care, education, employment, and housing resources—demonstrating Tri-City's ongoing commitment to community stability and wellbeing.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

BHSA 3-Year Integrated Plan

Tri-City's BHSA Integrated Plan was submitted to the Department of Health Care Services (DHCS) for review and released for a 30-day public comment period on February 20th. After the comment period closes on March 23rd, all feedback will be reviewed and considered for inclusion in the plan. DHCS also has until March 23rd to provide any recommendations to Tri-City. Once the draft is updated to reflect input, the final document will be submitted no later than June 30th, 2026.

PADs Implementation

The Psychiatric Advance Directive (PAD) creation platform, *My Plan My Voice* (<https://www.myplanmyvoice.com/>), is now live. The site allows individuals to create,

store, and share their PAD online, documenting treatment preferences, crisis contacts, and other key information to guide providers during a mental health crisis when they may be unable to communicate their wishes.

In February, Tri-City clinical staff—including the Mobile Crisis Team—participated in a PADs training. The session covered:

- The history and purpose of Psychiatric Advance Directives
- How PADs will be integrated into Tri-City workflows
- How authorized staff can access PADs through the platform

A total of 68 Tri-City staff members attended. The team also presented at NAMI's in-person *Family-to-Family* class to inform families, significant others, and friends about the PADs project and the opportunity to create a PAD.

PRPSN is now responding to calls and emails and scheduling appointments for individuals interested in creating a PAD. Outreach materials for Tri-City staff and the Mobile Crisis Team are included below and will support ongoing education and engagement efforts.

Community Planning Process (CPP) Social Media and Communications

Throughout February, CPP shared a wide range of social media posts and stories. Content highlighted the community garden, job opportunities, and holiday reminders, helping maintain consistent engagement across platforms. The team also prioritized video content for the monthly Mental Health Commission and Governing Board meetings. A dedicated video was produced for each February meeting to encourage community attendance, accompanied by graphics reminding the public of meeting dates.

The team is now developing broader video content that promotes monthly meeting opportunities without relying on date-specific messaging. Additional materials are also in progress to support communication related to the Behavioral Health Services Act (BHSA) transition.

Together For Change Community Preparation

The Together for Change community groups received a refresher on Proposition 1 and the Behavioral Health Services Act (BHSA) to prepare for the March Community Forums. Participants reviewed the foundation of BHSA and were informed that the Integrated Plan would soon be posted for a 30-day public comment period. They also received the community flyer outlining both virtual and in-person opportunities to participate. During this session, participants learned how to provide public comment and when comment periods occur during monthly meetings. These efforts help ensure community members feel informed, confident, and ready to engage in the upcoming forums and other public participation opportunities.

III. INTERAGENCY COLLABORATION / COMMUNITY PARTNERSHIPS

ADELANTE Wellness Collaborative Partnership with Cal Poly Pomona

The ADELANTE Wellness Collaborative extends its appreciation to the Reading, Advising, & Mentoring Program at Cal Poly Pomona for inviting the team to facilitate a Wellness Lotería activity. The session engaged both faculty and students in an interactive, culturally grounded exploration of wellness strategies, using a lotería-style game to highlight positive coping techniques that can be incorporated into daily routines.

More than 20 participants attended the event, many of whom shared that the wellness reminders were especially meaningful as they approached the final week of the term. Several students noted that the coping strategies introduced were new to them and that they planned to integrate some of these approaches into their own self-care practices.

The Collaborative remains deeply grateful for partnerships like this, which make meaningful, interactive wellness experiences possible and strengthen the shared commitment to community wellbeing.

Community Navigator Program

Community Outreach - Outreach efforts for the Community Navigator Program focused on inviting residents to Tri-City's Community Forum. Flyers were distributed across all three cities and delivered directly to numerous community organizations. Additional materials were placed in high-traffic public locations, including libraries, city halls, and community centers, to ensure broad visibility and access.

Client Support and Navigation Services - A teen who recently relocated from another state to Pomona to live with extended family began attending Transition Age Youth (TAY) groups at the Tri-City Wellness Center. Through this connection, she was introduced to a Community Navigator who helped her access essential resources and stabilize her transition into the community.

Key support included:

- **Basic needs assistance**, including shoes through *Shoes That Fit* and clothing through *Operation School Bell*.
- **Identity and documentation support**, including a voucher for a California ID and assistance obtaining her birth certificate.
- **Linkage to community programs**, including *Inspire Together* in Claremont.
- **Connection to mental health services**, where she now has a treatment team providing ongoing support.
- **Employment preparation**, with a referral to the America's Job Center of California as she prepares to begin working.
- **Education and housing stability**, including enrollment in a local school and the option to move into a residential teen housing program in the coming month.

Impact on Stability and Wellbeing - The client continues to live with her extended family and reports feeling safe and supported. Through coordinated efforts and strong partnerships, she is now connected to housing, education, employment, and mental health services—key components that are helping her build stability and a positive path forward.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: March 18, 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 moving forward with planning and implementation to ensure that BHSA transformation requirements are implemented by July 1, 2026. The priority areas that the Best Practices Division will be working on are Policy Development, Program Transitions, and Integrating required BHSA components into existing and new workflow protocols and structures.

II. DEPT OPERATIONAL ITEMS / PROGRAMS & SERVICES

Data Collection, Analysis, and Reporting

The quality improvement/data team is collaborating with the Tri-City Diversity, Equity, and Inclusion (DEI) Coordinator to enhance awareness and effective use of Tri-City's translation and interpretation resources to improve service accessibility. This will be an opportunity to re-review with staff: 1) how to access the language line resources, 2) how using language line resources can help us better serve our clients and participants, and 3) how to track the use of the language line resources. This project will also assist with fulfilling the requirement to report to the Los Angeles County Department of Mental Health, the number of services provided through language line resources, as required by the California Department of Health Care Services.

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 the agency maintains required quality standards. In February, the QA team's audit focus was on compliance and accuracy with documenting supportive services.

Training and In-service

Best practice staff continue to provide ongoing Clinical Documentation & Compliance Training, as well as Electronic Health Record Training. Members of the Best Practices division attended the 2026 Data Analytics for Compliance Programs Conference. The purpose of this conference is to learn about the latest strategies for using data analytics in compliance programs.



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

DATE: February 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

BY: Kitha Torregano, Human Resources Director

SUBJECT: Approval of Resolution No. 842 Adopting Revisions to the Master Classification and Salary Plan; Establishing the Patient Financial Services Worker I/II and Quality Assurance Specialist III and Revising Chief Program Officer and Quality Assurance Specialist I/II Classifications

Summary:

This report seeks Governing Board approval to add new classifications to Tri-City Mental Health Authority's (TCMHA) Classification Plan and Master Classification and Salary Schedule. These positions were previously budgeted and approved as part of the Fiscal Year 2025–2026 budget. The proposed classifications have been reviewed by Gallagher Benefit Services, Inc.

The requested action supports organizational readiness for the implementation of the Behavioral Health Services Act (BHSA), effective July 1, 2026, and advances workforce development efforts within Tri-City's administrative and clinical programs.

Background:

TCMHA continues to prepare for significant operational, administrative, and reporting changes required under the Behavioral Health Services Act (BHSA), effective July 1, 2026. In response, Tri-City's Integrated Plan identifies the need for strengthened internal infrastructure and additional administrative support capacity to ensure the agency can effectively meet new requirements and sustain service delivery.

The classifications included in this report are intended to address areas where the Agency has historically lacked sufficient administrative support and to establish career ladder opportunities in classifications where the need for advanced-level expertise has emerged. These positions will enhance internal coordination, administrative efficiency, and organizational capacity necessary to support BHSA-related changes. All classifications have been reviewed by Gallagher Benefit Services, Inc. to ensure appropriate classification structure and alignment with market standards.

Governing Board of Tri-City Mental Health Authority

Consideration of Resolution No. 842 Adopting Revisions to the Master Classification and Salary Plan; Establishing the Patient Financial Services Worker I/II and Quality Assurance Specialist III and Revising Chief Program Officer and Quality Assurance Specialist I/II Classifications

March 18, 2026

Page 2 of 3

The Patient Financial Services Worker I/II is a new classification developed by the Agency and supports essential patient financial services operations, including eligibility determination, billing, collections, and compliance with Medi-Cal, Medicare, and other insurance program requirements. The proposed salary ranges are Range 16 \$50,755.46 - \$58,755.80/annually for the Patient Financial Services Worker I level and Range 20 \$50,815.93 - \$64,855.40/annually for the Patient Financial Services Worker II level.

The Chief Clinical Officer classification is being revised to Chief Program Officer to better align the position with Behavioral Health Services Act (BHSA) requirements and the Agency's evolving service delivery model. The revised title and job description emphasize program-level leadership, system integration, and outcome-driven oversight across clinical and community-based services, while maintaining the clinical expertise required of the role. This update does not change the position's salary and reflects a shift in focus rather than a reclassification.

The Quality Assurance Specialist I/II revisions and Quality Assurance Specialist III classification addition are intended strengthen the Authority's ability to recruit and retain qualified clinical professionals into quality assurance roles. The updated structure emphasizes the need for staff with a strong clinical lens to support complex quality assurance activities, including chart review, audit interpretation, clinical compliance, and quality of care evaluations.

To support the addition of an advanced, clinically focused specialist level (Quality Assurance Specialist III) and to address salary compaction, Human Resources recommends placing the Quality Assurance Specialist III at Range 46 and adjusting the Quality Assurance Supervisor to Range 50. This structure preserves the Agency's practice of approximately ten percent progression between levels, avoids overlap between advanced specialist and supervisory classifications, supports recruitment of experienced clinical professionals, and maintains internal equity.

Fiscal Impact:

The Patient Financial Services Worker I/II position was incorporated into the Governing Board-approved Fiscal Year 2025–2026 budget. There will be no immediate fiscal impact for the Quality Assurance Specialist III position until such time as a future recruitment or reclassification action occurs. There will be limited fiscal impact related to the adjustment of the Quality Improvement Specialist Supervisor position to prevent compaction. Upon approval, the incumbent's salary will be adjusted consistent with placement in the newly recommended range per Tri-City's Personnel Rules, which is estimated at approximately 0.12%.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 842 Adopting Revisions to the Master Classification and Salary Plan; Establishing the Patient Financial Services Worker I/II and Quality Assurance Specialist III and Revising Chief Program Officer and Quality Assurance Specialist I/II Classifications
March 18, 2026
Page 3 of 3

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 842 to approve the revisions to the Master Classification and Salary Plan; Establishing the Patient Financial Services Worker I/II and Quality Assurance Specialist III Classifications, and Revising Chief Program Officer and Quality Assurance Specialist I/II Job Descriptions.

Attachments

Attachment 8-A: Resolution No. 842 - Draft

Attachment 8-B: Patient Financial Services Worker I/II Job Description

Attachment 8-C: Chief Program Officer Job Description

Attachment 8-D: Quality Assurance Specialist I/II Job description

Attachment 8-E: Quality Assurance Specialist III Job description

RESOLUTION NO. 842

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ESTABLISHING THE JOB CLASSIFICATIONS OF THE PATIENT FINANCIAL SERVICES WORKER I/II, AND QUALITY ASSURANCE SPECIALIST III; REVISING THE CHIEF PROGRAM OFFICER, AND QUALITY ASSURANCE SPECIALIST I/II JOB DESCRIPTIONS; 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 classifications of the Patient Financial Services Worker I/II, and Quality Assurance Specialist III Classifications, and revise the Chief Program Officer, and the Assurance Specialist I/II Job Descriptions, to meet current workforce needs and skill requirements necessary to support organizational readiness for the implementation of the Behavioral Health Services Act (BHSA), effective July 1, 2026; and update the Authority's Master Classification and Salary Schedule to reflect these changes.

B. Based on a compensation study conducted by Gallagher Benefit Services, Inc., the following are the salary ranges for these job classifications:

Patient Financial Services Worker I
Range 16 \$50,755.46 - \$58,755.80/annually

Patient Financial Services Worker II
Range 20 \$50,815.93 - \$64,855.40/annually

Quality Assurance Specialist III
Range 46 \$96,565.26 - \$123,244.38/annually

Quality Assurance Supervisor
Range 50 \$106,590.03 - \$136,038.69/annually

The salary ranges remain the same for the Chief Program Officer (Formerly Chief Clinical Officer) and for the Quality Assurance Specialist I/II Classifications.

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 adopts Resolution No. 842 establishing the Patient Financial Services Worker I/II, and the Quality Assurance Specialist III Classifications; revising the Chief Program Officer, and Quality Assurance Specialist I/II Job Descriptions; and revising the Authority's Master Classification and Salary Schedule effective January 21, 2026, attached herein as "Exhibit 1", replacing and superseding all previous versions.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 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 MARCH 18, 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 Program 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
Occupational Therapy Student Intern	15
Office Assistant	15
Office Specialist	19
Patient Financial Services Worker I	16
Patient Financial Services Worker II	20
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 Specialist III	46
Quality Assurance Supervisor	50
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
Strategic Initiatives Director	60
TCG Gardener	15
WET Supervisor	46

TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 21, 2026
ADOPTED MARCH 18, 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	
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TRI-CITY MENTAL HEALTH AUTHORITY
MASTER CLASSIFICATION AND SALARY SCHEDULE
EFFECTIVE JANUARY 21, 2026
ADOPTED MARCH 18, 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
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



PATIENT FINANCIAL SERVICES WORKER I/II

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

FLSA STATUS: Non-Exempt

DEFINITION:

Under immediate (Patient Financial Services Worker I) or general (Patient Financial Services Worker II) supervision, performs a variety of specialized clerical, fiscal, and eligibility determination duties related to patient financial services; performs specialized clerical and financial tasks related to determining client financial eligibility for mental health services, establishing third-party coverage, billing, collections, and maintaining compliance with Medi-Cal, Medicare, and other insurance program requirements. The position ensures that patients are appropriately billed, programs are reimbursed accurately, and that clients and families are informed of their financial responsibilities in accordance with County, State, and Federal guidelines. Performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives immediate (Patient Financial Services Worker I) or general (Patient Financial Services Worker II) supervision from Revenue/Billing Manager. Exercises no direct supervision over staff.

DISTINGUISHING CHARACTERISTICS:

Patient Financial Services Worker I: This is the entry-level classification in the Patient Financial Services Worker series. Initially under close supervision, incumbents learn and perform routine compliance and quality assurance duties, while learning Authority policies and procedures. As experience is gained, assignments become more varied, complex, and difficult; close supervision and frequent review of work lessen as an incumbent demonstrates skill to perform the work independently. Positions at this level usually perform most of the duties required of the positions at the Patient Financial Services Worker II level but are not expected to function at the same skill level and usually exercise less independent discretion and judgment in matters related to work procedures and methods. Work is usually supervised while in progress and fits an established structure or pattern. Exceptions or changes in procedures are explained in detail as they arise.

Patient Financial Services Worker II: This is the journey-level classification in the Patient Financial Services Worker series. Positions at this level are distinguished from the Patient Financial Services Worker I by the performance of the full range of duties as assigned, working independently, and exercising judgment and initiative. Positions at this level receive only occasional instruction or assistance as new or unusual situations arise and are fully aware of the operating procedures and policies of the work unit.

ATTACHMENT 8-B

Positions in the Patient Financial Services Worker class series are flexibly staffed; positions at the Patient Financial Services Worker II level are normally filled by advancement from the Patient Financial Services Worker I level; progression to the Patient Financial Services Worker II level is dependent on (i) management affirmation that the position is performing the full range of duties assigned to the classification; (ii) satisfactory work performance; (iii) the incumbent meeting the minimum qualifications for the classification including any licenses and certifications; and (iv) management approval for progression to the Patient Financial Services Worker II level.

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

Positions at the Patient Financial Services Worker I level may perform some of these duties and responsibilities in a learning capacity.

- Interview clients or their representatives to obtain financial and insurance information necessary for determining eligibility for Medi-Cal, Medicare, commercial insurance, or indigent programs.
- Verify insurance coverage through electronic systems, provider portals, and direct communication with carriers.
- Complete required documentation for Medi-Cal and other third-party reimbursement programs.
- Explain program benefits, eligibility requirements, and client financial responsibility in a clear and culturally competent manner.
- Prepare billing forms and claims for submission to Medi-Cal, Medicare, commercial insurance, and other funding sources.
- Track and reconcile payments, denials, and pending claims; follow up on unpaid or rejected claims.
- Maintain detailed records of patient accounts in compliance with HIPAA and Department of Mental Health policies.
- Work with clinical staff to ensure appropriate documentation is in place to support claims.
- Respond to client inquiries regarding billing statements, eligibility status, and financial obligations.
- Assist with audits, quality assurance reviews, and compliance monitoring related to patient financial services
- Observe and comply with all Authority and mandated safety rules, regulations and protocols.
- Perform related duties as required.

QUALIFICATIONS

Any combination of education, training, and experience that provides the required knowledge, skills, and abilities to perform the essential duties of the position is qualifying. A typical example includes:

Education and Experience

Education

- Patient Financial Services Worker I/II - Equivalent to completion of a High School

Diploma or GED

Experience

- Patient Financial Services Worker I: One year of clerical experience in medical billing, collections, or financial eligibility determination
- Patient Financial Services Worker II: Two years of experience in medical billing, collections, or financial eligibility determination, including at least one year with Medi-Cal/Medicare claims.

Licenses and Certifications:

None

Positions at the Patient Financial Services Worker I level may exercise some of these knowledge and abilities statements in a learning capacity.

Knowledge of:

- Medi-Cal, Medicare, and private insurance billing procedures.
- Medical and mental health terminology.
- Electronic health records (EHR) and billing systems.
- Federal, State, and County rules related to confidentiality (HIPAA) and financial eligibility.
- Techniques for providing a high level of customer service, interacting and effectively dealing with the public, service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Perform a diverse range of clerical and administrative tasks in support of the Authority's patient eligibility and Authority financial programs.
- Accurately process billing and eligibility forms.
- Input and retrieve data from a computerized recordkeeping system in an accurate manner.
- Maintain a diverse range of electronic and hard copy files and records.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Understand scope of authority in making independent decisions.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client and staff information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.

- Establish, maintain, and foster positive and effective working relationships with Authority staff and the public.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment; 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 25 pounds.

ENVIRONMENTAL CONDITIONS

Work is performed in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous substances. Work is typically performed in an office or clinic setting. 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 PROGRAM 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:

The Chief Program Officer (CPO) provides strategic leadership, direction, and oversight of Tri-City Mental Health Authority's clinical and community-based programs and services. Under administrative direction, plans, organizes, manages, and provides clinical and administrative direction and oversight for all functions and activities including adult outpatient, children's outpatient, substance use disorder, and full-service partnership clinical programs along with all other community-based programs; also formulates departmental policies, goals, and directives. The CPO ensures that all programs align with the Agency's mission, vision, and strategic priorities while meeting regulatory, contractual, and funding requirements. This executive-level position is responsible for maintaining the highest standards of clinical care, operational efficiency; provides highly responsible and complex professional assistance to the Executive Director in areas of expertise, and outcome-driven service delivery for disenfranchised youth, adults, and families across Claremont, Pomona, and La Verne.

SUPERVISION RECEIVED AND EXERCISED:

The Chief Program Officer operates under the general direction of the Executive Director, receiving broad policy guidance and strategic priorities related to the planning, implementation, and evaluation of agency programs and services. The Executive Director provides direction regarding agency-wide objectives, fiscal and operational alignment, and community partnership priorities. The CPO provides direct supervision to all program leadership, including Division Deputy Directors, Program Managers, and other senior staff responsible for the varied spectrum of services offered throughout the agency. Through these supervisory relationships, the CPO ensures that programs are effectively managed, compliant with regulatory and contractual requirements, and consistent with the agency's mission, values, and strategic initiatives. The CPO exercises considerable independent judgment and leadership in directing service delivery operations, developing integrated service models, and promoting a culture of accountability, innovation, and collaboration across all program areas.

DISTINGUISHING CHARACTERISTICS:

The Chief Program Officer (CPO) is a key member of the Executive Management Team, responsible for the overall leadership, direction, and oversight of all Tri-City program areas,

ATTACHMENT 8-C

Chief Program Officer
Revised 03/18/2026
Page 1 of 5

including clinical and community-based services. The CPO provides strategic guidance to ensure that programs operate cohesively, effectively, and in alignment with the Agency's mission, strategic goals, and contractual obligations. This position works collaboratively across departments and with other executive leaders to integrate clinical operations with administrative, fiscal, and quality improvement functions, ensuring a unified and coordinated system of care. The CPO serves as the principal architect of program performance and service delivery effectiveness—driving innovation, accountability, and outcomes through data-informed decision-making and continuous improvement. Distinguished from other executive roles by its direct accountability for programmatic integrity, service impact, and client-centered results, the CPO ensures that Tri-City's programs remain responsive, efficient, and exemplary within the public behavioral health system.

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

- Provide executive oversight and direction of all mental health programs, including Adult, Child & Family, Community Wellbeing, Housing, and Crisis Services along with any other clinical or community-based programs.
- Lead program planning, implementation, evaluation, and required compliance with agency continuous quality improvement (CQI) efforts.
- Collaborate with the Executive Team to ensure integrated service delivery and alignment with organizational goals.
- Develops, directs, and coordinates the implementation of goals, objectives, policies, procedures, and work standards for the Department; establishes, within Authority policy, appropriate budget, service, and staffing levels; contributes to the strategic plan and works collaboratively with other agency executives, department heads and management.
- Analyzes and prepares recommendations on proposed legislation; interprets and disseminates local, county, state, and federal policy, initiatives and regulations pertaining to behavioral health services.
- Develop, monitor, and evaluate program budgets in collaboration with the Chief Financial Officer and funding partners.
- Promote data-driven decision-making, outcome measurement, and performance management across all programs.
- Build and maintain strong partnerships with Los Angeles County Department of Mental Health (LACDMH), local governments, community partners, and stakeholder groups.
- Provide leadership in the development of new initiatives, including housing, crisis services, wellness, prevention, recovery services, and early intervention programs.
- Ensure compliance with licensing, accreditation, and contract standards; oversee audits, reviews, and corrective action plans as needed.
- Supervise, coach, and evaluate senior program leadership to ensure high performance and professional growth.
- Participate in Governing Board and BHSa Committee meetings, providing reports and recommendations related to programmatic operations and strategic goals.
- Participates in and makes presentations to a wide variety of committees, boards, and commissions.
- Represent the Agency at government, community meetings, policy forums, and interagency collaborations.
- Ensures staff observe and comply with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS:

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

Education and Experience

As required by the California Code of Regulations and Tri-City Mental Health Authority position requirements, which includes:

Option I: A doctorate degree in psychology and at least three years of clinical psychology experience, including two years of administrative experience, or;

Option II: A master's degree in social work, marriage and family counseling and at least five years mental health experience, including two years of administrative experience.

Licensure/Registration/Certification:

Option I: A psychologist, licensed in California by the State Board of Medical Quality Assurance.

Option II: A clinical social worker, licensed in California by the State Board of Behavioral Science Examiners; OR a marriage family therapist, licensed in California by the State Board of Behavioral Science Examiners.

Knowledge of:

- Principles and practices of public and community mental health systems.
- California mental health laws, regulations, and funding mechanisms (including Medi-Cal, and Behavioral Health Services Act funding array).
- Evidence-based and recovery-oriented practices in behavioral health.
- Program development, evaluation, and outcome measurement methodologies.
- Strategic planning, systems integration, and change management in a behavioral health and community-based services context.
- Principles of leadership and organizational development.
- Principles and practices of employee supervision, including work planning, assignment review and evaluation, discipline, and the training of staff in work procedures.
- Budgeting, fiscal accountability, and grant management within public or nonprofit agencies.
- Cultural humility, diversity, equity, and inclusion in mental health service delivery.
- Social, emotional, and behavioral aspects of mental disorders and illness.
- Principles and practices of direct client service delivery.
- Principles of behavioral health education.
- Cultural, social, and environmental factors and influences affecting behavioral health.
- Case management principles, practices, and processes related to the assessment, care, treatment, and documentation of individuals with behavioral disorders.

- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).
- Techniques for providing a high level of customer service, interacting, and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Develop and implement goals, objectives, practices, policies, procedures, and work standards.
- Provide strategic leadership and vision for multiple program areas simultaneously.
- Develop and implement innovative and effective behavioral health, community-based and recovery programs responsive to community needs.
- Analyze complex data and translate insights into actionable program improvements.
- Build and sustain collaborative relationships with internal teams and external stakeholders.
- Effectively represent Tri-City MHA in meetings with governmental agencies; community groups; various business, professional, and regulatory organizations; and in meetings with individuals.
- Understand scope of authority in making independent decisions.
- Communicate effectively, both orally and in writing, with diverse audiences including staff, partners, funders, and governing boards.
- Inspire, mentor, and hold senior managers accountable for high-quality performance.
- Balance regulatory compliance with compassionate, person-centered care.
- Exercise sound judgment, diplomacy, and discretion in managing sensitive matters.
- Oversee and perform crisis intervention, respond promptly to client emergency situations, and take effective action within scope of authority.

