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

# TRI-CITY MENTAL HEALTH AUTHORITY

## AGENDA

### GOVERNING BOARD ADJOURNED REGULAR MEETING

**WEDNESDAY, OCTOBER 23, 2024 AT 5:00 P.M.**
**MHSA ADMINISTRATION BUILDING**
**2001 NORTH GAREY AVENUE, POMONA, CA 91767**

**To join the meeting on-line clink on the following link:**
**https://tricitymhs-org.zoom.us/j/81761401398?pwd=ZiwX7XhlobsU6x96mJO-MI_eJPGc6Yby.mnTKHqE-VVGX2U8-**
**Passcode: awFL+Wy4**

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

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

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

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

***Written participation:*** *you may also submit a comment by writing an email to molmos@tricitymhs.org. All email messages received by 3:00 p.m. will be shared with the Governing Board before the meeting.*

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Governing Board less than 72 hours prior to this meeting, are available for public inspection at 1717 N. Indian Hill Blvd., Suite B, in Claremont during normal business hours.*

*In compliance with the American Disabilities Act, any person with a disability who requires an accommodation in order to participate in a meeting should contact JPA Administrator/Clerk Mica Olmos at (909) 451-6421 at least 24 hours prior to the meeting.*

**GOVERNING BOARD**

Jed Leano, Chair (Claremont)
John Nolte, Vice-Chair (Pomona)
Carolyn Cockrell, Member (La Verne)
Paula Lantz, Member (Pomona)
Wendy Lau, Member (La Verne)
Elizabeth Ontiveros-Cole, Member (Pomona)
Ronald T. Vera, Member (Claremont)

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

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

**Clinical Office / Child & Fam**
1900 Royalty Drive, Suite 180
Pomona, CA 91767
Phone (909) 766-7340
Fax (909) 865-0730

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

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

## GOVERNING BOARD CALL TO ORDER

Chair Leano calls the meeting to Order.

## ROLL CALL

Board Members Carolyn Cockrell, Paula Lantz, Wendy Lau, Elizabeth Ontiveros-Cole, and Ron Vera; Vice-Chair John Nolte; and Chair Jed Leano.

## POSTING OF NOTICE OF ADJOURNMENT

A Notice of Adjournment for the Regular Meeting of October 16, 2024 was posted at a conspicuous place near the door of the room at which said meeting was to be held; and also posted at the following TCMHA locations: 2008 N. Garey Avenue in Pomona; 1403 N. Garey Avenue in Pomona; 1900 Royalty Drive #180/280 in Pomona; 2001 N. Garey Avenue in Pomona; and on the TCMHA's website: http://www.tricitymhs.org.

## POSTING OF AGENDA

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

## CONSENT CALENDAR

**1. APPROVAL OF MINUTES FROM THE SEPTEMBER 18, 2024 GOVERNING BOARD SPECIAL MEETING**

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of September 18, 2024."

**2. CONSIDERATION TO RE-APPOINT CLARENCE CERNAL AS MEMBER TO THE TRI–CITY MENTAL HEALTH COMMISSION**

Recommendation: "A motion to reappoint Clarence as member to the Mental Health Commission for a three-year term expiring in September 2027."

**3. CONSIDERATION OF RESOLUTION NO. 759 APPROVING THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PHASE II PROJECT EFFECTIVE JULY 1, 2025 THROUGH JUNE 30, 2029; AND ALLOCATING MHSA INNOVATION FUNDS IN THE AMOUNT OF $1,500,000.00 FOR FY 2025-26 THROUGH FY 2028-29, AS RECOMMENDED BY TCMHA MENTAL HEALTH COMMISSION**

Recommendation: "A motion to adopt Resolution No. 759 approving the Multi-County Psychiatric Advance Directives (PDAs) Phase II Project effective July 1, 2025 through June 30, 2029, and allocating MHSA Innovations Funds in the amount of $1,500,000.00 for Fiscal Years 2025-26, 2026-27, 2027-28 and 2028-29 for the project, as recommended by the Mental Health Commission."

**4. CONSIDERATION OF RESOLUTION NO. 760 APPROVING THE FIRST AMENDMENT TO THE AGREEMENT WITH JS RISK CONSULTING FOR RISK MANAGEMENT CONSULTING SERVICES, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AMENDMENT**

Recommendation: "A motion to adopt Resolution No. 760 authorizing the Executive Director to execute the First Amendment to the Agreement with JS Risk Consulting for Risk Management Consulting Services."

## NEW BUSINESS

**5. APPROVAL OF TRI-CITY MENTAL HEALTH AUTHORITY'S MEMBERSHIP IN CALIFORNIA BEHAVIORAL HEALTH DIRECTORS ASSOCIATION (CBHDA) FOR FISCAL YEAR 2024-25**

Recommendation: "A motion to approve Tri-City Mental Health Authority's membership in the California Behavioral Health Directors Association (CBHDA) for FY 2024-25."

## MONTHLY STAFF REPORTS

**6. DIANA ACOSTA, INTERIM EXECUTIVE DIRECTOR REPORT**

**7. TREVOR BOGLE, INTERIM CHIEF FINANCIAL OFFICER REPORT**

**8. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**

**9. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

**10. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**

**11. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

## 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 place on a future Governing Board Agenda.

## PUBLIC COMMENT

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

## CLOSED SESSION

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

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

2) CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Gov't Code § 54956.9(d)(3). One case.

3) CONFERENCE WITH REAL PROPERTY NEGOTIATORS
(Government Code § 54956.8)
Property: 956 West Baseline Road, Claremont, CA 91711 (APN 8669-019-029).
Agency Negotiators: Diana Acosta, Trevor Bogle.
Negotiating Party: RNLA – Restore Neighborhoods LA, Inc.
Under Negotiation: Price and terms of payment.

4) PUBLIC EMPLOYEE APPOINTMENT
(Gov't Code § 54957) Position to be Filled: Executive Director

## RECONVENE TO OPEN SESSION

The Governing Board will reconvene to an Open Session.

## CLOSED SESSION REPORT

Any reportable action taken is announced.

## ADJOURNMENT

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, November 20, 2024 at 5:00 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

# MINUTES

## SPECIAL MEETING OF THE GOVERNING BOARD
## SEPTEMBER 18, 2024 – 5:00 P.M.

The Governing Board Regular Meeting was held on Wednesday, September 18, 2024, at 5:00 p.m. in the Wellness Center located at 1403 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
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
Wendy Lau, City of La Verne, Board Member
Ronald T. Vera, City of Claremont, Board Member (Arrived at 5:05pm)
Beverly Johnson, City of Pomona, Alternate Board Member

ABSENT: John Nolte, City of Pomona, Vice-Chair
Elizabeth Ontiveros-Cole, City of Pomona, Board Member

*STAFF*

PRESENT: Diana Acosta, Interim Executive Director
Steven L. Flower, General Counsel
Trevor Bogle, Interim Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer (Virtual)
Dana Barford, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Kitha Torregano, Director of Human Resources
Mica Olmos, JPA Administrator/Clerk

General Counsel Flower acknowledged the attendance of Alternate Board Member Johnson in place of Vice-Chair Nolte.

**PRESENTATION**

**OVERVIEW OF PHASE II OF THE PSYCHIATRIC ADVANCE DIRECTIVE (PAD) PROJECT UNDER INNOVATION PLAN**

Paulina Ale, MHSA Program Coordinator for Innovation Plan, explained the Psychiatric Advance Directives (PADs) Phase II Innovation Project and discussed the timeline of the project, noting Phase I was approved by MHSOAC in June 2021 when five counties were a part of the project.

She stated TCMHA joined the project on July 1, 2022; and that the budget for Phase I was $253,79 during Fiscal Year 2022-23; $250,447 during Fiscal Year 2023-24; and for Fiscal Year 2024-25 will be $257,672, with a grand total of $761,672.

At 5:05 p.m., Board Member Vera arrived at the meeting.

MHSA Program Coordinator Ale indicated that PADs is a peer-led project and explained a PAD is a legal document that outlines an individual's specific treatment preferences in the case of a future behavioral health crisis when an individual may be unable to make their own decisions; that Phase I of the project will end on June 30, 2025; that the project is a multi-county collaborative with six counties currently participating alongside TCMHA: Shasta, Fresno, Orange, Mariposa, Contra-Costa, and Monterey; that a user-friendly and secure online tool is being developed and the priority population is Transition Aged Youth (aged 18-25) and individuals experiencing homelessness. She then discussed the approval process of Phase II of the project, noting that a workgroup held in August 2024 unanimously approved PADs Phase II and that meetings with with stakeholders and the community were held in September 2024 and received an 88% approval rating. She also discussed the different ways to integrate PADs including outpatient services, FSP, Mobile Crisis, Wellness Center, and community partners and agencies like law enforcement, noting that PADs is in alignment with the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Proposition 1. She then talked about Phase I of PADs project, which started at creation of a comprehensive training curriculum for Peer support Specialists, then development of the initial cloud-based digital PADs platform and user and beta testing. She stated Assembly Bill AB 2352 has been introduced to recognize PADs as a legal document in California; and that extensive collaboration with peers, caregivers, hospital staff, law enforcement, and service providers are ongoing through technical workgroups along with ongoing evaluations to provide insight and further enhancement. She then presented a video recording from the stakeholder meeting held on September 4, 2024, featuring Kiran Sahota, PADs Project Director from Concepts Forward Consulting, and Wray Ryback, Risk and Patient Relations Manager from Pomona Valley Hospital and TCMHA Mental Health Commission Member.

Kiran Sahota stated the PADs Project goals are to create a standardized template, participate in a facilitator training, and make the PAD platform more accessible; and that Phase I is comprised of awareness, acceptance, and how to develop an easy-to-use platform that can be adopted. She also indicated that the PADs Platform improves efficiency, quality of care, and care coordination; that it will be real-time accessible, personalizes care, allows an individual to move between counties, allow immediate connection with a personally appointed advocate/agent, and allows users the ability to determine who has access. She provided an example of an individual's PAD, which showed an individual's photo outside of crisis and personal facts about them, noting that this would humanize the individual when in crisis. She then discussed goals and objectives for Phase II which were improvements, expansion, and impact, pointing out that one of the goals is to reduce stigma and train hospital emergency departments and law enforcement. She added that PADs are a perfect fit for individuals coming out of incarceration, Assisted Outpatient Treatment (AOT), Fully Service Partnership (FSP) Housing Insecure, individuals who visit Wellness Centers, Crisis Residential Programs, follow-up after hospitalization, non-minor dependents, and CARE courts. She then talked about sustainability and stated that it reduced recidivism in jails and hospitals, noting that peer facilitators can bill Medi-Cal which increases funding, partnerships and collaborations to identify appropriate resources that can lead to recovery, and additional legislation can lead to more sustainability. Lastly, she provided a list of collaborators.

Wray Ryback stated that in a hospital setting about 30% of patients have a Medical Advance Directive but no patients have a Psychiatric Advance Directive, and the goal is to change that, noting that every individual has the right to decide what their treatment will be and that the PAD will allow for more personalized cared, and Social Service staff to identify a Support Person, current physicians, and living situation. She then provided examples of when a PAD can be used such as when a patient is in crisis and law enforcement was called, noting that without a PAD, first responders will not know the individual's name, who their trusted support person is, their preference for treatment, the individual's physician or therapist, potential allergies, and what might calm the patient; and that a PAD will allow more engagement with patients and better understand of their needs and reduce length of stay in the hospital.

MHSA Program Coordinator Ale talked about the proposed budget for Phase II of the PADs Project, stating that the overall requested budget for TCMHA's participation over a four-year period would be $1.5 million, broken down to $375,000 per fiscal year. She then provided an example of how an individual would be able to obtain a PAD, indicating that individuals would be able to contact TCMHA; that the Innovation Team will accept referrals, and that Peer Support Specialists will meet with and assist individuals, pointing out that as interest grows, additional facilitators will be trained to expand outreach and opportunities for PAD creation. She then announced that the Project will be open for public review from September 6, 2024 to October 8, 2024 and TCMHA will hold a Public Hearing on October 8, 2024.

Board Member Vera inquired if there will be a database so the Police Department or TCMHA can verify if a person has a PAD. MHSA Program Coordinator Ale stated there will be no instant access database; however, law enforcement will be able to search for individuals, noting that this is still be worked on. Board Member Vera added that it would be beneficial to have a database for reference.

Board Member Lau inquired how will a PAD will be accessed during a crisis. MHSA Program Coordinator Ale stated promotional items are being discussed so the logo is easily identifiable and that also personal identifiers are being worked on so that first responders can identify an individual that has a PAD, noting that the program still on the pilot phase.

MHC Member Ryback stated facial recognition, tattoos, and other identifying marks can also be used to identify an individual.

Bord Member Lau expressed she believed it was a good idea for a person to have identifiers but expressed concern about it, pointing out that it could cause harm when trying to get close to an individual to see the identifier during a crisis.

MHC Member Ryback stated a PAD database would ideally be incorporated into an individual's electronic health record so that peers can see the PAD in real time before a crisis occurs, so this way when an individual arrives at the hospital in crisis, they can see the individual has a PAD.

Board Member Lantz expressed support; however, she pointed out that TCMHA has already spent $500,000 in building Phase I, and now it is expected to spend an additional $1.5 million and inquired about the reason for taking so long to get it going.

Director of MHSA & Ethnic Services Barford stated that the PADs Project is a collaboration of seven counties, which each has its legal department that have spent time in discussion surrounding HIPAA and privacy related issues.

Chair Leano reminded the audience that the Public Hearing will be held at the Wellness Center on October 8, 2024, at 3:30pm. He then pulled Agenda Item No. 10 out of order citing time constraints by the presenter of this item.

