



MINUTES

REGULAR MEETING OF THE GOVERNING BOARD February 21, 2024 – 5:00 P.M.

The Governing Board Regular Meeting was held on Wednesday, February 21, 2024 at 5:00 p.m. in the MHSA Office located at 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Chair Leano called the meeting to order at 5:00 p.m.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
John Nolte, City of Pomona, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member (arrived at 5:02 pm)
Elizabeth Ontiveros-Cole, City of Pomona, Board Member (arrived at 5:05 pm)
Paula Lantz, City of Pomona, Board Member
Wendy Lau, City of La Verne, Board Member
Ronald T. Vera, City of Claremont, Board Member

ABSENT: None

STAFF

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

PRESENTATION

OVERVIEW OF PROPOSED CHANGES TO THE MENTAL HEALTH SERVICES ACT (MHSA) THROUGH PROPOSITION 1 ON THE MARCH 2024 BALLOT INITIATIVE, AND ITS PROJECTED IMPACT ON THE MENTAL HEALTH SERVICES AND PROGRAMS

At 5:02 p.m., Board Member Cockrell arrived at the meeting.

Director of MHSA and Ethnic Services Barford announced that the presentation would focus on the fiscal impact of Proposition 1 (Prop 1) on TCMHA budget operations, and explained that Proposition 1 is made up of two bills: Assembly Bill 531 (AB 531) and Senate Bill 326 (SB 326),

and its intent is to create a \$6.38 billion dollar bond to build more mental health care, drug and alcohol treatment facilities, and more housing for individuals with substance abuse or mental health challenges; and that it also changes the way that money can be used from the Mental Health Services Act. She stated that if Prop 1 passes, it will give a greater share of MHSA funding to the State for its mental health services, that it will increase from the current 5% to 10%, which means that 10% of the funds will be taken by the State before it is distributed to the counties; and that it will also allow MHSA funds to be used for drug and alcohol treatment for people without a mental illness. She pointed out that the number figures being discussed are based on TCMHA most recent Three-Year MHSA Plan, and as if Prop 1 were to go into effect today since there is no information available for when it goes into effect on July 1, 2026.

At 5:05 p.m., Board Member Ontiveros-Cole arrived at the meeting.

Director of MHSA and Ethnic Services Barford noted that not much information has been disclosed and TCMHA staff simply wanted to share what SB 326 will potentially do financially for TCMHA programs. She then stated that SB 326 is a ballot initiative designed to modernize the Mental Health Services Act by amending it; that if it passes, the name will be changed to the Behavioral Health Services Act (BHSA); that it was introduced in March of 2023 and it is designed to impact how California treats mental illness, substance abuse and the homeless; and that it will go before voters on March 5th under Prop 1. She further explained that the BHSA would create a new structure for planning, data gathering, reporting, and accountability across the behavioral health streams including MHSA, realignment, block grants, and any kind of funding source; and pointed out that TCMHA's MHSA Annual update or Three-Year Plan, will include all the funding streams and updates from the clinical program, in addition to the MHSA programming, which currently lists only. She added that the BHSA will also increase the State's allocation from 5% to 10% for new statewide workforce and prevention initiatives; that it will eliminate locally controlled funding for community prevention programs as well as workforce education and training, which will be taken to the State level to be created there and then counties will have access to them.

Board Member Vera inquired if TCMHA implements any community prevention programs currently. Director of MHSA and Ethnic Services Barford responded in the affirmative sharing examples such as the Wellness Center and Community Wellbeing grants or prevention programs. Executive Director Hundal added that all staff training also fall under that category.

Chair Leano inquired if this means TCMHA will no longer be receiving funds for Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) since it will no longer be based out of TCMHA. Director of MHSA and Ethnic Services Barford replied that TCMHA will no longer have funding for prevention programs, but they will still have funding for early intervention; that Workforce Education and Training is going to the State, which TCMHA can bid for this funding, but TCMHA will not receive additional funding for WET, noting that she will explain how the money will be allowed to be utilized later during her presentation. Executive Director Hundal added that 20% of the MHSA funding TCMHA receives is allocated to Prevention and Early Intervention (PEI).

Discussion ensued regarding the possibility of continuing prevention programs even if the funding will no longer be available.