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 PROGRAM 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:

The Chief Program Officer (CPO) provides strategic leadership, direction, and oversight of Tri-City Mental Health Authority's clinical and community-based programs and services. Under administrative direction, plans, organizes, manages, and provides clinical and administrative direction and oversight for all functions and activities including adult outpatient, children's outpatient, substance use disorder, and full-service partnership clinical programs along with all other community-based programs; also formulates departmental policies, goals, and directives. The CPO ensures that all programs align with the Agency's mission, vision, and strategic priorities while meeting regulatory, contractual, and funding requirements. This executive-level position is responsible for maintaining the highest standards of clinical care, operational efficiency; provides highly responsible and complex professional assistance to the Executive Director in areas of expertise, and outcome-driven service delivery for disenfranchised youth, adults, and families across Claremont, Pomona, and La Verne.

SUPERVISION RECEIVED AND EXERCISED:

The Chief Program Officer operates under the general direction of the Executive Director, receiving broad policy guidance and strategic priorities related to the planning, implementation, and evaluation of agency programs and services. The Executive Director provides direction regarding agency-wide objectives, fiscal and operational alignment, and community partnership priorities. The CPO provides direct supervision to all program leadership, including Division Deputy Directors, Program Managers, and other senior staff responsible for the varied spectrum of services offered throughout the agency. Through these supervisory relationships, the CPO ensures that programs are effectively managed, compliant with regulatory and contractual requirements, and consistent with the agency's mission, values, and strategic initiatives. The CPO exercises considerable independent judgment and leadership in directing service delivery operations, developing integrated service models, and promoting a culture of accountability, innovation, and collaboration across all program areas.

DISTINGUISHING CHARACTERISTICS:

The Chief Program Officer (CPO) is a key member of the Executive Management Team, responsible for the overall leadership, direction, and oversight of all Tri-City program areas, including clinical and community-based services. The CPO provides strategic guidance to ensure that programs operate cohesively, effectively, and in alignment with the Agency's mission,

ATTACHMENT 8-C1

Chief Program Officer
Revised **09/20/2023-03/18/2026**
Page 1 of 5

strategic goals, and contractual obligations. This position works collaboratively across departments and with other executive leaders to integrate clinical operations with administrative, fiscal, and quality improvement functions, ensuring a unified and coordinated system of care. The CPO serves as the principal architect of program performance and service delivery effectiveness—driving innovation, accountability, and outcomes through data-informed decision-making and continuous improvement. Distinguished from other executive roles by its direct accountability for programmatic integrity, service impact, and client-centered results, the CPO ensures that Tri-City’s programs remain responsive, efficient, and exemplary within the public behavioral health system.

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

- Provide executive oversight and direction of all mental health programs, including Adult, Child & Family, Community Wellbeing, Housing, and Crisis Services along with any other clinical or community-based programs.
- Lead program planning, implementation, evaluation, and required compliance with agency continuous quality improvement (CQI) efforts.
- Collaborate with the Executive Team to ensure integrated service delivery and alignment with organizational goals.
- Develops, directs, and coordinates the implementation of goals, objectives, policies, procedures, and work standards for the Department; establishes, within Authority policy, appropriate budget, service, and staffing levels; contributes to the strategic plan and works collaboratively with other agency executives, department heads and management.
- Analyzes and prepares recommendations on proposed legislation; interprets and disseminates local, county, state, and federal policy, initiatives and regulations pertaining to behavioral health services.
- Develop, monitor, and evaluate program budgets in collaboration with the Chief Financial Officer and funding partners.
- Promote data-driven decision-making, outcome measurement, and performance management across all programs.
- Build and maintain strong partnerships with Los Angeles County Department of Mental Health (LACDMH), local governments, community partners, and stakeholder groups.
- Provide leadership in the development of new initiatives, including housing, crisis services, wellness, prevention, recovery services, and early intervention programs.
- Ensure compliance with licensing, accreditation, and contract standards; oversee audits, reviews, and corrective action plans as needed.
- Supervise, coach, and evaluate senior program leadership to ensure high performance and professional growth.
- Participate in Governing Board and BHSA Committee meetings, providing reports and recommendations related to programmatic operations and strategic goals.
- Participates in and makes presentations to a wide variety of committees, boards, and commissions.
- Represent the Agency at government, community meetings, policy forums, and interagency collaborations.
- Ensures staff observe and comply with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS:

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

Education and Experience

As required by the California Code of Regulations and Tri-City Mental Health Authority position requirements, which includes:

Option I: A doctorate degree in psychology and at least three years of clinical psychology experience, including two years of administrative experience, or;

Option II: A master's degree in social work, marriage and family counseling and at least five years mental health experience, including two years of administrative experience.

Licensure/Registration/Certification:

Option I: A psychologist, licensed in California by the State Board of Medical Quality Assurance.

Option II: A clinical social worker, licensed in California by the State Board of Behavioral Science Examiners; OR a marriage family therapist, licensed in California by the State Board of Behavioral Science Examiners.

Knowledge of:

- Principles and practices of public and community mental health systems.
- California mental health laws, regulations, and funding mechanisms (including Medi-Cal, and Behavioral Health Services Act funding array).
- Evidence-based and recovery-oriented practices in behavioral health.
- Program development, evaluation, and outcome measurement methodologies.
- Strategic planning, systems integration, and change management in a behavioral health and community-based services context.
- Principles of leadership and organizational development.
- Principles and practices of employee supervision, including work planning, assignment review and evaluation, discipline, and the training of staff in work procedures.
- Budgeting, fiscal accountability, and grant management within public or nonprofit agencies.
- Cultural humility, diversity, equity, and inclusion in mental health service delivery.
- Social, emotional, and behavioral aspects of mental disorders and illness.
- Principles and practices of direct client service delivery.
- Principles of behavioral health education.
- Cultural, social, and environmental factors and influences affecting behavioral health.
- Case management principles, practices, and processes related to the assessment, care, treatment, and documentation of individuals with behavioral disorders.
- Applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility, including the Health Insurance Portability and Accountability Act (HIPAA).

- Techniques for providing a high level of customer service, interacting, and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Develop and implement goals, objectives, practices, policies, procedures, and work standards.
- Provide strategic leadership and vision for multiple program areas simultaneously.
- Develop and implement innovative and effective behavioral health, community-based and recovery programs responsive to community needs.
- Analyze complex data and translate insights into actionable program improvements.
- Build and sustain collaborative relationships with internal teams and external stakeholders.
- Effectively represent Tri-City MHA in meetings with governmental agencies; community groups; various business, professional, and regulatory organizations; and in meetings with individuals.
- Understand scope of authority in making independent decisions.
- Communicate effectively, both orally and in writing, with diverse audiences including staff, partners, funders, and governing boards.
- Inspire, mentor, and hold senior managers accountable for high-quality performance.
- Balance regulatory compliance with compassionate, person-centered care.
- Exercise sound judgment, diplomacy, and discretion in managing sensitive matters.
- Oversee and perform crisis intervention, respond promptly to client emergency situations, and take effective action within scope of authority.

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.



QUALITY ASSURANCE SPECIALIST I/II

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

FLSA STATUS:

Quality Assurance Specialist I – Non-Exempt
Quality Assurance Specialist II – Exempt

DEFINITION:

Under general supervision (Quality Assurance Specialist I) or direction (Quality Assurance Specialist II), implements program compliance with fraud, waste, and abuse prevention, performing quality assurance audits, training, monitoring, and processes to maintain the Tri-City Mental Health Quality Assurance Program in accordance with specified county, state, and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA); develops systems and standards for best practices for compliance evaluation and reporting; conducting quality assurance, audits, training sessions; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general supervision (Quality Assurance Specialist I) or direction (Quality Assurance Specialist II) supervision from the Quality Assurance Supervisor. Exercises no direct supervision over staff.

DISTINGUISHING CHARACTERISTICS:

Quality Assurance Specialist I: This is the entry-level classification in the Quality Assurance Specialist series. Initially under close supervision, incumbents learn and perform routine compliance and quality assurance duties, while learning Authority policies and procedures. As experience is gained, assignments become more varied, complex, and difficult; close supervision and frequent review of work lessen as an incumbent demonstrates skill to perform the work independently. Positions at this level usually perform most of the duties required of the positions at the Quality Assurance Specialist II level but are not expected to function at the same skill level and usually exercise less independent discretion and judgment in matters related to work procedures and methods. Work is usually supervised while in progress and fits an established structure or pattern. Exceptions or changes in procedures are explained in detail as they arise.

Quality Assurance Specialist II: This is the journey-level classification in the Quality Assurance Specialist series. Positions at this level are distinguished from the Quality Assurance Specialist I by the performance of the full range of duties as assigned, working independently, and exercising judgment and initiative. Positions at this level receive only occasional instruction or assistance as new or unusual situations arise and are fully aware of the operating procedures and policies of the work unit.

ATTACHMENT 8-D

Quality Assurance Specialist I/II

Revised 03/18/2026

Page 1 of 6

Positions in the Quality Assurance Specialist class series are flexibly staffed; positions at the Quality Assurance Specialist II level are normally filled by advancement from the Quality Assurance Specialist I level; progression to the Quality Assurance Specialist II level is dependent on (i) management affirmation that the position is performing the full range of duties assigned to the classification; (ii) satisfactory work performance; (iii) the incumbent meeting the minimum qualifications for the classification including any licenses and certifications; and (iv) management approval for progression to the Quality Assurance Specialist II level.

EXAMPLES OF ESSENTIAL DUTIES

Essential duties include, but are not limited to, the following:

Positions at the Quality Assurance Specialist I level may perform some of these duties and responsibilities in a learning capacity.

- Assists with maintaining the Authority's quality assurance program in accordance with federal, state, and local laws and regulations, Authority rules, guidelines and values; develops systems and standards for compliance evaluation; implements training, monitoring, and processes to ensure that Authority activities are in compliance with specified laws; conduct strategic analysis, evaluate programs and recommend ways on how to improve and integrate the quality assurance message into all aspects of the Authority's business and human relations.
- Evaluate and monitor information related to program operations and quality of care, program design, methodologies, and outcomes; analyzes fraud, waste, abuse, information management and privacy, and other applicable violations; quality assurance and audit results; and policies, strategy, and regulatory materials.
- Coordinate the development and implementation of reporting processes and systems; conduct risk assessments and analyses; plan and conduct compliance, evaluation, and related training sessions; and use technical and analytical expertise to develop findings, provide consultation, and make recommendations to supervisor and leadership.
- Monitors and tracks all phases of the audit cycle; selects appropriate records, reviews and inspects client records to ensure compliance and evaluates the quality and effectiveness of services; provides feedback, guidance, and support to clinical programs; documents findings and tracks outcomes; creates audit outcome reports and recommendations on issues relating to the program area; disseminates feedback to appropriate staff in the clinical program, and provides follow-up with supervisors and managers to ensure completeness.
- May perform investigations of highly sensitive or complex issues related to quality assurance and clinical programs, diagnosis, clinical quality of care and make recommendations to supervisor and leadership.
- Compiles, monitors, and reports performance outcomes related to quality assurance and compliance and provides support to clinical department with outcome measures and general support with quality assurance performance measures; serves as contact for clinical programs and services.
- Assists in determining the type and frequency of training needs; collaborates with the Quality Assurance Supervisor in the design and delivery of training; develops job specific training manuals to be used during staff training for each health center implementation and ongoing support.

- Coordinates with the Quality Assurance Supervisor in the implementation of policies and procedures concerning best practices and compliance issues. Assist in development and or lead implementation of priority projects to ensure the agencies compliance with quality assurance.
- Reviews charts in the Electronic Health Records (EHR) system to monitor clinical staff records and to ensure compliance; trains staff and interns on documentation standards, new processes and on the chart review process.
- Assists with the facilitation of all internal and external quality assurance audits; assists program staff in preparing for audits; assists with collaborating on the implementation of any corrective action as a result of the audit.
- Provides consultation to and responds to inquiries, requests, and/or complaints related to quality of care and quality assurance.
- Participates in any training needed, and may serve as a liaison for agency, county, state meeting, committee, and compliance groups on monthly or quarterly basis; facilitates quality assurance meetings, workshops, and committees in order to enhance documentation quality within the agency.
- Creates and maintains internal quality assurance bulletin and or notices and provides this information to clinical program leadership and staff on an as needed basis; maintains and archives external quality assurance bulletins and documents through tracking system.
- Maintains records to ensure that staff and providers have appropriate licensure, credentials, education, training, and other required certification.
- Stays abreast of new trends and innovations in behavioral health, prevention and early intervention, curriculum development, training, and other areas of assignment.
- Keeps abreast of all federal, state, county and Authority compliance policies and procedures and all regulations pertaining to quality assurance and documentation; researches and analyzes protocols, best practices, policy issues, pending legislations and regulations, and makes recommendations to Supervisor regarding impact on agency and services; disseminates knowledge to clinical department and ensure compliance on a continuous basis.
- Facilitates, maintains, monitors, compiles compliance results, and follows through with site Medi-Cal certification requirements under county, state, and federal regulations.
- Observes and complies with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS

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

Education:

- Quality Assurance Specialist I/II: Equivalent to a bachelor's degree with major coursework in behavioral health, social work, or a related field.

Experience:

- Quality Assurance Specialist I: Two (2) years of experience in working in compliance or quality assurance in a behavioral health or social services setting.
- Quality Assurance Specialist II: Four (4) years of increasingly responsible experience working in quality assurance in a behavioral health or social services setting.

Substitution for required Quality Assurance experience may be made as follows. All substitutions are subject to the maximum limits stated below.

Clinical Experience Substitution:

One (1) year of clinical experience is equivalent to six (6) months of quality assurance experience. A maximum of four (4) years of clinical experience may be substituted, which is equivalent to two (2) years of quality assurance experience.

OR

Advanced Degree / Registered Nurse Substitution:

A Master's degree, Ph.D., or Registered Nurse (RN) credential with coursework in behavioral health, social work, or a related field is equivalent to one (1) year of quality assurance experience, maximum.

OR

California Licensure Substitution:

Possession of a California license as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Professional Clinical Counselor (PCC), Clinical Psychologist, or Psychiatric Registered Nurse is equivalent to two (2) years of Quality Assurance experience, maximum.

Positions at the Quality Assurance Specialist I level may exercise some of these knowledge and abilities statements in a learning capacity.

Knowledge of:

- Rules, regulations, policies, and standards related to the development, evaluation, and audit of mental health programs for conformance with specified laws.
- Investigation methods, techniques, and procedures including information gathering, and process documentation.
- Principles of research and analysis.
- Assessment techniques to identify key ethical, compliance, and quality assurance issues.
- Mandated training programs and design and delivery of training to improve and maintain Authority's awareness and compliance with legal standards.
- Standard diagnostic and reference tools used by mental health professionals, such as the Diagnostic and Statistical Manual (DSM).
- Familiarity and knowledge of how to navigate and work in an Electronic Health Record system.
- Standard record documentation including methods and techniques of record keeping, report preparation and writing.

- Principles and practices of direct client service delivery.
- Theories of modern behavioral health assessment and treatment.
- Legal and ethical standards of behavioral health and quality of care within behavioral health.
- All applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility.
- Ability to provide a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Models of quality assurance and improvement practices.
- Modern equipment and communication tools used for business functions and programs, projects, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Perform critical decision-making skills to identify issues, formulate solutions, and articulate recommendations for best practice.
- Develop program evaluations, analysis, and audits to ensure compliance with ethical, legal, and professional requirements.
- Analyze data for program evaluation, development, and improvement.
- Develop and provide effective training and evaluation of programs to ensure proper application of Authority rules, regulations, and guidelines governing workplace behaviors and ethics.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Serve as a resource for Authority staff tasked with ethics and compliance responsibilities.
- Provide effective training and evaluation of programs to ensure proper application of Authority rules, regulations, and guidelines governing workplace behaviors and ethics.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Understand scope of authority in making independent decisions.
- Prepare clear and concise reports, correspondence, client case documentation, and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize and prioritize work, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects weighing up to 10 pounds.

ENVIRONMENTAL CONDITIONS

Employees work in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

WORKING CONDITIONS

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

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



QUALITY ASSURANCE SPECIALIST I/II

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

FLSA STATUS:

Quality Assurance Specialist I – Non-Exempt
Quality Assurance Specialist II – Exempt

DEFINITION:

Under general supervision (Quality Assurance Specialist I) or direction (Quality Assurance Specialist II), implements program compliance with fraud, waste, and abuse prevention, performing quality assurance audits, training, monitoring, and processes to maintain the Tri-City Mental Health Quality Assurance Program in accordance with specified county, state, and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA); develops systems and standards for best practices for compliance evaluation and reporting; conducting quality assurance, audits, training sessions; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general supervision (Quality Assurance Specialist I) or direction (Quality Assurance Specialist II) supervision from the Quality Assurance Supervisor. Exercises no direct supervision over staff.

DISTINGUISHING CHARACTERISTICS:

Quality Assurance Specialist I: This is the entry-level classification in the Quality Assurance Specialist series. Initially under close supervision, incumbents learn and perform routine compliance and quality assurance duties, while learning Authority policies and procedures. As experience is gained, assignments become more varied, complex, and difficult; close supervision and frequent review of work lessen as an incumbent demonstrates skill to perform the work independently. Positions at this level usually perform most of the duties required of the positions at the Quality Assurance Specialist II level but are not expected to function at the same skill level and usually exercise less independent discretion and judgment in matters related to work procedures and methods. Work is usually supervised while in progress and fits an established structure or pattern. Exceptions or changes in procedures are explained in detail as they arise.

Quality Assurance Specialist II: This is the journey-level classification in the Quality Assurance Specialist series. Positions at this level are distinguished from the Quality Assurance Specialist I by the performance of the full range of duties as assigned, working independently, and exercising judgment and initiative. Positions at this level receive only occasional instruction or assistance as new

or unusual situations arise and are fully aware of the operating procedures and policies of the work unit. Positions in the Quality Assurance Specialist class series are flexibly staffed; positions at the Quality Assurance Specialist II level are normally filled by advancement from the Quality Assurance Specialist I level; progression to the Quality Assurance Specialist II level is dependent on (i) management affirmation that the position is performing the full range of duties assigned to the classification; (ii) satisfactory work performance; (iii) the incumbent meeting the minimum qualifications for the classification including any licenses and certifications; and (iv) management approval for progression to the Quality Assurance Specialist II level.

EXAMPLES OF ESSENTIAL DUTIES

Essential duties include, but are not limited to, the following:

Positions at the Quality Assurance Specialist I level may perform some of these duties and responsibilities in a learning capacity.

- Assists with maintaining the Authority's quality assurance program in accordance with federal, state, and local laws and regulations, Authority rules, guidelines and values; develops systems and standards for compliance evaluation; implements training, monitoring, and processes to ensure that Authority activities are in compliance with specified laws; conduct strategic analysis, evaluate programs and recommend ways on how to improve and integrate the quality assurance message into all aspects of the Authority's business and human relations.
- Evaluate and monitor information related to program operations and quality of care, program design, methodologies, and outcomes; analyzes fraud, waste, abuse, information management and privacy, and other applicable violations; quality assurance and audit results; and policies, strategy, and regulatory materials.
- Coordinate the development and implementation of reporting processes and systems; conduct risk assessments and analyses; plan and conduct compliance, evaluation, and related training sessions; and use technical and analytical expertise to develop findings, provide consultation, and make recommendations to supervisor and leadership.
- Monitors and tracks all phases of the audit cycle; selects appropriate records, reviews and inspects client records to ensure compliance and evaluates the quality and effectiveness of services; provides feedback, guidance, and support to clinical programs; documents findings and tracks outcomes; creates audit outcome reports and recommendations on issues relating to the program area; disseminates feedback to appropriate staff in the clinical program, and provides follow-up with supervisors and managers to ensure completeness.
- May perform investigations of highly sensitive or complex issues related to quality assurance and clinical programs, diagnosis, clinical quality of care and make recommendations to supervisor and leadership.
- Compiles, monitors, and reports performance outcomes related to quality assurance and compliance and provides support to clinical department with outcome measures and general support with quality assurance performance measures; serves as contact for clinical programs and services.
- Assists in determining the type and frequency of training needs; collaborates with the Quality Assurance Supervisor in the design and delivery of training; develops job specific training manuals to be used during staff training for each health center implementation and ongoing

support.

- Coordinates with the Quality Assurance Supervisor in the implementation of policies and procedures concerning best practices and compliance issues. Assist in development and or lead implementation of priority projects to ensure the agencies compliance with quality assurance.
- Reviews charts in the Electronic Health Records (EHR) system to monitor clinical staff records and to ensure compliance; trains staff and interns on documentation standards, new processes and on the chart review process.
- Assists with the facilitation of all internal and external quality assurance audits; assists program staff in preparing for audits; assists with collaborating on the implementation of any corrective action as a result of the audit.
- Provides consultation to and responds to inquiries, requests, and/or complaints related to quality of care and quality assurance.
- Participates in any training needed, and may serve as a liaison for agency, county, state meeting, committee, and compliance groups on monthly or quarterly basis; facilitates quality assurance meetings, workshops, and committees in order to enhance documentation quality within the agency.
- Creates and maintains internal quality assurance bulletin and or notices and provides this information to clinical program leadership and staff on an as needed basis; maintains and archives external quality assurance bulletins and documents through tracking system.
- Maintains records to ensure that staff and providers have appropriate licensure, credentials, education, training, and other required certification.
- Stays abreast of new trends and innovations in behavioral health, prevention and early intervention, curriculum development, training, and other areas of assignment.
- Keeps abreast of all federal, state, county and Authority compliance policies and procedures and all regulations pertaining to quality assurance and documentation; researches and analyzes protocols, best practices, policy issues, pending legislations and regulations, and makes recommendations to Supervisor regarding impact on agency and services; disseminates knowledge to clinical department and ensure compliance on a continuous basis.
- Facilitates, maintains, monitors, compiles compliance results, and follows through with site Medi-Cal certification requirements under county, state, and federal regulations.
- Observes and complies with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as required.

QUALIFICATIONS

Any combination of education, training, and experience that provides the required knowledge,

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

Education:

- Quality Assurance Specialist I/II: Equivalent to a bachelor's degree with major coursework in behavioral health, social work, or a related field.

Experience:

- Quality Assurance Specialist I: Two (2) years of experience in working in compliance or quality assurance in a behavioral health or social services setting.
- Quality Assurance Specialist II: Four (4) years of increasingly responsible experience working in quality assurance in a behavioral health or social services setting.

Substitution for required Quality Assurance experience may be made as follows. All substitutions are subject to the maximum limits stated below.

Clinical Experience Substitution:

One (1) year of clinical experience is equivalent to six (6) months of quality assurance experience. A maximum of four (4) years of clinical experience may be substituted, which is equivalent to two (2) years of quality assurance experience.

OR

Advanced Degree / Registered Nurse Substitution:

A Master's degree, Ph.D., or Registered Nurse (RN) credential with coursework in behavioral health, social work, or a related field is equivalent to one (1) year of quality assurance experience, maximum.

OR

California Licensure Substitution:

Possession of a California license as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Professional Clinical Counselor (PCC), Clinical Psychologist, or Psychiatric Registered Nurse is equivalent to two (2) years of Quality Assurance experience, maximum.

Positions at the Quality Assurance Specialist I level may exercise some of these knowledge and abilities statements in a learning capacity.

Knowledge of:

- Rules, regulations, policies, and standards related to the development, evaluation, and audit of mental health programs for conformance with specified laws.
- Investigation methods, techniques, and procedures including information gathering, and process documentation.
- Principles of research and analysis.

- Assessment techniques to identify key ethical, compliance, and quality assurance issues.
- Mandated training programs and design and delivery of training to improve and maintain Authority's awareness and compliance with legal standards.
- Standard diagnostic and reference tools used by mental health professionals, such as the Diagnostic and Statistical Manual (DSM).
- Familiarity and knowledge of how to navigate and work in an Electronic Health Record system.
- Standard record documentation including methods and techniques of record keeping, report preparation and writing.
- Principles and practices of direct client service delivery.
- Theories of modern behavioral health assessment and treatment.
- Legal and ethical standards of behavioral health and quality of care within behavioral health.
- All applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility.
- Ability to provide a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Models of quality assurance and improvement practices.
- Modern equipment and communication tools used for business functions and programs, projects, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Perform critical decision-making skills to identify issues, formulate solutions, and articulate recommendations for best practice.
- Develop program evaluations, analysis, and audits to ensure compliance with ethical, legal, and professional requirements.
- Analyze data for program evaluation, development, and improvement.
- Develop and provide effective training and evaluation of programs to ensure proper application of Authority rules, regulations, and guidelines governing workplace behaviors and ethics.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Serve as a resource for Authority staff tasked with ethics and compliance responsibilities.
- Provide effective training and evaluation of programs to ensure proper application of Authority rules, regulations, and guidelines governing workplace behaviors and ethics.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Understand scope of authority in making independent decisions.
- Prepare clear and concise reports, correspondence, client case documentation, and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.