**10. PRESENTATION REGARDING LOS ANGELES COUNTY BALLOT MEASURE A, "HOMELESS SERVICES AND AFFORDABLE HOUSING ORDINANCE," AND CONSIDERATION OF TAKING A POSITION TO EITHER SUPPORT OR OPPOSE THE MEASURE**

Margo Reeg, of the League of Women Voters from Los Angeles County, talked about Ballot Measure A, stating that it is a half-cent sales tax increase that would replace the current quarter center sales tax. She stated that currently LA County has around 75,000 unhoused individuals that has plateaued but it not getting smaller; that in 2017, LA County passed Measure H, a quarter cent sales tax that would fund homeless services and prevention in LA County, which was approved by over 70% of voters and it is still in effect until 2027. She then stated that the LA County has introduced and is currently implementing Community Assistance Recovery and Empowerment (CARE) Court, which engages individuals living with psychotic disorders into treatment under the court's jurisdiction. She also stated that California Voters adopted Prop 1 which reallocates part of the 1% tax on income above one million dollars, the *Mental Health Services Act,* and renamed it the *Behavioral Health Services Act*, which now includes housing and substance abuse in addition to mental health services. She then explained that Measure A would reduce and prevent homelessness, supply affordable housing, and would repeal Measure H set to expire in 2027; and discussed the fiscal impact of Measure A stating that it would raise $1.1 billion per year and 61% would go to the county for comprehensive Homelessness Services, 36% would go to the Affordable Housing Solutions Agency, and 3% would go to the LA County Development Authority for Housing Production. She added that voting yes means supporting a one half-cent sales tax, and voting no means opposing the half-cent sales tax; that supporters say the funds will pay for new affordable, immediate, and interim housing, it supports mental health and substance abuse treatment, it provides rental and legal assistance to prevent eviction, and it increases accountability through audits and oversight; that opponents say the current tax has not delivered results and homelessness has increased by 37% since 2017, more taxes will burden those already struggling, that there is a need for more transparency and accountability, and Measure A is being "rushed" since there is three years left in Measure H.

Chair Leano opened the meeting for public comment.

Scott Chamberlin, Executive Director of San Gabriel Valley Consortium on Homelessness, stated that it is important to talk about Measure A, pointing out that forty-two people a day are placed into housing; that services have done well but housing and prevention is lacking and more needs to be invested into housing; that if Measure A is not adopted, over forty-nine thousand will lose housing or services, with 28% at risk of becoming homeless and thirty-three hundred will lose lifesaving services. The then talked about the cost benefit, stating it still costs individuals to do nothing, and provided statistics for the San Gabriel Valley stating that an estimated $34 million will be paid annually and approximately 60% will be for services, 26% for affordable housing, 11% for prevention, and 15% of the 60% will be for local solutions. He then provided a list of local supporters and stated that he understood the challenge in raising taxes; however, individuals still having to pay; and that Measure A will be able to tap into boarding and care beds that are not being accessed currently; and encouraged everyone to support Measure A.

Chair Leano stated he felt it was important for the Board to hear about Measure A because other local organizations have issued support.

Alternate Board Member Johnson stated that she was sitting in for Vice-Chair Nolte and he expressed his support for Measure A. Board Members Cockrell, Lantz, Lau, and Vera also expressed support on Measure A.

There being no further comment, Board Member Leano moved, and Board Member Lantz seconded to support Los Angeles County Ballot Measure A, the *Homeless Services and Affordable Ordinance*. The motion was carried by the following vote: AYES: Alternate Board Member Johnson; Board Members Cockrell, Lantz, Lau, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole; and Vice-Chair Nolte.

## CONSENT CALENDAR

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

Board Member Lantz announced that she would abstain from voting on the approval of Agenda Items No. 2 and No. 3 (Minutes) due to not having enough time to read the Minutes since they were distributed after the agenda packet distribution.

There being no further comment, Board Member Vera moved, and Board Member Cockrell seconded, to approve the Consent Calendar Items No. 1-7. The motion was carried by the following vote: AYES: Alternate Board Member Johnson; Board Members Cockrell, Lantz, Lau, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Vice-Chair Nolte; and Board Member Ontiveros-Cole.

### 1. APPROVAL OF MINUTES FROM THE JULY 17, 2024, GOVERNING BOARD SPECIAL MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of July 17, 2024."

### 2. APPROVAL OF MINUTES FROM THE AUGUST 21, 2024, GOVERNING BOARD SPECIAL JOINT MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Special Meeting of August 21, 2024."

### 3. CONSIDERATION OF RESOLUTION NO. 753 ESTABLISHING THE SAFELY SURRENDERED BABY LAW AWARENESS POLICY AND PROCEDURE NO. II.26, EFFECTIVE SEPTEMBER 18, 2024

Recommendation: "A motion to adopt Resolution No. 753 establishing the Safely Surrendered Baby Law Awareness Policy and Procedure No. II.26, effective September 18, 2024."

**4. CONSIDERATION OF RESOLUTION NO. 754 AUTHORIZING THE EXECUTIVE DIRECTOR TO PURCHASE UNINTERRUPTIBLE POWER SUPPLIES SYSTEMS FOR NETWORK DEVICES IN THE SUM OF $37,956.15**

Recommendation: "A motion to adopt Resolution No. 754 Authorizing the Executive Director to purchase 16 new Uninterruptible Power Supplies Systems in the amount of $37,956.15 allocated under the Capital Facilities & Technology Plan adopted in June 2022.

**5. CONSIDERATION OF RESOLUTION NO. 755 AUTHORIZING THE EXECUTIVE DIRECTOR TO PURCHASE NEW HARDWARE FOR THE WELLNESS CENTER IN THE AMOUNT OF $34,857.42**

Recommendation: "A motion to adopt Resolution No. 755 Authorizing the Executive Director to purchase new hardware for the Wellness Center in the amount of $34,857.42 allocated under the Capital Facilities & Technology Plan adopted in June 2022.

**6. CONSIDERATION OF RESOLUTION NO. 756 AUTHORIZING THE EXECUTIVE DIRECTOR TO PURCHASE METAL DETECTORS AND TO ENTER INTO A ONE-YEAR SERVICE AGREEMENT WITH METRASENS, INC. IN THE AMOUNT OF $72,740.00**

Recommendation: "A motion to adopt Resolution No. 756 Authorizing the Executive Director to purchase Metal Detectors and enter into a One-Year Service Agreement with Metrasens, Inc. in the amount of $72,740.00.

**7. CONSIDERATION OF RESOLUTION NO. 757 AUTHORIZING THE EXECUTIVE DIRECTOR TO COMPLETE THE REQUIRED APPLICATIONS FOR TRI-CITY MENTAL HEALTH AUTHORITY TO BECOME A SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDER UNDER THE DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (ODS)**

Recommendation: "A motion to adopt Resolution No. 757 authorizing the Executive Director to complete and submit the required Applications for TCMHA to become a Substance Use Disorder Treatment Services Provider under the ODS."

**NEW BUSINESS**

**8. CONSIDERATION OF RESOLUTION NO. 758 AWARDING A TWO-YEAR AGREEMENT TO DAYDREAM COMMUNICATIONS LLC FOR MARKETING SERVICES IN THE AMOUNT OF $80,000.00; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT**

Director of MHSA and Ethnic Services Barford stated an RFQ process was conducted for marketing services and Daydream Communications LLC was selected.

Board Member Cockrell inquired what the marketing campaign is for. Director of MHSA and Ethnic Services Barford replied there are seven projects for marketing services, including research and strategy for Community Planning Process and related activities resulting in future Innovation plans for TCMHA.

Board Member Vera inquired where the RFQ was sent, stating that he was surprised that there was not a local company that offered services. Director of MHSA and Ethnic Services Barford stated the RFQ was posted and distributed to marketing companies.

Board Member Lau asked where the RFQ was distributed. MHSA Program Coordinator Ale stated some of the local agencies were qualified, but they were concerned with the budgeted amount of only $80,000. Board Member Vera further inquired when the RFQ was posted, for how long, and how many inquiries were received. Director of MHSA and Ethnic Services Barford replied it was posted on June 17, 2024 through August 30, 2024. MHSA Program Coordinator Ale added that there were fifteen inquiries and only two applied.

Board Member Vera stated he was reluctant to approve this agreement because he knows a lot of local advertising agencies.

Board Member Lau requested that RFQs are also distributed in the future to the Governing Board.

Board Member Vera stated that TCMHA should have a preference for local entities.

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

There being no further comment, Board Member Lantz moved, and Board Member Lau seconded, to adopt Resolution No. 758 authorizing the Executive Director to enter into a two-year agreement with Daydream Communication LLC in the amount of $80,000 for marketing services under the Community Planning Process Innovation Project. The motion was carried by the following vote: AYES: Alternate Board Member Johnson; Board Members Cockrell, Lantz, and Lau; and Chair Leano. NOES: Board Member Vera. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole; and Vice-Chair Nolte.

## 9. EXECUTIVE DIRECTOR RECRUITMENT PROCESS UPDATE

Human Resources Director Torregano reported that TCMHA is approaching 3 weeks of the recruitment and 20 applications have been received; and that her team is currently screening applications and is on target to meet the deadlines and conducting virtual interviews on October 15th, and 2nd interview with the Board on October 29th.

Board Member Vera commented he has been contacted by individuals that were interested but were curious how rigid the licensing requirements were, and that he had encouraged them to apply. Director of Human Resources Torregano stated if any applicants have questions, they are encouraged to contact TCMHA's Human Resources Department.

Chair Leano clarified the screening of qualified candidates includes those without the requested licensing.

Board Member Vera inquired if twenty applications were good or bad. HR Director Torregano stated it could be either; however, there will be enough to get through the first round, and pointed out that there are more applications for this recruitment than the previous one, and there will be some repeat applicants.

Chair Leano announced that Claremont City Hall is confirmed for October 29th to conduct applicant interviews.

At 6:25 p.m., Board Member Vera left meeting.

**MONTHLY STAFF REPORTS**

**11. DIANA ACOSTA, INTERIM EXECUTIVE DIRECTOR REPORT**

Interim Executive Director Acosta reported that in connection with the Baseline Project, there is a gap in funding and that the developer has sent out request for bids; that the bids received are likely favorable; however, TCMHA staff does not know if the gap is closed and she is reluctant in providing a preliminary report since nothing has been confirmed by the developer. She then announced that September is National Hispanic Heritage Month; and Suicide Prevention Awareness Month; and that the PADs Phase II Public Hearing will be held on October 8, 2024.

**12. TREVOR BOGLE, INTERIM CHIEF FINANCIAL OFFICER REPORT**

Interim Chief Financial Officer Bogle stated field work has been started on the audit of TCMHA Financial Statements; that the office space at the 2001 building has been completed and is currently being furnished; that the due diligence on the new building purchase has been conducted and it has been decided to not move forward with purchase, noting that although the location was ideal, it lacked the ability for TCMHA to serve the public adequately citing limitation of parking and the high cost to renovate the building. He added that the Community Garden has been completed and a grand re-opening will be on October 10, 2024, from 3pm-5pm.

Mental Health Specialist Elizabeth Fajardo and Clinical Therapist Maria Lopez expressed their excitement for the Grand Re-Opening of the Therapeutic Community Garden.

**13. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**

Chief Clinical Officer Renteria attended the meeting virtually, and reported that during the month of July the Clinical team had focused on staff safety and training on how to respond and de-escalation techniques, suicide care assessment and prevention, noting that there are more trainings scheduled in the near future.

**14. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

Medical Director Teimoori was absent and Interim Executive Director Acosta stated she was available to answer any questions from his report. There were no questions.

**15. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**

Director of MHSA and Ethnic Services Barford reported that the ¡ADELANTE! Wellness Collaborative presented to the Pomona Job Project group information about TCMHA's mental health resources and programing tailored to this population, noting that it was a great success.

**16. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

Chief Compliance Officer Majors-Stewart reported that data collected for MHSA was submitted to MHSOAC and DHCS, and that the full collection of FY 2023-24 MHSA data outcomes and analyses is currently in review with MHSA program leadership, noting that it will be used for both the MHSA plan update and for program development and continuous quality improvement.

## GOVERNING BOARD COMMENTS

None.

## PUBLIC COMMENT

None.

## ADJOURNMENT

At 6:40 p.m., on consensus of the Governing Board its meeting of September 18, 2024, was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, October 16, 2024, at 5:00 p.m., in the Wellness Center, 1403 North Garey Avenue, Pomona, California.

_____
Micaela P. Olmos, JPA Administrator/Clerk

Tri-City Mental Health Authority
# AGENDA REPORT

**DATE:** **October 23, 2024**

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

**FROM:** **Diana Acosta, CPA, Interim Executive Director**

**BY:** **Mica Olmos, JPA Administrator/Clerk**

**SUBJECT:** **Consideration to Re-Appoint Clarence Cernal as Member to the Tri–City Mental Health Commission**

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Summary:

Clarence D. Cernal became a Mental Health Commission (MHC) Member in September 2021. Since then, Commissioner Cernal continues to be an active participant in the Mental Health Commission; has submitted a new application (Attachment 2-A); and would like to continue his membership of the Mental Health Commission.

Background:

Article IV Section E., Term of Office of the Mental Health Commission Bylaws, states that appointments to the Tri-City Mental Health Commission shall be made for a term of three-years providing that during that period, appointees retain the status which qualified them for appointment and fulfill the responsibilities of Commission membership. Members may be re-appointed to additional three-year terms by action of the Governing Board.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Governing Board reappoint Clarence Cernal as member to the Mental Health Commission for a three-year term expiring in October 2027.

Attachments

*Attachment 2-A*: Clarence Cernal's Application for Membership to the MHC

## Mental Health Commission
## APPLICATION FOR MEMBERSHIP

Date of Application: 10/15/2024

Name: Clarence Cernal Date of Birth : [redacted]

Street Address: [redacted] City: Claremont Zip Code: 91711

Residence Telephone: _____ Cell Phone: [redacted]

Business Address: _____ City: _____ Zip Code: _____

E-mail Address: [redacted] Bus. Telephone: _____

Approximate length of time you have resided *or* worked within Tri-City Catchment Area: (Pomona, Claremont, La Verne)

Residence: 8 years Work: _____ years

Previous Work Experience (past 7 years):

| **Employer:** | **Occupation:** | **Dates: From - To** |
|---|---|---|
| QTC Health Services | Healthcare Recruiter | 2023-present |
| Reliance | HR | 2021-2023 |
| OPARC | IDD Job Developer | 2019-2021 |

Languages spoken: English

How did you hear about Tri-City's Mental Health Commission?
Current member of TCMHC

Please list Group or Organization Memberships, purpose of the group and dates of involvement:

| **Group/Organization:** | **Purpose:** | **Dates: From - To:** |
|---|---|---|
| Tri City MHC | Advocate mental health services and access to the area | 2021-present |
| Tournament of Roses | Support local sports, arts, recreation, and education progams | 2023-present |
| | | |

How have you been involved in your community? List organization names, purpose and dates of service.

| **Organization:** | **Purpose:** | **Dates: From - To:** |
|---|---|---|
| Claremont Pack 408 Cub Scouts | Youth development, skill building, and outdoor activities | 2019-present |
| Claremont Little League | Baseball programs for youth development and skill building | 2020-present |
| Claremont AYSO | Soccer programs for youth development and skill building | 2020-present |
| Chaparral PFA | Collaboration between school administrators, faculty, and parents | 2019-present |

**ATTACHMENT 2-A**

Please list any special interests or involvement which might be helpful to you as a Tri-City Mental Health Commission Member:

As a community member with school aged children, my interest is ensuring our parents and youth have access and information regarding mental health services and support in the community. I am an advocate of fostering collaboration in our community to understand and address mental health stigma. My involvement in our community's youth programs will be helpful as well as my background in healthcare will be helpful as a TCMHC member.