Director of MHSA and Ethnic Services Barford continued with her presentation and stated that the BHSA would also eliminate funding for Capital Facilities and Technological Needs; and that locally controlled funds for Innovation projects, the Mental Health Services Oversight Accountability Commission (MHSOAC) will now receive \$12 million in funding and TCMHA will have to apply for and bid competitively for funding for Innovation projects.

Chair Leano inquired about the number of TCMHA employees that are supported by the current local funding for the Workforce Education and Training and Innovation. Director of MHSA and Ethnic Services Barford named a few. Executive Director Hundal shared that the Executive Management team has been meeting and discussing the upcoming changes with the goal of providing services as they do today, without eliminating positions; that staff do not have all the answers today, but working towards repurposing positions as needed.

Chair Leano stated that it seems like the possibility that services that are currently funded will no longer be funded if Prop 1 passes; that the one of the challenges in the agency is hiring more people; and that TCMHA will be in a position to potentially have to reconsider staffing. Executive Director Hundal responded in the affirmative stating that it does, but she hopes that the Executive team is creative enough to save as many positions as possible.

Director of MHSA and Ethnic Services Barford then explained the current MHSA breakdown where Community Services and Supports (CSS) is about 76%, Prevention and Early Intervention is about 19%, Innovation is 5%, WET and CFTN are one-time funds, versus the proposed funding breakdown if Proposition 1 passes. She indicated under the BHSA, the funding buckets will change from five plans to three categories with specific percentages; stating that Permanent Supportive Housing will be 30%, which would go towards housing interventions and does not include mental health services, and that mental health services and substance use treatment cannot be under the housing bucket; that FSP is 35% of the total allowable funding for older adults, adults, transition age youth and children; and 35% for behavioral health services and support. She added that in theory, everything else would need to fall in the FSP category, and that although the remaining programs are listed, they will not have the additional funding that supported them in the past.

Board Member Vera inquired if SB 326 will require that TCMHA receive the funding or if this funding can be distributed to other agencies in the community. Executive Director Hundal stated that the staff does not have the answers for housing yet.

Board Member Lantz inquired if the housing comes without wraparound services. Executive Director Hundal responded in the affirmative.

Discussion ensued regarding the possibility of switching programs to other buckets and splitting the budget into three categories to see how it will look for TCMHA percentage wise; however, nothing is certain at this time.

Board Member Vera inquired about what percentage is allocated to housing based on the current MHSA funding. Director of MHSA and Ethnic Services Barford stated that housing is currently funded under CSS. Controller Bogle indicated that in aggregate between the CSS program and PEI, they are spending approximately \$600,000 on housing.

Director of MHSA and Ethnic Services Barford then discussed the current MSHA budget and the proposed spending under Proposition 1; broke down the 10% tax from the State stating that 3% will be for administration, 3% for workforce education and training, and 4% to fund the population-based mental health and substance use disorder prevention programs, noting that the State will create programs and the counties will have access to them, but what they do not know if counties can have their own programs and have to request funding to fund these program. She then explained the possible impact of housing, stating that under Proposition 1, it is estimated that the Counties would need to allocate approximately \$4.9 million to Housing; that TCMHA currently allocates \$637,083 to Housing, which means there would be a 667% increase in spending; that the Housing allocations would need to serve at least 50% of the chronically homeless populations and up to 25% could be dedicated to capital projects such as housing within the housing department; and that substance use or mental health treatment services cannot be funded through the housing category.

Board Member Vera sought clarification regarding the 30% of the monies TCMHA will receive for housing under the new BHSA, inquiring if the Board beginning in 2026 would have to spend approximately 4.8 million on housing annually. Executive Director Hundal responded in the affirmative.

Discussion ensued regarding the amount of funds that would go towards housing over the next 10 years under the new BHSA; and that starting in fiscal year 2032, it will be possible that counties can advocate to make a change, but it will require voter approval.

Director of MHSA and Ethnic Services Barford continued to discuss the budget for Full-Service Partnerships (FSP), emphasizing the importance of the program and that this program will be mandated for all counties; pointed out that the current budget for FSP is \$5.2 million; that the projected amount is going to be \$5.7 million, and the increase will be another \$427,621, which is about an 8% increase and brings the allocation up to 35%.