- Independently organize and prioritize work, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects weighing up to 10 pounds.

ENVIRONMENTAL CONDITIONS

Employees work in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

WORKING CONDITIONS

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

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



QUALITY ASSURANCE SPECIALIST III

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:

QA Specialist III – Exempt

DEFINITION:

Under general direction Quality Assurance Specialist III, will develop and implement program compliance with fraud, waste, and abuse prevention, performing quality assurance audits, training, monitoring, and processes to maintain the Tri-City Mental Health Quality Assurance Program in accordance with specified county, state, and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA); develops systems and standards of best practices for compliance evaluation and reporting; conducting quality assurance, audits, risk assessments; training sessions; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED:

Receives general direction and supervision from the Quality Assurance Supervisor. Exercises no direct supervision over staff.

DISTINGUISHING CHARACTERISTICS:

This is a stand-alone advanced-level classification. Quality Assurance Specialist III in this category are registered or licensed by the California Board of Board of Behavioral Science or licensed by the California Board of Registered Nursing (BRN), to practice, evaluate, draw conclusions, and formulate clinical recommendations in connection with quality assurance matters that require knowledge of principles of clinical practices. Positions at this level function independently within the scope of their training and experience, exercising judgment requiring knowledge of principles of clinical practices, and the ability to evaluate, draw conclusions, and formulate recommendations in connection with quality assurance matters; interpret Federal, State, and County legislative regulations and mandates. Positions at this level receive only occasional instruction or assistance as new or unusual situations arise and are fully aware of the operating procedures and policies of the work unit.

EXAMPLES OF ESSENTIAL DUTIES

Essential duties include, but are not limited to, the following:

ATTACHMENT 8-E

- Assists with maintaining the Authority's quality assurance program in accordance with federal, state, and local laws and regulations, Authority rules, guidelines and values; develops systems and standards for compliance evaluation; implements training, monitoring, and processes to ensure that Authority activities are in compliance with specified laws; conduct strategic analysis, evaluate programs and recommend ways on how to improve and integrate the quality assurance message into all aspects of the Authority's business and human relations.
- Utilize clinical expertise to inform auditing and monitoring of programs, development of training, analyzing program design, methodologies, and outcomes.
- From a clinical perspective, evaluate and monitor information related to program operations and quality of care, program design, methodologies, and outcomes; analyze fraud, waste, abuse, information management and privacy, and other applicable violations; quality assurance and audit results; and policies, strategy, and regulatory materials.
- From a clinical perspective, coordinate the development and implementation of reporting processes and systems; conduct risk assessments and analyses; plan and conduct compliance, evaluation, and related training sessions; and uses technical and analytical expertise to develop findings, provide consultation, and make recommendations to supervisor and leadership.
- Monitors and tracks all phases of the audit cycle; selects appropriate records, reviews and inspects client records to ensure compliance and evaluates the quality and effectiveness of services; provides feedback, guidance, and support to clinical programs; documents findings and tracks outcomes; creates audit outcome reports and recommendations on issues relating to the program area; disseminates feedback to appropriate staff in the clinical program, and provides follow-up with supervisors and managers to ensure completeness.
- May perform investigations of highly sensitive or complex issues related to quality assurance and clinical programs, diagnosis, clinical quality of care and make recommendations to supervisor and leadership.
- Compiles, monitors, and reports performance outcomes related to quality assurance and compliance and provides support to clinical department with outcome measures and general support with quality assurance performance measures; serves as contact for clinical programs and services.
- Assists in determining the type and frequency of training needs; collaborates with the Quality Assurance Supervisor in the design and delivery of training; develops job specific training manuals to be used during staff training for each health center implementation and ongoing support.
- Coordinates with the Quality Assurance Supervisor in the research and implementation of policies and procedures concerning best practices, quality assurance, and compliance issues. Assist in development and or lead implementation of priority projects to ensure the agencies compliance with quality assurance.
- Reviews charts in the Electronic Health Records (EHR) system to monitor clinical staff records and to ensure compliance; trains staff and interns on documentation standards, new

processes and on the chart review process.

- Assists with the facilitation of all internal and external quality assurance audits; assists program staff in preparing for audits; assists with collaborating on the implementation of any corrective action as a result of the audit.
- Provides clinical quality assurance consultation to and responds to inquiries, requests, and/or complaints related to quality of care and quality assurance.
- Participates in any training needed, and may serve as a liaison for agency, county, state meeting, committee, and compliance groups on monthly or quarterly basis; facilitates quality assurance meetings, workshops, and committees in order to enhance documentation quality within the agency.
- Creates and maintains internal quality assurance bulletin and or notices and provides this information to clinical program leadership and staff on a needed basis; maintains and archives external quality assurance bulletins and documents through tracking system.
- Maintains records to ensure that staff and providers have appropriate licensure, credentials, education, training, and other required certification.
- Stays abreast of new trends and innovations in behavioral health, prevention and early intervention, curriculum development, training, and other areas of assignment.
- Keeps abreast of all federal, state, county and Authority compliance policies and procedures and all regulations pertaining to quality assurance and documentation; researches and analyzes protocols, best practices, policy issues, pending legislations and regulations, and makes recommendations to Supervisor regarding impact on agency and services; disseminates knowledge to clinical department and ensure compliance on a continuous basis.
- Facilitates, maintains, monitors, compiles compliance results, and follows through with site Medi-Cal certification requirements under county, state, and federal regulations.
- Observes and complies with all Authority and mandated safety rules, regulations, and protocols.
- Performs other 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 their past and current employment history. A typical example includes:

Education:

- Quality Assurance Specialist III: Equivalent to a bachelor's degree with major coursework in behavioral health, social work, or a related field, and a valid California clinical license and relevant clinical license as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW/MSW), Professional Clinical Counselor (PCC), Clinical Psychologist, or Psychiatric Registered Nurse.

Experience:

- Quality Assurance Specialist III: Six (6) years of increasingly responsible experience working in quality assurance in a behavioral health or social services setting.

Clinical Experience Substitution:

- One (1) year of clinical experience is equivalent to six (6) months of Quality Assurance experience. A maximum of four (4) years of clinical experience may be substituted, which is equivalent to two (2) years of Quality Assurance experience.

Knowledge of:

- Rules, regulations, policies, and standards related to the development, evaluation, and audit of mental health programs for conformance with specified laws.
- Investigation methods, techniques, and procedures including information gathering, and process documentation.
- Principles of research and analysis.
- Assessment techniques and standards to identify key ethical, compliance, and quality assurance issues.
- Mandated training programs and design and delivery of training to improve and maintain Authority's awareness and compliance with legal standards.
- Standard diagnostic and reference tools used by mental health professionals, such as the Diagnostic and Statistical Manual (DSM).
- Familiarity and knowledge of how to navigate and work in an electronic healthcare record system.
- Standard record documentation including methods and techniques of record keeping, report preparation and writing.
- Principles and practices of direct client service delivery.
- Theories of modern behavioral health assessment and treatment.
- Legal and ethical standards of behavioral health and quality of care within behavioral health.
- All applicable federal, state, and local laws, codes, and regulations as well as industry standards and best practices pertinent to the assigned area of responsibility.
- Ability to provide a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Models of quality assurance and improvement practices.
- Modern equipment and communication tools used for business functions and programs, projects, and task coordination, including computers and software programs relevant to work performed.

Ability to:

- Perform critical decision-making skills to identify issues, formulate solutions, and articulate recommendations for best practice.,
- Develop program evaluation, analysis, and audits to ensure compliance with ethical, legal, and professional requirements.
- Analyze data for program evaluation, development, and improvement.
- Develop and provide effective training and evaluation of programs to ensure proper application of Authority rules, regulations, and guidelines governing workplace behaviors and ethics.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Serve as a resource for Authority staff tasked with ethics and compliance responsibilities.
- Understand Mental Health DSM diagnoses, terminology, and ability to determine a diagnosis. Understand and be familiar with ICD 10 diagnoses and terminology and crosswalk over to DSM diagnoses..
- Keep abreast of Best Practices, trends, and emerging technologies.
- Understand scope of authority in making independent decisions.
- Prepare clear and concise reports, correspondence, client case documentation, and other written materials.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, prioritize work priorities, meet critical deadlines, and follow-up on assignments.
- Maintain the confidentiality of client information.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Establish, maintain, and foster positive and effective working relationships with clients, their families, Authority staff, and the behavioral health community.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

PHYSICAL DEMANDS (ADA)

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects weighing up to 10 pounds.

ENVIRONMENTAL CONDITIONS

Employees work in an office environment with moderate noise levels, controlled temperature

conditions, and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

WORKING CONDITIONS

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

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



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, Executive Director

BY: Kitha Torregano, Human Resources Director

SUBJECT: Consideration of Resolution No. 843 Approving An Agreement With WBCP, Inc. to conduct an Executive Search for TCMHA's Chief Administrative Officer in the Amount of \$36,800, and Authorizing the Executive Director to Execute the Agreement

Summary:

Following a competitive solicitation and a structured evaluation process, staff recommends the selection of WBCP, Inc. (WBCP) to conduct the executive search for Tri-City's Chief Administrative Officer. WBCP was identified as the highest-ranked firm based on qualifications, relevant public sector and behavioral health experience, recruitment approach, cost structure, and overall organizational fit. In addition, WBCP previously served as Tri-City's executive search partner during the 2022 Executive Director recruitment, providing valuable familiarity with the Agency's governance structure, mission, and operating environment.

Background:

Human Resources initiated a request for proposals to secure professional executive search services for the recruitment of a Chief Administrative Officer (CAO). The CAO role is a critical executive leadership position responsible for overseeing administrative operations and supporting the Agency's strategic and operational objectives.

Two firms submitted proposals in response to the solicitation. An evaluation panel consisting of executive leadership reviewed and scored each proposal using a standardized evaluation tool to ensure a fair, consistent, and transparent review process.

Each proposal was independently evaluated by panel members using a weighted scoring matrix that assessed the following criteria:

- Firm qualifications and relevant executive recruitment experience
- Experience with public sector and behavioral health organizations
- Recruitment approach and methodology

Governing Board of Tri-City Mental Health Authority

Consideration of Resolution No. 843 Approving An Agreement With WBCP, Inc. to conduct an Executive Search for TCMHA's Chief Administrative Officer in the Amount of \$36,800, and Authorizing the Executive Director to Execute the Agreement

March 18, 2026

Page 2 of 2

- Diversity, equity, and outreach strategy
- Proposed timeline and responsiveness
- Cost proposal and overall value
- Team qualifications and organizational fit

Based on the collective evaluation results, WBCP, Inc. was identified as the top-ranked firm. The panel cited WBCP's strong public sector and behavioral health executive recruitment experience, demonstrated understanding of the Agency's mission and governance structure based on prior work with the Agency during the 2022 Executive Director recruitment, and a comprehensive recruitment methodology. The proposed flat-fee cost structure and defined placement guarantee further supported the determination that WBCP represents the best overall value and fit for the Agency's Chief Administrative Officer recruitment.

Fiscal Impact:

The proposed agreement with WBCP is based on a flat-rate fee structure, with consulting services totaling \$28,900 and reimbursable travel and related expenses not to exceed \$7,900, for a total contract amount of \$36,800, as outlined in the firm's submitted proposal. The cost for executive recruitment services will be funded through the approved budget allocation for professional services in the FY25-26 approved budget using a combination of MHS and Realignment funding.

Recommendation:

Staff recommend that the Governing Board adopt Resolution No. 843 authorizing the Executive Director to execute an agreement with WBCP, Inc. for executive recruitment services for the Chief Administrative Officer position in the amount of \$36,800, effective March 18, 2026.

Attachments

Attachment 9-A: Resolution No. 843 – Draft

Attachment 9-B: WBCP, Inc. Proposal

RESOLUTION NO. 843

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AWARDING AN AGREEMENT TO WBCP, INC. FOR TCMHA'S CHIEF ADMINISTRATIVE OFFICER RECRUITMENT SERVICES, IN THE AMOUNT OF \$36,000.00; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to conduct the executive search for Tri-City's Chief Administrative Officer, and following a competitive solicitation and a structured evaluation process, selected WBCP, Inc. for its strong public sector and behavioral health executive recruitment experience.

B. The WBCP fees are based on a flat-rate fee structure, with consulting services totaling \$28,900 and reimbursable travel and related expenses not to exceed \$7,900, for a total contract amount of \$36,800.00

2. **Action**

The Governing Board authorizes the Executive Director to execute an agreement with WBCP, Inc. for executive recruitment services for the Chief Administrative Officer position in the amount of \$36,800.00, effective March 18, 2026.

3. **Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 2026, by the following vote:

[Continues on Page 2]

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT



RECRUITMENT SERVICES



CHIEF ADMINISTRATIVE OFFICER

FEBRUARY 20, 2026

ATTACHMENT 9-B

TABLE OF CONTENTS

SUBJECT	PAGE
I. COVER LETTER	1 – 2
II. BACKGROUND/QUALIFICATIONS	3 – 10
III. GUARANTEE	11
IV. ORGANIZATIONAL CHART	11
V. WBCP KEY STAFF	12 – 14
VI. RECRUITMENT STRATEGY / PHASES	15 – 16
VII. SCOPE OF WORK	17
VIII. RECRUITMENT TIMELINE	18
IX. REFERENCES	19
X. MARKETING MATERIAL EXAMPLES	19
XI. COST SHEET/TIMELINE POLICY	20 – 21
XII. OTHER	22

I. COVER LETTER.....

FEBRUARY 20, 2026

Kitha Torregano
Human Resources Director
1717 N. Indian Hill Blvd #B,
Claremont, CA 91711



RE: Tri-City Mental Health Authority – Chief Administrative Officer Recruiting Services

It is our pleasure to submit this proposal for recruitment services to secure your ideal candidate to serve as the Chief Administrative Officer of the Tri-City Mental Health Authority. **WBCP has worked on many similar recruitments, and after working with your organization previously, we look forward to the opportunity to partner with your organization on another critical position!**

We trust our proposal will showcase our client-focused recruitment process and will act as a testament that we are passionate about what we do to make our clients happy.

WBCP, Inc. was selected, through a national request for proposal process, as the single-awarded vendor for executive recruitment services through a national competitive process conducted by the National Association of Counties (NACo) under the Public Promise Procurement (PPP) program. This cooperative purchasing agreement, with San Diego County serving as the Lead Public Agency (LPA), allows public sector organizations across the U.S. to satisfy competitive procurement requirements and contract directly with WBCP—without the delays or added costs of a traditional RFP process. The PPP/LPA partnership ensures that organizations can engage WBCP quickly, compliantly, and with confidence in the value and quality of service delivered. **Learn more here: <https://wbcpinc.com/naco>.**

It has been proven that great employees are looking for great employers, not just a paycheck. WBCP provides a broader perspective to recruitment services – going beyond securing the ideal candidate – we brand your organization as an employer of choice. We use eye-catching marketing materials, innovative search practices, and responsive and respectful communications with your applicants and stakeholders. **Additionally, we guarantee this placement for 12 months, and we provide a fair and equal recruitment process that also focuses on attracting ethnic and gender-diverse applicant pools.**

WBCP is talented at working with you to identify the strengths, challenges, and opportunities of this job, the ideal candidate, and your community and organizational culture. WBCP will work with your stakeholders to design a recruitment strategy that will include a customized engagement process. We will have a series of meetings, discussions, stakeholder interviews, and survey(s) to get to know you, the organization, the community, the culture, and the staff whom the future Chief Administrative Officer will lead.

My team and I know the California candidate marketplace and have many clients in your region, such as **the County of San Bernardino, County of Riverside, City of Ontario, County of San Diego, City of Riverside, City of Irvine, City of Hemet, and City of Pasadena (just to name a few)**. We have exceptional experience successfully recruiting for similar positions, with several recent notable recruitments including, but not limited to:

- Deputy County Administrative Officer, Health & Human Services Agency, San Diego County, CA
- Behavioral Health Director, San Luis Obispo County, CA (active)
- Director of Behavioral Health Services, County of Santa Cruz, CA
- Director of Behavioral Health and Recovery Services, County of Marin, CA
- ACAO – Assistant County Administrator, County of San Joaquin, CA
- ACEO – Assistant County Administrative Officer, County of Santa Barbara, CA

To see a full list of our clients and successful recruitments, visit: <https://tinyurl.com/2z9sfnyd>

We have over two decades of experience in public sector executive search services and have provided direct search services through WBCP since 2004. WBCP's executive recruiters are all highly personable and have unique backgrounds that make them well-equipped to take on your recruitments, as you will read their biographies in this proposal. WBCP now has offices in California, Oregon, Washington, Texas, Arizona, South Dakota, and Florida.

I. COVER LETTER.....

Recruiting top talent has become the number-one topic among administrators. New and innovative recruitment strategies are critical to identifying and securing candidates with a deep understanding of how to assess and meet community needs and address future challenges. WBCP understands the complexity of community leadership, and we are prepared to provide a thorough, complete, and fair recruitment process to provide a diverse applicant pool. **Upon our 2025 year-end review, we found that over the last three years 68% of our placed candidates came from diverse backgrounds.** In fact, we are often selected and told that we bring a larger, more qualified and diverse groups of candidates than they have ever received from past professional recruiters.

Clients also choose our firm over others because of our ability to work with your support staff and stakeholder group (including boards, appointed/elected officials, and engaged constituents), manage all details of a recruitment process, and secure great candidates. Our dedication and commitment to the client are complemented by our deep understanding and ability to effectively navigate challenging political climates.

Our clients have great things to say about the quality of the service we provide and the amazing candidates we find them, In fact, many of our clients are return customers. Please feel comfortable reaching out to these organizations to get their feedback directly.

Lastly, we love what we do, and we are passionate about finding exceptional candidates who are also passionate about serving others. WBCP's staff are driven and desire to exceed client expectations. I appreciate your consideration in retaining our services and hope to have an opportunity to work with you in the future.

Best Regards,



Wendi Brown | Founder/President, WBCP, INC.
wendi@wbcpinc.com | 541-664-0376
www.wbcpinc.com

DIVERSITY

68%

*of WBCP candidates
placed in positions
come from a diverse
background*

II. BACKGROUND & QUALIFICATIONS.....

Principal: Wendi Brown, President/CEO

Company Legal Name: WBCP, Inc. (W. Brown Creative Partners)

Tax ID: 81-5454037

Website: www.wbcpinc.com

Phone: 866-929-WBCP (9227) / 541-664-0376

Address:

- **Oregon (3 offices including WBCP, Inc. Headquarters):** 213 E Main St., Rogue River, OR, 97537; Grants Pass, Medford, and Tigard
- **California (6 offices):** San Jose, Gilroy, Roseville, Camarillo, Marina Del Rey, and Santa Barbara
- **Washington (2 offices):** Seattle and Walla Walla
- **Texas:** Dallas
- **Arizona:** Douglas
- **South Dakota:** Mitchell
- **Florida:** Minneola



WOMEN OWNED

WBCP is a 100% women-owned business, an S Corporation, not part of a parent company, and is a registered small business through the US Small Business Administration (SBA). WBCP is registered to do business in all states we serve, and files and pays California S Corporation and personal income tax to the State of California.

BUSINESS HISTORY

WBCP, Inc. has been in business since 2004, and serves nonprofit and public sector organizations. WBCP offers a variety of services, including: partial and full service search services for individual contributor, supervisor, management and executive management positions; human resources consulting: organizational development, training, classification and compensation studies, analysis and assessments, etc.

II. BACKGROUND QUALIFICATIONS.....

WBCP has over 20 years of experience providing search services for public sector and non-profit organizations. We have successfully secured professionals and provided other consulting services in **California, Arizona, Colorado, Idaho, Nevada, New York, Oregon, Ohio, Texas, Utah, and Washington.**

CITIES & TOWNS

California

- Anaheim
 - Arcata
 - Atwater
 - Banning
 - Berkeley
 - Calistoga
 - Ceres
 - Chino
 - Colfax
 - Corte Madera
 - Culver City
 - Davis
 - Dunsmuir
 - Emeryville
- Encinitas
 - Fremont
 - Fresno
 - Gilroy
 - Goleta
 - Hemet
 - Irvine
 - Laguna Beach
 - Larkspur
 - Lincoln
 - Livermore
 - Livingston
 - Long Beach
 - Los Altos
- Marina
 - Milpitas
 - Napa
 - Novato
 - Ontario
 - Orinda
 - Oxnard
 - Palo Alto
 - Parlier
 - Pasadena
 - Petaluma
 - Pismo Beach
 - Port Hueneme
 - Portola Valley
- Redding
 - Riverside
 - Rocklin
 - Roseville
 - Sacramento
 - San Francisco
 - San Jose
 - San Rafael
 - Santa Maria
 - Santa Monica
 - Santa Paula
 - Santa Rosa
 - Solvang
 - Sonoma
- South Pasadena
 - Sutter Creek
 - Truckee
 - Ventura
 - Vernon
 - Victorville
 - Watsonville
 - West Hollywood
 - Windsor

Oregon

- Ashland
 - Astoria
 - Central Point
 - Garibaldi
 - Gold Hill
 - Grants Pass
 - Hubbard
- Independence
 - Newport
 - Pendleton
 - Phoenix
 - Rogue River
 - Talent
 - Tillamook

Arizona

- Chandler
- Phoenix
- Goodyear

Nevada

- Boulder City

New York

- Rochester

Texas

- Fort Worth

Utah

- Park City

Washington

- Duvall

Ohio

- West Chester



COUNTIES

California

- Alameda
 - Alpine
 - Colusa
 - Contra Costa
 - Del Norte
 - Fresno
 - Humboldt
 - Lake
 - Los Angeles
 - Marin
 - Mariposa
 - Mendocino
 - Merced
 - Mono
- Monterey
 - Napa
 - Nevada
 - Orange
 - Placer
 - Riverside
 - Sacramento
 - San Benito
 - San Bernardino
 - San Diego
 - San Francisco
 - San Mateo
 - San Joaquin
 - Sutter
- San Luis Obispo
 - Santa Barbara
 - Santa Clara
 - Santa Cruz
 - Shasta
 - Solano
 - Sonoma
 - Stanislaus
 - Tehama
 - Tulare
 - Tuolumne
 - Yuba
 - Yolo

Colorado

- Boulder
- El Paso
- Larimer

Oregon

- Jackson
- Lane

Washington

- King

North Dakota

- Cass

Texas

- Comal



II. BACKGROUND QUALIFICATIONS.....

LOCAL AND NATIONAL COUNCILS, BOARDS, DISTRICTS, AND JOINT POWERS AUTHORITIES (JPAS)

National

- Hass Avocado Board (HAB)
- North American Blueberry Council / U.S. Highbush Blueberry Council(NABC/USHBC)

California

- Amador Water Agency
- Association of California Water Agencies (ACWA)
- Alameda–Contra Costa Transit District (AC Transit)
- Bay Area Rapid Transit District (BART)
- Bear Valley Community Services District
- Boulder Creek Fire Protection District
- California Municipal Utilities Association (CMUA)
- California Prison Industry Authority (CALPIA)
- Cosumnes Community Services District
- Dublin San Ramon Services District
- Irvine Ranch Water District
- John Wayne Airport
- Los Angeles County Employees Retirement Association (LACERA)
- Los Angeles Unified School District (LAUSD)
- Los Angeles World Airports (LAWA)
- Mendocino County Air Quality Management District
- Metropolitan Transportation Commission (MTC)
- Metropolitan Water District of Southern California
- Modesto Irrigation District
- Monterey One Water
- Nevada Irrigation District
- Newark Chamber of Commerce
- Oakland Housing Authority
- Olivehurst Public Utility District

- Orange County Employees Retirement System (OCERS)Port of Long Beach
- Port of San Diego
- Placer County Transportation Planning Agency (PCTPA)
- Sacramento Area Flood Control Agency (SAFCA)
- Sacramento Employment & Training Agency (SETA)
- Sacramento Public Library Authority
- Sacramento Sewer District
- Sacramento Suburban Water District
- San Benito Council of Governments
- San Benito County Water District
- San Diego Port Authority
- San Joaquin County Employees' Retirement Association (SJCERA)
- San Rafael Sanitation District (SRSD)
- Santa Clarita Valley Water Agency
- Sonoma County Library
- Tri-City Mental Health Authority (TCMHA)
- Truckee–Donner Public Utility District (TDPUD)
- Tuolumne Utilities District
- Turlock Irrigation District
- Trabuco Canyon Water District
- Valley Consortium for Medical Education (VCME)
- Valley Water
- Water Forum
- West Basin Municipal Water District
- Trindel

Oregon

- Jackson County Fire District 5
- Rogue Valley Sewer Services

Idaho

- Teton County Joint Housing Authority (TCJHA)



II. BACKGROUND QUALIFICATIONS.....

NONPROFITS

National

- Futures Without Violence (Family Violence Prevention Fund)
- Radio Bilingüe

California

- Center Point
- Central California Legal Services (CCLS)
- Community Food Bank
- Downtown Streets Team
- First 5 (Alameda County, California Association, Fresno, Santa Barbara County, San Mateo)
- Gold Coast Health

- Greater Richmond Interfaith Program (GRIP)
- Northern Valley Catholic Social Service (NVCSS)
- Options Recovery
- San Francisco Estuary Institute
- West Angeles Church of God in Christ

Oregon

- Community Works
- Dogs for Better Lives / Dogs for the Deaf
- Southern Oregon Regional Economic Development, Inc. (SOREDI)



**CENTRAL CALIFORNIA
LEGAL SERVICES**
JUSTICE. EQUITY. POWER.



GRIP



radio bilingüe
Red Nacional de Radio Pública Latina



Center Point



Southern Oregon Regional
Economic Development, Inc.