Please describe briefly the reasons for your interest in serving on the Tri-City Mental Health Commission:

Mental health is healthcare. As a father and a community member, I believe that good mental health is a critical part of growing, learning, and development. My interest on serving is to continue my advocacy of spreading information and access to mental health services. Education is a key part of addressing the stigma of mental health and illnesses. I enjoy the collaborative nature of TCMHC and hopes to continue my service. Also, as a healthcare recruiter including mental health providers, I am familiar with the current pressures and limitations of our mental health practitioners.

**WIC 5604.d provides that members of the Mental Health Commission must be free of any conflict of interest. The content of the questions below is based on the standards established by the legislation.**

Are you or your spouse an employee of the State or County Mental Health System or an affiliated contract agency? ☐ Yes ■ No

If your answer is Yes; where you or your spouse a consumer of mental health services before becoming an employee of the State or County Mental Health System or an affiliated contract agency? ☐ Yes ☐ No

**Service on the Mental Health Commission requires attendance at one mid-day monthly meeting that lasts approximately two hours and at infrequent special purpose meetings.**

Does your personal schedule allow you to set aside a minimum of two hours each month for Mental Health Commission Meetings? ■ Yes ☐ No

**State law provides that a significant portion of the Commission must be comprised of mental health service consumers or immediate family members of persons receiving mental health services.**

☐ I qualify as a recipient of mental health services.

■ I qualify as an immediate family member of a recipient of mental health services.

Additional comments or information you would like to add:

My previous work with individuals with developmental disabilities (IDD) is what started my interest in mental health. Serving in the TCMHC made me realize the complexity of mental health services. I hope to use my experiences in being a part of the solution and representative of my community. The staff at TCHMC are great advocates and I have enjoyed my professional interactions with them. As we embark on the next chapter of TCMH, including selecting a new Executive Director, I am proud of the work we have accomplished and look forward to continuing the success of TCMH.

I certify that all statements in this application are true and complete to the best of my knowledge. I authorize Tri-City to make inquiries to determine my suitability for membership on the Mental Health Commission. I understand that any misrepresentation made may be grounds for rejection of this application or dismissal from the Commission.

Date: 2024.10.16 00:57:57 -07'00'

(Signature)

**Please attach any additional documentation or information that you deem to be relevant to your application.**

**RETURN YOUR SIGNED APPLICATION TO:** JPA Administrator/Clerk
Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard, Suite B
Claremont, CA 91711-2788

Tri-City Mental Health Authority
# AGENDA REPORT

**DATE:** October 23, 2024

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

**FROM:** Diana Acosta, CPA, Interim Executive Director

**BY:** Dana Barford, Director of MHSA and Ethnic Services
Sara Rodriguez, MHSA Projects Manager

**SUBJECT:** **Consideration of Resolution No. 759 Approving the Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase II Project Effective July 1, 2025 through June 30, 2029; and Allocating MHSA Innovation Funds in the Amount of $1,500,000.00 for FY 2025-26 through FY 2028-29, as Recommended by TCMHA Mental Health Commission**

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Summary:

This MHSA INN project proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase II is a collaboration between Tri-City Mental Health and six other counties. The estimated funding for this four-year project is $1,500,000, which will begin on July 1, 2025, and conclude on June 30, 2029, pending approval by the Tri-City Governing Board and the Mental Health Services Oversight and Accountability Commission (MHSOAC). During the MHSA Public Hearing hosted by the Mental Health Commission on October 8, 2024, this plan was endorsed by the Commission and is now presented to the Governing Board for approval and adoption.

Background:

A Psychiatric Advance Directive (PAD) is a legal document that outlines an individual's specific treatment preferences in the event of a future behavioral health crisis when they may be unable to make their own decisions. A PAD serves as a voluntary tool to help individuals communicate their wishes and priorities regarding their mental health treatment.

Stakeholder involvement is a critical component of the MHSA Innovation process for Tri-City. Staff continue to value and empower stakeholders throughout the community planning process. In preparation for this Innovation Plan, community members were invited to participate in the Innovation Community Planning Process Survey, Innovation workgroups, and stakeholder meetings. Workgroup members recognized PADs as an important mental health tool that should be accessible to community members. As a result, workgroup members unanimously voted to endorse the continuation of the PADs project into Phase Two. The two stakeholder meetings that were held collectively achieved an 88% approval rate.

The goal of this project is to empower the voices of Tri-City's communities, particularly transition-age youth and individuals experiencing homelessness, through peer facilitation that builds trust with consumers. By creating a PAD, we aim to enable individuals to proactively select their preferred mental health services for use during a crisis, thereby enhancing support for those in crisis by providing law enforcement and crisis service providers with additional resources and options. We also believe this initiative will provide Tri-City staff with valuable tools to support clients in managing their crises and navigating their recovery.

**Stakeholder Process:**

A draft of the Psychiatric Advance Directives (PADs) Phase II proposal was posted on September 6, 2024, for a 30-day review process, which concluded on October 8, 2024. Staff circulated the draft of the Innovation Plan by posting a copy on TCMH's website and promoting it on social media. Copies of the plan were also made available at local city halls, community centers, and libraries. Comments were welcomed via email, phone, and online through the Public Comment Survey. However, no written comments were received during this comment period.

On October 8, 2024, a Public Hearing took place, during which the proposal was presented to the Mental Health Commission, where multiple public comments were received in-person and virtually which can be reviewed via the *Attachment 3-C*. Following the Public Hearing, the Mental Health Commission voted unanimously to endorse and recommend the plan to the Governing Board of Tri-City Mental Health Authority for approval and adoption.

Fiscal Impact:

$1,500,000 of MHSA Innovation Plan Funds. The Agency has funds available under MHSA INN Plan Component to support the Psychiatric Advance Directives (PADs) Phase II from FY 2025 to FY 2029.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 759 approving the Multi-County Psychiatric Advance Directives (PDAs) Phase II Project effective July 1, 2025 through June 30, 2029, and allocating MHSA Innovations Funds in the amount of $1,500,000.00 for Fiscal Years 2025-26, 2026-27, 2027-28 and 2028-29 for the project, as recommended by the Mental Health Commission.

Attachments:

*Attachment 3-A*: Resolution No. 759 - Draft

*Attachment 3-B*: Innovation project proposal, Tri-City PADs Phase II County Appendix for Innovation Project(s) FY 2025-26 – FY 2028-29

*Attachment 3-C*: Innovation Plan, Psychiatric Advance Directives Multi-County Collaborative Mental Health Services Act Funded Project Fiscal Years 2024-2029

*Attachment 3-D:* TCMHA PADs Phase II Public Hearing Comments

**RESOLUTION NO. 759**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PHASE II PROJECT EFFECTIVE JULY 1, 2025 - JUNE 30, 2029; AND ALLOCATING MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION (INN) PLAN FUNDS IN THE AMOUNT OF $1,500,000.00 FOR FY 2025-26 THROUGH FY 2028-29**

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA") desires to approve the Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase II Project under the Mental Health Services Act (MHSA) Innovation (INN) Plan, effective July 1, 2025 through June 30, 2029, as recommended by the Authority's Mental Health Commission.

B. PADs will allow individuals to proactively select their preferred mental health services for use during a crisis, thereby enhancing support when needed by providing law enforcement and crisis service providers with additional resources and options.

C. The amount $1,500,000 for the Multi-County Collaborative PADs Phase II Project will be funded using the MHSA Innovation Plan component funds from Fiscal Year 2025-26 through Fiscal Year 2028-29.

**2. Action**

The Governing Board approves and adopts the proposed Multi-County Collaborative Psychiatric Advance Directives Phase II Project effective July 1, 2025 through June 30, 2029; and approves allocating MHSA Innovations Funds in the amount of $1,500,000.00 for Fiscal Years 2025-26, 2026-27, 2027-28 and 2028-29 for the project, as recommended by the Mental Health Commission.

**3. Adoption**

PASSED AND ADOPTED at an Adjourned Regular Meeting of the Governing Board held on October 23, 2024, by the following vote:

[Continued on page 2.]

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

**Appendix (x): Tri-City Mental Health Authority**

**County Contact and Specific Dates**

- **Primary County Contact:** Paulina Ale
- **Date Proposal posted for 30-day Public Review:** September 6, 2024
- **Date of Local MH Board hearing:** October 8, 2024
- **Date of BOS approval or calendared date to appear before BOS:** October 23, 2024

**Description of the Local Need**

In May 2022, Tri-City Mental Health Authority (Tri-City) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to join Phase I of the Multi-County Psychiatric Advanced Directives (PADs) Innovation Project. With a long history of addressing diverse mental health needs and strong partnerships with local law enforcement and service providers, Tri-City has made significant progress in recognizing and managing individuals in mental health crises across Claremont, La Verne, and Pomona. These partnerships have been crucial in developing a coordinated response to mental health issues within our communities.

Despite these efforts, each city faces unique challenges related to its size, financial resources, and perceptions of mental health. Community input, gathered through the Community Planning Process Survey, highlighted two primary target populations: transition age youth/young adults (ages 18 to 25) and individuals who are homeless or at risk of homelessness. This feedback helped guide the development of a project aimed at addressing the needs of these vulnerable groups.

In the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024–2025, Tri-City Mental Health Authority reported that transition-aged youth (TAY) represented a significant portion of crisis encounters during Fiscal Year 2022-2023. Specifically, nearly 24% of all crisis episodes addressed by Tri-City involved the TAY population. Within the Supplemental Crisis Services and Intensive Outreach and Engagement Team, 11% of crisis walk-ins were TAY, reflecting a significant presence among those seeking immediate support. Additionally, 8% of individuals served by the Supplemental Crisis Team and 9% of those served by the Intensive Outreach and Engagement Team were TAY. These figures highlight the critical need for targeted interventions and tailored support for transition-aged youth within our crisis response services.

The implementation of Psychiatric Advance Directives (PADs) directly addresses the challenges highlighted by the data. A PAD is a legal document that outlines an individual's specific treatment preferences in the case of a future behavioral health crisis. The innovative component of the PADs Multi-County Collaborative is the development and use of an electronic, cloud-based platform to create, store, access, and share PADs. This electronic PAD is being developed and beta tested during Phase I which will provide

individuals with a proactive tool to plan their mental health care in advance, particularly useful for populations experiencing frequent crises, such as TAY. For instance, PADs can outline preferred treatment options, coping strategies, and crisis intervention plans, allowing for more personalized and effective responses during mental health crises. This pre-planning can significantly reduce the severity and frequency of crises by providing clear, actionable guidelines for both the individual, their healthcare advocate, law enforcement, and service providers.

For TAY individuals, who are frequently represented in crisis episodes, PADs offer a structured approach to managing their mental health needs and preferences. By incorporating PADs into our services, Tri-City can ensure that these young adults have a voice in their treatment and crisis management, potentially leading to improved outcomes and reduced crisis frequency.

Additionally, for individuals experiencing homelessness PADs can still play a crucial role in addressing their needs. PADs can be tailored to include emergency contact information, preferred treatment plans, and strategies for managing mental health crises, which can be instrumental for those who are experiencing homelessness. By providing these individuals with a tool to communicate their mental health preferences and needs in advance, PADs can help improve crisis management and support continuity of care, even in the absence of stable housing.

Moreover, PADs align with the goals of the Multi-County PADs Innovation Project by enhancing system coordination and providing universal access to mental health support. They support early intervention by allowing individuals to preemptively address potential crisis situations, thereby complementing initiatives under Proposition 1 and SB 43 that focus on improving crisis interventions and integrating support services.

Originally envisioned as a statewide standalone tool, the PADs project has shifted focus in Phase One to rigorous testing of its functionality, usability, and training. This foundation will lead into Phase Two, which involves up to fifteen counties and aims to gather critical data through live testing of the PADs platform with law enforcement and hospital staff. The data collected will be crucial in assessing the platform’s effectiveness and determining its long-term sustainability across the state of California.

Legislative support is vital; Phase Two will enhance assembly bill AB 2352, the current legislation dedicated to PADs, by embedding PADs into the legal framework to ensure their use during crises, regardless of an individual’s capacity. The findings from Phase Two will assist state legislators in evaluating the potential for statewide adoption. This will facilitate broader county utilization and ensure that the PADs platform has a lasting impact on the behavioral health crisis system.

As Tri-City prepares to transition from the Mental Health Services Act (MHSA) framework to the updated Behavioral Health Services Act (BHSA), also known as Proposition 1, it is essential to align our efforts with the new framework, which will take effect on July 1, 2026. Recognizing this shift, the Innovation team proposed joining Phase Two of the

PADs Innovation Project, starting on July 1, 2025. This proposal was presented to workgroup members during two Innovation workgroups in August 2024 and aligns closely with both Proposition 1 and the objectives of the MHSOAC. PADs are designed to support system improvements, advocate for universal access to mental health services, and contribute to necessary legislative changes, making them a fitting choice for our evolving mental health strategy.

PADs complement the Proposition 1 framework by addressing critical areas such as support for unhoused individuals, housing and supportive services, and Full-Service Partnerships that offer individualized support. The PADs project will also integrate with SB 43, which focuses on enhancing mental health crisis interventions and system coordination. Additionally, PADs support early psychosis intervention and mobile crisis response, essential components of Proposition 1's strategy. By aligning with these initiatives, PADs ensure a more comprehensive approach to mental health care, providing appropriate support at every stage of the mental health journey.

**Description of the Response to the Local Need**

We believe the project will:

1. Enable individuals to proactively select and specify their preferred mental health services for use in the event of a crisis.
2. Enhance support for individuals in crisis by providing law enforcement and crisis service providers such as hospital staff with additional resources and options.
3. Equip Tri-City staff with a tool to help clients take control of their crisis and recovery treatment.
4. Enable local peers to engage and build trust with consumers through outreach and the promotion of Psychiatric Advance Directives.