Chair Leano inquired about the substantial increase in investment in housing and if TCMHA already has a Full-Service Partnership program that operates without a housing component at the level that is being prescribed, and if it in theory makes the capacity of the FSP programming easier. Medical Director Teimoori responded that in theory, it looks good, but the problem is that support is needed for people that are in housing, to make sure that they are stable enough to stay in housing; that more support from FSP and the agency is needed but he is not sure where the money will come from. Chief Clinical Officer Renteria added that there is also a need to manage that level of funding for housing; that there is an administrative burden piece to account for; that Medical Director Teimoori is correct and providing housing is critical, but the support to remain in housing is more labor-intensive and needs more resources; that she is not sure that an 8% increase in FSP would cover the demand for managing that increase in housing resources that they will be receiving. Director of MHSA and Ethnic Services Barford shared that in one of the amendments, they will allow counties to transfer 7% from one bucket to another for a total of 14%, but it cannot be 14% from one bucket.

Director of MHSA and Ethnic Services Barford then stated that under BHSA, the Behavioral Health Services and Supports category is 35% of the funding, which will be allocated to 17 programs; that at least 51% of this funding needs to be allocated for early intervention programs and, within that program, 51% needs to be dedicated to individuals ages 25 and under; that the

remaining percentage would be dedicated to the rest of the programs; that it is estimated that there will be a decrease in funding of approximately 48%, essentially cut in half.

Board Member Vera inquired if they would be able to take 7% of the housing funds and move them. Controller Bogle explained that the rule will allow a transfer of a maximum of 14%, but cannot be all taken from both buckets; that if they took it from housing, it would have to be allocated to BHS, which would reduce that funding to 41%.

Vice-Chair Nolte inquired about the programs that will be taken over by the State if Proposition 1 passes, and if those programs are supposed to make up for some of this; and about the route in which TCMHA is considering regarding the 17 programs. Director of MHSA and Ethnic Services Barford responded that the substance abuse and mental health or prevention programs will be at the State level and they will be creating those. Vice-Chair Nolte inquired if that would backfill some of the programs that will be lost at the local level. Director of MHSA and Ethnic Services indicated that staff do not know what those programs will look like yet; that the difference is that all of the prevention programs that TCMHA has were developed by community members and stakeholders based on the communities' needs have; that the State created programs will be more generic for the whole State, but they will be available. She also stated that the design behind the bill is to encourage counties to draw down from Medi-Cal; that they can look at programs to see if the location can be Medi-Cal certified and if staff can be billed based on what they do; that there are so many options including the 7% or the 14% that they are considering; that as a team, they are looking at MHSA for community-based programming, what the clinic can do and how they can integrate both, and seeing the potential there.

Board Member Vera inquired about what the changes would mean for existing Mental Health Commission members in terms of providing input. Director of MHSA and Ethnic Services Barford mentioned that there is a section about the Mental Health Commission that is included in the plan, but that she did not see anything about decreasing their role or input. Executive Director Hundal shared that Commissions are for counties that receive Medi-Cal funding but when the MHSA was implemented, they also added that the Commission will host the public hearings; and stated that that those things would still take place; that the yearly updates will still happen; that the updates focus on emergency programs and with this BHSA, it will be required to give updates on every single program, even if it is only a one-year grant received; that it will be an overall bigger report on all outcomes.

Board Member Vera commented that from his understanding of the current legislation, the Commission also has a responsibility for vetting those programs and submitting proposals to staff in terms of which programs can be implemented. Executive Director Hundal assured Board Member Vera that the stakeholder process will stay, and the Commission will stay; that under BHSA, there will be just three buckets to work with. Director of MHSA and Ethnic Services Barford shared that a change they will see is that the State will be mandating who is on the Commission; that they may ask that certain demographics be represented within the Commission; that the information has been sent to JPA Clerk Olmos for review; that they are also doing that with the MHSOAC, where they are expanding the amount of Commissioners from 11 to 27 to assure that everyone is well-represented.

Discussion ensued regarding the supplemental nature of the bond for housing, which will be used for new construction; about there being a whole plan under AB 531 concerning what is going to be built; and that today's presentation is solely addressing SB 326, which is the bill that will impact on the TCMHA budget.