TMHA
Transitions-Mental
Health Association



**DOGS for
better
LIVES.**



**FUTURES
WITHOUT VIOLENCE**



**Northern Valley
Catholic Social Service**
INSPIRING HOPE & TRANSFORMING LIVES



COMMUNITY WORKS
Domestic Violence · Sexual Abuse · Sex Trafficking
RESOURCE CENTER

PRIVATE ORGANIZATIONS

- CDS Publications
- Central California Truck and Trailer
- Morton & Pitalo
- NAVA
- Prentice | Long, PC Law Firm
- SWEED
- Tekmanagement
- Touchstone Accounting

CONSULTING SERVICES

Cities

- Fremont (CA)
- Medford (OR)
- Santa Maria (CA)
- Santa Paula (CA)

Counties

- Humboldt (CA)
- Mariposa (CA)
- Santa Barbara (CA)
- San Luis Obispo (CA)



MEDFORD
OREGON



City of
Santa Maria



II. BACKGROUND & QUALIFICATIONS.....

INDUSTRIES

- Organizational Leadership
- Economic Development
- Facilities & Operations
- Financial, Administrative Services, Accounting, Auditing
- Health & Human Services, Housing, Unhoused
- HR, Risk, Labor/Employee Relations
- Information Technology
- Legal, Counsel, Clerk
- Library
- Marketing, Communications, PR
- Parks & Rec, Community Services, Arts
- Planning, Environmental, Community Development, Building, Transit
- Public Safety
- Public Works, Transportation, Engineering

BELOW IS A LIST OF SIMILAR RECRUITMENTS WBCP HAS MANAGED:

HEALTH & HUMAN SERVICES, HOUSING, UNHOUSED

- Chief of Staff/Chief Medical Executive, California Correctional Health Care Services, CA
- Chief Psychiatric Medical Director, San Bernardino County, CA
- Public Health Officer, City of Berkeley, CA
- Public Health Officer, County of Humboldt, CA
- Public Health Officer, County of King, WA
- Public Health Officer, County of Lake, CA
- Public Health Officer, County of San Joaquin, CA
- Public Health Officer, County of Stanislaus, CA
- Public Health Officer, County of Tuolumne, CA
- Public Health Officer, Mendocino County, CA
- County Health Officer, County of Mendocino, CA
- Director of Aging and Adult Services, County of Contra Costa, CA
- Director of Behavioral Health and Recovery Services, County of Marin, CA
- Director of Behavioral Health and Recovery Services, County of Stanislaus, CA
- Director of Behavioral Health Services, County of Santa Cruz, CA
- Director of Behavioral Health, County of San Diego, CA
- Director of Behavioral Health, County of Santa Barbara, CA
- Director of Behavioral Health, County of Tuolumne, CA
- Director of Environmental Health, County of Santa Cruz, CA
- Director of Family and Children's Services, County of Santa Clara, CA
- Director of Health and Human Services, Alpine County, CA
- Director of Health & Human Services, City of Long Beach, CA
- Director of Health & Human Services, County of Humboldt, CA
- Director of Health & Human Services, County of Marin, CA
- Director of Health & Human Services, County of Napa, CA
- Director of Health & Social Services, County of Solano, CA
- Director of Health Services, Gold Coast Health Plan, CA
- Director of Health Services, County of Santa Cruz, CA
- Director of Custody Health Services, County of Santa Clara, CA
- Director of Health, Housing, and Community Services, City of Berkeley, CA
- Director of Housing Opportunities, Oakland Housing Authority, CA
- Director of Housing, City of Pasadena, CA
- Director of Housing Services, City of Ontario, CA
- Director of Nursing, County of Lake, CA
- Director of Nursing, County of Napa, CA
- Director of Nursing, County of San Luis Obispo, CA
- Director of Public Health Nursing, County of Napa, CA
- Director of Public Health, County of Nevada, CA
- Director of Public Health, County of Santa Barbara, CA

II. BACKGROUND & QUALIFICATIONS.....

HEALTH & HUMAN SERVICES, HOUSING, UNHOUSED (CON'T)

- Director of Rent Stabilization, City of Pasadena, CA
- Director of Social Services and Housing, City of Davis, CA
- Director of Social Services, County of San Luis Obispo, CA
- Director of Social Services, County of Santa Barbara, CA
- Director Operations, Behavioral Health, and Recovery Services, County of Marin, CA
- Director, Health Services Agency, County of San Luis Obispo, CA
- Director, Health Services Agency, County of Santa Cruz, CA
- Director, Health Services Agency, County of Sonoma, CA
- Director of Child Support Services, County of Contra Costa, CA
- Director of Child Support Services, County of Sonoma, CA
- Children and Family Services Division Director, County of Orange, CA
- Psychiatrist Medical Director, County of Yolo, CA
- Division Director, Adult Systems of Care, County of Marin, CA
- Family Medicine Program Director, Valley Consortium for Medical Education, CA
- Medical Director of Psychiatry, County of Yolo, CA
- Medical Director, Public Health Clinics, County of Santa Barbara, CA
- Branch Director, Service Centers, County of Yolo, CA
- Deputy Branch Director, Child, Youth and Family Services, County of Yolo, CA
- Deputy Director of Behavioral Health Services, County of Santa Cruz, CA
- Deputy Executive Officer – Homelessness, County of San Bernardino, CA
- Deputy Executive Director of Housing and Energy, MTC/ABAG, CA
- Assistant Public Health Officer – Children’s Services, County of San Joaquin, CA
- Assistant Public Health Officer, County of San Joaquin, CA
- Assistant Director of Community Development – Affordable Housing/Homelessness Programs, City of San Rafael, CA
- Assistant Director of Family and Community Partnerships, Oakland Housing Authority, CA
- Assistant Director of Health and Human Services, County of Solano, CA
- Assistant Director of Property Operations, Oakland Housing Authority, CA
- Assistant Director, Forensic, Diversion, & Behavioral Health, County of Alameda, CA
- Assistant Director, Forensic, Diversion, & Re-Entry System of Care, County of Alameda, CA
- Senior Deputy Director, Public Health Department, County of San Joaquin, CA
- Senior Development Project Manager – Real Estate, Oakland Housing Authority, CA
- Air Pollution Control Officer/Deputy Air Pollution Control Officer, County of Mendocino, CA

Check out our full list of
recruitments here:
<https://tinyurl.com/2z9sfnyd>

II. BACKGROUND & QUALIFICATIONS.....

RECRUITING WITH DIVERSITY IN MIND:

Since partnering with the country’s largest network of diversity job boards, **we have seen a 21% increase in diverse applicants and a 13% increase** in diverse candidates placed in positions with our clients. This demonstrates WBCP's dedication to expanding outreach and removing barriers to apply, ensuring access to a highly qualified and diverse applicant pool.

600 Diversity Job Boards:

When you post a job with WBCP, it is automatically shared across 600 diversity job boards, maximizing reach and ensuring access to a wide and inclusive pool of talent. We also utilize the largest diversity database with over 160 million resumes and 15,000 community based organization contacts to expand our search.

LinkedIn:

As LinkedIn recruiters, we have access to over 1 Billion profiles, allowing us to evaluate candidates' backgrounds, education, experience, licensure, and more.

AI:

WBCP also leverages AI tools to gather additional information to effectively reach future applicants and candidates contact information for emails and phone numbers.

WBCP understands the complexities of meeting the needs of a diverse community, and we provide a thorough, complete, and fair recruitment process.



Streamline and Satisfy the RFP Process to receive recruiting on demand. Reach out to WBCP today for more information.



II. BACKGROUND & QUALIFICATIONS.....

WHY CHOOSE WBCP

Proven Expertise:

- **Over 20 Years in Business and 100+ Years of Experience:** With over a century of combined experience, our recruitment professionals excel in public service sectors, including cities, counties, utilities, special districts, joint powers authorities, and non-profits. Our proven track record ensures expertise tailored to your needs.
- **100% Success Rate:** In 2024, we achieved a 100% success rate, successfully filling every position we managed including partial and full scope services from engineering, planning, finance, health and human services, legal, legislative, hard-to-fill civil service positions, and many more! We deliver results no matter what the challenge.

Employer Recognition: WBCP has been recognized as Oregon's TOP 100 EMPLOYERS.

HR Teams Trust Us: We simplify the recruitment process, managing every detail so HR teams can focus on other priorities. From sourcing candidates to scheduling interviews and providing updates, our seamless approach saves time, reduces stress, and ensures results.

Strategic Marketing and Advertising: Our marketing team designs targeted campaigns using diverse, cost-effective channels powered by AI. These campaigns maximize reach while staying within budget and include:

- **Diverse Applicant Pools:** Access to over 600 diversity-focused job boards, 15,000 diversity affiliations, and 120 million resumes ensures diversity is integral to our process.
- **LinkedIn Recruiter Expertise:** With access to 230 million U.S. profiles, we connect you with top-tier talent.
- **AI-Driven Talent Acquisition:** Advanced AI strategies enhance efficiency and uncover new candidate engagement opportunities.

Trusted Partners and Culture Cultivators: We go beyond finding candidates by building trust with your team and stakeholders. Our tailored strategies align top talent with your organizational culture, ensuring a collaborative and thoughtful recruitment process.

Recruiting with Competencies: Ensures a fair, measurable, and effective hiring process. This strategic approach helps identify the client's needs and then assesses candidates on the critical skills and behaviors for success.

Benefits:

- **Fairness:** Focuses on role-specific competencies.
- **Measurability:** Provides objective evaluation criteria.
- **Better Matches:** Aligns talent with organizational and cultural needs.
- **Equitable:** Reduces bias with standardized assessments.

Recruiting with competencies delivers high-quality, measurable solutions that ensure the best candidates for your team's success and cultural alignment.

Timely and effective background and

Reference Checks: WBCP partners with a trusted third party for thorough background checks and relies on a 30-year public safety veteran, retired as a police chief, and an expert in employee investigations, to conduct expert reference verifications. This ensures accuracy, professionalism, and confidence in every hiring decision.

Guaranteed Satisfaction: We stand behind our work with a 12-24 month guarantee. If the initial placement doesn't work out, we will conduct a replacement search at no additional consulting fee, ensuring lasting value for your investment.

III. GUARANTEE.....

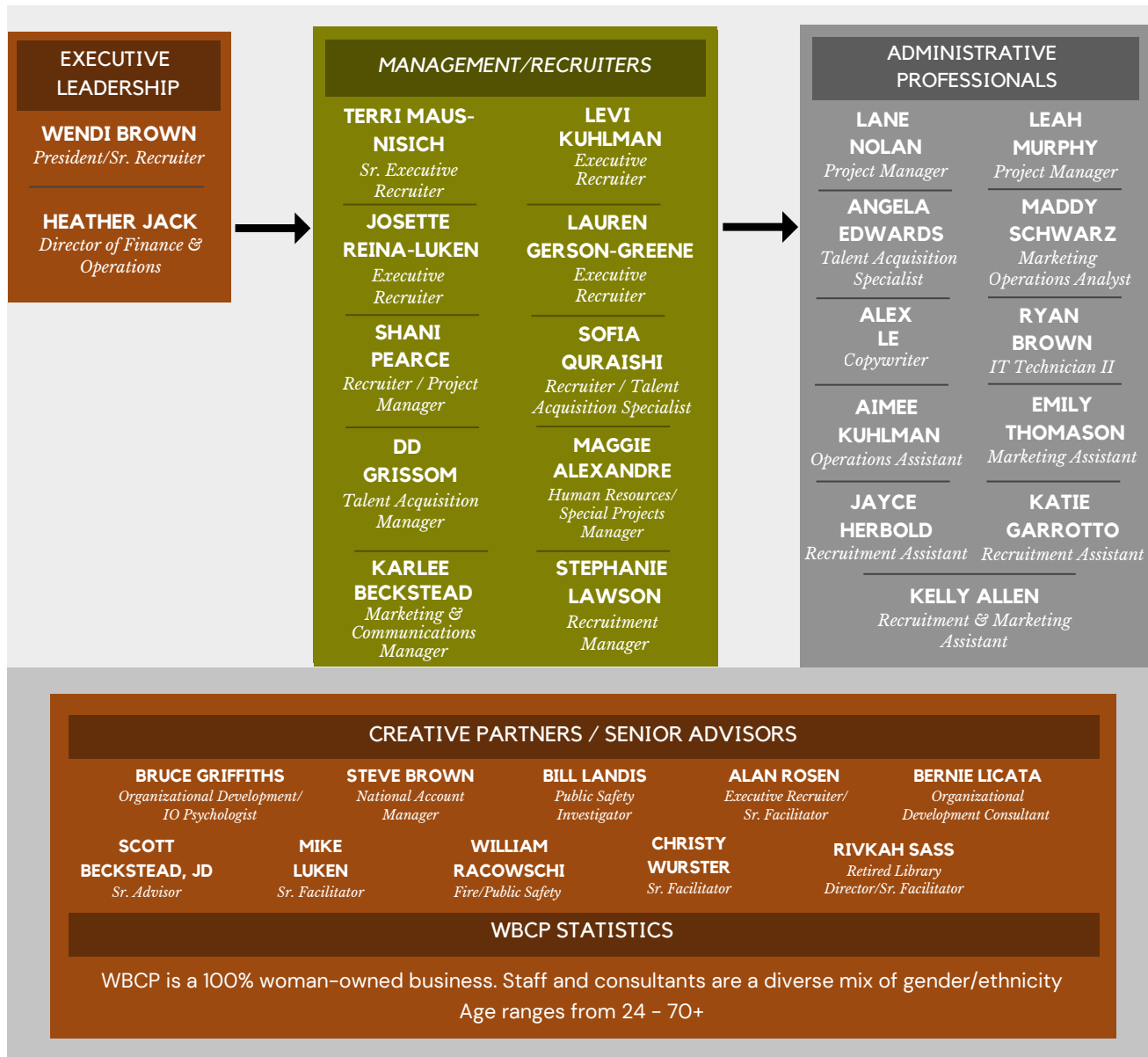
WBCP Inc. provides either a placement guarantee, or a replacement guarantee as determined by the recruitment outcome and defined below:

Successful Placement Guarantee: We guarantee a successful placement and will provide continued consulting services for one additional recruitment at no extra consulting fee. The client will be responsible for any direct expenses.

OR

Replacement Guarantee: If a candidate selected and appointed by the client leaves their position for any reason before completing **12 months** of service, WBCP will provide consulting services at no additional cost to secure a replacement. The client will be responsible for any direct expenses. This guarantee applies to one replacement within one year of the candidate's departure.

IV. ORGANIZATIONAL CHART.....



V. WBCP KEY STAFF.....

WENDI BROWN

*Lead Consultant/
Sr. Executive
Recruiter*



I am the President of WBCP, with over 20 years of experience in marketing and advertising and combine this with my background in recruiting to successfully place hard-to-fill, management, and executive positions. My team and I are passionate about helping organizations improve their recruitment services, place great talent, conduct department assessments, redesign antiquated processes, revise job descriptions, conduct salary and benchmark studies, and more. I have worked in various industries – advertising and public relations, national real estate franchisor, global manufacturing – and I have worked with nonprofit and public sector organizations since 1999. Formerly, I was an internal Human Resources Consultant for the County of Orange, California, providing countywide communications, human resources, executive search, and recruiter training services to the Assistant Chief Executive Office/Human Resources Director and, at that time, 25 decentralized departments, with 17,000 employees, serving a community of 300,000. I have a Bachelor’s of Science in Business Administration with an emphasis in Marketing from Colorado Technical University; have earned several certificates in Project Management, Global Business, Marketing, and Human Resources; and working toward a Master’s in Management at Southern Oregon University.

TERRI MAUS-NISICH

Sr. Executive Recruiter



Terri Maus-Nisich holds a pivotal role as one of our Senior Executive Recruiters, leveraging her extensive background as a distinguished leader in local government. With a local government career spanning over 40 years, Terri's journey includes transformative roles within the County of Santa Barbara, where she ascended from Parks Director to Assistant County Executive Officer, overseeing vital municipal and health/human service departments. Her remarkable impact encompasses leadership in Homeless Services, Communications, and Emergency Management, driving community engagement, disaster recovery, and support for vulnerable populations. Before her tenure in Santa Barbara, Terri spent 15 years with the City of Santa Clarita in roles ranging from analyst to Deputy City Manager. Throughout her remarkable career, Terri prioritized strategic planning, organizational development, and innovative problem-solving, garnering numerous awards. She holds a Bachelor’s Degree from UC Santa Barbara, a Masters of Public Administration from Cal State Northridge, and a graduate certificate from Harvard University’s JFK School of Government.

V. WBCP KEY STAFF.....

LAUREN GERSON-GREENE

Executive Recruiter



Lauren Gerson is a seasoned Executive Recruiter at WBCP, where she draws on over 15 years of experience in career services, customer relations, and operations. Her recruiting expertise extends across various industries, with notable success in health and human services, utilities, and finance. Lauren has helped organizations across multiple states fill hard-to-hire positions at every level, from individual contributors to executives. Lauren’s diverse professional journey began in operations and events management, where she honed her expertise in human resources, business management, and regulatory compliance. She later transitioned to career services, and prior to joining WBCP, worked with a career coaching company helping job-seekers better leverage their skills and overcome barriers to employment. Lauren holds a Bachelor’s degree in Philosophy from Whittier College. She brings a unique perspective to her role, and is committed to making a positive impact both professionally and personally. With her unwavering dedication and client-centric focus, Lauren continues to drive success and excellence in executive recruitment at WBCP.

LEVI KUHLMAN

Executive Recruiter



Levi Kuhlman is an Executive Recruiter at WBCP, and an experienced professional with a multifaceted career spanning across executive recruitment, real estate, and entrepreneurship. He has worked extensively with local municipalities, special districts, and not-for-profit organizations across the Western region, with a focus in California, Oregon, and Idaho. Levi has conducted many successful recruitments in various industries including planning, rent stabilization and housing, engineering, finance, city management, transportation and transit, community development, building and safety, public safety, risk management, and information technology. Levi serves as a skilled and diplomatic liaison, earning a reputation for his personalized approach to recruiting. Before joining the ranks of WBCP, he advocated on behalf of tenants, landlord, and clients. With a diverse skill set and a commitment to excellence, Levi continues to make significant contributions to WBCP, his clients, and broadening the professional community one recruitment at a time.

V. WBCP KEY STAFF.....

JOSETTE REINA-LUKEN

Executive Recruiter



Josette, an Executive Recruiter at WBCP, specializes in government finance and the water industry with nearly 30 years of experience. Her career began in IT, managing software implementations and leading training and sales teams. After earning her MBA, she transitioned to municipal agencies, holding various management positions, including Administrative Manager and Financial Manager. With expertise in budgeting, strategic planning, and organizational development, Josette has made significant contributions to the agencies she's served. She holds a Bachelor's Degree in Political Science/Public Administration from the University of South Florida, an MBA from the University of Phoenix, and certificates in Human Resources from the California State University and Leadership from the University of Davis.

SHANI PEARCE

Executive Recruiter



Shani Pearce brings over 15 years of corporate and public sector experience to her role as an Executive Recruiter at WBCP, with a background spanning executive support, human resources, project management, and regulatory compliance. She began her career with the City of Medford, working closely with executive leadership on labor relations, wellness initiatives, recruitment, and large-scale events. In the private sector, she advanced as a Human Resources Business Partner, specializing in recruitment, training, and organizational development, before joining a multi-billion-dollar, multi-state energy company where she progressed into project management, overseeing compliance, licensing, permitting, and stakeholder engagement. Alongside her corporate work, Shani co-founded a wedding and event business, further demonstrating her creativity and logistical expertise. At WBCP, she brings this diverse experience to lead recruitment processes, engage with clients, source candidates, and ensure a seamless candidate experience, making her a trusted partner to clients and a valued member of the WBCP team.

REVIEW OTHER EMPLOYEES & CONSULTANT PARTNERS ON OUR WEBSITE:
WWW.WBCPINC.COM/WBCP-TEAM

VI. RECRUITMENT STRATEGY / PHASES.....

WBCP knows how to customize your search strategy to meet your unique recruitment needs. We customize your recruitment based on the specific needs, target audience, and challenges for each recruitment; however, below is a baseline approach for most recruitments.

CLIENT & STAKEHOLDER MEETINGS

We require the Client and/or Search Committee, and other stakeholders identified by the Client, be involved in the initial and final phases of this recruitment. These are critical phases to ensure we obtain a clear sense of the priorities and the successful hire of the right candidate. WBCP will meet with various stakeholders as warranted by the Client and the level of the position in the organization. These meetings will allow us an opportunity to gather information and gain knowledge about the organization, community, and unique aspects of the recruitment to design the ideal candidate professional profile, advertising materials, and strategic approach



FEEDBACK OUTCOME / TIMELINE DEVELOPMENT

Following the Client/stakeholder meetings, we will develop a detailed timeline for the recruitment along with a proposed advertising plan for approval.

CREATIVE DEVELOPMENT

Immediately following the client feedback activities, we will draft the competencies for the recruitment and advertising material/recruitment brochure for the Client's review. This information will summarize what was learned from Client-related interviews and will be used to advertise the opening.

MARKETING STRATEGY & IMPLEMENTATION

WBCP will execute a customized marketing/ad plan once the job announcement is created. An ad plan could include the following (based on assumptions), and will be customized based on information gathered in Phase I:

DIGITAL ADVERTISING WITH DIVERSITY IN MIND

WBCP utilizes digital advertising to obtain diverse applicant pools, leveraging local and national job boards, associations, and social media. In partnership with a diversity platform, our postings reach up to 600 local employment and diversity websites, connecting across 15,000+ community organizations and niche sites, tapping into a job bank of 2 million resumes. Upon our 2024 year-end review, we found that over the last three years 63% of our placed candidates came from diverse backgrounds.



EMAIL & DIRECT MAIL ADVERTISING

In addition to tapping into WBCP's existing pool of potential applicants, we have the capability to access various professional lists. We actively seek out additional lists through associations, contacts, and other strategic channels.

SOURCING/HEADHUNTING

WBCP employs a proactive approach by reaching out to targeted individuals and cultivating new connections through referrals from reputable sources. As a LinkedIn recruiter, we harness the power of over 350 million profiles to identify and engage with ideal candidates. Additionally, WBCP utilizes cutting-edge AI tools for precise Boolean searches, enabling us to uncover niche candidates effectively.

COMMUNICATION WITH CLIENT

We will provide weekly updates on the progress of this search unless the client prefers more or less frequent communications. We tailor our communications in accordance with our Client's needs.

VI. RECRUITMENT STRATEGY / PHASES.....

RESUME ASSESSMENT

WBCP will review resumes as they are received and/or at the close of the recruitment. Those candidates determined to be the most highly qualified will be selected for a screening interview.

SCREENING INTERVIEWS / REPORT TO CLIENT

WBCP does not restrict the number of applicants or candidates to be screened. Rather, we interview candidates who meet our ideal candidate criteria; frequently this group amounts to 20 candidates, or on average 20% of the applicant pool. Following the completion of the phone screen interviews, we will develop a report/recommended shortlist of candidates, which includes: resumes, cover letters, and a one-page profile summary of candidates' professional history, including a brief overview of WBCP's assessment and the results of their phone screen. We will meet with the selection committee/Client to review this report and select candidates for interviews. In this meeting, we will review the recruitment plan and discuss the final stages of the selection process.