In preparation for the changes under Proposition 1, Tri-City is set to launch a mobile crisis team, aligning with the high priority for crisis support services. Implementing Phase II of PADs will enhance our ability to deliver personalized care, improve treatment quality, and reduce incarceration rates. The mobile crisis team will address various community needs, connect individuals with local support services, and work to reduce repeated emergency room visits and arrests. Effective coordination with the mobile crisis team will support individuals' treatment preferences and streamline referrals for care. Additionally, Innovation plans to work with the mobile crisis team to raise awareness about PADs and assist community members in accessing this tool.

Another key strategy for promoting PADs will be through the Wellness Center, where participants already gather for various services. Educating Tri-City staff on PADs and using marketing materials and giveaways will help spread awareness. Word of mouth will also be crucial in engaging interested participants. Ensuring that PADs are promoted

throughout Tri-City and integrated into various departments, such as outpatient services for transition-aged youth (ages 18-25), adults, and Full-Service Partnership teams, will be vital for maximizing their impact.

Supporting these outreach efforts also involves comprehensive staff training. During Phase One, the Innovation Program Coordinator and Peer Support Specialist were trained not only on the PADs framework but also on how to assist interested participants in creating their PADs. With Phase Two approval, the project's budget includes hiring an additional Peer Support Specialist. This new staff member will enhance the capacity to reach more participants and provide additional support in getting individuals signed up for PADs. The Peer Support Specialists will use the Train the Trainer curriculum provided by the peer consultant agency, Painted Brain, to train other staff members, including but not limited to Peer Support Specialists and Mobile Crisis team members. Training sessions will be held for staff, with plans to train 3-5 additional Tri-City staff members, expanding as needed based on interest.

As PADs Phase II is implemented, it will continue to strengthen collaborations among local agencies, including law enforcement and service providers such as hospitals, homeless shelters, and crisis teams. Tri-City will work with the Pomona Police Department's Quality of Life team, which engages individuals experiencing homelessness in Pomona. The Innovation team has discussed the project with this team, and referrals will come from the designated police officer or from the Los Angeles County Department of Mental Health clinician who assists this officer on calls. This collaboration will streamline the process of signing up interested participants for PADs.

Moreover, the Innovation team plans to also partner with the Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), La Verne's mobile crisis team, and outreach navigators to assist individuals experiencing homelessness in accessing PAD services. This collaboration will allow Peer Support Specialists to connect with interested individuals at convenient locations. Additionally, the Innovation team plans to work closely with Pomona's homeless service center, Hope for Home, and its case managers to facilitate the creation of PADs. This is particularly important as 47% of Tri-City's external referrals come directly from Hope for Home. When a referral is received, a Peer Support Specialist will meet the participant at Hope for Home and utilize private rooms available for service providers to complete the PAD creation. During this process, the Peer Support Specialist will use tablets with participants to ensure a seamless PAD creation experience, addressing technological barriers such as lack of computer, internet, or phone access.

Expanding outreach efforts also involves training external agencies on how to assist participants in creating PADs. The Innovation team has engaged with Community Care Campus in Pomona, located across from our Wellness Center, which operates 24/7 and offers behavioral health services and enhanced care management. This facility has shown interest in incorporating PAD services. The Innovation team plans to continue discussions with the Chief Medical Officer to determine how many staff members would

be interested in training. Once a number is determined the Innovation Peer Support Specialists can host a group training at their facility to get those staff members trained and begin to assist our efforts to get interested participants signed up to a PAD.

Engaging in Phase II will enable Tri-City to expand the pilot program's reach and assess how well the platform integrates with first responders, law enforcement, and healthcare facilities. This expansion aims to enhance the quality and effectiveness of services provided to individuals in mental health crises. Tri-City is seeking approval from the MHSOAC to proceed with Phase II, which will facilitate the practical application of the platform and provide valuable feedback on its effectiveness and impact across the broader community.

**Description of the Local Community Planning Process**

Tri-City Innovation staff are committed to maintaining transparency and engaging with the communities served throughout the development and implementation of the Psychiatric Advance Directives (PADs) project. Following the initial approval of the project, Tri-City promptly commenced its community outreach efforts. The first major step involved a virtual presentation at the end of 2022, which included representatives from all three local police departments to familiarize them with the project’s objectives and scope.

In early 2023, Tri-City conducted an in-person presentation at the Pomona Probation Office. This session, attended by over 20 officials, featured discussions led by the Innovation Program Coordinator and the project’s Director, focusing on the integration of the PAD project with local law enforcement. After this, two additional community presentations were held as informational listening circles: one at Tri-City’s Wellness Center and another at Cal Poly Pomona. At the Cal Poly Pomona event, the project's peer consultant, Painted Brain, highlighted the importance of the peer-led component of the initiative.

Further stakeholder engagement was facilitated through several community forums. The first forum, held virtually in December 2022, was followed by an in-person community forum at the La Verne Community Center the next year. These forums provided a comprehensive overview of the project, including its goals and innovative elements. An additional virtual forum was conducted to provide another platform for stakeholder input.

To ensure comprehensive stakeholder feedback, Tri-City distributed the MHSA Innovation Community Planning Process Survey in both English and Spanish. This annual survey gathers critical data on support services, priority populations, and unmet needs across the three cities served by Tri-City. The findings from 80 survey respondents were presented at the two Innovation workgroups in August 2024. Additionally, community members were invited to submit project ideas through Tri-City’s updated Innovation Idea Submission Form. Ideas received before and during the workgroups were reviewed and

incorporated, while future submissions will be evaluated for inclusion in later Innovation projects.

Survey results identified significant barriers to accessing mental health services. The top three barriers, selected by 85% of respondents, were uncertainty about where or how to get help; difficulties in accessing services, such as challenges with appointments or inconvenient locations and hours; and fear of stigma. These insights highlight the importance of the PADs project, which aims to address these barriers through enhanced peer support for individuals interested in creating a PAD. Peer Support Specialists will facilitate the process by arranging convenient times and locations, providing guidance to ease stigma-related fears, and utilizing tablets and Wi-Fi to address technological challenges, ensuring a positive and supportive experience throughout the PAD creation process.

In evaluating Tri-City's potential involvement in Phase Two of the PADs multi-county collaborative, workgroup members highlighted the critical importance of advancing the project. This emphasis was based on a comprehensive review of Phase One's progress and achievements, as well as the anticipated implementation of the platform in Phase Two. Phase One accomplishments included refining the PADs web-based platform, developing a training program for PAD session leaders, and advocating for new laws to officially recognize PADs. Additionally, user testing involved one-hour Zoom sessions with peers for feedback, while beta testing will enable users to create and store personal PADs before the platform's official launch on July 1, 2025. This launch will integrate the platform with law enforcement and healthcare professionals.

Workgroup members also highlighted the necessity of addressing the needs of transition-aged youth and individuals experiencing homelessness. One participant emphasized the importance of "meeting people where they are," addressing barriers related to transportation and comfort with existing environments. Stakeholders recognized PADs as a vital mental health service that should be accessible to community members across the three cities. As a result, workgroup members unanimously voted to endorse the continuation of the PADs project into Phase Two.

On September 4 and 5, 2024, Tri-City hosted hybrid Stakeholder Meetings, with in-person sessions held at Tri-City's Wellness Center. These meetings included presentations on the PADs project by Tri-City's Innovation Program Coordinator, Kiran Sahota, Project Director from Concepts Forwarding Consulting, and Wray Ryback, Vice Chair of Tri-City's Mental Health Commission and Risk Manager for Patient Relations at Pomona Valley Hospital Medical Center. During the first stakeholder meeting, both Kiran Sahota and Wray Ryback presented virtually, and recordings of their presentations were made available for the second meeting. The Project Director provided an overview of Phase One accomplishments and outlined the expectations for Phase Two, including a detailed explanation of the PADs web-based platform and project components. Additionally, Wray Ryback discussed the benefits of PADs and their value for first responders and hospital staff.

A vote was conducted during these meetings to decide whether to advance to PADs Phase Two. Virtual attendees cast their votes anonymously through the Q&A chat box, while in-person participants at the Wellness Center used anonymous written ballots. The proposal received an 88% approval rating, confirming the approval of the Psychiatric Advance Directives Innovation Project for Phase Two.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase Two Innovation project will be open for public comment on Tri-City's website from September 6 to October 8, 2024. Hard copies of the project details will be available at city halls, libraries, community centers, and cultural events across the three cities. Additionally, the project will be presented for a Public Hearing before the Mental Health Commission on October 8, 2024, and then to Tri-City's Governing Board on October 23, 2024, for final approval and adoption.

**Budget Narrative for County-Specific Needs:**

**1. Personnel Costs:** The project budget includes funding for three Innovation staff members essential for administrative oversight and implementation activities:

MHSA Program Coordinator for Innovation (Full-Time): This position is responsible for overseeing the project's execution, ensuring compliance with program objectives, and coordinating various activities.

Peer Support Specialists (Two Full-Time Positions): These specialists are either certified or trained in utilizing their lived experience in mental health and recovery. They play a crucial role in providing support to community members, leveraging their personal insights to enhance the effectiveness of the program.

The total proposed cost for direct salaries for these positions amounts to $758,568.92.

**2. Consultant Costs/Contracts:** Tri-City will allocate $500,000 towards engaging consultants and subject matter experts. These professionals will offer critical support and expertise to ensure the success of the multi-county collaborative project.

**3. Other Expenditures:** The budget also encompasses:

Marketing/Promotional Materials: These materials will assist in outreach efforts by raising awareness about the project and engaging the community to effectively communicate the project, its goals and progress.

Travel/Mileage Reimbursement/Convening Costs: To cover travel expenses and costs associated with organizing meetings.

Equipment Costs: For the purchase and maintenance of equipment necessary for project activities.

The total estimated cost for these items is $89,717.28.

**Summary of Budget:**

Personnel Costs: $758,568.92

Collaborative/Consultant Costs: $500,000

Other Costs: $89,717.28

Subtotal for Project Expenditures: $1,348,286.20

Administrative Costs: An additional $151,713.80 is required to cover administrative costs associated with managing the project.

**Total Requested Budget:**

The overall budget requested for Tri-City's participation in PADs Phase II over a four-year period is $1,500,000.

| | **PERSONNEL COSTS (salaries, wages, benefits)** | **FY 25/26** | **FY 26/27** | **FY 27/28** | **FY 28/29** | **TOTAL** |
|---|---|---|---|---|---|---|
| 1. | Salaries | **$189,642.23** | **$189,642.23** | **$189,642.23** | **$189,642.23** | **$758,568.92** |
| 2. | Direct Costs | - | - | - | - | - |
| 3. | Indirect Costs | **$37,928.45** | **$37,928.45** | **$37,928.45** | **$37,928.45** | **$151,713.80** |
| 4. | **Total Personnel Costs** | **$227,570.68** | **$227,570.68** | **$227,570.68** | **$227,570.68** | **$910,282.72** |
| | | | | | | |
| | **OPERATING COSTS*** | | | | | |
| 5. | Direct Costs | - | - | - | - | - |
| 6. | Indirect Costs | - | - | - | - | - |
| 7. | **Total Operating Costs** | - | - | - | - | - |
| | | | | | | |
| | **NON-RECURRING COSTS (equipment, technology)** | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | **Total non-recurring costs** | - | - | - | - | - |
| | | | | | | |
| | **CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)** | | | | | |
| 11. | Direct Costs | **$125,000** | **$125,000** | **$125,000** | **$125,000** | **$500,000** |
| 12. | Indirect Costs | - | - | - | - | - |
| 13. | **Total Consultant Costs** | **$125,000** | **$125,000** | **$125,000** | **$125,000** | **$500,000** |
| | | | | | | |
| | **OTHER EXPENDITURES (please explain in budget narrative)** | | | | | |
| 14. | Travel/Mileage/Convening Costs | **$7000** | **$7000** | **$7000** | **$7000** | **$28,000** |
| 15. | Promotional/Marketing Materials | **$13,000** | **$13,000** | **$13,000** | **$13,000** | **$52,000** |
| 16. | Equipment | **$2,429.32** | **$2,429.32** | **$2,429.32** | **$2,429.32** | **$9,717.28** |
| 17. | **Total Other Expenditures** | **$22,429.32** | **$22,429.32** | **$22,429.32** | **$22,429.32** | **$ 89,717.28** |
| | | | | | | |

| | BUDGET TOTALS | | | | | |
|---|---|---|---|---|---|---|
| | Personnel (total of line 1) | $189,642.23 | $189,642.23 | $189,642.23 | $189,642.23 | $758,568.92 |
| | Direct Costs (add lines 2, 5, and 11 from above) | $125,000 | $125,000 | $125,000 | $125,000 | $500,000 |
| | Indirect Costs (add lines 3, 6, and 12 from above) | $37,928.45 | $37,928.45 | $37,928.45 | $37,928.45 | $151,713.80 |
| | Non-recurring costs (total of line 10) | - | - | - | - | - |
| | Other Expenditures (total of line 16) | $22,429.32 | $22,429.32 | $22,429.32 | $22,429.32 | $ 89,717.28 |
| | TOTAL INNOVATION BUDGET | $375,000 | $375,000 | $375,000 | $375,000 | $1,500,000 |

**MENTAL HEALTH COMMISSION MEETING**
**October 8, 2024**
**COMMENTS DURING PUBLIC HEARING FOR MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLAN, MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PHASE II PROJECT**

Mental Health Commission (MHC) regular monthly meeting was held on Tuesday, October 8, 2024, at 3:30pm at the TCMHA Wellness Center.

**Public Hearing Comments**

1. Governing Board Member Liaison Carolyn Cockrell stated the PAD's project is a unique, exiting, and viable tool that can help patients significantly. She also inquired if the funds used for this project are from the Innovation Plan. MHSA Projects Manager Sara Rodriguez replied in the affirmative.

2. Commissioner Janet Roy stated that the project appeared to be user friendly with easy-to-use tools and accessibility, noting that PADs will help with response time when in crisis.

3. Governing Board Member Liaison Carolyn Cockrell commented that when patients are in the Emergency Room often times spend several hours there or have not eaten, and food is not offered; therefore, she recommended to include a food feature under PADs. MHSA Projects Manager Sara Rodriguez stated that an allergy section is included in PADs; however, a feature for food was a great idea that can be discussed.

4. Chief Clinical Director Liz Renteria expressed excitement for the PADs project coming to fruition; and discussed that a great feature will be to upload a safety plan to PADs so that it is integrated and become part of all the treatment that can be offered to a person during a crisis. MHSA Projects Manager Sara Rodriguez answered, de-escalation goals in clinical safety plans and a PAD are similar.