Board Member Vera commented that he believes the funds will go towards a financing authority where local counties can apply to build housing for local communities. Executive Director Hundal added that they will also include patient beds for counties.

Director of MHSA and Ethnic Services Barford provided a summary of the proposed budget changes, noting that the funding for housing and FSP will increase; and that the budget for BHSS will be decreased.

Board Member Vera referred to the 30% increase for housing and inquired if TCMHA will have to increase their bandwidth, as far as staff goes, to take on the challenge of housing not only the mentally ill but also the homeless population. Executive Director Hundal replied in the affirmative, and pointed out that there is no funding for staff, and she hopes that this will change over time.

Director of MHSA and Ethnic Services Barford then stated that the California Behavioral Health Directors Association (CBHDA) sent the counties a fiscal modeling tool, which they can use to project what they think is going to happen; that they were able to use the tool and give CBHDA feedback regarding the additional funding they need for administration so they can implement Prop 1 since there will be more tracking for outcomes. She then provided a recap on Prop 1, stating that if it passes the Mental Health Services Act (MHSA) will be renamed to Behavioral Health Services Act (BHSA); it will expand to include services to individuals with substance abuse disorder without mental illness; it will change how MHSA funds can be spent; it will give a greater share of MHSA revenue funds to the State; and it will issue a bond that was attached to it; however, if Prop 1 fails, then there will be no changes to MHSA funds and no bond will be issued.

Chair Leano inquired about AB 531; asking in theory, if there is a major increase in capacity of crisis beds, if that would relieve or reduce some of the stress on TCMHA systems coming out of what they would consider to be Community Support Services: Full-Service Partnerships. Chief Clinical Officer Renteria responded that there will always be a need for TCMHA to provide the ongoing care beyond those shorter term stays of crisis facilities; that there might be a small reduction at some point, but they are not long-term stays; that the need will remain and they already have need that they are not moving; that she believes there is a need for long-term ongoing care to keep people safe and that TCMHA does not have the structure or infrastructure for long term space; that the most they will get is some stabilization, but then there will still need to be people that can pick up and serve in the community and keep them safe once they are stabilized; and expressed that she thinks the need is only going to increase, but at the community health level, the stays will not impact that too much because there are short term stays and people will need to come out and be received by agencies that can serve them.

Discussion ensued regarding the process once an individual comes out of crisis beds, the support process for longer-term supportive care with outpatient treatment.

Chair Leano inquired about the changes to housing, and if, in theory, the funding is supposed to go to those who are exiting crisis beds to house and stabilize them. Chief Clinical Officer Renteria shared that the funding is also to provide housing for people who are not mentally ill. Director of MHSA and Ethnic Services Barford added that the housing funding cannot be used to provide medical services or substance abuse services. Executive Director Hundal added that the funding is to decrease the population in tents and help people get off the streets.

Board Member Vera commented that it would be good to have General Counsel Flower review the articles of incorporation for the Joint Powers Authority (JPA) to see if TCMHA has the ability to take on the new additional powers; and if not, if they should amend the articles with the approval of the three cities so that TCMHA can take on all these responsibilities. General Counselor Flower agreed to revisit the articles to make sure that the additional responsibilities that may be required of the agency are clearly spelled out; that from a housing perspective, it is a different category of business.

Executive Director Hundal stated that the current housing that TCMHA has is the permanent supportive housing for their clients. She mentioned that the individuals are in treatment when they are connected to housing; that they stay connected to them, but it is up to them and staff cannot force them to continue treatment; that even if they decline, there is supportive staff at the housing site; that she is unsure if they will be able to continue that based on Proposition 1.

Board Member Vera commented that true counties have more flexibility and that since TCMHA is a JPA, they are a bit more restricted by how the articles were initially adopted.

Executive Director Hundal shared that the admission beds are the County's charge; that they cannot do that; that the true county is on Los Angeles County; that TCMHA can go advocate with them to bring beds in the areas based on the population of the three cities, but they do not know how it is going to work and the stakeholder process that it requires.