COMMUNICATION WITH CANDIDATES

WBCP will take responsibility for communicating with the applicants/candidates during each phase of the search process and Client should refer any inquiries from potential or existing applicants directly to WBCP.

SELECTION PROCESS

WBCP will design and administer an appropriate final selection process based on the needs of the Client (tailored to the need and recruitment). WBCP will facilitate the invitation and coordination of these meetings/interviews and provide additional assessment tools/recommendations such as interview questions, writing and presentation exercises, problem solving scenarios, etc.

COMMUNICATION WITH CLIENT

Following the interviews and the Client's top candidate(s) selection, we will assist the Client with facilitating a thorough background and reference check. A typical approach includes a review of federal, state, and local criminal background checks and academic verification by a licensed background agency. Reference checks are conducted over the phone by a senior consultant and a final report is provided to the Client. References are completed on candidate(s) being considered after initial/panel interviews.



NEGOTIATIONS

Once the client reviews and is comfortable with the findings in the background and reference report, we are available to assist with negotiations on compensation, benefits, start date, and other transition details.

VII. SCOPE OF WORK.....

- Facilitate initial kick-off meeting with Client and other meetings that may include Executive Leadership, staff, community, and other stakeholders to assist with identifying the ideal candidate profile.
- Assist Client hiring authority/stakeholders in modifying the job description (as needed), and develop a recruitment announcement, marketing materials, and advertising plan for the recruitment.
- Attend all other meetings and engagements as needed or identified by the Client.
- Implement advertising plan including: publication, headhunting, direct mail, and other online and email marketing efforts.
- Provide timely updates and progress reports to the client regarding search services; every two weeks or as Client identifies is needed.
- Preliminary internet searches will be conducted on recommended candidates.
- Coordinate interview panel(s) as needed, or coordinate this process with Client.
- Receive and review applicants and screen those applicants to identify top candidates. Top screened paper applicants will be video/phone screened by recruiter to identify the key competencies (technical and interpersonal) to assist in identifying the top group of candidates who will be recommended at the Client/WBCP shortlist meeting.
- Facilitate shortlist meeting with Client – review and select candidates who will be invited to interview.
- Coordinate invitations to candidates.
- Develop interview questions and other selection details to meet specific needs and identify key competencies of candidates.
- Facilitate interviews with panel(s).
- Background and reference checks will be conducted with candidates who are identified as final candidates after initial Client interviews have been conducted. Background checks will be conducted in accordance with local law and typically include the following: criminal (local, state, and federal), education, credit, social security. References will be conducted based on a 360-degree perspective and will include staff, peers, and superiors. Onsite background services are available at an additional fee (see fees for details)
- Facilitate offer and negotiations with selected candidate; as directed by Client.

VIII. RECRUITMENT TIMELINE.....

*BELOW IS A SAMPLE OF AN EXECUTIVE SEARCH TIMELINE THAT
WBCP WILL CUSTOMIZE FOR THIS RECRUITMENT*

Week 1:

- Secure services with search firm, WBCP, Inc.
 - WBCP can schedule a Kickoff meeting as soon as we are selected.
- WBCP: review search parameters and recruiting processes with Client
 - Interview with hiring authority and other stakeholders for competencies
 - Identification of advertising venues and ideal candidate prospects
 - Calls, meetings, or coordination with other stakeholders for information gathering

Weeks 1 + 2:

- Develop and approvals: recruitment process, deadlines, ad plan and strategy, recruitment timeline and brochure
- Print coordination (if applicable)

Weeks 2 + 3:

- **OPEN RECRUITMENT AND AD PLAN:** Implement marketing plan and direct mail (if applicable)
- Secure panel member calendars
- Timeline may be extended if direct mail piece is included (i.e., print/postage)
- Finalize panel members and interview logistics and invitations to panel members

Weeks 4, 5, + 6:

- Receive applications –Collect and source applicants will continue until recruitment closes

Weeks 7 + 8:

- **CLOSE RECRUITMENT AND ADVERTISING**
- Conduct initial phone screen to identify shortlist of candidates
- Preliminary check on shortlist candidates (Google search)
- Candidate profiles developed and short list recommendations to client

Weeks 9 + 10:

- **MEETING – Client confirms selection of candidates to be advanced to panel interviews**
- Finalize questions, presentation, in-basket (as determined)
- Coordinates invitations with selected top candidates (shortlist)
- Produce panel candidate interview packets

Weeks 10 + 11:

- WBCP facilitates interview process – Interview process will be customized based on client and community needs:
 - **Day 1: Panel Interviews Conducted; Day 2: 2nd Interviews with executive leaders;**
 - 3rd interviews may be scheduled as needed with Boards/Commissions, etc.;
 - As needed schedule staff and/or community discussions/meetings

Week 12:

- WBCP conducts background and reference checks (backgrounds may be conducted by Client if current contract exists)
- WBCP conducts full reference checks for candidate(s) selected for Board/Commission interviews; or when Client is interested in making an offer

NEGOTIATIONS / HIRE:

- Hire date to accommodate possible candidate relocation
- Client (WBCP available to assist in process) conducts offer and facilitates salary negotiations with preferred candidate

IX. REFERENCES.....

1-San Benito County, California

Similar Positions Filled:

- Chief Administrative Officer

Contact Information:

- Rosemarie Justo, Human Resources Analyst – RJusto@sanbenitocountyca.gov

2-City of Berkeley, California

Similar Positions Filled:

- Public Health Officer
- Director of Health, Housing, and Community Services

Contact Information:

- Monica Walker, Human Resources Manager – mwalker@berkeleyca.gov | 510-981-6818

3-County of Solano, California

Similar Positions Filled:

- Director of Health & Social Services
- Assistant Director of Health & Human Services
- Health Services Administrator

Contact Information:

- Bill Emlen, County Administrative Officer – WFEmlen@solanocounty.com | 707-784-6062

X. MARKETING MATERIAL EXAMPLES.....

*Click below to see our marketing samples for similar positions. To see all of our brochures, visit: wbcpinc.com/closed-jobs-private/ and use the password: wbcp202510**

- [Deputy County Administrative Officer, Health & Human Services Agency, San Diego County, CA \(active\)](#)
- [Behavioral Health Director, San Luis Obispo County, CA \(active\)](#)
- [ACAO/HR Director, County of Mariposa, CA](#)
- [City Manager, City of Pasadena, CA](#)
- [Executive Vice President, Center Point, CA](#)
- [Executive Director, Tri-City Mental Health Authority, CA](#)
- [Executive Director, Options Recovery Services, CA](#)
- [Chief Executive Officer, Downtown Streets Team, CA](#)
- [Chief Executive Officer, California Prison Industry Authority, CA](#)
- [Director of Health & Human Services, City of Long Beach, CA](#)
- [Director of Public Health, County of Santa Barbara, CA](#)
- [Health Services Agency Director, County of Santa Cruz, CA](#)
- [Public Health Officer, City of Berkeley, CA](#)
- [Public Health Officer, King County, WA](#)
- [Director of Health Services, County of Sonoma, CA](#)
- [Director of Health, Housing, & Community Services, City of Berkeley, CA](#)

XI. COST SHEET/TIMELINE POLICY.....

WBCP will not limit the number of hours we work on a recruitment, rather we charge a flat rate and will spend the time necessary to ensure we are successful. Consulting fees will be billed in thirds at the beginning (open for applications and advertising campaign launched), middle (shortlist selection), and end of the recruitment process (selection made and background/ references concluded).

SERVICE COST PER RECRUITMENT CHIEF ADMINISTRATIVE OFFICER

Description of Services/Deliverables:	Inclusive Rate Per Recruitment:
<p>Consulting Services: Phases I-IV in the proposal's recruitment strategy/phases section.</p>	<p>\$28,900 (flat rate)</p>
<p>Expenses Include: Travel to client location (up to 2 trips); document shipping fees/delivery charges to facilitate virtual meetings, panel packet content; fees for background and reference checks; may include fee for one additional consultant to travel (and related expenses) and facilitate an additional panel for one day (\$700/day); brochure/graphic design (\$950); marketing and advertising which may include: print and postage (if applicable); online job boards; social media; sourcing; and may include flat fee pricing for: LinkedIn \$395, InMails \$300, Circa Diversity Job Boards \$295, Zoom Info \$299. These expenses will be billed based on what is expended and based on the needs of the client/recruitment.</p>	<p>Up to \$5,500 - \$7,900 (direct expenses not-to-exceed)</p>

Additional Services Included in Cost

- Extensive stakeholder engagement including virtual stakeholder meetings
- Online Surveys: (includes developing recommended survey questions, creating and distributing the survey link, managing the survey period, and providing the compiled response data for review and analysis.)

Optional Services

- Additional virtual interview facilitation: \$750/day/consultant
- Additional on-site meeting days/interviews: \$1,500/day/consultant, plus travel expenses*
- Additional background checks: \$300/candidate
- Additional reference checks: \$500/candidate
- Additional hires: \$9,000/candidate
- Web Content Accessibility Guideline (WCAG) Brochure Update (optional): \$150 - \$200/brochure

**Expense reimbursement for Consultant travel related to additional on-site meeting days is billed at the actual rate (airfare/mileage, lodging) and is the responsibility of the Client.*

Additional Cost

Upon request, WBCP can coordinate candidate travel and related expenses. Since this service falls outside of the standard scope of work, clients who choose this option should anticipate an estimated travel reimbursement of up to \$1,500 per non-local candidate. This estimate typically covers lodging, primary transportation, and/or a stipend.

XI. COST SHEET/TIMELINE POLICY.....

Cost and Timeline Policy

1. **Work Performed Out of Scope:** To deliver optimal results, adherence to agreed-upon dates and times for critical recruitment milestones (e.g., shortlist meeting and interview dates) is required. Any changes to these timelines after the recruitment process has commenced may result in:

a. **Forfeiture of the Recruitment Guarantee:** Deviating from the agreed timeline will void the recruitment services guarantee if the deviation is significant enough to affect the overall outcome of the recruitment (i.e., losing ideal candidates due to a prolonged timeline)

b. **Additional Charges:** Adjustments to timelines will incur additional fees for additional administrative work, rescheduling, etc., billed at our standard hourly rate of \$250.

These policies ensure clarity, fairness, and high-quality outcomes for all parties involved.

Proposal Negotiations

While our standard pricing reflects the value and quality of our recruitment services, we recognize that each client's needs are unique. As such, we are open to discussing pricing options and also offer flexible partial search services that can be tailored to meet your specific requirements.



XII. OTHER.....

INSURANCE

WBCP and its sub-consultants have reviewed the contractual agreement and the Insurance Requirements. If selected, WBCP will execute said agreement and will provide the required insurance documents. WBCP will submit certificates of insurance as evidence of the required coverage limits. Insurance policies include: liability, errors and omissions, workers compensation, and vehicle insurance.

CONFIDENTIALITY SAFEGUARDS


Confidentiality is paramount in the work we do. We ensure that the client and candidate information we receive, and conversations with our client (and certainly discussions in closed session) are kept confidential. There are several physical safeguards we have in place including: locked and alarmed office space, password, and encryption protected information on our computers and servers, multiple backup systems. As information is shared with our client, we discuss the importance of confidentiality and why it is important to the candidates they are considering but also brands the organization appropriately. We also ask candidates who are interviewed to keep candidate information confidential, as they may see or meet a candidate during the process. We emphasize that confidentiality is not just until the recruitment is completed, and a candidate is hired, confidentiality is in perpetuity. Leaked information is not a reputation that a client wants to receive, as this could deter future applicants from applying.

ORGANIZATIONAL DIVERSITY STATEMENT

WBCP embraces cross-cultural diversity and we are committed to equitable treatment and elimination of discrimination in all its forms at all organizational levels and throughout all consulting practices, including search services. We strive to reach diverse groups of people to inform them of leadership opportunities. Upon our 2024 year-end review, we found that over the last three years, 70% of our applicants and 63% of our placed candidates came from diverse backgrounds. We will make extensive efforts to attract a qualified applicant pool that represents a broad range of gender and ethnically diverse individuals.

FORCE MAJEURE

Client agrees that WBCP, Inc. is not responsible for any events or circumstances beyond its control (e.g., including but not limited to war, riots, embargoes, strikes, and/or Acts of God) that prevent WBCP, Inc. from meeting its obligations under this Agreement.



 Wendi Brown, President

FEBRUARY 20, 2026

 Date

 Client, Title

 Date



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson, Placide, LMFT, Executive Director

SUBJECT: Consideration of Resolution No. 844 Approving a Memorandum of Understanding with Parents Anonymous (PA) for Use of Designated Space At TCMHA's Wellness Center for Family-Related Support Programs and Approved Pa's Research Activities

Summary:

For Tri-City Mental Health to establish a Memorandum of Understanding with Parents Anonymous to be permitted to conduct IRB approved research with community attendees at the Wellness Center. Parents Anonymous will conduct program-related research and evaluation activities. These activities are designed to assess program effectiveness, improve service quality, and contribute to the evidence base for peer-led parenting and family support interventions. These activities are not related to Tri-City delivery of services.

Background:

For the past several years Tri-City Mental Health has partnered with Parents Anonymous to provide valuable groups to community members at the Wellness Center. These groups are operated solely by Parents Anonymous and do not include Tri-City staff. Parents Anonymous groups are offered as free, voluntary, prevention-focused services available to parents, caregivers, and others in a parenting role, regardless of clinical status or system involvement.

Fiscal Impact:

There is no funding impact. The purpose of this Agreement is to foster collaboration between Parents Anonymous and Tri-City staff to ensure vital knowledge is imparted to community members. There is no charge to attend, and it is open to the community at large and/or clients of Tri-City.

Recommendation:

Staff recommend that the Governing Board adopt Resolution No. 844 approving the MOU with Parents Anonymous and authorize the Executive Director to execute the MOU.

Attachments

Attachment 10-A: Resolution No. 844 - Draft

Attachment 10-B: MOU between TCMHA and Parents Anonymous

RESOLUTION NO. 844

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH PARENTS ANONYMOUS EFFECTIVE MARCH 1, 2026

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

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

Tri-City Mental Health Authority (“TCMHA” or “Authority”) desires to adopt the MOU with Parents Anonymous for the purposes of conducting approved IRB research at the Wellness Center with community members.

2. Action

The Governing Board approves and establishes the Authority’s MOU Between Tricity MHA and Parents Anonymous effective March 18, 2026.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 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

MEMORANDUM OF UNDERSTANDING
between
TRI-CITY MENTAL HEALTH AUTHORITY
and
PARENTS ANONYMOUS

This Memorandum of Understanding (“MOU”) is dated _____ and entered into by and between: Tri-City Mental Health Authority (“TCMHA”), a California joint powers authority, with its principal administration office at: 1717 Indian Hill Blvd, Suite B, Claremont, Ca 91711, and Parents Anonymous, Inc. (“PA”), a California non-profit public benefit corporation with its principal place of business at: 435 Yale Ave, Claremont, CA 91711. TCMHA and PA may be referred to individually as a “Party” and collectively as the “Parties.”

PURPOSE

This MOU establishes the Parties’ mutual understanding regarding PA’s use of designated space at the TCMHA’s Wellness Center, located at 1403 N. Garey Ave., Pomona, CA (the “Wellness Center”) to conduct: (1) parent- and family-related support programs consistent with the PA mission; (2) and Institutional Review Board (IRB)-approved research involving human subjects.

TERM AND TERMINATION

1. Initial Term: The initial term of this MOU shall be from March 1, 2026 and through June 30, 2026 unless terminated sooner according to the terms of his MOU.
2. Renewal: This MOU may be renewed annually for successive fiscal-year terms (July 1 through June 30) upon mutual written agreement of the Parties. TCMHA’s Executive Director may approve any such renewal
3. Termination: Either Party may terminate this MOU at any time and without cause upon thirty (30) days’ written notice to the other Party. Either Party may also terminate this MOU immediately upon due to a material breach, a threat to public safety, or noncompliance with facility or research requirements.

PA SUPPORT PROGRAMS

1. Site Permission. PA may utilize TCMHA-approved spaces at the Wellness Center to conduct PA’s support groups and related activities aligned with the PA’s mission, including but not limited to:
 - Parent support groups
 - Family strengthening and education groups
 - Peer-led groups
 - Workshops, orientations, and engagement activities
 - Related prevention and support programming
2. Coordination and limitations. PA and TCMHA shall coordinate specific schedules and room assignments. Space use is subject to availability and must comply with all TCMHA facility rules, safety procedures, and operational requirements.

ATTACHMENT 10-B

3. No Property Interest: This MOU does not create a lease, tenancy, or property interest in the facility.
4. Separate Rental Agreement: This MOU neither governs nor relates to rent or facility fees. Any rent or facility usage fees are governed exclusively by a separate rental agreement.

PA RESEARCH ACTIVITIES

1. Site Permission. PA may utilize TCMHA approved spaces at the Wellness Center to permission to conduct the approved research at the Wellness Center, including use of designated space for recruitment, informed consent, surveys, interviews, focus groups, and other data collection activities described in the IRB-approved protocol.
2. IRB Approval. All research conducted at the Wellness Center must be IRB approved. PA represents and warrants to TCMHA that PA's research currently has such approval. PA must immediately notify of any change in IRB approval status.
3. Research Oversight. PA's research activities at the Wellness Center shall be led by:

Elizabeth Harris, PhD
Research Consultant to PA

4. Research Conditions. PA agrees that research activities will:
 - Be conducted in accordance with the approved IRB protocol;
 - Involve adult participants only (no minors);
 - Protect participant privacy and confidentiality;
 - Not disrupt facility operations or compromise safety; and
 - Provide IRB approval documentation to TCMHA upon request.
5. Human Subjects Protections. All research activities conducted under this MOU shall comply with applicable federal and state laws governing human subjects research, including but not limited to the Common Rule (45 C.F.R. Part 46), California human subjects protections, and Institutional Review Board (IRB) requirements. The Research Organization shall maintain active IRB approval for the duration of the research and shall provide documentation of such approval to Tri City Mental Health Authority upon request.
6. Voluntary Participation. Participation in research is voluntary. Refusal or withdrawal will not affect access to services or participation in PA programming.
7. No Endorsement. TCMHA does not sponsor or endorse the research and shall not be represented as doing so without prior written approval.
8. Roles And Responsibilities.

TCMHA will: (i) provide access to approved space as scheduled and available; (ii) designate a facility contact for coordination; and (iii) provide site access for approved research activities under this MOU.

PA will: (i) provide only qualified facilitators and research personnel; (ii) ensure compliance with facility rules and research protocols; (iii) supervise all on-site activities; and (iv) maintain a safe and respectful environment for all facilitators, personnel, and participants.

NO FINANCIAL COMMITMENTS OR RELATIONSHIP

This MOU does include any financial commitments by or to either Party. No funds shall be exchanged under this MOU. Each Party is responsible for its own costs and expenses unless otherwise agreed in writing.

CONFIDENTIALITY

Each Party shall maintain the confidentiality of non-public information related to activities covered by this MOU. Research data and participant information shall be handled in accordance with applicable laws and IRB requirements. This obligation survives termination of this MOU. Notwithstanding the foregoing, PA expressly acknowledges and agrees that TCMHA, as a public entity, is subject to public transparency requirements, including but not limited to the California Public Records Act, and nothing in this MOU shall be construed to limit TCMHA's compliance with such legal requirements.

INSURANCE

PA and/or the research organization shall procure and maintain, at its own expense, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of activities under this Memorandum of Understanding. Such insurance shall include, but not be limited to:

1. *Commercial General Liability Insurance* with limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate.
2. *Professional Liability (Errors and Omissions) Insurance*, including coverage for research activities involving human subjects, with limits of not less than \$1,000,000 per claim and \$2,000,000 aggregate.
3. *Cyber and Privacy Liability Insurance*, if personally identifiable or sensitive information is collected, with limits of not less than \$1,000,000 per occurrence.

Tri City Mental Health Authority, its officers, agents, and employees shall be named as Additional Insureds on all applicable policies, which shall be primary and non-contributory and shall be endorsed with a waiver of subrogation in favor of TCMHA. Evidence of such insurance shall be provided prior to commencement of any research activities.

INDEMNIFICATION; HOLD HARMLESS

Each Party shall indemnify, defend and hold harmless the other Party, and their respected elected and appointed officers, employees, representatives, volunteers, and contractors who serve as officers, officials, or staff, from and against any and all liability, including but not limited to demands, claims, actions, suits, accidents, injuries, fees, costs, expenses, liability, and/or proceedings (collectively "claims"), and including attorney and expert witness fees, arising from or connected with each Party's respective acts

and/or omissions relating to this MOU. Notwithstanding the foregoing, neither Party shall be obligated to indemnify the other Party for that Party's own negligence or willful misconduct. These obligations shall survive this MOU.

RELATIONSHIP OF THE PARTIES

The Parties are independent entities. Nothing in this MOU creates a partnership, joint venture, agency, or employment relationship.

ENTIRE AGREEMENT

This MOU constitutes the entire understanding between the Parties regarding the subject matter herein and may be amended only by written agreement signed by both Parties.

AUTHORITY

Each person executing this MOU warrants they are duly authorized to execute this MOU on behalf of the Parties and that by such execution, the Parties are formally bound to the provisions of this Agreement.

IN WITNESS WHEREOF, the Parties have executed this MOU as of the dates set forth below.

TRI-CITY MENTAL HEALTH AUTHORITY PARENTS ANONYMOUS, INC.

By: _____
Ontson Placide, Executive Director
Dated: _____

By: _____
[NAME], [TITLE]
Dated: _____

Attest:

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

By: _____
[NAME], [TITLE]
Dated: _____

Approved as to Form:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Brian Cesario, Systems Administrator

SUBJECT: Consideration of Resolution No. 845 approving the Purchase of Network Hardware for TCMHA New Offices Located at 1902 Royalty in Pomona, and Authorizing the Executive Director to Execute the Purchase Order from CDW-G in the Amount of \$31,395.17

Summary:

Tri-City Mental Health Authority is seeking approval from the Governing Board to purchase core network infrastructure hardware for the new 1902 Royalty location. This purchase will provide secure, reliable wired and wireless network connectivity required to support clinical, administrative, and operational services at the site.

Background:

Reliable and secure network infrastructure is essential to Tri-City Mental Health's daily operations, including access to electronic health records, cloud-based collaboration tools, secure internet access, and voice services. The new 1902 Royalty location requires a complete, production-ready network stack consisting of enterprise-grade switching, security appliances, and wireless access points.

The proposed hardware aligns with Tri-City's standardized network architecture, allowing for centralized management, consistent security controls, and integration with existing monitoring and cybersecurity platforms. Standardizing the network stack across locations improves reliability, reduces operational risk, and ensures compliance with HIPAA and other data protection requirements.

Deploying this infrastructure ensures staff and clients at the 1902 Royalty location receive the same level of network performance, security, and reliability as other Tri-City facilities, while providing capacity for future growth and technology needs.

Fiscal Impact:

Three competitive quotes were obtained for the required network hardware. The selected vendor is CDW-G, which provided the lowest cost for equivalent equipment. The total cost for the network hardware purchase is \$31,395.17.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 845 approving the Purchase of Core Network Hardware for TCMHA New Offices Located at 1902 Royalty in Pomona, and Authorizing the Executive Director to Execute the Purchase Order from CDW-G in the Amount of \$31,395.17
March 18, 2026
Page 2 of 2

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 845 authorizing the Executive Director to purchase network infrastructure hardware from CDW-G in the amount of \$31,395.17 for the new offices located at 1902 Royalty in Pomona.

Attachments

Attachment 11-A: Resolution No. 845 - Draft

RESOLUTION NO. 845

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE PURCHASE OF NETWORK INFRASTRUCTURE HARDWARE FOR THE AUTHORITY'S NEW OFFICES LOCATED AT 1902 ROYALTY DRIVE IN POMONA, CALIFORNIA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE DOCUMENTS REQUIRED FOR PURCHASE

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 purchase core network infrastructure hardware for the Authority's new offices located at 1902 Royalty Drive in Pomona, California, to provide secure, reliable wired and wireless network connectivity required to support clinical, administrative, and operational services at the site.

B. Staff conducted a competitive quote process, resulting with CDW-G providing the lowest cost for the equipment with all the technical and operational requirements.

2. Action.

The Governing Board authorizes the Executive Director to purchase the core network infrastructure hardware from CDW-G in the amount of \$31,395.17 for the new offices located at 1902 Royalty Drive in Pomona.

3. Adoption.

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 2026, by the following vote:

[Continued on page 2.]