5. Commissioner Frank Guzman commented that paying attention to identifiable marks was a great feature of PADs.

6. Commissioner Clarence Cernal inquired how it is being envisioned that law enforcement will have access to a PAD during a crisis. MHSA Program Coordinator Paulina Ale stated that this process still is being worked on, noting that the goal is to integrate PADs into their system so that police dispatchers can have access to PADs and be able to communicate with law enforcement personnel and help identify persons when in crisis and unable to provide their name.

7. Commission Vice-Chair Wray Ryback noted that identification marks such as tattoos, birthmarks, etc., can be used as another way to identify patients.

8. Governing Board Member Liaison Carolyn Cockrell suggested using something like a medical alert to identify persons. MHSA Projects Manager Sara Rodriguez indicated that this is also being worked on and it is envisioned that a PAD's identification can be carried in a card, bracelet, or even a dog tag to identify person easier.

9. Commissioner Sandra Christensen inquired how she can have access to complete her PAD. MHSA Program Coordinator Paulina Ale indicated that the project is still under development in Phase I; and that Phase II will begin after it is approved; thereafter, training and implementation will commence.

10. Commissioner Sandra Christensen inquired if there will be guidance when completing a PAD, and if the patients will be asked if this is what they want. MHSA Programs Coordinator Paulina Ale stated that it is anticipated that Peer Support Specialists will be designated to guide individuals through the entire process. MHSA Projects Manager Sara Rodriguez added a PAD is intended to be filled out under full consent of the client and when not in a crisis.

11. Governing Board Member Liaison Carolyn Cockrell suggested to have and IP address on phone for quick find.

**Written Comments**

**What do you see as the strengths of this plan?**

•Ability to share needs with the first responders and hospital staff.
•Much needed.
•Very much needed and extremely innovative. Helpful tool for the treatment team.
•First of all, great work! I think peers are a great resource for implementation.
•Making psychological information available for support digitally will provide better support in an emergency.
•A much-needed tool. Being of this community, I have seen firsthand a young person in crisis unable to communicate need or disabilities.
•I see this plan as one that would be very useful for their safety and healing. For their reconnection with their support system. The potential for easy access is a strength.
•Allowing individuals to direct their care treatment.
•The ability to access the need in a more timely manner.
•It takes the guesswork out of crisis reaction. The program seems well throughout.
•Self-identification of crisis characteristics and intervention needs.
•This is a fantastic tool for people to feel empowered with their mental health care.

**Please explain any concerns you have:**

- Way for access and letting people know one exists.
- Not a concern but a recommendation, train all treatment team members complete (no wrong door). Upload existing treatment plans etc.
- Adoption of the tool by individuals and support personnel. Awareness and communication plans.
- No concerns so far.
- It feels expensive but as stated the money is available through Innovations.
- Educating community.
- Confidentiality for the user.
- Is this compatible w/dark mode and also optimized for mobile? Can a PAD be created in a one-hour session? How do PADs get updated (non-or former clients)? MHSA Projects Coordinator Paulina Ale answered, currently there is no dark mode compatibility in Phase I but it is something that can be considered during Phase II. The PADS platform will be optimized for mobile devices. If someone wants to answer every aspect in their PAD in detail, then no, a PAD could not be completed in a one-hour session. A participant will be given a login that will be connected to an email and a password, so if a non- or former client wanted to update their PAD, they could do so on their own. If they prefer to have support, the participant can reach out to the Innovation team for assistance in updating their PAD.
- Concerned about directives regarding refusal of meds that are needed due to intoxication reversal or needs.
- Need for guided help in completing form.

**Any additional comments you would like to share?**

- Great job!
- I think it's a valuable tool that should be pursued. The benefits outweigh the challenges. Everyone should ultimately have a PAD, not just those with a known mental illness.
- I am interested in being a facilitator to help promote and train, where do I find more information? MHSA Projects Coordinator Paulina Ale answered, please contact Paulina Ale, MHSA Program Coordinator-Innovation at pale@tricitymhs.org.
- In permanent supportive housing, non or former clients may be in crisis. If a PAD was done in the past, does first responder have to rely on the person to find it? MHSA Projects Coordinator Paulina Ale answered, PADs are available to everyone in our community so whether a participant is or is not an active client, a PAD is still available to them. If someone creates a PAD it will always live in the platform unless the participant themselves decides to permanently delete it off the platform, so a first responder would not have to rely on the person to find it.
- Great concept!

# Psychiatric Advance Directives

## MULTI-COUNTY COLLABORATIVE

## Mental Health Services Act Funded Project

## Fiscal Years 2024-2029

Prepared by Kiran Sahota, President

CONCEPTSFORWARD

CONSULTING

# Contents

# Project Overview

## Primary Problem

Since the 1990s, psychiatric advance directives (PADs) have been a part of the California patient rights statute embedded in the probate code. However, despite their existence, there is a significant lack of knowledge about PADs, such as how to create one, who can create one, how a PAD is stored, and who will access the PAD in case of need. Despite subsequent legal statutes, such as Assembly Bills (AB) 1029, 2288 and Senate Bill (SB) 1338, the concept of a standalone PAD remains unclear.

Demonstrating the power of collaboration in addressing behavioral health challenges. The collective effort of several counties, including Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City, partnered in 2021. They united to create a standardized PAD template and a web-based platform and provide first responders, crisis teams, and hospitals with in-the-moment access to the PAD. This project was initially approved as a Mental Health Services Act (MHSA) Innovations Project, (Concepts Forward Consulting, 2021). This portion of the project is now identified as “Phase One.”

Phase One of the Multi-County PADs Innovations Project will sunset on June 30, 2025. Per the Phase One approval on June 24, 2021, the following is expected to be accomplished.

- Partnership with Peers and first responders to standardize PAD template language for incorporation into an online and interactive cloud-based webpage.
- Create a PADs facilitator training curriculum and present a training-the-trainer model for facilitation.
- Create sustainable technology that is easily reproducible and can be used across California.
- Legislative and policy advocacy to create a legal structure to recognize PADs.
- Outcomes-driven evaluation of the development and adoption of PADs, including ease of use and understanding of PADs.

As the Phase One accomplishments are projected to be fully completed by June 30, 2025, the next steps would be to test the technology or web-based platform in “live” time and evaluate its success and challenges. To create the blueprint but not utilize this truly innovative and one-of-a-kind technology would be a disservice to all who live with a behavioral health condition, along with those who dedicated time to the Phase One project. Testing the PAD technology and training those who access and use the PAD is the natural next step of the standalone PAD.

The current project request, or “Phase Two,” seeks to solve questions arising from the initial project, which cannot be answered without in-depth testing and evaluation. Phase Two will be completed through the “live” testing of a digital PAD and the web-based platform. Some of the outstanding questions to identify will be: does the training of first responders and hospital staff result in follow-through with accessing and utilizing the PAD in a behavioral health crisis; how does using a trained facilitator enhance access, use, and completion of the PAD; do training first responders and hospitals reduce recidivism in the jail or hospital settings; do healthcare advocates assist in reducing unnecessary incarcerations or hospital placement; does a technological product protect an individual’s rights; does the electronic PAD offer in-the-moment

crisis de-escalation; do hospitals honor pre-determined medications and physical/behavioral health information; and are digital PADs easy to use and access?

Additionally, the PADs project aligns with current legislative actions, including AB 2352 (Irwin), which has been brought about directly through the work on Phase One. The standalone PAD was first proposed in AB1029 (Pellerin.) The project also aligns with the current Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery. All legislative conversations will continue with an open and welcoming collaborative effort, as described below on page four.

The passing of Proposition 1 also aligns naturally with the use and access of a PAD. To focus on housing and supportive services for our unhoused individuals with a behavioral health condition, Early Psychosis, Full-Service Partnerships (FSP), Veterans, justice-involved, recently hospitalized, both in the Emergency Department (ED) or Inpatient Unit (IPU), co-occurring substance use disorder, mobile crisis teams, Crisis Intervention Team (CIT) programs, and any individual within the behavioral health system of care, in which pre-determination of a potential behavioral health crisis could be averted and appropriately addressed, only strengthens the need for PADs throughout the system of care.

## What has been done elsewhere to address the primary problem?

As mentioned earlier, PADs have been around for over 30 years with little awareness, adherence, and acceptance among behavioral and physical health organizations, hospitals, and first responders. A PAD is currently a paper document that can be upwards of 30- pages and is simply unavailable during a behavioral health crisis. Ironically, since the PADs Phase One project started in 2021, very little has been accomplished elsewhere in the world.

Substance Abuse and Mental Health Services Administration (SAMHSA) updated its crisis app (SAMHSA, 2020), but it remains a personal crisis plan with individual access only. In addition, an individual would have to sign on to the SAMHSA app and hand their smart device over to a first responder or hospital staff. Active peers and peer support specialists have reported that this would be an unreasonable request for someone in a behavioral health crisis. However, the idea of having a crisis app remains a commendable approach and a launch point for the digital access provided in Phase Two.

The State of Washington has introduced a Senate bill, SB 5660, to create a workgroup to develop recommendations for the effective implementation of PADs, standardization, training, and accessibility. In California, these recommendations will be fully accomplished during Phase One of the Multi-County PADs project's completion.

France worked on PADs within the Psychiatric hospital setting in 2021 and has since published their findings in the Journal of the American Medical Association (Tinland, 2022). The findings spoke to the use of Peer Workers and the success of PADs completion with Peer facilitation in a psychiatric inpatient unit.

Many states and countries continue to utilize PADs only when a person has been detained and under emergency orders and found to lack capacity. The Multi-County project identifies how a

person can use a PAD in a crisis to reduce unnecessary incarceration or hospitalization and provide the individual with resources for appropriate services.

## The Proposed Project

Phase One of the project will culminate in a final digital build with the ability to input a “live” PAD and access to this information in summary format, based on consent, to first responders and hospital staff. The development of a comprehensive Peer Support Specialist training curriculum focused on how to help an individual create a PAD will also be finalized. With these two key components fully developed, it is only natural for Phase Two to test these components through broader, “live” implementation. It is only natural for Phase Two to be implemented. By training Peer Support Specialist or other facilitators how to walk an individual through filling out a PAD and training courts, first responders, hospitals, and crisis teams on how to access and use a PAD, the project will make a change to the overall behavioral health system, impacting and improving existing practices for autonomy, self-determination, crisis care, and recovery. The project will do so by implementing the following actions.

Phase Two will focus on up to fifteen participating counties of varying sizes. This amount will represent one-quarter of the counties in the State of California. Though a PAD can be utilized by anyone in California living with a behavioral health condition, for the project's purpose, each county will identify priority populations of focus, which may include, but are not limited to, individuals in the following programs or populations:

- Justice-involved, including 90-day reach-in with scheduled to release incarcerated,
- Assisted Outpatient Treatment (AOT),
- Fully Service Partnership (FSP),
- Housing insecure,
- Individuals who visit Wellness Centers,
- Crisis Residential Programs,
- Follow-up after hospitalization (either in-patient or emergency department),
- Non-minor dependents, college students or transitional-aged youth (TAY), including college students and early psychosis intervention,
- CARE Courts, and
- Mobile Crisis.

The goals for Phase Two will include:

1. ***Engagement*** and introduction to PADs for new counties joining the project. Working with their county agencies, first responders, courts and behavioral health departments, local NAMI chapter, and peer organizations to become proficient in understanding and using PADs. The engagement of the peer community and those with lived behavioral health conditions to understand the advancements of technology and how a digital PAD can positively impact their recovery.
2. ***Collaboration*** will continue with the stakeholders on the project. Both to lead the discussion around any legislation and to enhance the roll-out, use, and access to the “live” standalone PAD. These partnerships are essential in creating the best project and product possible. A variety of subject matter experts is what leads to discussions and improvements, which is paramount to an Innovations project. These groups include but are not limited to, county staff, peer support specialists, Painted Brain, Cal Voices, Disability Rights of California, Mental Health Associates, NAMI California, California

Professional Firefighters, California Sheriff's Association, California Hospital Association, Department of Justice, California Behavioral Health Directors Association, Behavioral Health Oversight and Accountability Commission, Patient Right's attorneys, legislative officers, and others as appropriate.

3. ***Training*** will be the main component of the project. Whether virtually, in-person or provided on the digital web-based platform, training on using and accessing a PAD will be closely monitored throughout the project. Creating training modules and the roll-out Training will enhance first responder briefings, CIT Teams, academy training, CARE Courts for judicial staff, Peer training for Peer Support Specialists and within certification, peer supporters within the court systems, and agencies the counties have identified as priority populations. This training is layered with information on what a PAD is, the legal status of a PAD in California, and how to access a PAD for use by the individual inputting their personal information and those professionals that will access a PAD in the line-of-duty. Digital literacy is also a component of the project. It is not only what it means to have the ease of creating a PAD, but it means to use technology as a means of support.
4. ***Testing*** of the PADs platform use and access. Once Peer Support Specialist, law enforcement, crisis teams, and hospital IPU and ED staff are trained in using and accessing the digital PAD, it will be time to test the PAD in the "live" environment. This will be a longitudinal study to truly investigate the ease of use, number of PADs filled out, law enforcement, and hospital disposition to determine how the digital PAD impacted the reduction of incarcerations and 5150 applications for hospitalization. Based on feedback from those using the system, continued improvements will be made to the PADs platform to improve readiness for statewide implementation.
5. ***Evaluation*** throughout the process will continue from where Phase One concludes. Burton Blatt Institute (BBI) will continue to evaluate the use of PADs and their intersection with technology throughout the project. The evaluation will include gathering data through interviews and observation and including all Internal Review Board (IRB) requirements. This evaluation will culminate in the publication of results.
6. ***Transparency*** of the project will remain a top priority. The project website, www.padsCA.org, can update the participating county communities and interested parties on the progress made within the project and provide all information to learn more about PADs and the digital format.