Chair Leano inquired about the increase in funding for housing if Proposition 1 passes. Executive Director Hundal referred to a question regarding the number of housing units needed in our area that came up at the previous Board meeting, and reported that former Executive Director mentioned, based on the 2011 housing plan, TCMHA needed 100 housing units for the three cities; and that in 2019, 120 units of permanent supportive housing would be needed based on the population at that time; that today, they currently have 89 units, plus beds from Hope-4-Home.

Discussion ensued regarding the additional increase of \$4 million per year towards housing and what that will look like; about the funding breakdown, and how other counties are talking about it; and the likelihood of Prop 1 passing.

Chair Leano asked General Counsel Flower for clarification regarding the ballot measure and the rules/parameters for staff. General Counsel Flower indicated that State law forbids the use of public monies to advocate for, or against, any sort of ballot measure or election method; that Authority resources cannot be used for electioneering purposes; that the Board itself may take an action as a matter of policy, whether to support or not support the matter, but it still could not be used to direct action boards; and added that the agency is allowed to share information about the measure and what the measure does, what will happen if it goes through etc.; and that it is okay to campaign for, or against, the measure if agency resources are not being used; and that nothing currently discussed in the meeting had alarmed him at all.

Director of MHSA and Ethnic Services Barford shared that TCMHA has been tracking Prop 1 for months, including meeting with CBHDA and other counties; that if Prop 1 is passed, TCMHA will continue to review the guidelines and requirements as they consider how each program is impacted; that the goal is to preserve as many MHSA programs as possible, including possible modifications to programs to enhance them and meet Proposition 1 criteria; and concluded by stating that all the current programs will continue the same way as they were developed under the last Three-Year Plan; and that any decisions that the Agency makes will be with consideration to SB 326 requirements, knowing what the impact will be if the program continued.

CONSENT CALENDAR

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

There being no comment, Vice-Chair Nolte moved, and Board Member Lau seconded, to approve the Consent Calendar. The motion was carried by the following vote: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole, and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

1. APPROVAL OF MINUTES FROM THE JANUARY 17, 2024 GOVERNING BOARD REGULAR MEETING

NEW BUSINESS

2. APPROVAL OF RESOLUTION NO. 733 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE TWO BUYER'S ORDER CONTRACTS WITH MODEL 1 COMMERCIAL VEHICLES, INC. TO PURCHASE TWO VEHICLES IN THE AMOUNT OF \$135,580.00 FOR THE CRISIS CARE MOBILE UNIT

Chief Clinical Officer Renteria reported that in 2022, TCMHA was awarded a planning grant from the California Department of Healthcare Services (DHCS) to design a mobile crisis unit; that the DHCS had amended the contract to award TCMHA additional funds; that staff recommends that the funds are used to purchase two vehicles for the mobile crisis unit, which were slated to start in the new fiscal year; that staff engaged the community through a stakeholder process and it was identified that having mobile services would be critical; that staff did some procurement and had identified Model 1 Commercial Vehicle company as being able to meet the needs of the agency; and that staff is asking for authorization to enter into the contract to purchase two vehicles for the mobile crisis care unit that they hope to start at the end of the fiscal year.

Board Member Lantz inquired about how the mobile crisis units will work. Chief Clinical Officer Renteria stated that there will be a mobile team, where existing programming will be combined into one team; that they be getting a phone line to receive calls and they will be dispatched out based on a triage, that has been established by the State, and provide crisis and stabilization services to people in the community or those that go to the clinic.

Board Member Lantz inquired about the number of hours and how the team will be staffed. Chief Clinical Officer Renteria stated that it will be a 24-hour crisis response, and there will be two vehicles in case there is something going on in one part of town and they can get to another; that each mobile unit will be working in teams; that at least two staff members, a licensed clinician and a licensed psychiatric tech peer support specialist, and that there will be a supervisor and

managers available for additional support, noting that there will be three staff members on shift and two that go out.

Board Member Vera inquired if this program is in conjunction with the Heart to Heart program. Chief Clinical Officer Renteria responded that staff had been in contact with all local law enforcement agencies, and they have been involved in the planning process and providing feedback; that they are still working as a community to maximize and leverage all the resources to respond to crises in the community.