RESOLUTION NO. 845
GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY
PAGE 2

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Brian Cesario, Systems Administrator

SUBJECT: Consideration of Resolution No. 846 Approving the Purchase of Server and Backup Infrastructure for TCMHA New Offices Located at 1902 Royalty In Pomona, and Authorizing the Executive Director to Execute the Purchase Order from Intelli-Tech in the Amount of \$29,998.75

Summary:

Tri-City Mental Health Authority is seeking approval from the Governing Board to purchase a server computer system and backup infrastructure for the new 1902 Royalty location. This equipment will provide onsite computing capacity and local data protection to support critical systems, ensure service continuity, and enhance disaster recovery capabilities.

Background:

The 1902 Royalty location requires dedicated server and backup infrastructure to support local systems, provide redundancy for critical services, and ensure continuity of operations in the event of network or service interruptions. Onsite infrastructure also enables faster recovery times for essential systems while reducing reliance on a single centralized location.

The proposed solution includes an enterprise-grade rack server paired with a network-attached storage (NAS) appliance to support local backups and replication. This architecture aligns with Tri-City Mental Health's standardized infrastructure design, integrates with existing backup software, and supports future scalability as the location's operational needs grow.

Deploying local server and backup infrastructure at the 1902 Royalty site strengthens Tri-City's overall resiliency strategy, supports HIPAA compliance requirements, and ensures that critical services remain available to staff and clients even during upstream outages.

**Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 846 Approving the Purchase of Server and Backup
Infrastructure for TCMHA New Offices Located at 1902 Royalty In Pomona, and
Authorizing the Executive Director to Execute the Purchase Order from Intelli-Tech in the
Amount of \$29,998.75
March 18, 2026
Page 2 of 2**

Fiscal Impact:

Three competitive quotes were evaluated for the required server and backup infrastructure. The selected vendor is Intelli-Tech, which provided the most appropriate solution for the required equipment and support needs. The total cost for the server and backup infrastructure purchase is \$29,998.75.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 846 authorizing the Executive Director to purchase server and backup infrastructure for the 1902 Royalty location from Intelli-Tech in the amount of \$29,998.75. This recommendation is based on the competitive quote process and Intelli-Tech's ability to meet the technical and operational requirements for this deployment.

Attachments

Attachment 12-A: Resolution No. 846 - Draft

RESOLUTION NO. 845

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE PURCHASE OF SERVER AND BACKUP INFRASTRUCTURE FOR THE AUTHORITY'S NEW OFFICES LOCATED AT 1902 ROYALTY DRIVE IN POMONA, CALIFORNIA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE DOCUMENTS REQUIRED FOR PURCHASE

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 purchase server and backup infrastructure for the Authority's new offices located at 1902 Royalty Drive in Pomona, California, to provide onsite computing capacity and local data protection to support critical systems, ensure service continuity, and enhance disaster recovery capabilities.

B. Staff conducted a competitive quote process, resulting with Intelli-Tech, providing the most appropriate solution for the required equipment and support needs.

2. **Action.**

The Governing Board authorizes the Executive Director to purchase the server and backup infrastructure from Intelli-Tech in the amount of \$29,998.75 for the new offices located at 1902 Royalty Drive in Pomona.

3. **Adoption.**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 2026, by the following vote:

[Continued on page 2.]

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson, Placide, LMFT, Executive Director

BY: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Consideration of Resolution No. 847 Authorizing the Executive Director to Execute an Agreement with the Claremont Unified School District (CUSD) for Specialty Mental Health Services for Three Years Effective April 1, 2026

Summary:

For Tri-City Mental Health to renew an Agreement with Claremont Unified School District to be able to collaborate on mental health referrals and provide services on site for Claremont Unified School District students already eligible for Tri-City services.

Background:

Tri-City Mental Health Authority has has partnered with Claremont Unified School District to improve communication, collaboration, referral and mental health treatment support for the students and families from Claremont Unified School District. This Agreement allows for Tri-City staff to provide services on-site at Claremont Unified School District as requested by students and families.

Fiscal Impact:

There is no funding impact. The purpose of this Agreement is to foster collaboration Claremont Unified School District. and Tri-City staff to ensure timeliness of care and the expansion of access points to care for Claremont Unified School District, students already eligible for Tri-City services.

Recommendation:

Staff recommend that the Governing Board adopt Resolution No. 847 approving the Agreement with Claremont Unified School District and authorize Executive Director to execute the Agreement.

Attachments

Attachment 13-A: Resolution No. 847 - Draft

Attachment 13-B: Agreement between TCMHA and CUSD

RESOLUTION NO. 847

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A THREE-YEAR AGREEMENT WITH THE CLAREMONT UNIFIED SCHOOL DISTRICT (CUSD) FOR SPECIALTY MENTAL HEALTH SERVICES FOR THREE YEARS, EFFECTIVE APRIL 1, 2026

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”), is certified by the California Board of Behavioral Sciences as provider of mental health services.

B. The Authority desires to provide mental health services to certain Claremont Unified School District (CUSD) students and their families identified and referred by the District; and approves to render services pursuant to the terms of the Memorandum of Understanding with CUSD.

2. Action

The Governing Board approves the Agreement for mental health services with Claremont Unified School District (CUSD) for three years beginning on April 1, 2026, and authorizes the Executive Director to execute the MOU.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 2026, by the following vote:

[Continued on page 2.]

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT

AGREEMENT FOR SERVICES

THIS AGREEMENT FOR SERVICES (“Agreement”) is made and entered into as of March 18, 2026 (“Agreement Date”) by and between CLAREMONT UNIFIED SCHOOL DISTRICT, a public agency of the State of California with its administrative office at 170 West San Jose Avenue, Claremont, California 91711 (“District”), and 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, #B, Claremont, California 91711 (“Provider”). District and Provider are sometimes individually referred to as a “Party” and collectively as “Parties.”

RECITALS

- A. WHEREAS, District desired to provide mental health services to certain of District’s students and their families identified and referred by District.
- B. WHEREAS, Provider is certified by the California Board of Behavioral Sciences as a provider of mental health services and is experienced in the provision of such services.
- C. WHEREAS, the Board of Education (“Board”) of the District desires to contract with Provider to provide the Services (as defined below) and provider desires to render the Services pursuant to the terms of this Agreement.

OPERATIVE PROVISIONS

NOW, THEREFORE, in consideration of the above facts and of the covenants and agreements contained herein, the Parties hereto agree that:

- 1. Term. The term of this Agreement (“Term”) shall commence on April 1, 2026, and terminate on March 31, 2029, unless terminated earlier pursuant to Section 11 hereof.
- 2. Services.
 - 2.1 As directed by District, Provider shall provide appropriate mental health services to certain of District’s specialty mental health services-eligible children and their families identified and referred by District, such services to include, without implied limitation, the following: individual, collateral, family and group psychotherapy services, counseling and case management services to be provided at District school sites. The services described in this Section and the Products shall hereinafter collectively be referred to as the (“Services”).
 - 2.2 District shall make available to Provider, as necessary and to the extent reasonably possible, District facilities suitable for the confidential nature of the Services to be provided hereunder. In the event such District facilities are not available or appropriate at a given time for a student/family receiving Services hereunder. District shall make arrangements with Provider for a suitable alternative location approved by District.

ATTACHMENT 13-B

3. Remuneration.

- 3.1 Provider shall not be entitled to any compensation or benefit from District of any kind or type for the Services to be provided hereunder. Provider understands and acknowledges that its sole source of remuneration for the Services provided hereunder is any reimbursement Provider may successfully obtain from Medi-Cal or other available funding sources.
- 3.2 Provider shall not charge families for any Services rendered under this Agreement unless such Services and charges are clearly identified in writing signed by the parents/guardians. In no event shall the agreed-upon charges obligate District financially, or shall District incur any obligation or expense in connection therewith.

4. Independent Contractor.

- 4.1 In connection with the performance of the Services, the District and Provider acknowledge that Provider is an independent contractor and not an officer, agent or employee of the District. Consequently, Provider shall be responsible for paying all required state and federal income taxes, social security contributions, and other mandatory taxes and contributions. Provider acknowledges that, as an independent contractor, Provider is not covered by District under California workers' compensation, unemployment insurance or other employment-related laws.
- 4.2 District and Provider hereby acknowledge that the Provider shall determine Provider's own hours of work and work location; purchase, lease and/or maintain Provider's own office, facilities and equipment, except those District facilities made available to Provider to provide the Services hereunder; hire, fire, direct and control Provider's agent(s), employee(s) or other representative(s) at Provider's sole discretion; and shall be available to perform services for other school districts and/or the general public.
- 4.3 Provider shall assume all ordinary expenses incurred in the performance of this Agreement. Such ordinary expenses shall include, without implied limitation, document reproduction expenses and telephone charges. Services and expenses that are above the ordinary and may require shall not be reimbursable unless previously authorized in writing by the District's Designee and shall be covered by a specific Addendum to this Agreement.
- 4.4 In performing the Services specified by District as set forth above, Provider shall determine the methods, details, and means of providing such Services. However, upon request, Provider shall submit an oral and/or written summary of Provider's methods, details and means of providing such Services.

4.5 Provider shall provide all services under this Agreement in a skillful and competent manner, consistent with the standards generally recognized as employed by others in the same profession in California. Provider represents and maintains that Provider is skilled in the professional calling necessary to perform the Services. Provider warrants that all employees shall have sufficient skill and experience to perform the Services assigned to them. Provider represents that Provider, Provider's employees have all licenses, permits, qualification and approvals of whatever nature that are legally required to perform the Services.

5. Criminal Background Check.

5.1 Provider shall and all of Provider's employees shall comply with all requirements related to fingerprinting set forth in California Education Code Section 45125.1, and all District Administrative Regulations related to Fingerprint Background Check prior to any substantial contact with any students, including, without implied limitation, prior to coming onto District's school grounds or having any contact with District's students in locations other than District school grounds.

5.2 Prior to the commencement of Services, Provider shall register with the California Department of Justice for subsequent offender notification of its employees who provide Services to District's students.

6. Child Abuse Reporting.

6.1 Provider warrants and represents to District that all staff members, including volunteers, is familiar with and agrees to adhere to child abuse reporting obligations and procedures under California law, including, but not limited to, California Education Code Section 49370 and California Penal Code Section 11166 et seq. Provider shall provide annual training to all its employees regarding mandated reporting of child abuse. Provide warrants and represents that all staff members will abide by such laws in a timely manner.

6.2 Unless prohibited by law, Provider shall submit immediately, and no later than within twenty-four (24) hours, by facsimile and mail, provide an accident or incident report to the District when it becomes aware of reportable circumstances, including, but not limited to, allegations of molestation or child abuse, pertaining to children under Provider's supervision pursuant to this Agreement.

7. Confidentiality. Provider shall maintain the confidentiality of all information and records received in the course of providing the Services, in accordance with the provision of applicable federal and state status and regulations including but not limited to California Welfare and Institution Code Section 5328. This requirement shall extend beyond the effective termination or expiration date of this Agreement. This Section shall not be construed as prohibiting either party hereto from disclosing information to the extent required by law regulation, or court order, provided such party notifies the other promptly after becoming aware of such obligations and permits the other party to seek a protective order or otherwise to challenge or limit such required disclosure.

8. Health Insurance Portability and Accountability Act (“HIPAA”). In accordance with the Health Insurance Portability and Accountability Act and the associated HIPAA regulations (45 CFR Parts 160 and 164), the parties to this Agreement shall establish and implement appropriate safeguards for any Protected Health Information (PHI), as deferred under HIPAA, that may be created, received, used or disclosed by them in connection with the Services and this Agreement.
9. Insurance. Provider shall, at Provider’s expense, obtain and file with District, a certificate of insurance before commencing any services under this Agreement as follows:
 - 9.1 **Workers Compensation Insurance:** Minimum statutory limits.
 - 9.2 **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.
 - 9.3 **Automobile Insurance:** \$1,000,000.00 per occurrence.
 - 9.4 **Sexual Abuse and Molestation Insurance:** \$1,000,000.00 per occurrence.
 - 9.5 **Notice Of Cancellation:** The District requires 30 days written notice of cancellation. Additionally, the notice statement on the certificate should include the wording “failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.”
 - 9.6 **Certificate Of Insurance:** Shall name the District, its board members or trustees, officers, agents, employees, representatives, and volunteers" as additional insureds.
10. Indemnity.
 - 10.1 Provider agrees to indemnify, defend and hold harmless District, its board members or trustees, officers, agents, employees, representatives, and volunteers from any and all demands, claims or liability of personal injury, including wrongful death, and property damage of any nature, caused by or arising out of negligent acts, errors or omissions of Provider, its board members or trustees, officers, agents, employees, representatives, and volunteers arising out of or in connection with the performance of Services under this Agreement, including, without implied limitation, the payment of all consequential damages and reasonable attorneys’ fees and other related costs and expenses.

- 10.2 District agrees to indemnify, defend and hold harmless Provider, its board members or trustees, officers, agents, employees, representatives, and volunteers from any and all demands, claims or liability of personal injury, including wrongful death, and property damage of any nature, caused by or arising out of negligent acts, errors or omissions of District, its board members or trustees, officers, agents, employees, representatives, and volunteers arising out of or in connection with the performance of Services under this Agreement, including, without implied limitation, the payment of all consequential damages and reasonable attorneys' fees and other related costs and expenses.
11. Termination. Except as provided in this Agreement, this Agreement may be terminated by either party, for any reason, during the Term of this Agreement by giving thirty (30) days' written notice to the other party.
12. 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:
- | | |
|---|---|
| <p>PROVIDER:</p> <p>Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard, #B
Claremont, California 91711
Attn: Executive Director</p> | <p>DISTRICT:</p> <p>Claremont Unified School District
170 W. San Jose Avenue
Claremont, California 91711
Attn: Assistant Superintendent</p> |
|---|---|
- Such notice shall be deemed made when personally delivered or when mailed, forty-eight (48) hours, after deposit in the US. Mail, first class postage prepaid and addressed to the party at its applicable address. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.
13. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, Provider shall not discriminate against any employee or applicant for employment because of race, sex, color, age, creed, religion, national origin, ancestry, marital status, sexual orientation, gender identity, physical or mental disability or medical condition. Provider will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their age, sex, color, age, creed, religion, national origin, ancestry, marital status, sexual orientation, gender identity, physical or mental disability or medical condition.
14. Licenses. Provider declares that Provider has complied with all federal, state, and local business permits and licensing requirements necessary to provide Services under this Agreement.
15. Entire Agreement. This Agreement shall become effective upon its approval and execution by both Parties. This Agreement and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between the Parties.

This Agreement supersedes all prior agreements, written or oral, between the District and Provider 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 District and Provider. The validity or unenforceability of any provision of this Agreement declared by a valid judgment or decree of a court of competent jurisdiction, shall not affect the validity or enforceability of any other provision of this Agreement. No delay or omission by District or Provider in exercising any right under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by District 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.

- 16. Authority. Both Provider and District warrant that the individuals who have signed the Agreement have the legal power, right, and authority to make this Agreement and bind each respective Party.
- 17. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.
- 18. Education Code Section 17604. In accordance with California Education Code Section 17604, this Agreement is not valid or an enforceable obligation against the District until approved or ratified by motion of the Governing Board duly passed and adopted.
- 19. Execution.

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

PROVIDER:
Tri-City Mental Health Authority

DISTRICT:
Claremont Unified School District

By: _____
Ontson Placide, Executive Director

By: _____
Dr. Rick Lopez
Assistant Superintendent of Human
Resources

Attest:

Approved by Board: _____

By: _____
Micaela P. Olmos
JPA Administrator/Clerk



Tri-City Mental Health Authority
AGENDA REPORT

DATE: March 18, 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: Consideration of Resolution No. 848 Authorizing the Executive Director to Negotiate better Lease Agreement terms with Xerox Business Solutions or Sharp Business Systems, and to Execute the Agreement of an Annual Amount Not To Exceed \$150,000.00

Summary

A Request for Proposals (RFP) for Multifunction Workcenters Fleet Refresh was issued by Tri-City Mental Health Authority; Proposals received went through a selection process; and currently, staff are actively engaged in negotiations for better agreement terms with the intent to finalize the contract negotiations in the next two weeks.

Background:

Tri-City Mental Health Authority's Purchasing Policy, Section 3.4.6 ("Purchases not Conforming to the Competitive Pricing/Bid Process") says:

"Certain purchases are not readily adaptable to competitive pricing or informal and formal bidding process. These purchases may include examples of the following: Advertisements and notices, consulting and professional services, United States Postal Service, insurance, medical payments, membership dues, real property/easement acquisition, subscriptions, computer hardware and software maintenance agreements, trade circulars or books, certain travel expenses, warranted vehicle and equipment repairs, and utility payments. As such, these purchases may be exempt from competitive pricing requirements."
(Emphasis added)

Copiers (multifunction workcenters) leases fit into this category given the unique nature of the relevant market (hardware/software, and maintenance characteristics).

TCMHA staff issued an RFP for 21 Multifunction Workcenters Fleet Refresh to have a more robust competitive process (*Attachment 14-B*). Two highly qualified vendors submitted a proposal: Xerox Business Solutions and Sharp Business Systems, which are currently being considered. In the interest of time, staff want to move forward and negotiate further changes to the two proposed lease agreements, and execute the

AGENDA ITEM NO. 14

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 848 Authorizing the Executive Director to Negotiate with Xerox Business Solutions and Sharp Business Systems, better Agreement Terms, and to Execute the Agreement of an Annual Amount Not To Exceed \$150,000.00
March 18, 2026
Page 2 of 2

agreement immediately after acceptable terms are reached between one of the vendors and TCMHA are confirmed.

Funding:

The approximate cost will be \$150,000.00 annually (the maximum amount). The agreement will be for three years, with an option to extend two additional years. Staff have not yet selected a vendor as lease agreement negotiations are ongoing.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 848 authorizing the Executive Director to negotiate better agreement terms with Xerox Business Solutions or Sharp Business Systems for the lease of 21 multifunction workstations, and to execute the agreement in an annual amount not to exceed \$150,000, for three years with an option to extend two additional years.

Attachment:

Attachment No. 14-A: Resolution No 848 – Draft

Attachment No. 14-B: Request for Proposals (RFP) for Multifunction Workcenters Fleet Refresh

RESOLUTION NO. 848

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO NEGOTIATE WITH XEROX BUSINESS SOLUTIONS AND SHARP BUSINESS SYSTEMS, LEASE AGREEMENT TERMS, AND TO EXECUTE THE AGREEMENT OF AN ANNUAL AMOUNT NOT TO EXCEED \$150,000.00

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

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

Tri-City Mental Health Authority (“TCMHA” or “Authority”) issued a Request For Proposals for Multifunction Workcenters Fleet Refresh to be used agency wide. Through this competitive process, Xerox Business Solutions and Sharp Business System submitted a Proposal.

- 2. Action**

The Governing Board authorizes the Executive Director to negotiate better agreement terms with Xerox Business Solutions or Sharp Business Systems for the lease of multifunction workstations, and to execute the Lease Agreement, and any Amendments or extensions of such Agreement, in an annual amount not to exceed \$150,000.00 for three years, with an option to extend two additional years.

- 3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 2026, by the following vote:

[Continues on Page 2]

AYES:

NOES:

ABSTAIN:

ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

ATTEST:

STEVEN L. FLOWER, GENERAL COUNSEL

MICAELA P. OLMOS, RECORDING SECRETARY

DRAFT



HOPE. WELLNESS. COMMUNITY.

Let's find it together.

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

www.tricitymhs.org

**REQUEST FOR PROPOSALS
(NO. 2025-1102)**

FOR

MULTIFUNCTION WORKCENTERS FLEET REFRESH

ISSUED

NOVEMBER 18, 2025

Administrative Office

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

Clinical Office / Adult

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

Clinical Office / Child & Family

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

MHSA Administrative Office

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

Wellness Center

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

**REQUEST FOR PROPOSALS
NO. 2025-1102**

OVERVIEW

Contact

Brian Cesario, IT Systems Administrator & Security Officer

Phone: (909) 784-3195

E-mail: bcesario@tricitymha.ca.gov

Summary of Proposal Packet

- Attachment A – RFP Cover Page
- Attachment B - Proposer's References and Subcontractors
- Attachment C - Proposer's Work Process Information
- Attachment D - RFP Exceptions
- Attachment E - Proposer Cost

Proposal Due on or before: **December 23, 2025 4:00 PM PST:**

- 1) One (1) printed original, with a wet signature, sealed and delivered via mail, overnight, or in person to:

Tri-City Mental Health Authority

1717 N. Indian Hill Blvd, Suite B

Claremont, CA 91711

Attn: JPA Administrator/Clerk

“SEALED PROPOSAL FOR MULTIFUNCTION WORKCENTERS FLEET REFRESH”

AND

- 2) E-mail a scanned Proposal Packet (PDF Format), with the **RFP Title** as the subject heading to JPA Administrator/Clerk at molmos@tricitymha.ca.gov.

Additional Information

- The RFP may be downloaded from TCMHA's website at www.tricitymha.ca.gov, also the Proposal Packet (Attachments A-E) will be available as fillable forms.
- All Proposals must be signed by a duly authorized representative of the agency. All unsigned or late Proposals will be rejected.
- Faxed Proposals are not accepted.
- Proposals will be verified for compliance with RFP specifications and also competitively evaluated.
- Presentation of a recommendation for the Governing Board to award the contract is tentatively scheduled for the Board's **January 21, 2026** meeting. TCMHA reserves the right to make no award of contract.

We appreciate your interest in Tri-City Mental Health Authority and look forward to your response.

TABLE OF CONTENTS

I. INTRODUCTION 1

II. TCMHA PROFILE 1

III. SCOPE OF SERVICES 1

IV. RFP SCHEDULE AND TIMELINE 3

V. PROPOSAL REQUIREMENTS 4

 A. TCMHA Contact During Formal Proposal Process 4

 B. Time and Manner of Submission 4

 C. Proposal Format 4

VI. AWARD AND AGREEMENT EXECUTION 5

 A. Proposal Opening 5

 B. Proposal Evaluation..... 5

 C. Proposal Rejection..... 6

 D. Subcontracting..... 6

 E. Withdrawal or Modification of Proposals 6

 F. Agreement Period..... 6

 G. Award of Contract 7

 H. Execution of Agreement..... 7

 I. Indemnity and Insurance Requirements 7

VII. GENERAL PROVISIONS 7

 A. Independent Contractor 7

 B. Contract Term..... 7

 C. Public Records – Notice Related to Proprietary/Confidential Data 8

 D. Conflict of Interest..... 8

 E. Nondiscrimination 8

 F. Debarred/Suspended Contractors 8

 G. Governing Law and Regulations 9

VIII. DEFINITIONS 9

IX. ATTACHMENTS 9

 A. RFP Cover Page Attachment A

 B. Proposer’s References and Subcontractors Attachment B

 C. Proposer’s Company Work Process Information Attachment C

 D. RFP Exceptions Attachment D

 E. Proposer Cost Attachment E

 F. Sample Independent Contractor Agreement Attachment F

RFP NO. 2025-1102**I. INTRODUCTION**

Tri-City Mental Health Authority (TCMHA) is requesting Proposals from vendors/suppliers for the lease and support of twenty-one (21) multifunction workcenters (copiers) to be distributed across five buildings. These units will replace the existing fleet and must meet defined performance, security, and support requirements. In addition, the selected vendor/supplier will be responsible for supporting all smaller office printers, including maintenance, repair services, and consumable (toner, supplies) auto-replenishment.

This Request for Proposals (RFP) is expected to result in a fixed price contract. All Proposals shall meet the provisions, requirements and specifications listed in this Request for Proposals Document No. 2025-1102 and must be received by TCMHA as indicated in the **Proposal Requirements**.

II. TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA) PROFILE

TCMHA was 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 of the State of California, to deliver mental health services to the residents of the three Cities. Pursuant to the Joint Powers Authority Agreement, TCMHA is a public agency governed by a Governing Board (Board) composed of seven members; four members are a council member of their respective City, and three members of the Board are community members appointed by the three Cities. To carry out the Agency operations, the Governing Board develops and establishes resolutions and policies, and appoints an Executive Director to conduct the TCMHA's day-to-day operations. TCMHA has a stated commitment to achieving excellence and efficiency as a public agency serving the diverse communities of Pomona, Claremont, and La Verne through its five facilities, over 200 employees, and outpatient services. TCMHA creates an integrated system of care to ensure access and to enhance the mental and emotional health of its clients. Available services include psychotherapy, clinical case management, medication support, peer-to-peer support, psychoeducation, linkage and referral, vocational training and support, socialization activities, and community outreach and engagement.