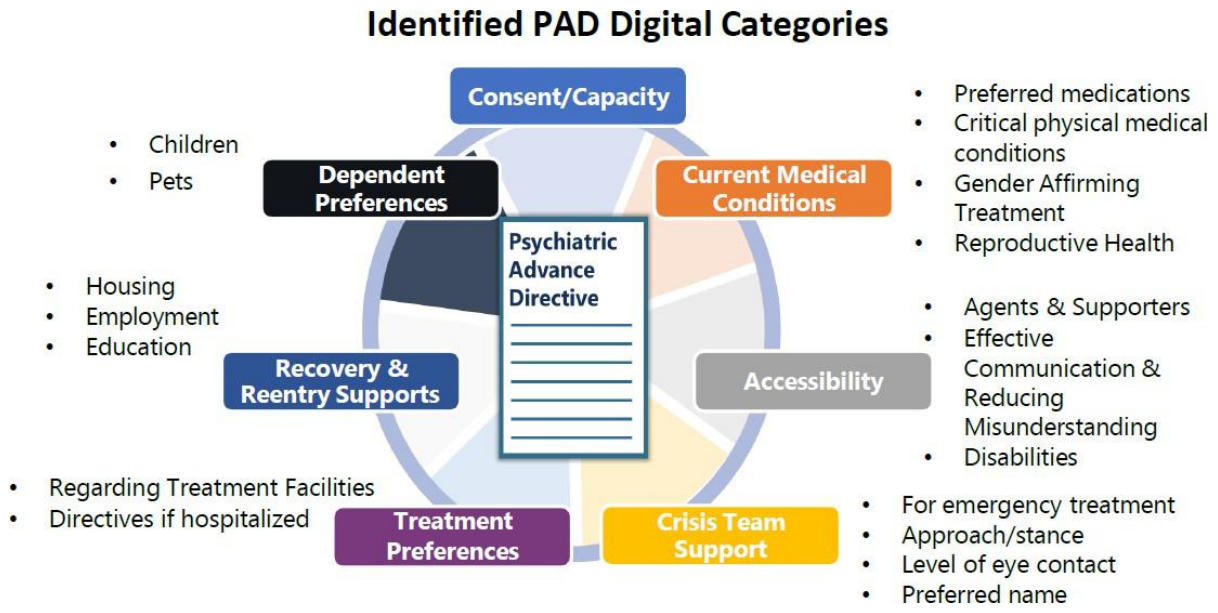
# Project Overview

## Phase One outcomes

Understanding what layers of Phase One were accomplished is essential for describing the Phase Two project objectives. The completion of this work has laid a solid foundation for Phase Two.

Peer contractor Painted Brain led a series of workgroups that included the voices and recommendations of peers, Peer Support Specialists, family members, and first responders, including crisis teams and law enforcement, and reviewed and analyzed a half dozen different PAD documents available throughout the Nation. In an effort that took over a year, each section and questions were analyzed for relevance and identifying crucial missing information was added. This created a group of components to standardize the PAD template language for incorporation into the platform. One-off participation of other interested parties in California was

also added along the way, which included work previously completed by physicians, legal experts, and others on reproductive healthcare rights and preferences for those receiving care during a psychiatric crisis or psychiatric inpatient stay.




Painted Brain also created a Peer Support Specialist facilitation curriculum. This curriculum is being taught in a training-the-trainer format in the Spring of 2024. Though the training is geared toward peer support specialists, county staff will also attend it. The most important aspect is learning how to sit with someone to assist them in filling out the digital PAD. The curriculum includes a 20-hour training on PADs overview, advocacy, digital literacy, facilitator intervention and skills, and practice vignettes. The final training module will be included in Phase Two training learning management system (LMS.)

Since March 2023 and continuing today, Chorus Innovations, Inc. has been engaging in parallel workgroups with Peer Support Specialists, first responders, service providers, and

family/caregivers regarding the technology build. Chorus also shadowed and participated in ride-alongs in law enforcement and hospital settings to better understand the workflows of those needing to access information through the PADs platform. Input from the community has been obtained on all aspects of development, including, but not limited to:

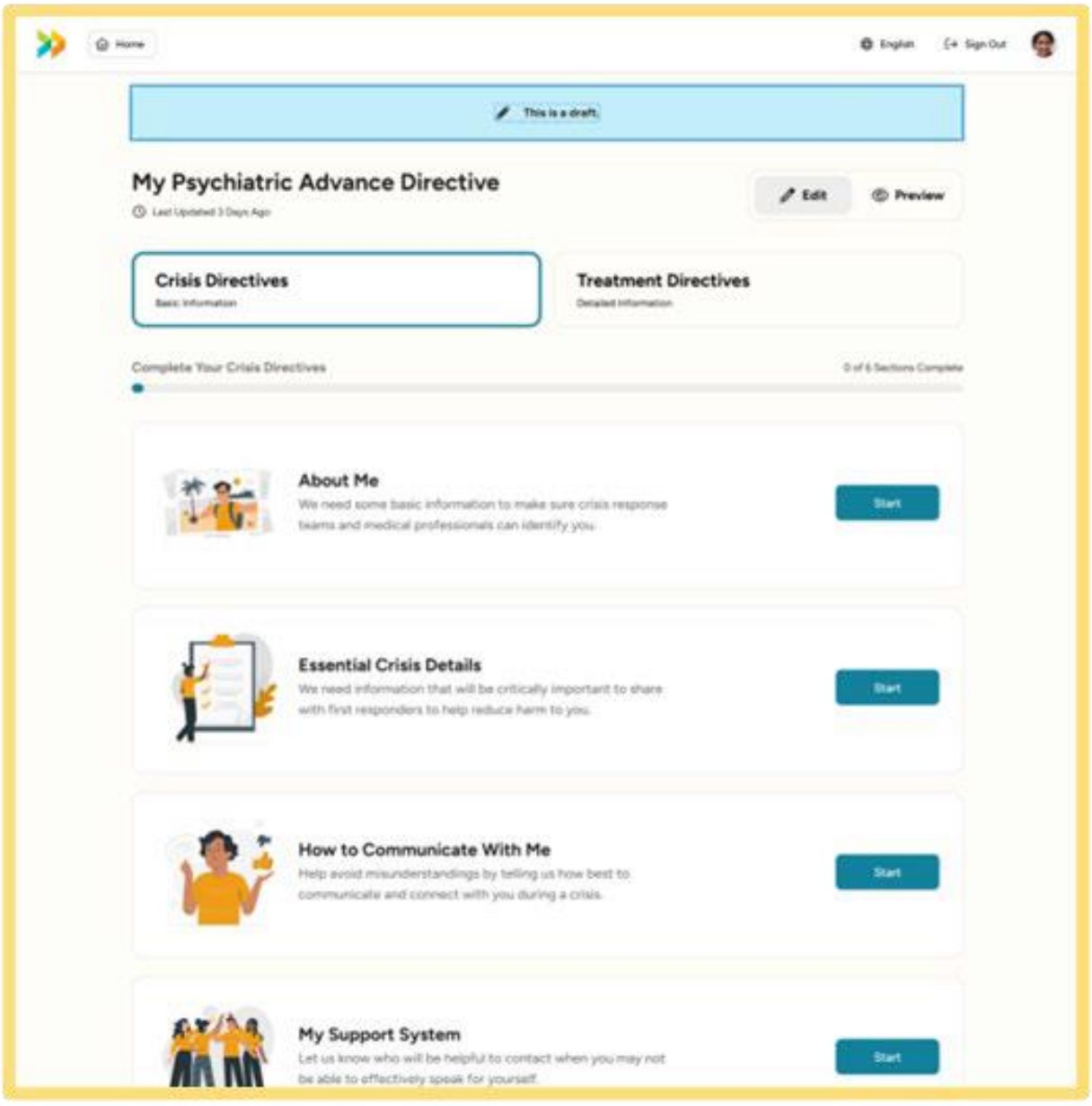
- Ways to address fears of, and frustrations with, technology,
- Priorities for developing a user-friendly and approachable design,
- Use of trauma-informed, person-centered language and appropriate sensitivity when conveying/asking about triggering concepts and
- Important information to highlight quickly and clearly based on different professional roles.

Chorus also continues to work with the counties and representatives from the project's legal and legislative workgroup to draft the terms of service and privacy notice for the technology and to

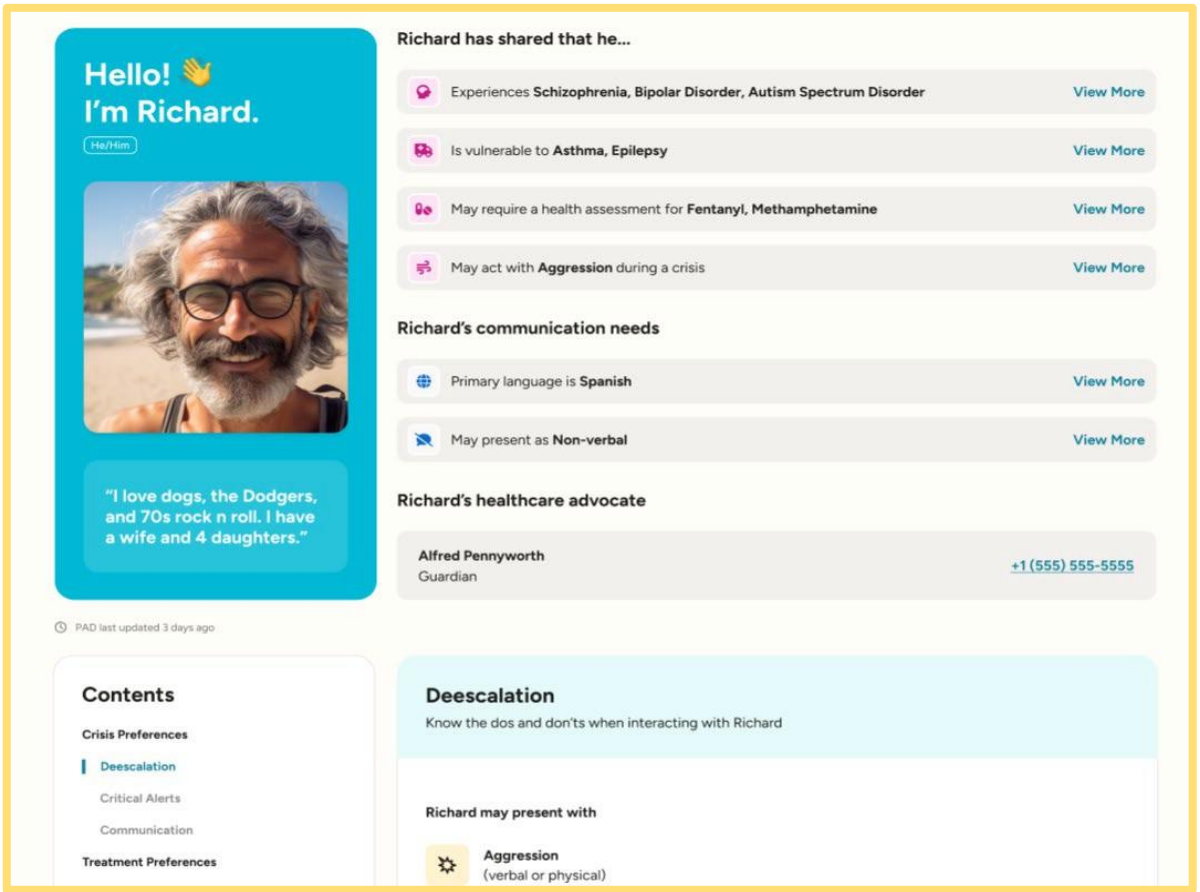
ensure that key legal requirements are addressed, such as the appropriate handling of digital signatures.

The first version of the experience for individuals who want to complete their digital PAD has been built, and user testing and feedback have begun. Initial feedback has been extremely positive, with peer workgroup participants sharing that they found it easy to use, appreciated the added information/context that helps make things easier to understand, that it has a clean and calming look and feel, and that they saw their ideas and feedback reflected in the experience.

The experiences for law enforcement, first responders, service providers, and healthcare advocates are currently in the design phase, with the initial build to be complete by the end of June 2024 and user testing and feedback to begin shortly after that. These initial designs have been well received, and valuable feedback has been provided to the Chorus team to ensure that all who need to access the PAD can get important information quickly and easily navigate to




additional details as time permits. Through ongoing workgroups, testing, and feedback, Chorus will continue to iterate on the design and functionality of the PADs platform in preparation for real-world implementation and testing in Phase Two.



Concepts Forward Consulting, in addition to the complete guidance of Phase One and moving both subcontractors and counties along in a fantastic arena of collaboration, also took on the time-consuming task of soliciting legislation on behalf of the project and deliverables, to support the idea of PADs as a standalone document that could be used and accessed in a crisis in California. Though identified in statute, the idea of the PAD as a legal document still has not resonated around California. Through guidance from statewide partnerships with the California Hospital Association, Disability Rights of California, NAMI, American Psychiatric Association, MHSOAC, California Behavioral Health Director's Association, and Patient Rights Attorneys, the idea of streamlining, Probate, Penal and Welfare and Institution Codes, came to fruition with the introduction of AB 2352. Concepts Forward Consulting will continue to shepherd the alignment of language, use, and access throughout the legislative process during Phase Two.

In addition, and through discussions with law enforcement, it was determined that a protected access point, in addition to the web-based PADs platform, where LE could obtain information in the moment on the way to a call for service, would be that of the California Law Enforcement Telecommunications System, or CLETS. This system is overseen by the Department of Justice (DOJ) and the Attorney General. With state legislative assistance, Concepts Forward Consulting secured a meeting with the DOJ. Through talks with the DOJ, California's Attorney General has supported the PADs project and its integration into the CLETS Platform. However, many legal and technical nuances must be addressed before such actions can be completed. Added into Phase Two will be the actual design and work plan for Chorus and the DOJ to create the connection to access summary information that may be available to assist in a crisis situation.

During Phase One, Idea Engineering engaged in an interactive process with participating counties, peers, Peer Support specialists, family members, first responders, and hospital staff to create PAD branding, communication guidelines, and a logo. They also created the project website, which has been used transparently to communicate its advancements and introductory videos in English and Spanish. The videos, Phase One details, all reports, and current evaluations can be viewed at [www.padsCA.org.](http://www.padsCA.org)

Psychiatric Advance Directive
*My Plan • My Voice*

Throughout Phase One, an essential component is evaluation. RAND and BBI have been reviewing the user experience, the iterative engagement process, facilitator training, and the building of the web-based platform or technology focus. Through this evaluation process, it has been determined that the actual success of the PAD and the web-based platform cannot be identified at the end of Phase One. It is imperative to start Phase Two, where the Web-based platform can demonstrate true systems of change. It will take time to gather this longitudinal information, thus the reasoning behind a more comprehensive study of use and access throughout the multi-year Phase Two project. The outcome will also result in documentation of reduced costs for counties with reduced recidivism in jails and hospitals.