Board Member Cockrell inquired if the mobile crisis team would be able to transport someone to a bed if needed. Chief Clinical Officer Renteria stated that they would transport people that are willing to voluntarily go for an evaluation and to utilize ambulances for people that are involuntary; that they will be providing transportation for people to things like shelters, hospitals, a friend's house, or a safe place; that they can do 5150 visits but they won't be transporting them; that the ambulance would transport them; that the goal of the program is to be able to prevent a lot of those situations by going out into the community and offering real time support.

Board Member Lau inquired about the description of the vehicle, specifically the capacity in the back as well as the license needed to drive the vehicle. Chief Clinical Officer Renteria shared that staff will not need a special license, and she does not know the occupancy of the vehicle, but she can share that information later. She added that it is not a Class B vehicle, it is a regular van that has been modified; that it is a four ambulatory plus one wheelchair.

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

There being no further discussion, Board Member Lau moved, and Board Member Cockrell seconded, to adopt Resolution No. 733 authorizing the Executive Director to execute 2 Buyer's Order Contracts with Model 1 Commercial Vehicles, Inc. to purchase of 2 Vehicles for the CCMU Program in the amount of \$135,580.00. The motion was carried out by the following vote, AYES: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

3. CONSIDERATION OF RESOLUTION NO. 734 AUTHORIZING AMENDMENT NO. 3 TO THE SERVICES AGREEMENT WITH AIRESPRING, INC. FOR NETWORK SERVICES MIGRATION PROJECT, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AMENDMENT

Executive Director Hundal reported that in November 2021, the Governing Board awarded an agreement for networking SD-WAN plan and enterprise firewall services to Airespring, Inc. in the amount of \$74,495, for two circuits for internet connectivity at each agency location to provide necessary bandwidth and speed for modern software and communication systems as well as redundancy and resiliency of the internet; that Airespring's proposal would allow TCMHA to add additional bandwidth for TCMHA sites while cutting local internet costs, as well as streamline the IT network management process; that the previous 12 months spent for internet services was approximately \$132,000 per year and the Airespring proposal for 12 months would be \$74,495, which represents a potential saving of \$56,360; and that a final contract for services was negotiated and signed; that Amendment No. 2 was signed in April 2023, which would have provided the original mode connection type of services for two of the locations: 2008 Garey Avenue and 1900 Royalty. She added that after site surveys were completed for both locations,

it was determined that heavy construction would be necessary for them to implement the new connection. However, since the adoption of Amendment No. 2, Airespring informed TCMHA that a new method of internet delivery had been made available for the 2008 North Garey site, which means that it will not incur the construction cost agreed upon in the original agreement; that the suggested replacement service can be brought into the building with minimally disruptive installation and without an expense beyond the service cost of \$756.04 a month. She shared that the original fiscal impact was signed at \$160 a month and the new service of Amendment No 3. is to be \$756.04 a month and a net cost increase in the cost of \$591 in lieu of any construction costs, which was presented in Amendment No. 2.

Board Member Lau commented on the savings in comparison to what they would have cost with the construction costs.

Board Member Lantz inquired about the Children’s Center and if it was possible to provide the upgrades there. Executive Director Hundal shared that it was not possible because TCMHA does not own that building; that they rent that building. IT Systems Administrator & Security Officer Cesario added that the locations, 2008 Garey and Royalty, are unique to provide services there because 2008 Garey Avenue is across the street from the MHSA building, but they cannot receive certain types of fiber because of the routing that is under Garey Avenue; that they would have to trench it; and explained the methods to be used for both 2008 Garey and Royalty.

Chair Leano opened public comment; there was no public comment.

There being no further comment, Board Member Lau moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 734 authorizing the Executive Director to execute Amendment No. 3 to the Services Agreement with Airespring, Inc. for Network Services Migration Project effective February 21, 2024. The motion was carried out by the following vote, AYES: Board Members Cockrell, Lantz, Lau, Ontiveros-Cole and Vera; Vice-Chair Nolte; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

MONTHLY STAFF REPORTS

4. RIMMI HUNDAL, EXECUTIVE DIRECTOR REPORT

Executive Director Hundal announced that February is designated as Black History Month; that she sent the Governing Board members an email with all the events that are happening in February; and that February honors the impact of African Americans in the United States. She then reported that the Director of MHSA and Ethnic Services Barford will provide a Prop 1 presentation during the stakeholder meeting taking place tomorrow; and that the same presentation will be done twice to accommodate people’s schedules. She also updated the Board regarding IT activities, noting that due to many cyber-attacks happening, the IT department has been conducting a lot of training and testing for staff in advance; and also provided a human resources update, listing the number of staffing, vacancies, hires, and separations.

5. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta addressed a question regarding the lack of collection of funds for FSP for the current fiscal year and indicated that it is being experienced across the entire State and it is not unique to TCMHA. She then provided an update on the status of the TCMHA audit,

noting that the following Monday the audit will begin; that the auditors have made time on their schedule to return to TCMHA to complete the audit that was started previously; that the goal is to have a financial statement opinion on the financial statements before the end of March, which means that they will be able to present their findings to the Governing Board at the April meeting.

Board Member Vera inquired if it is needed to go have a closed session to discuss the reasons the audit had not been completed, specifically to address any issues with the auditors. General Counsel Flower pointed out that he had sent earlier that day an email to the Governing Board, with a memo attached, that explains the reasons for the delays in getting to this point; and to contact him directly if there were any follow-up questions.

6. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria reported that clinical staff is in the process of applying to become a drug Medi-Cal certified site, which would enable them to provide more comprehensive substance use disorder treatment to TCMHA clients. She mentioned that there are three application processes to become certified including one through the Department of Healthcare Services (DHCS), and one through a paid portal and a contracting process with the Los Angeles County Department of Mental Health; that staff have pulled together a interdepartmental work group and they are continuing all the forms and developing policies and procedures; that this will enable them to provide more comprehensive services, to generate revenue for the services they are providing and the cost of the staff that will be providing the services to clients; and stated that the goal is to have the application process completed by the fall and the launch date to start services sometime next year.

7. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori referred to his report where he provided information about the services provided by the clinical team, pop-ups, and collaborations.

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

Director of MHSA and Ethnic Services Barford highlighted the TCMHA Peer mentors, explaining that they are volunteers that come in and work with staff; that five of the Peer Mentors have applied for positions within TCMHA; that they have two that have already received confirmation for employment, and three are waiting to hear back; and pointed out that this is another avenue where individuals have a chance to see what it is like to be a part of community mental health and want to be part of TCMHA.

9. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart reported that staff is continuing their strategic focus on compliance efforts with privacy and security of information, noting that it is a large undertaking; that her team is collaborating with all the departments throughout the agency; that the main objectives they are focusing on are analyzing current threats to privacy and security, client information, internal control, defining critical processes workflow and client flow, so they can have facilitated access to their record when they meet them. She added that they want to ensure that staff have the appropriate and proper cards in place to meet and stay in compliance with the requirements for privacy; and that staff has refresher training and ongoing training as necessary;

and pointed out that when they began the project, they did not anticipate it would take as long as it is taking, but they are recognizing the benefits of going deeper in some efforts and broader in others.

GOVERNING BOARD COMMENTS

There was no comment.

PUBLIC COMMENT

MHSA Project Manager Rodriguez distributed information regarding the upcoming community forum regarding Proposition 1, stating that there are two virtual options at noon and 5:30pm; that her contact information is available on the flyer as well and that it is open to everyone. She shared that there will also be further information regarding the mobile crisis care unit.

CLOSED SESSION

At 6:20 p.m., the Governing Board recessed to a Closed Session pursuant to: Conference with Legal Counsel -- Anticipated Litigation; Significant exposure to litigation pursuant to paragraph (2), (3) of subdivision (d) of Section 54956.9: (One case).

RECONVENE TO OPEN SESSION

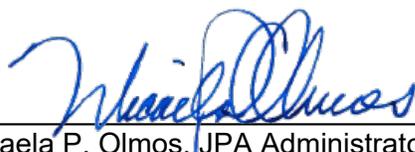
At 6:58 p.m., the Governing Board reconvened to an open session.

CLOSED SESSION REPORT

There was no reportable action.

ADJOURNMENT

At 6:58 p.m., on consensus of the Governing Board, its meeting of February 21, 2024 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, March 20, 2024, at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.



Micaela P. Olmos, JPA Administrator/Clerk