III. SCOPE OF SERVICES

A. Project Scope. Vendors shall propose a comprehensive solution including:

1. Leasing or purchase of twenty-one (21) multifunction devices
2. Full-service maintenance and support
3. Implementation and training
4. Lifecycle upgrade/replacement as models reach end-of-support. Devices must be automatically upgraded or replaced when:
 - Model becomes unsupported by manufacturer.
 - Hardware reaches end-of-life or end-of-service, or proves problematic (e.g., repeated service calls, mechanical failures, etc.)
5. Maintenance, repair, and consumable replenishment support for all smaller office printers.

RFP NO. 2025-1102

- B. Device Requirements.** Each workcenter must:
1. Be capable of color and black & white printing.
 2. Support secure print release, including:
 - PIN code entry
 - RFID badge authentication (preferred)
 3. Include integrated scanning to email and network folder.
 4. Support fax capability, if available.
 5. Offer intuitive touchscreen interface and remote management capabilities.
 6. Store no data locally or in the cloud. Devices must:
 - Either not retain data or perform a daily disk/data purge
 - Avoid use of cloud storage for scanned or printed materials
Comply with HIPAA Privacy and Security Rule requirements, including safeguards for Protected Health Information (PHI)
 7. **Additional Security and Monitoring Requirements:**
 - Any remote device monitoring or management (including consumables, impressions, device health, alerts, etc.) must be performed out-of-band and must not traverse or interact with print job data.
 - Monitoring and management data traffic must remain completely segregated from production network traffic carrying print jobs or Protected Health Information (PHI).
 - No print job content, metadata, or PHI may be transmitted to monitoring or management systems.
 - If cloud-connected monitoring or management is used, the vendor must establish a dedicated secure VPN connection for all outbound monitoring traffic, isolating it from general internet-bound traffic.
 - Vendors must be able to demonstrate technical controls that ensure compliance with HIPAA Privacy and Security Rule requirements.
 8. **Support Expectations.** Vendors must provide:
 - Same or Next business day response time for service requests SLA.
 - Proactive device monitoring and remote diagnostics.
 - Access to on-demand reporting tools (usage, toner levels, error logs.)
 - Ongoing maintenance, repair, and auto-replenishment services for smaller office printers.
 - Support technicians must always coordinate service calls with agency IT staff and when arriving, check in at the building reception area. Technicians are to arrive with identification and known branding. Unannounced visits will be turned away.

RFP NO. 2025-1102

IV. RFP SCHEDULE AND TIMELINE

A. RFP Schedule

1. Request for Proposal (RFP) Issued: **November 18, 2025**
2. Written Questions Deadline: **December 2, 2025**
3. Response to Written Questions/RFP Addendum Posted: **December 5, 2025**
4. **Proposals Deadline: December 23, 2025, 4:00 PM PST**
5. Interviews: **TBD (Week of January 5, 2026)**
6. Anticipated Award of Contract: **January 21, 2026**
7. Anticipated Commencement of work: **TBD (week of February 2, 2025)**

B. Explanation of Timeline

1. RFP Issued. The Request for Proposal Packet may be obtained from TCMHA's website at www.tricitymha.ca.gov. TCMHA will not be responsible for the completeness or accuracy of the Request for Proposal Packet retrieved from any other source than directly from TCMHA.

2. Written Questions Deadline. Submit all written questions by the deadline to RFP Contact Person. Questions submitted in any other manner or format are not acceptable. All questions must be received via e-mail by 4:00 PM PST **December 2, 2025** (see **RFP Schedule**). Questions will be responded to in writing. Written summaries of all questions and answers will be published on TCMHA's website. Anonymity of the source of specific written questions will be maintained in the written responses. A clarification addendum will be issued, if necessary.

3. Response to Written Questions/RFP Addendum Posted. Any material change to the RFP will be listed on an Addendum to the RFP and posted at www.tricitymha.ca.gov by **December 5, 2025**. Additional written questions must be received by the RFP Contact Person no later than two (2) days after an Addendum is posted. TCMHA reserves the right to post additional addenda until the RFP closing date and time. Any written addendum issued during the Proposal time shall become a part of the Request for Proposal Document and shall be signed and attached to the Proposal and made a part of the Proposal submitted. It is the Proposer's responsibility to indicate acknowledgement, sign, and return addendums with their response. TCMHA reserves the right to reject any responses deemed to be non-responsive.

4. Proposal Deadline. Proposals must be received no later than the deadline specified in RFP and Proposal Timeline.

5. Proposal Evaluation Period. An Evaluation Committee will review and evaluate the Proposals and make a recommendation as to which Proposal(s) to move forward.

6. Interviews. TCMHA will interview the top three Proposer(s). The interviews will be held on-site at a location designated by TCMHA and given the timeline, a virtual meeting may be acceptable.

7. Anticipated Award of Contract. A formal written notice of intent to award contract will be sent to the selected Proposer; and it will include the anticipated date of the Governing Board meeting when the item will be presented for approval.

RFP NO. 2025-1102

V. PROPOSAL REQUIREMENTS**A. TCMHA Contact During Proposal Process**

During the Proposal process, TCMHA contact shall be Brian Cesario, IT Systems Administrator & Security Officer, (909) 784-3195, E-mail: bcesario@tricitymha.ca.gov.

B. Time and Manner of Submission

1. One (1) printed, original fully executed Proposal Packet must be submitted via U.S. Mail, Overnight, or Hand Delivery, and shall be received by TCMHA's Administration Office no later than the Closing Time **4:00 p.m., Pacific Time, on December 23, 2025**. Received Proposals will be time stamped. Proposals submitted via Hand Delivery, may be delivered Monday – Thursday, between the hours of 8:00 AM and 4:00 PM (PST); excluding TCMHA holidays. Proposals delivered after the Closing Time will not be accepted. Proposal must be in a sealed envelope, and addressed as follows:

**Tri-City Mental Health Authority
1717 N. Indian Hill Blvd, Suite B
Claremont, CA 91711
Attn: JPA Administrator/Clerk
“SEALED PROPOSAL FOR MULTIFUNCTION WORKCENTERS FLEET
REFRESH”**

AND

2. A fully executed Proposal Packet (PDF Format) shall be scanned and emailed to molmos@tricitymha.ca.gov no later than **4:00 p.m. (PST), on December 23, 2025**.

C. Proposal Format

It is TCMHA's request that the Proposals be brief and succinct. Information listed 1-5 below (Attachments A-E) to this Proposal Packet are required to be included in the submitted Proposal. If not included, the submitted Proposal will be considered incomplete; and thus, non-responsive. The Proposal shall be submitted in the following format:

1. RFP Cover Page – (*Attachment A*) The cover page shall list the Proposer (owner or person in charge); be signed by the authorized Proposer representative; and it should also include a summary statement regarding the following:

a. A brief description of the Proposer's (agency's) background, qualifications, and experience with similar projects. State the size of the firm, the location of the office from which the work on this engagement is to be performed. Provide an organization chart showing all proposed team members or key personnel.

b. An affirmative statement that Proposer (company/agency/corporation) is independent of TCMHA and that the services to be performed will be in the capacity of independent contractor and not as an officer, agent, or employee of TCMHA. The firm

RFP NO. 2025-1102

must have no conflict of interest with regard to any other work performed for the entity being audited.

c. Proposer's interest in the services, the understanding of the work to be done, and the commitment to perform the work. Include a detailed description of the methods by which the firm intends to perform the work set forth in the Scope of Services.

d. Stipulate the Proposal is irrevocable for 90 days from the closing date.

2. Proposer's References and Subcontractors (Attachment B). Provide at least five (5) recent client references, with contact information, for whom similar or comparable services have been performed. Include the client name, mailing address, location, telephone number, and email addresses, type of work, and other relevant information to allow detailed reference checks. Proposers are responsible for notifying references that TCMHA may be contacting them and for providing any waivers or releases the reference requires prior to submitting a Proposal.

3. Proposer's Company Work Process Information (Attachment C). Provide a description of projects which demonstrate the Proposer's ability to complete projects with similar scope of work under this RFP. Also include a written plan detailing the timeline for the lease or purchase of 21 multifunction workcenters; the full-service maintenance and support; the implementation and training; the lifecycle upgrade/replacement as models reach end-of-support; and description of tasks to carry out to accomplish the scope of work, deliverables, and responsibilities under this RFP.

4. RFP Exceptions (Attachment D). Provide properly completed Exception(s) To Specifications and/or Sample Independent Contractor Agreement (*Attachment F*). If Proposer has no exceptions, then Proposer must check the box, where indicated.

5. Proposer Price Proposal (Attachment E). The services shall include a performance and cost schedule for all services necessary to complete this project. The Proposal should include a separate all-inclusive cost for each of the two years of the contract, and it should specify the major components, the cost breakdown by major component or phase, and the expected time of completion for each component based on the scope of services outlined in the Proposal. The Proposal should include, a total proposed, "not to exceed" costs of the services, including a fee and rate schedule describing all charges and hourly rates for services.

VI. AWARD AND AGREEMENT EXECUTION**A. Proposal Opening**

The public opening of Proposals will be held in the TCMHA Administration Building located at 1717 N. Indian Hill Blvd, Suite B, Claremont, CA 91711.

B. Proposal Evaluation

The Proposal should give clear, concise information in sufficient detail to allow an evaluation. The Proposals will be reviewed and evaluated based on the following criteria:

RFP NO. 2025-1102

1. Proposer's qualifications and prior experience in public sector or healthcare industry.
2. Understanding and ability to perform the Scope of Work (including strong customer support track record, support responsiveness and escalation procedures.)
3. Demonstrate proven HIPAA compliant out-of-band monitoring through secure VPN or private connection options.
4. References and experience with similar projects.
5. Device capabilities and compatibility (upgrade/lifecycle plan, ability to support smaller office printers, including maintenance, repairs, and consumables.)
6. Cost Proposal (including lease and maintenance.)

After the evaluation process is concluded and a proposed intent to award determination is made, a written notification of the proposed award will be provided to all Proposers.

C. Proposal Rejection

TCMHA reserves the right to reject any and all Proposals, either in part or in its entirety; or to negotiate specific terms, conditions, compensation, and provisions on any agreements that may arise from this solicitation; to waive any informalities or irregularities in the Proposals; to request and obtain, from one or more of the agencies submitting Proposals, supplementary information as may be necessary for TCMHA staff to analyze the Proposals; and to accept the Proposal that appears to be in the best interest of TCMHA. In determining and evaluating the Proposals, costs will not necessarily be controlling; the experience of those who will be providing services under the agreement, quality, equality, efficiency, utility, suitability of the services offered, and the reputation of applicants will be considered, along with other relevant factors.

D. Subcontracting

If subcontracting is contemplated, this should be discussed in your Proposal. No subcontracting will be allowed without the express prior written consent of the TCMHA.

E. Withdrawal or Modification of Proposals

Proposals may be modified or withdrawn only by a written request received by TCMHA prior to the Request for Proposals due date (Closing Date).

F. Agreement Period

The agreement period shall begin on February 2, 2026 through June 30, 2029, with an option to extend an additional two years, effective on Commencement date. No price increases shall be accepted during the agreement period.

RFP NO. 2025-1102**G. Award of a Contract**

A contract may be awarded to the successful Proposer for the Project by TCMHA Governing Board, as applicable, based upon the criteria reflected in this RFP. TCMHA reserves the right to execute, or not execute, an Agreement with the successful Proposer when it is determined to be in TCMHA's best interests. This RFP does not commit TCMHA to award a contract; and no Proposal or Agreement shall be considered binding upon TCMHA until the execution of the Agreement by TCMHA and all conditions of the Agreement and/or RFP have been met.

H. Execution of Agreement

By submitting a Proposal (Response), the Proposers agree to be bound to and execute an Independent Contractor Agreement (*Attachment F*) for the services described in this RFP. Without diminishing the foregoing, the Proposer may request clarification and submit comments concerning the Agreement for TCMHA's consideration. None of the foregoing shall preclude TCMHA, at its option, from seeking to negotiate changes to the Contract prior to its execution. TCMHA may cancel all or any portion of the Agreement for any reason with thirty (30) days written notice to Contractor. The Agreement shall be signed prior to the commencement of any work by the successful Proposer and returned, together, with the required insurance forms within fourteen (14) calendar days after the Proposer has received written notice of award. Failure to do so shall be just cause for the annulment of the award at the sole election of TCMHA.

I. Indemnity and Insurance Requirements

The awarded Proposer shall comply with the indemnity and insurance requirements set in the Independent Contractor Agreement (*Attachment F*). If selected, Proposer shall procure and maintain for the duration of the agreement insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. In addition, Contractor shall require and verify all subcontractors maintain insurance subject to all of the requirements stated therein.

VII. GENERAL PROVISIONS**A. Independent Contractor**

In performance of the work, duties and obligations assumed by the Proposer, it is mutually understood and agreed that the Proposer, including any and all of the Proposer's officers, agents and employees, will at all times be acting and performing in an independent capacity and not as an officer, agent, servant, employee, joint venture, partner or associate of TCMHA.

B. Contract Term

The contract contemplates the term commencing on February 2, 2026 and remaining in full force and effect until Fiscal Year ending June 30, 2029, with an option to extend two additional years, subject to the terms of this agreement. Extensions will be subject to the annual review and recommendation of the Executive Director, the satisfactory negotiation of terms (including a price acceptable to both TCMHA and the selected company/agency), the concurrence of the Governing Board, and the annual availability of a budget appropriation.

RFP NO. 2025-1102**C. Public Records - Notice Related to Proprietary/Confidential Data**

Proposers are advised that the California Public Records Act (the "Act", Government Code §§6250 et seq.) provides that any person may inspect or be provided a copy of any identifiable public record or document that is not exempted from disclosure by the express provisions of the Act. Each Proposer shall clearly identify any information within its submission that it intends to ask TCMHA to withhold as exempt under the Act. Any information contained in a Proposer's submission which the Proposer believes qualifies for exemption from public disclosure as "proprietary" or "confidential" must be identified as such at the time of first submission of the Proposer's response to this RFP. Failure to identify information contained in a Proposer's submission to this RFP as "proprietary" or "confidential" shall constitute a waiver of Proposer's right to object to the release of such information upon request under the Act. TCMHA favors full and open disclosure of all such records. TCMHA will not expend public funds defending claims for access to, inspection of, or to be provided copies of any such records.

Note that wholesale use of headers/footers bearing designations such as "confidential", "proprietary", or "trade secret" on all or nearly all of a Proposal is not acceptable and may be deemed by TCMHA as a waiver of any exemption claim. Any Proposal that includes a blanket statement or limitation, which would prohibit, or limit public inspection may be considered non-responsive and may be rejected. Pricing information is generally not considered proprietary information. The identification of exempt information must be specific. TCMHA assumes no responsibility for disclosure or use of unmarked data for any purposes.

D. Conflict of Interest

Proposers, by responding to this RFP, certify that to the best of their knowledge or belief, no elected/appointed official or employee of the TCMHA is financially interested, directly or indirectly, in the purchase of goods/services specified in this RFP. Furthermore, Proposer represents and warrants to TCMHA that it has not employed or retained any person employed, or contracted agency, by TCMHA to solicit or secure the award of the 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.

E. Nondiscrimination

Proposer agrees that it shall not discriminate as to race, sex, color, age, creed, religion, national origin, ancestry, marital status, sexual orientation, gender identity, physical or mental disability or medical condition in connection with its performance under this RFP. Furthermore, Proposer agrees that no otherwise qualified individual shall solely by reason of the aforementioned be excluded from the participation in, be denied benefits of, or be subjected to, discrimination under any program or activity.

F. Debarred/Suspended Contractors

The awarded Proposer shall certify that no staff member, officer, director, partner, principal, or owner, or sub-contractor is excluded from any Federal health care program, or federally funded contract, as required in the Independent Contractor Agreement (*Attachment F*).

RFP NO. 2025-1102**G. Governing Law and Regulations**

The services will be performed in, construed by and interpreted according to the laws of the State of California. The Proposer will comply with all federal, state, and local laws, standards, regulations, licenses, and permits. No Proposal received and read may be withdrawn for a period of ninety (90) calendar days after the date fixed for opening Proposals. TCMHA intends to award the Agreement within sixty (60) calendar days of receiving the Proposals. TCMHA reserves the right to retain all Proposals submitted and to use any ideas in a Proposal regardless of whether that Proposal is selected. Submission of a Proposal indicates acceptance by the Proposer of the conditions contained in this request for Proposals, unless clearly and specifically noted in the Proposal submitted and confirmed in the agreement between TCMHA and the agency selected.

There is no expressed or implied obligation for TCMHA to reimburse responding Proposers for any expenses incurred in preparing Proposals in response to this request or for developing and carrying out interview presentations. Any Proposal preparation and/or travel cost in connection with this Proposal is the sole responsibility of the Proposer. All Proposal documents shall be the property of TCMHA once submitted. The successful Proposer will be required to satisfy all current legal requirements applicable to this work including Labor Code section 1061(b)(1), if applicable. The Proposer, by submitting a response to this RFP, waives all right to protest or seek any legal remedies whatsoever regarding an aspect of this RFP. TCMHA reserves the right to choose any number of qualified finalists to interview.

VIII. DEFINITIONS

A. Tri-City Mental Health Authority: Tri-City Mental Health Authority (TCMHA) or its authorized representative.

B. Request for Proposal Documents: The document soliciting invitation for Proposals and includes basic Proposal information and contractual documents.

C. Proposer: a person, company, agency, corporation, partnership, or other entity who submits a Proposal.

D. Proposal Packet: All requested and required Request for Proposal documents and forms submitted by the Proposer to TCMHA.

E. Closing Time: The time and date deadline for submission of Proposal.

F. Independent Contractor: Upon TCMHA's award of the agreement a successful Proposer will become known as "Independent Contractor".

IX. ATTACHMENTS

<u>Attachment A:</u>	RFP Cover Page
<u>Attachment B:</u>	Proposer's References and Subcontractors
<u>Attachment C:</u>	Proposer's Work Process Information
<u>Attachment D:</u>	RFP Exceptions
<u>Attachment E:</u>	Proposer Price Proposal
<u>Attachment F:</u>	Sample Independent Contractor Agreement

RFP NO. 2025-1102

ATTACHMENT A
RFP COVER PAGE

Name of Person, Business or Organization:	
Type of Entity: (e.g. Sole-Proprietorship, Partnership, Corporation)	
Federal Tax ID Number:	
Contact Person – Name	
Contact Person – Address	
Contact Person – Phone Number (s)	
Contact Person – e-mail address	

By signing this *RFP Cover Page* I hereby attest:

1. that I have read and understood all the terms listed in the RFP;
2. that I am authorized to bind the listed entity into this agreement;
3. that neither I nor any principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California State agency, or any local government agency;
4. that should this Proposal be accepted, I am authorized and able to secure the resources required to deliver against all terms listed within the RFP as published by TCMHA, including any amendments or addenda thereto except as explicitly noted or revised in my submitted Proposal;
5. that I did not, in any way, collude, conspire or agree, directly or indirectly, with any person, agency, corporation or other Proposer in regard to the amount, terms, or conditions of this Proposal; and
6. that the information contained in the Proposal Packet and all accompanying documents is true and correct.

PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PLEASE ATTACH ANY DOCUMENTS RELATED TO YOU OR YOUR AGENCY'S SUMMARY STATEMENT AS REQUIRED UNDER SECTION V.C.1 OF THIS RFP DOCUMENT.

RFP NO. 2025-1102

ATTACHMENT B
PROPOSER’S REFERENCES AND SUBCONTRACTORS

Company Name:	Address:
Owner, Principal Officer:	Headquarters Location/Date of Establishment:
Email:	Website:
Phone:	Fax:

1. List license(s) and corresponding numbers/classification applicable or required for the Scope of Work of this Proposal:

2. Have you ever operated this business under a different name? Yes _____ No _____.
 If yes, please explain:

3. **Ongoing Legal Proceedings:** Provide details on any litigation in which you/your company have been the subject of a lawsuit in the past five (5) years. If none, then write “NONE.”

4. Has the Proposer, any officer of the Proposer, or any employee of the Proposer who has proprietary interest in the Proposer, ever been disqualified, removed, or otherwise prevented from bidding on, or completing a federal, state, or local government project because of a violation of law or safety regulation?

Yes _____ No _____

If the answer is yes, explain the circumstances in the following space:

[Continued on Page 2]

RFP NO. 2025-1102

List references for projects of similar size and scope of work for this Proposal that you/your company are/is currently *working on or has completed* in the last 5 years:

1. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

2. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

3. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

4. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____

 Agreement Amount: _____ Agreement Start/End Date: _____

5. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Scope of Work: _____
 Agreement Amount: _____ Agreement Start/End Date: _____

Subcontractors to be utilized, if applicable:

1. Agency Name: _____ Contact Name: _____
 Contact e-mail: _____ Contact Phone: _____
 Specialty: _____ Years in Business: _____
 Scope of Work: _____

RFP NO. 2025-1102

ATTACHMENT D
EXCEPTION(S) TO SPECIFICATIONS AND/OR
SAMPLE INDEPENDENT CONTRACTOR AGREEMENT

- We **have no** exceptions to the Scope of Work/Requirements

- We **have** exceptions to the Scope of Work/Requirements as listed below. Exceptions to the Scope of Work/Requirements stated herein shall be fully described in writing by the Proposer in the space provided below. Any alternate must be approved by Tri-City Mental Health Authority no less than 10 business days prior to the closing date.

- We **have no** exceptions to any other section of the RFP document or Independent Contractor Agreement.

- We **have** exceptions to the RFP document or Independent Contractor Agreement stated herein shall be fully described in writing by the Proposer in the space provided below.

RFP NO. 2025-1102

ATTACHMENT E
PROPOSER PRICE PROPOSAL

To ensure consistency and for proper analysis, cost/pricing submission should follow the format reflected and completed in its entirety. The Proposer should consider the Scope of Services as set forth in **Section III** and as required under **Section V.C.5** of this RFP.

The hourly rates shall include any required overhead or internal administrative services. Overtime, double-time, holiday pay, shall be calculated per the Department of Industrial Relations Prevailing Wage Labor Code, **if** applicable. Please include the billable hour for time and materials per assigned project manager or employees OR final price at the bottom of your cost Proposal as a total not-to-exceed amount to implement the Proposal. The Proposer shall state specifically what is being furnished, such as materials, labor, tools, and other equipment necessary to complete the scope of services or expected number of hours with hourly rate. The cost for the Scope of Services as stated in the Request for Proposals documents shall be a lump sum, as follows:

PRICE/COST PROPOSAL		
ITEM	COST RATES PER UNIT	ALL INCLUSIVE MAX COST FOR 21 WORKCENTERS
WORKCENTER (Printers)	\$	\$
SOFTWARE (Security & HIPAA Compliant)	\$	\$
TECHNICAL SUPPORT	\$	\$
STAFF	\$	\$
SUBCONTRACTOR	\$	\$
TONER AUTO-REPLENISHMENT Miscellaneous (Attach Detailed Description)	\$	\$
TOTAL PROJECT COST (Not to Exceed)	\$	\$

SERVICES FOR SMALLER OFFICE PRINTERS - maintenance, repair, and tone auto-replenishment services- (Attach Detailed Description)	COST PER UNIT or TOTAL COST FOR CERTAIN NUMBER OF FLEET \$
---	---

Company Name: _____

Name of Authorized Representative: _____

Authorized Representative Signature: _____

Date: _____

RFP NO. 2025-1102

ATTACHMENT F

SAMPLE
INDEPENDENT CONTRACTOR AGREEMENT
BETWEEN THE
TRI-CITY MENTAL HEALTH AUTHORITY
AND

DATED

RFP NO. 2025-1102

TABLE OF CONTENTS

	<u>Page</u>
1. PARTIES AND AGREEMENT DATE.	3
2. INDEPENDENT CONTRACTOR.	3
3. SCOPE OF SERVICES.	3
4. PERFORMANCE OF SERVICES.	3
5. SUBCONTRACTORS.	4
6. TIME AND LOCATION OF WORK.	4
7. TERMS.	4
8. COMPENSATION.	4
9. TERMINATION.	5
10. LICENSES.	6
11. PROPRIETARY INFORMATION.	6
12. AUDITS.	6
13. CONFLICT OF INTEREST.	6
14. GENERAL TERMS AND CONDITIONS.	6
14.1 INDEMNITY.	6
14.2 INSURANCE.	7
14.3 NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY.	8
14.4 PROHIBITION ON ASSIGNMENT.	8
14.5 CHANGES TO THE AGREEMENT.	8
14.6 RECORDS.	8
14.7 BUSINESS ASSOCIATE AGREEMENT.	9
14.8 CONTRACTOR ATTESTATION.	9
14.9 GOVERNING LAW, JURISDICTION, AND VENUE.	9
14.10 NON-USE OF NAMES.	9
14.11 NO THIRD-PARTY BENEFICIARIES.	9
15. REPRESENTATIVE AND NOTICE.	10
16. EXHIBITS.	10
17. EFFECTIVE DATE.	10
18. ENTIRE AGREEMENT.	11
19. SEVERABILITY.	11
20. WAIVER.	11
21. EXECUTION.	11

RFP NO. 2025-1102**AGREEMENT****1. PARTIES AND AGREEMENT DATE**

THIS AGREEMENT (hereinafter “Contract” or “Agreement”) is made and entered into on the _____ by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711 (hereinafter “TCMHA” or “Authority”) and _____ with its principal place of business at _____ (hereinafter “CONTRACTOR”). TCMHA and CONTRACTOR are sometimes individually referred to as a “Party” and collectively as “Parties.”