## Phase Two

The Multi-County PADs Project Phase Two continues to embrace the MHSA standards of community, stakeholder, and iterative engagement, extensive training, sustainability with legislative support, a multi-layered approach to access PADs both digitally and within the CLETS data mining for law enforcement and crisis teams, testing and improving the web-based platform for use and access, and through a multi-year evaluation publish the findings in reputable journals and publications. The final goal is to have a live, digital PAD that is easy to use, easy to access by a controlled group of providers, and easily accessible throughout the State of California. Up to fifteen counties will participate in Phase Two rollout, with the first year of Phase Two dedicated to onboarding new counties, while existing Phase One counties conclude the building stage of the PADs platform.

Though PADs are helpful for any population, for this project, the PAD will focus on those adults over the age of eighteen who are living with a behavioral health condition. Each county will identify priority populations on which to focus efforts. These populations can include but are not limited to, FSP, AOT, Non-Minor dependents, TAY, soon-to-be-released incarcerated with a 90-day reach-in, recently hospitalized in ED or IPU settings, crisis team contacts, least restrictive option for conservatorship, CARE Court, Veterans, and housing insecure.

Phase One counties have assisted in creating a truly collaborative project. The expectation is that the collaboration will continue with the addition of new counties to test the project's digital web-based platform. Due to staffing limitations within the counties throughout California, Phase Two of the project is proposed to increase contractor staffing to ensure all deliverables are met and to assist counties that may not have the staffing needed to devote to this worthwhile project. The expectation is more in-person county-specific training and technical assistance.

Limited expectations of a participating county would be to arrange stakeholder meetings or identify critical stakeholders for subcontractors to contact; attend monthly or time-specific meetings/workgroups, which may include the following topics: technology, marketing, county-to-county, training, full-project collaboration, county one-on-one; and attend the bi-annual in-person learning collaborative held in a host county.

### Proposed Project Timeline:

| Project Timeline Fiscal Years 2024-2029<br>Five years new counties (2024-2029)<br>Four years continuing counties (2025-2029) | | | |
|---|---|---|---|
| **Fiscal Year** | **Proposed Activity** | • **Projected Outcome** | • **Contractors Involved** |
| **2024-25** | • *Onboard new counties separate from Phase One.*<br>• Counties connect to the fiscal intermediary SU.<br>• Meet with county-identified stakeholders, such as family members, Peer Support Specialists, law enforcement/first responder contacts, hospital emergency department staff, crisis team staff, and court staff.<br>• Identify county threshold languages.<br>• Advocate for Certified Peer Support Specialist billing for PADs facilitation.<br>• Identify priority population staff (such as FSP, AOT, SUD, CARE Court, Early Psychosis, Veterans, Mobile Crisis, and housing insecure).<br>• Hold collaborative meetings for Multi-County decisions. | • Engagement of the county community in PADs understanding, use, and access.<br>• Understanding of digital PAD and Technology web-based platform.<br>• Translation and Interpretation as needed.<br>• Identifying Training opportunities and setting training schedules.<br>• Iterative creation of all necessary training curriculums and videos.<br>• Finalization of AB 2352 PADs legislation.<br>• Finalization of CLETS access within the DOJ.<br>• Evaluation includes the web-based platform, the onboarding of counties, and the engagement of communities.<br>• Web-based platform App is created.<br>• Annual Report provided to counties and subcontractors. | • Concepts Forward Consulting- Lead Project Director<br>• Alpha Omega- Translation and Interpretation<br>• Burton Blatt Institute-Evaluation<br>• Chorus Innovations, Inc.- Technology<br>• Idea Engineering, Inc.- Marketing, Website and Video Production<br>• Painted Brain- Statewide Peer Voice, training, and Advocacy<br>• Syracuse University- Fiscal Intermediary |

| | | | |
|---|---|---|---|
| | • Introduce Phase One outcomes and review the timeline line for Phase Two.<br>• Create all training curriculums and videos for crisis teams, law enforcement, courts, and hospital IPU/ED.<br>• Continued Legislative and DOJ discussions and activities.<br>• Identify web-based platform App- separate from web-based platform webpage. | | |

| Fiscal Year | Proposed Activity | Projected Outcome | Contractors Involved |
|---|---|---|---|
| **2025-26** | • Phase Two begins for **all participating counties.**<br>• All "live" training(s) during the full fiscal year.<br>• Continued county collaboration- full set of counties.<br>• Continued outreach and engagement of stakeholders.<br>• Technical assistance from all contractors as requested or required.<br>• Finalization of all training videos.<br>• Creation and launch of social media and advertisement.<br>• Workgroups on web-based platform usage begins.<br>• Evaluation of PADs rollout with access users, first responders/ crisis teams/hospitals.<br>• Collaborate with Police Officer Standards and Training (POST) to develop a statewide law enforcement academy training. | • Training of first responders/ hospitals/peer support specialists/ priority populations trained in use and access.<br>• Training videos are completed.<br>• Informational information in multiple languages completed.<br>• Ad campaign created and disseminated.<br>• Begin a longitudinal study of reducing recidivism with the use and access to the digital PAD.<br>• Ongoing feedback, iteration, and improvement to features and functionality of the PADs platform.<br>•<br>• Further legislative needs identified.<br>• Annual Report provided to counties and subcontractors.<br>• Agreement with POST for academy training. | • Concepts Forward Consulting- Lead Project Director<br>• Alpha Omega- Translation and Interpretation<br>• Burton Blatt Institute-Evaluation<br>• Chorus Innovations, Inc.- Technology<br>• Idea Engineering, Inc.- Marketing, Website and Video Production<br>• Painted Brain- Statewide Peer Voice, training, and Advocacy<br>• Syracuse University- Fiscal Intermediary. |

| Fiscal Year | • Proposed Activity | • Projected Outcome | • Contractors Involved |
|---|---|---|---|
| **2026-27**<br>**2027-28** | • Continue live training (Year Three).<br>• Identify additional priority populations to train and access PADs.<br>• Create/update virtual toolkit for training and information access.<br>• Continued use and access to the digital PAD.<br>• Continued legislative discussions, as necessary.<br>• Continued Marketing and advertising of the PAD.<br>• Continued County-to-County collaboration.<br>• Continued evaluation of use and access.<br>• Continued longitudinal study of the reduction of recidivism with the use and access to the PAD. | (See outcomes year four) | • Concepts Forward Consulting- Lead Project Director<br>• Alpha Omega- Translation and Interpretation<br>• Burton Blatt Institute-Evaluation<br>• Chorus Innovations, Inc.- Technology<br>• Idea Engineering, Inc.- Marketing, Website and Video Production<br>• Painted Brain- Statewide Peer Voice, training, and Advocacy<br>• Syracuse University- Fiscal Intermediary |

| | | | |
|---|---|---|---|
| **2027-28 (YR 4)** | (See activities year three) | • Standalone PAD Web-based platform is accessible for all necessary information, including informational videos, documents, and virtual training.<br>• All project priority languages can access PAD information.<br>• Web-based platform enhancements to be completed by the end of year four.<br>• Legislative Web-based platform sustainability identified and pursued.<br>• Evaluation of the reduction of recidivism and cost-effectiveness identified.<br>• Annual Report provided to counties and subcontractors. | • Concepts Forward Consulting- Lead Project Director<br>• Alpha Omega- Translation and Interpretation<br>• Burton Blatt Institute-Evaluation<br>• Chorus Innovations, Inc.- Technology<br>• Idea Engineering, Inc.- Marketing, Website and Video Production<br>• Painted Brain- Statewide Peer Voice, training, and Advocacy<br>• Syracuse University- Fiscal Intermediary |

| Fiscal Year | Proposed Activity | Projected Outcome | Contractors Involved |
|---|---|---|---|
| **2028-29** | • Technical assistance in the sunsetting of the project.<br>• Evaluation wrap-up. | • Digital PAD and the web-based platform have become part of California's behavioral health systemwide change, and sustainability has been identified.<br>• The evaluation and longitudinal study reported and submitted for publication locally and nationwide. | • Concepts Forward Consulting- Lead Project Director<br>• Alpha Omega- Translation and Interpretation<br>• Burton Blatt Institute-Evaluation<br>• Chorus Innovations, Inc.- Technology<br>• Idea Engineering, Inc.- Marketing, Website and Video Production<br>• Painted Brain- Statewide Peer Voice, training, and Advocacy<br>• Syracuse University- Fiscal Intermediary |

## Budget Narrative and Project Budget

### Concepts Forward Consulting (CFC)

Concepts Forward Consulting (CFC) would continue as the lead project director for Phase Two of the Multi-County PADs project. Concepts Forward Consulting continues to meet the following expectations in Phase One and will continue these expectations in Phase Two.

**Continued services:** Leading county and subcontractor activities throughout the project from start to completion; working closely with the County and oversight staff to ensure all requirements are met; ensuring the collaborative nature of Multi-County participation; oversight of all project aspects, ensuring county input and voice; oversight of subcontractor deliverables; overseeing financial oversight of subcontractors; approving all invoices and scope of work materials; managing county relationships and expectations of subcontractors; coordinating with all subcontractors to ensure proper flow of project and inclusion of all counties and stakeholders; identifying achievable goals and ensuring success in completion or necessary adjustments; providing and managing project timelines with flexibility as allowed; coordinating with counties on financial matters, subcontractors, and data oversight to ensure funding is spent following county guidelines; ensuring achievable deliverables are accomplished; assisting in the coordination of all statewide and county-specific stakeholder meetings; creating required county-specific reports; work with legislation to achieve sustainability of PADs in the state; and arrange bi-annual convening of all project participants in a learning community training and collaboration.

**Phase Two**, CFC will expand services to include:

- On-site training teams for law enforcement, first responders, crisis teams, courts, and higher education on using the PAD and accessing the web platform.
- Provide subject matter professionals for training videos, as requested.
- Identify priority populations to serve within each participating county.
- Partner with Peer training contractor to provide training support as needed.
- Continue working with the DOJ to connect the subcontractor web-based platform and the CLETS system for in-the-moment access to the PAD.
- Provide presentations and participate in conferences or journal articles highlighting the work of the Multi-County project.
- Provide ongoing technical assistance to participating counties.
- Continued work with legislation aligning PADs language across Probate, Penal, and Welfare and Institution Codes.
- Provide project transparency through the oversight of the project website.
- Identify the sustainability of the web-based platform upon completion of the project.

The budget expenses will encompass the expansion of staff, which may include three full-time equivalent (FTE) Project Directors, Project Coordinators, and Training Coordinators, plus three stipend subject matter training experts, benefits, travel, and miscellaneous; all costs are cumulated into one overall budget.

### Alpha Omega

Alpha Omega Translations is a full-service agency specializing in translation, interpretation, multilingual website development, and desktop publishing services in over 220 languages. For

over 30 years, AO has executed high-end multilingual projects for Federal Government agencies, corporations, and other organizations. Alpha Omega Translations provides on-site, in-person, virtual, remote, and over-phone interpreting services.

Core Deliverables

- Virtual Remote Interpreting
- On-Site In-Person Interpreting
- Over the Phone Interpreting
- Translation of documents
- Translation of videos
- Multiple language

## Chorus Innovations, Inc.

Chorus Innovations will move from the build stage of Phase One to the “live” roll-out of the web-based platform for the participating counties and their identified priority populations. In addition, as Chorus prioritizes including Spanish language in the Phase One build, additional threshold languages will be included during Phase Two. Phase One activities of engagement will continue to ensure stakeholder participation and feedback to inform improvements and to create best practices when using and implementing the PADs platform. Chorus will include integration with the California Justice Information System or CJIS to ensure CLETS can access the appropriate information for in-the-moment crisis information and de-escalation preferences.

1. Chorus proposes Phase Two activities as follows:
2. Chorus Platform licensing, hosting, and data storage
3. 24x7 system monitoring, backup, compliance, and security
4. One-time support for implementing integrations (e.g., CLETS)
5. Ongoing maintenance of integrations
6. Unlimited access for county residents and designated staff within each county
7. Technical Support: Standard business hours for routine support, 24x7 for Urgent and High priority issues
8. Ongoing iterative improvements to PADs application through the completion of Phase Two
9. Engagement, user research, and local configuration of the app as needed within each county
10. Implementation support and training (across county priority population programs, first responders, and hospitals) within each county

## Idea Engineering

Idea Engineering is a full-service marketing agency specializing in communications that create community. They have worked with several county mental health systems and multiple MHSA-funded campaigns. Idea Engineering's work is seen in suicide prevention efforts, Prevention and Early intervention projects, and drug and alcohol prevention marketing videos and print campaigns.

Idea Engineering will continue in Phase Two with the following project deliverables.

1) ENGAGEMENT

Develop materials to be used in marketing to peers and other individuals who may fill out a PAD, their family members and caregivers, and agency partners such as hospitals, law enforcement, court systems, and crisis teams.

A. Toolkit Materials

- Toolkit materials may include:
- Promotional information sheets for agency partners
- Training support materials, such as pocket cards for agency partners
- Information sheets on topics such as patient rights
- Videos excerpted from Phase One interviews
- Posters, brochures, or cards
- Branded promotional products

B. Customization of Toolkit Materials in New Threshold Languages

Updates to the logo and all Toolkit materials will be provided for general, peer, and family member/caregiver audiences. Alpha Omega or a similar contractor will provide translation services.

- Introductory video customization
- Stock video and photos representing people fluent in the language.
- Logo customization in new language
- Preparation of all Toolkit PDF materials for general, peer, and family member/caregiver audiences
- Preparation of all artwork for branded promotional products

C. MEDIA CAMPAIGN

Develop an advertising campaign promoting Psychiatric Advance Directives to peers, family members, caregivers, and other targeted audiences. The campaign will include components such as:

- Video PSAs
- Digital advertising
- Social media
- Media toolkit with suggested guidelines for county use

Media services include planning, management and reporting.

D. MEDIA ADVERTISING

Idea Engineering will purchase media advertising for a targeted digital campaign to promote PADs as directed by the needs of participating counties.