2. INDEPENDENT CONTRACTOR

The express intention of the Parties is that CONTRACTOR is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between CONTRACTOR and TCMHA or any employee or agent of CONTRACTOR. At all times CONTRACTOR shall be an independent contractor and CONTRACTOR shall have no power to incur any debt, obligation, or liability on behalf of TCMHA without the express written consent of TCMHA. Neither TCMHA nor any of his agents shall have control over the conduct of CONTRACTOR or any of CONTRACTOR’s employees, except as set forth in this Agreement. In executing this Agreement, CONTRACTOR certifies that no one who has or will have any financial interest under this Agreement is an officer or employee of TCMHA.

3. SCOPE OF SERVICES

CONTRACTOR shall provide the specified services and/or materials as set forth in ‘Exhibit A’ of this Agreement and the CONTRACTOR’s Proposal for Consultant for Multifunction Workcenters Fleet Refresh Project (“Services”) incorporated into and made a part of this Agreement as ‘Exhibit B.’

4. PERFORMANCE OF SERVICES

4.1 CONTRACTOR reserves the sole right to control or direct the manner in which services are to be performed. CONTRACTOR shall retain the right to perform services for other entities during the term of this Agreement, so long as they are not competitive with the services to be performed under this Agreement. CONTRACTOR shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the Services provided to TCMHA under this Agreement without the expressed written permission of TCMHA.

4.2 CONTRACTOR warrants that it is not a Party to any other existing agreement which would prevent CONTRACTOR from entering into this Agreement or which would adversely affect CONTRACTOR’s ability to fully and faithfully, without any conflict of interest, perform the Services under this Agreement. In addition, CONTRACTOR shall provide the Services in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions and in similar locations and in accordance with all applicable, current industry standards, regulations codes and statutes. Unless

RFP NO. 2025-1102

the means or methods of performing a task are specified elsewhere in this Agreement, CONTRACTOR shall employ methods that are generally accepted and used by the industry.

4.3 All work shall comply with the applicable licensing, federal, state, and/or all local or city ordinances, codes, rules, orders, regulations, and statutes affecting any services performed under this Agreement. Compliance with this section by CONTRACTOR shall not in any way excuse or limit the CONTRACTOR's obligations to fully comply with all other terms in this Agreement.

5. SUBCONTRACTORS

Neither Party hereto may assign this Agreement, nor will CONTRACTOR subcontract any service requested hereunder to CONTRACTOR(s) unless consented to in writing by the Executive Director of TCMHA or Designee. After approval from TCMHA, any work or services subcontracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Agreement.

6. TIME AND LOCATION OF WORK

CONTRACTOR shall perform the services required by this Agreement at any place or location and at any time as CONTRACTOR deems necessary and appropriate, so long as the services are provided within the manner and time frames outlined in 'Exhibit A' and 'Exhibit B.'

7. TERM

The services and materials furnished under this Agreement shall commence on _____ and shall be and remain in full force and effect until Fiscal Year ending June 30, 2028; or until amended or terminated in accordance with the provisions of Section 9 below.

8. COMPENSATION

For the full performance of this Agreement:

8.1 The CONTRACTOR will bill based on work performed and completion/delivery of services/goods as detailed in Section 3 of this Agreement and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional and industry standards for the area in which CONTRACTOR operates.

8.2 TCMHA shall pay CONTRACTOR an amount not to exceed amount as stated in 'Exhibit B'. TCMHA is not responsible for paying for any work done by CONTRACTOR or any subcontractor above and beyond the amount listed in the CONTRACTOR's Proposal for Multifunction Workcenters Fleet Refresh (Exhibit B') project, unless agreed upon in writing by TCMHA's Executive Director.

8.3 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

RFP NO. 2025-1102

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.

8.4 CONTRACTOR is responsible for monitoring its own forces/employees/agents/ subcontractors to ensure delivery of goods/services within the terms of this Agreement. TCMHA will not accept or compensate CONTRACTOR for incomplete goods/services.

9. TERMINATION

This Agreement may be terminated only as follows:

9.1 Written Notice. TCMHA may terminate this Agreement at any time, without cause, upon ten days (10) calendar days' prior written notice to the CONTRACTOR. CONTRACTOR agrees to cooperate fully in any such transition, including the transfer of records and/or work performed. TCMHA will reimburse CONTRACTOR for its satisfactorily-completed services up to the date specified in the notice of termination and for demobilization costs reasonably incurred by CONTRACTOR after that date.

9.2 Neglect or Refusal to Comply. If at any time, CONTRACTOR fails to supply suitable equipment, an adequate working force, or material of proper quality, or shall fail in any respect to perform the Services with the diligence and force specified and intended in and by the terms of the contract, notice thereof will be provided in writing to CONTRACTOR. Should the CONTRACTOR neglect or refuse to provide means for satisfactory compliance with the contract, as directed by the TCMHA Representative, within the time specified in such notice, TCMHA in any such case shall have the power to terminate all or any portion of the contract.

9.3 Breach. TCMHA, in its sole discretion, may terminate this Agreement "for cause" effective upon written notice to CONTRACTOR if CONTRACTOR has committed a material default under, or a breach of, this Agreement or has committed an act of gross misconduct. CONTRACTOR's failure to complete the Services under this Agreement 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.

9.4 Non-payment. CONTRACTOR, in its sole discretion, may terminate this Agreement effective upon written notice to TCMHA if TCMHA fails to pay the Compensation as defined in Section 9 (other than amounts which are subject to a good faith dispute between the parties) to CONTRACTOR within thirty (30) calendar days of the applicable payment's due date.

9.5 Effect of Termination. No termination of this Agreement shall affect or impair CONTRACTOR's right to receive compensation earned for work satisfactorily completed through the effective date of termination. In the event of termination, CONTRACTOR shall immediately deliver all work product to TCMHA, which work product shall be consistent with all progress payments made to the date of termination.

RFP NO. 2025-1102**10. LICENSES.**

CONTRACTOR declares that CONTRACTOR has complied with all federal, state, and local business permits and licensing requirements necessary to conduct business.

11. PROPRIETARY INFORMATION.

The CONTRACTOR agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning TCMHA's business, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of TCMHA. The CONTRACTOR will not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information in order for CONTRACTOR to render services to TCMHA and employees of TCMHA, without written approval by Executive Director of TCMHA, either during or after its engagement with TCMHA, unless and until such Proprietary Information has become public knowledge without fault by the CONTRACTOR.

12. AUDITS

The 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 auditing purposes to TCMHA or any authorized representative, and must be retained, at the CONTRACTOR's expense, for a minimum of seven (7) years, unless CONTRACTOR is notified in writing by TCMHA of the need to extend the retention period.

13. CONFLICT OF INTEREST

CONTRACTOR hereby certifies that no elected/appointed official or employee of the Authority is financially interested, directly or indirectly, in the provision of goods/services specified in this Agreement. Furthermore, CONTRACTOR represents and warrants to TCMHA that it has not employed or retained any person or company employed by the Authority to solicit or secure the award of this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of the Agreement.

14. GENERAL TERMS AND CONDITIONS**14.1 Indemnity.**

14.1.1 To the maximum extent permitted by law, CONTRACTOR shall defend, indemnify, and hold TCMHA, its officials, officers, employees, volunteers, and agents serving as independent contractors in the role of TCMHA officials (collectively "Indemnitees") free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any acts or omissions of CONTRACTOR, its employees, its agents, or its subcontractors in connection with the performance of this Agreement, including without limitation the payment of all consequential damages and attorneys' fees and other related costs and

RFP NO. 2025-1102

expenses, except for such loss or damage arising from the sole negligence or willful misconduct of TCMHA. With respect to any and all such aforesaid suits, actions, or other legal proceedings of every kind that may be brought or instituted against Indemnitees, CONTRACTOR shall defend Indemnitees, at CONTRACTOR's own cost, expense, and risk, and shall pay and satisfy any judgment, award, or decree that may be rendered against Indemnitees. CONTRACTOR shall reimburse TCMHA and its directors, officials, officers, employees, agents and/or volunteers, for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided. CONTRACTOR's obligation to indemnify shall not be restricted to insurance proceeds, if any, received by CONTRACTOR, TCMHA, its directors, officials, officers, employees, agents or volunteers. All duties of CONTRACTOR under this Section shall survive termination of this Agreement.

14.1.2 CONTRACTOR must obtain executed indemnity agreements with provisions identical to those in Section 14.A.a from each and every subcontractor or any other person or entity involved by, for, with or on behalf of CONTRACTOR in the performance of the Services. If CONTRACTOR fails to obtain such indemnities, CONTRACTOR shall be fully responsible and indemnify, hold harmless, and defend the Indemnitees from and against any and all Claims in law or equity, whether actual, alleged, or threatened, arising or claimed to arise out of, pertaining to, or relating to the acts or omissions of CONTRACTOR's subcontractor, its officers, agents, servants, employees, subcontractors, materialmen, contractors, or their respective officers, agents, servants or employees (or any entity or individual that CONTRACTOR's subcontractor shall bear the legal liability thereof) in the performance of this Agreement, including the Indemnitees' active or passive negligence, except for Claims arising from the sole negligence or willful misconduct of the Indemnitees, as determined by final arbitration or court decision or by the agreement of the Parties.

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 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.

14.2.2 Cyberliability Insurance. Within ninety (90) days of the Agreement Date, Contractor shall have obtained and thereafter maintain cyberliability insurance in the amount of Two Million Dollars (\$2,000,000) per occurrence and Four Million Dollars (\$4,000,000) annual aggregate providing protection against claims and liabilities arising from: (i) errors and omissions in connection with maintaining security of TCMHA Data; (ii) data breach including theft, destruction, and/or unauthorized use of TCMHA Data; (iii) identity theft; and (iv) violation of privacy rights due to a breach of TCMHA Data.

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

14.2.4 Workers Compensation Insurance: Minimum statutory limits.

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

RFP NO. 2025-1102

14.2.6 Notice Of Cancellation: The TCMHA requires 30 days written notice of cancellation. Additionally, the notice statement on the certificate should not include the wording "endeavor to" or "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."

14.2.7 Certificate Of Insurance: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to TCMHA, and it shall name "*Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as TCMHA officers, officials, or staff*" as additional insureds. All coverage for subcontractors shall be subject to all of the requirements stated herein. All subcontractors shall be protected against risk of loss by maintaining insurance in the categories and the limits required herein. Subcontractors shall name TCMHA and CONTRACTOR as additional insured.

14.2.8 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

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

14.5 Changes to the Agreement. This Agreement shall not be assigned or transferred. No changes or variations of any kind are authorized without the written consent of the Executive Director. This Agreement may only be amended by a written instrument signed by both Parties. The CONTRACTOR agrees that any written change or changes in compensation after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

14.6 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

RFP NO. 2025-1102

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 8 shall be deemed to be sufficient consideration for said transfer of copyright. CONTRACTOR retains the right to use any project records, documents and materials for marketing of their professional services.

14.7 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 its auditing functions on TCMHA's behalf. CONTRACTOR is required to appropriately safeguard the PHI disclosed to it. In accordance with TCMHA's policies and procedures, CONTRACTOR will sign a *Business Associate Agreement*, incorporated herein as 'Exhibit C', accepting liability for any breach of ePHI or PHI.

14.8 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 D'.

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.

14.10 Non-Use of Names. Except as required by applicable law, neither Party shall use the name of the other Party in any publicity without the prior written permission of the Party whose name is to be used.

14.11 No Third-Party Beneficiaries. Notwithstanding any other provision of this Agreement, the Parties do not in any way intend that any person shall acquire any rights as a third party beneficiary of this Agreement; and no third Party shall have the right to enforce any right or enjoy any benefit created or established under this Agreement.

RFP NO. 2025-1102

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:

<p><u>If to TCMHA:</u> Tri-City Mental Health Authority 1717 N. Indian Hill Boulevard #B Claremont, CA 91711-2788 Attn: Executive Director</p>	<p><u>If to CONTRACTOR:</u> Name Address City Attn:</p>
--	---

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. EXHIBITS

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

- 16.1** Exhibit A: Scope of Services
- 16.2** Exhibit B: Proposal from CONTRACTOR dated _____
- 16.3** Exhibit C: Business Associate Agreement
- 16.4** Exhibit D: CONTRACTOR’s Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program

17. EFFECTIVE DATE

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

RFP NO. 2025-1102

18. ENTIRE AGREEMENT

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

19. 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.

20. 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.

21. EXECUTION

21.1 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.

21.2 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 _____, **Contractor**

By: _____
Ontson Placide, Executive Director

By: _____
_____, President/Owner

RFP NO. 2025-1102

Attest:

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

Approved as to Form:
RICHARDS WATSON & GERSHON LAW

By: _____
Steven L. Flower, General Counsel

RFP NO. 2025-1102**EXHIBIT A**
SCOPE OF SERVICE

CONTRACTOR will lease or sell to Tri-City Mental Health Authority (TCMHA) twenty-one (21) multifunction workcenters (copiers) to be distributed across the following TCMHA locations:

- 2008 N Garey Ave, Pomona, CA
- 1900 Royalty Dr, Pomona, CA
- 2001 N Garey Ave, Pomona, CA
- 1403 N Garey Ave, Pomona, CA
- 1717 N Indian Hill Blvd, Claremont, CA

These units will replace the existing fleet and must meet defined performance, security, and support requirements as listed below. In addition, the CONTRACTOR will be responsible for supporting all smaller office printers, including maintenance, repair services, and consumable (toner, supplies) auto-replenishment.

- A. Project Scope.** CONTRACTOR shall propose a comprehensive solution for 21 multifunction devices, including:
1. Full-service maintenance and support
 2. Implementation and training
 3. Lifecycle upgrade/replacement as models reach end-of-support. Devices must be automatically upgraded or replaced when:
 - Model becomes unsupported by manufacturer.
 - Hardware reaches end-of-life or end-of-service, or proves problematic (e.g., repeated service calls, mechanical failures, etc.)
 4. Maintenance, repair, and consumable replenishment support for all smaller office printers.
- B. Device Requirements.** Each workcenter must:
1. Be capable of color and black & white printing.
 2. Support secure print release, including:
 - PIN code entry
 - RFID badge authentication (preferred)
 3. Include integrated scanning to email and network folder.
 4. Support fax capability, if available.
 5. Offer intuitive touchscreen interface and remote management capabilities.

RFP NO. 2025-1102

6. Store no data locally or in the cloud. Devices must:
 - Either not retain data or perform a daily disk/data purge.
 - Avoid use of cloud storage for scanned or printed materials.
 - Comply with HIPAA Privacy and Security Rule requirements, including safeguards for Protected Health Information (PHI).

7. **Additional Security and Monitoring Requirements:**
 - Any remote device monitoring or management (including consumables, impressions, device health, alerts, etc.) must be performed out-of-band and must not traverse or interact with print job data.
 - Monitoring and management data traffic must remain completely segregated from production network traffic carrying print jobs or Protected Health Information (PHI).
 - No print job content, metadata, or PHI may be transmitted to monitoring or management systems.
 - If cloud-connected monitoring or management is used, the vendor must establish a dedicated secure VPN connection for all outbound monitoring traffic, isolating it from general internet-bound traffic.
 - Vendors must be able to demonstrate technical controls that ensure compliance with HIPAA Privacy and Security Rule requirements.

8. **Support Expectations.** CONTRACTOR must provide:
 - Same or Next business day response time for service requests SLA.
 - Proactive device monitoring and remote diagnostics.
 - Access to on-demand reporting tools (usage, toner levels, error logs.)
 - Ongoing maintenance, repair, and auto-replenishment services for smaller office printers.
 - Support technicians must always coordinate service calls with agency IT staff and when arriving, check in at the building reception area. Technicians are to arrive with identification and known branding. Unannounced visits will be turned away.

RFP NO. 2025-1102

EXHIBIT B
CONTRACTOR'S PROPOSAL

RFP NO. 2025-1102

EXHIBIT C**BUSINESS ASSOCIATE AGREEMENT**

This BUSINESS ASSOCIATE AGREEMENT (“**BAA**”) is made as of this ___ day of _____, 2026 (the “**Effective Date**”) by and between TRI-CITY MENTAL HEALTH AUTHORITY, a Covered Entity (“**Covered Entity**” or “**CE**”) and _____ (“**Business Associate**” or “**BA**”) (each a “**party**” and, collectively, the “**parties**”).

RECITALS

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

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

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

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

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

AGREEMENT**I. Definitions.**

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

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

RFP NO. 2025-1102

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**”).

RFP NO. 2025-1102

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

RFP NO. 2025-1102

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

RFP NO. 2025-1102

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

RFP NO. 2025-1102

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.

RFP NO. 2025-1102

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.

RFP NO. 2025-1102

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:

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.

RFP NO. 2025-1102

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

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

AGREED AND ACCEPTED:

TRI-CITY MENTAL HEALTH
AUTHORITY

Name of Covered Entity

Name of Business Associate

Authorized Signature

Authorized Signature

Ontson Placide

Print Name

Print Name

Executive Director

Print Title

Print Title

Date

Date

RFP NO. 2025-1102

EXHIBIT D

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

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 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.

<hr/>	<hr/>	<hr/>
Date	Contractor or Vendor's Name	Contractor or Vendor's Signature
<hr/>	<hr/>	<hr/>
Date	Ontson Placide, Executive Director TCMHA Executive Official's Name	TCMHA Executive Official's Signature

DISTRIBUTION:

COPIES: Contractor
Finance



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

DATE: March 18, 2026

TO: Governing Board of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

BY: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Consideration of Resolution No. 849 Declaring an Emergency Due to Mechanical Failure of the Elevator at Authority's Property Located at 2008 N. Garey Avenue in the City of Pomona, California, and Authorizing the Executive Director to Award a Contract and Replace the Elevator on an Emergency Basis and without Giving Notice for Bids To Let Contracts

Summary:

The only elevator in the multi-story clinical facility located at 2008 N. Garey Ave that Tri-City owns and where it provides behavioral health services is in immediate need of replacement. The Executive Director is requesting the Governing Board to declare an emergency and let a contract for replacing the elevator without formal bidding to ensure the safety of Tri-City personnel and clients and minimize any interruption in behavioral health services.

Background:

The Tri-City Mental Health Authority ("TCMHA") owns certain real property located in the City of Pomona where it operates as multi-story clinical facility to provide behavioral health services to clients with varying levels of acuity, physical limitations, and clinical intensity. This building has only one elevator which is in need of immediate replacement. Through previous repairs, and annual maintenance and inspections of the elevator, it has been determined that the elevator, due its age, is likely reaching the end of its useful life.

Most recently and on Wednesday, March 11, 2026, the elevator experienced a significant mechanical malfunction which triggered the need to immediately seek to replace the elevator. While the elevator was repaired and is currently appropriately operating, the need to replace the elevator system is deemed necessary to prevent further malfunctions considering continued repair is no longer feasible and the parts to repair are becoming increasingly more difficult to find due to its age.

While Tri-City will utilize telehealth when clinically appropriate, telehealth cannot fully substitute for in-person care in the following circumstances:

**Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 849 Declaring an Emergency Due to Mechanical Failure
of the Elevator at Authority's Property Located at 2008 N. Garey Avenue in the City of
Pomona, California, and Authorizing the Executive Director to Award a Contract and
Replace the Elevator on an Emergency Basis and without Giving Notice for Bids To Let
Contracts**

March 18, 2026

Page 2 of 3

- Clients experiencing acute symptoms or crises
- Clients with complex medication needs
- Mandatory in-person assessments required by state standards

To mitigate service disruptions, TCMHA will temporarily reconfigure first-floor space to expand clinical capacity during the elevator replacement period. However, this mitigation strategy is limited in scope and does not resolve long-term accessibility needs.

The Public Contract Code and Tri-City's Purchasing Policy permit contracts for public works to be awarded without formal bidding in response to an emergency declared by a 4/5 vote of the Governing Board.

Statement Of Emergency:

This situation constitutes an emergency due to the immediate and ongoing impact on client access to medically and clinically necessary services, including:

- Clients with higher levels of clinical intensity who must be seen in person to ensure safety, stabilization, and regulatory compliance
- Clients requiring medication evaluations and monitoring, which under state and clinical standards must be conducted onsite
- New clients awaiting initial mental health assessments, which are required to be conducted in person to meet state access-to-care and network adequacy timelines

Justification For No-Bid Procurement:

A traditional competitive bidding process would significantly delay replacement due to lengthy procurement timelines, equipment manufacturing lead times, and scheduling delays that extend service disruption. Delaying action would increase risk of non-compliance with state access-to-care requirements and compromise the Authority's ability to provide safe, accessible, and timely care. Given the high potential for additional mechanical failures, the urgency of maintaining clinical access to the greatest degree possible, and the availability of qualified and established vendors with knowledge of the facility, staff recommends proceeding with an emergency no-bid contract in accordance with applicable public agency procurement and emergency contracting authority.

Risk of Inaction:

The elevator failure presents an urgent operational and clinical issue affecting Tri-City's ability to serve its clients safely and responsibly. Immediate action is required to protect

**Governing Board of Tri-City Mental Health Authority
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March 18, 2026

Page 3 of 3

client access, ensure compliance, and maintain continuity of care. The loss of elevator access substantially interferes with Tri-City's ability to provide equitable and timely access to care, particularly for individuals with mobility limitations or clinical needs that preclude telehealth. Failure to approve the emergency contract may result in prolonged disruption of in-person clinical services, non-compliance with state and contractual access-to-care mandates, and increased client dissatisfaction and formal grievances.

Fiscal Impact:

The cost of replacement has been estimated to be in the approximate range of \$80 thousand to \$100 thousand. Staff has not identified a preferred contractor yet, but staff is aware of at least three qualified contractors who will be asked to submit expedited proposals. Funding for this project will come from a combination of MHSA and Realignment funds.

Failure to act promptly may result in extended operational disruptions and additional indirect costs associated with service delays, client relocation, and administrative burden.

Recommendation:

Staff recommends that the Governing Board Adopt Resolution No. 849 approving the Emergency Declaration and Authorize the Executive Director to award a contract to replace the Elevator located at the Authority's Property due to mechanical failure without giving notice to bids and execute all necessary documents to ensure continuity of clinical services and compliance with state access-to-care requirements

Attachments

Attachment 15-A: Resolution No. 849 - Draft

RESOLUTION NO. 849

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY DECLARING AN EMERGENCY DUE TO MECHANICAL FAILURE OF THE ELEVATOR AT AUTHORITY'S PROPERTY LOCATED AT 2008 N. GAREY AVE. IN THE CITY OF POMONA, CALIFORNIA AND AUTHORIZING THE EXECUTIVE DIRECTOR TO AWARD A CONTRACT AND REPLACE THE ELEVATOR ON AN EMERGENCY BASIS AND WITHOUT GIVING NOTICE FOR BIDS TO LET CONTRACTS

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") owns real property located 2008 N. Garey Ave. in the City of Pomona ("Subject Property"), California where it operates a multi-story clinical facility that relies on elevator access to provide behavioral health services to clients with varying levels of acuity, physical limitations, and clinical intensity.

B. The Subject Property has one elevator. Due to its age, it has experienced previous malfunctions and repairs. The elevator is currently operating but has recently experienced a mechanical malfunction and must be replaced as soon as possible to prevent disruption and provide safe and consistent access to care.

C. Pursuant to the California Public Contract Code and TCMHA Policy and Procedure IX.1, the TCMHA Governing Board ("Board") has delegated to the Executive Director its authority to repair or replace a public facility, take any directly related and immediate action required by that emergency, and procure the necessary equipment, services, and supplies for those purposes, without giving notice for bids to let contracts.

2. Action.

A. Pursuant to the California Public Contract Code and TCMHA Policy and Procedure IX.1, the TCMHA Governing Board ("Board"), the Governing Board hereby declares that the need to immediately replace the elevator on the Subject Property constitutes an emergency and authorizes the Executive Director to award a contract to replace the elevator without giving notice for bids to let contracts.

B. The Governing Board further directs the Executive Director to report to the Governing Board the status of the elevator replacement project and the emergency declared by this resolution at each regularly scheduled Governing Board meeting hereafter until the emergency has ended.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on March 18, 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