2) TRAINING

Working with agency partners to develop customized training videos for each group. Services to include planning, creative and technical direction, scripting, storyboards, production planning, editing, and delivery in agreed-upon formats. Training videos may consist of the following:

- Hospital Training Video
- Law Enforcement Training Video
- Court Systems Training Video

- Crisis Teams Training Video

3) TECHNICAL SUPPORT
Technical assistance may include:

- Participation in planning meetings and statewide convenings
- Provide services to support counties' PAD communications, training, and implementation, such as strategic consultation, creative direction, design, copywriting and editing, translation, video production, art production, website programming, production coordination, media planning, buying, and coordination.
- Website support for county updates
- Evaluation and reports, including annual report
- All project Website development and support (website analytics and updating)

## Painted Brain

Painted Brain has been a leader in innovative peer-driven services for the past decade. They have participated in peer advocacy projects like PADs and the Peer Advocacy and Education Grant. They have been instrumental in the component identification, peer Facilitator curriculum, and Training for the Trainer in Phase One of the MHSA Multi-County PADs Project.

Painted Brain staff self-identify as living with direct or indirect experience of mental illness. They also hold training under SB 803 for Peer Certification, allowing Peer Support Specialists to bill for Medi-Cal service delivery.

Peer models remain at the forefront of reducing stigma and discrimination and assisting in reducing personal and institutional stigma. Research suggests that simply having a peer assist in facilitating a PAD makes the document more likely to be filled out thoroughly and truthfully, and the individual will identify that they have a PAD in the moment of a crisis.

Painted Brain will continue with the following deliverables as new counties are onboarded In Phase Two.

1. Provide outreach, information, and education about the intersection of Peers, Peer support specialists, and PADs.
2. Support Peer Voice within a county or contribute to the conversation if there is no peer representation in the county.
3. Engaging peers of diverse cultural backgrounds and preferences.
4. Provide in-person and or virtual Training for the Trainer Facilitator training.
5. Participate in legislative development and advocacy.
6. Additional Phase Two:
    a. Work with project staff to engage DHCS to include PADs in the Peer Support Specialist Certification specialization.
    b. Create a curriculum for Peer Certification specialization.
    c. In addition to peer facilitation training, participate as the voice of the peers in training provided for courts, hospitals, crisis teams, law enforcement, and first responders.
    d. Assist with the Web-based platform enhancements as needed throughout Phase Two.

## Evaluation

### Burton Blatt Institute (BBI)

Burton Blatt Institute (BBI) will expand its role in Phase Two. As the project moves to the training on the web-based platform and the digital PAD, it made the most sense to consolidate the evaluation process to one subcontractor. BBI proposes the following evaluation overview, which will be published upon completion of the Multi-County PADs project.

# Proposal to Evaluate Phase 2 of the Psychiatric Advanced Directives Mental Health Services Act Innovations Project
# Date: 3/29/2024

## I. Background:

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) provides funds to Orange County and other CA counties ("Innovations Project") to improve access and use of Psychiatric Advanced Directives ("PADs") and other Supported Decision-Making ("SDM") techniques by persons with mental illnesses and other public and private stakeholders. The Phase 1 PADs project (web-based platform "build phase") is currently underway in 7 California counties. Additional counties are expected to join the PADs Project as Phase 2 entries (web-based platform "test phase") during FY 2024-2025 and subsequently. Phase 2 counties (including current Phase 1 counties who will transition to Phase 2 during FY 2025-2026[1]) will test and demonstrate the useability of the PADs web-based platform by peers and others who support them when they cannot make their own decisions.

During Phase 2, all participating counties will focus their efforts on identifying and engaging crisis teams, law enforcement, Full Service Partnership teams, hospitals, and criminal justice staff ("community stakeholders") and orienting and training peers and stakeholders to PADs and on the PADs web-based platform. This will create the foundation for testing and demonstrating the platform's effectiveness with their designated priority peer populations and community stakeholders. By 2025, all California counties will be required to implement Care Courts. Phase 2 counties, as well as Phase 1 counties who are entering their Phase 2, could be expected to test and implement the integration of the web-based PADs platform into Care Courts to ensure that the treatment and support preferences of peers are honored as they are involved in the Care Court processes.

Phase 2 of the PADs project and its web-based platform offer unprecedented opportunities to evaluate individual services and systems change. These include generating data that leads to increased understanding of the process and outcomes associated with adopting new methods of facilitating self-direction among peers, improvements in the array of mental health services they receive when they are in crisis situations, and improvements in the capacity of stakeholder agencies to serve and support them when they are in crisis. The PADs Phase 2 also provides an

[1] Fresno County started their Phase 1 implementation one-year earlier and will transition to Phase 2 in FY 2024-2025) while the other 6 counties will enter Phase 2 during FY 2025-2026)

opportunity to evaluate how accessing and using a web-based PAD by peers improves their lives and assists them with sustaining their paths to recovery while ensuring that stakeholder agencies have access to training, support, and resources enabling them to embed use of web-based PADs into their crisis intervention strategies.

During PADs Phase 2, BBI will evaluate the process and outcomes associated with testing and implementing the web-based platform among peers and community-based stakeholders. Our evaluation will consider each county's unique demographic and geographic diversity and the barriers and facilitators to accessing and using web-based PADs by peers, Care Courts, law enforcement, hospitals, and other stakeholders referenced above. BBI will conduct interviews and focus groups with peers and community stakeholder agency staff and representatives of government agencies repeated with the same participants each year to assess the longitudinal impact on individual lives, services, and systems over time and how these factors contribute to potentially sustainable systems change over time. The BBI longitudinal evaluation will also help identify the key elements that either facilitate or impede sustainability and replication of the PADs web-based platform in each Phase 2 county.

## II. PADs Phase 2 Process and Outcome Evaluation: Methods and Goals

**Methods:** BBI will concurrently implement the Phase 2 evaluation with its Phase 1 PADs web-based platform evaluation during Fiscal Years 2024/2025. By Fiscal Year 2025/2026, all participating counties will implement Phase 2 through the end of the project in Fiscal Year 2028/2029. BBI will conduct a mixed methods qualitative evaluation of the processes and outcomes associated with testing and implementation of the PADs web-based platform. Our methods will include literature review, document review, meeting and training session attendance and observation, individual semi-structured interviews, and focus groups. The evaluation team may consider implementing a survey if it yields relevant data that is not obtainable through other methods. The project will culminate in publications and presentations that will be developed during the last year of the project.

BBI will participate as observers in meetings and PADs training sessions to establish baseline knowledge of the process and intended outcomes of implementing the web-based platform in each county. BBI will supplement observational data with document review to develop a regulatory and legislative context for PADs and its web-based platform specific to each county. BBI will also identify and recruit peers, county PADs project managers, community agency stakeholder staff, and legislative representatives for participation in individual interviews and focus groups. Data synthesis and a Final Evaluation Report, including individual summary county narratives, will be developed and submitted by Fiscal Year 2028/2029 of the project.

**Goals:** The goal of the BBI evaluation is to evaluate the effects of implementing, accessing, and using the web-based PADs in each Phase 2 county at the *individual*, *services*, and *systems* levels.

**I a) Evaluate the *individual* and *service* levels effects associated with testing and demonstrating the effectiveness of the PADs web-based platforms among peers and community stakeholders in Phase 2 counties by answering the following questions:**

(1) In the opinion of PADs county managers, did Phase 2 counties achieve the outcomes they specified in their work plans to test and implement the PADs web-based platform with their priority peer populations and community-based stakeholders?

(2) In the opinion of mental health legislative advocates, did PADs and its web-based platform address the county's goals for mental health treatment and recovery and for reducing the frequency of involuntary hospitalizations?

(3) In the opinion of peers, did accessing and using the PADs web-based platform positively affect their lives over the three-year evaluation period?

a. Did they experience increased feelings of empowerment, self-direction, and hope for the future by creating a web-based PAD?
b. Did they have better experiences with law enforcement, first responders, hospitals, and others when their web-based PAD was accessed and used when they were in crisis?
c. Did using a web-based PAD decrease the length of time when they were in crises and could not make their own decisions?
d. Did the use of a web-based PAD decrease the frequency of involuntary psychiatric commitments?
e. Did they feel that having a web-based PAD improved the quality of crisis response services they receive from their mental health, homelessness, criminal justice, and other agencies who work with them?
f. Was their crisis support system, including peers, family members, and stakeholder agency staff, strengthened by their use of a web-based PAD?

(4) In the opinion of community agency stakeholders, how did access and use of the PADs web-based platform positively affect how law enforcement, first responders, hospitals, and others serve peers when they are in crises over the three-year evaluation period?

a. Did orientation and training on PADs and its web-based platform improve their understanding, acceptance, and capacity to access and use web-based PADs on behalf of peers when they are in crisis situations?
b. Did they feel that accessing and using a peer's web-based platform improved their de-escalation, treatment, and support experiences when peers are in crisis situations?

c. Was the PADs web-based platform sufficiently customized to address the capacity and technology infrastructure of law enforcement, first responders, medical and mental health care providers, and other stakeholders including Care Courts in accessing and using a peer's PAD?
d. Did the PADs web-based platform affect the ways that Care Courts, law enforcement, first responders, medical and mental health care providers, and other stakeholders interact with and support peers in mental health crisis situations?
e. Was access and use of the PADs web-based platform integrated into the services that mental health agencies, including Full Services Partnerships, and community stakeholders provide to peers in crisis situations?
f. Were there indicators that access, and use of the PADs web-based platform could be sustainable and under what conditions?

**I b) Evaluate the *systems-level* effects associated with testing and implementing the PADs web-based platforms among peers and community stakeholders by answering the following questions**:

1) Were Phase 2 counties successful in aligning services, partnerships, funding, and systems in testing and demonstrating the effectiveness of the PADs web-based platform, including its acceptance and use by Care Courts?

2) Did the knowledge and experiences of implementing the PADs web-based platform in Phase 1 counties inform and improve the design, marketing, and use of the PADs web-based platform among Phase 2 counties?

3) Were precepts of peer inclusion and methods of incorporating peer perspectives established during Phase 1 relevant and effective in accessing and using the PADs web-based platform by Phase 2 counties' priority populations?

4) Were Phase 2 counties able to establish a process and plan for sustaining and replicating the access and use of the PADs web-based platform by their priority populations, and community stakeholders?

## III Workplan

BBI project leadership will work in collaboration with the PADs Project Director, each county's PADs project managers, and project sub-contractors including Chorus, Idea, Painted Brain, Rand, and others to be determined to conduct a longitudinal evaluation of the PADs web-based platform in each Phase 2 county, as below.

| Task | Methods | Timetable for Implementation |
|---|---|---|

| | | |
|---|---|---|
| Evaluate the individual, services, and systems level factors affecting implementation of web-based PADs. | Continue the Literature Review implemented during Phase 1. | *Implementation:* Within 12 months of project start through FY 2027/2028. |
| Evaluate how political, administrative, demographic, geographic and other factors specific to Phase 2 counties facilitate or challenge testing and implementing the PADs web-based platform, including within Care Courts. | Document review.<br><br>Attend and observe face-face and/or virtual meetings, workgroups and training sessions among project partners.. | *Implement*: Within 12 months of project start through FY 2027/2028. |
| Evaluate how relationships and partnerships facilitate or challenge testing and implementing the PADs web-based platform, including within Care Courts. | Attend and observe face-face and/or virtual meetings, workgroups and training sessions among project partners. | *Implement*: Within 12 months of project start through FY 2027/2028. |
| Evaluate the process and outcomes of testing and implementing the PADs web-based platform within Phase 2 counties, concurrent with their implementation of Care Courts. | Conduct **first round** individual virtual and/or in-person interviews with Phase 2 County Managers and designated legislative partners. | *Implement*: Within 12 months of project start through FY 2026/2027. |
| Evaluate the Phase 2 process and outcomes of testing and implementing the PADs web-based platform among County-identified stakeholders, including within Care Courts. | Conduct **first round** individual virtual and/or in-person interviews with County-identified stakeholders, including Care Court staff, Full Service Partnership, law enforcement, hospitals, criminal justice and other agencies serving County-designated priority populations. | *Implement:* Within 12 months of project start through FY 2026/2027. |
| Evaluate the process and outcomes of testing and implementing the PADs web-based platform among peers designated as priority populations by PADs Phase 2 counties. | Conduct **first round** individual virtual and/or in-person interviews and focus groups with peers designated as priority populations by PADs Phse 2 counties, including those who are seen by Care Courts. | *Implement:* Within 12 months of project start through FY 2026/2027. |

| | | |
|---|---|---|
| Evaluate the evolution of knowledge and use of the PADs web-based platform by County managers, peers, community agency stakeholders and legislative partners. | Conduct **second round** interviews with County managers, peers, community agency stakeholders and legislative partners and re-engage first round peer participants in focus groups. | *Implement:* Within 24 months of project start through FY 2027/2028. |
| Evaluate the evolution of knowledge and use of the PADs web-based platform by County managers, peers, community agency stakeholders and legislative partners. | Conduct **third round** interviews with County managers, peers, community agency stakeholders and legislative partners and re-engage first round peer participants in focus groups. | *Implement:* Within 36 months of project start through FY 2027/2028. |
| Synthesize longitudinal evaluation data associated with implementing the PADs web-based platform at the individual, services and systems levels that is customized to each Phase 2 county's experiences. | Draft and final evaluation reports are developed and delivered to each county. Includes a section: *'Recommendations for Replicating and Sustaining the PADs Web – Based Platform within (County's) Mental Health System of Care'* | *Implement*: Within 48 months of project start through FY 2027/2028. |
| Prepare and submit publications and presentations on the findings of the evaluation. | Develop materials summarizing the evaluation of the PADs project that could include publication in peer-reviewed journals, issues briefs and white papers, guides and toolkits, and for presentation at workshops and conferences | *Implement:* Within 60 months of project start through FY 2028/2029. |

## IV. Project Budget

In support of BBI's evaluation and research of the PADs Phase 2 Innovation Project, BBI requests a 5–year project budget, including staff allocation, travel, materials and supplies, and Syracuse University administration fees in the total project amount of **$2,550,000**. The anticipated budget apportioned by project years may be adjusted in each project year based upon the number of Phase 2 counties involved in the project and the scope and size of each county's project.

## Sustainability

Initially, for the Phase One build, the project was thought to be ready as a standalone PAD platform for the entire state to utilize. Through the thoughtful and meticulous process, a new direction emerged for the testing of the platform for use, understanding, access, training, and evaluation. With up to fifteen counties participating in the Multi-County Phase Two project, outcomes will provide details encompassing a quarter of the state's counties. Only through testing can we fully evaluate and improve the use and operability of the PADs platform.

Additional needs for sustainability are related to legislation. With Phase One acquiring AB 2352, this first step will be carried into Phase Two to align PADs language throughout the statute and allow the use of PADs in a crisis and prior to an individual being determined, by a medical or psychiatric professional, to have lost capacity.

Finally, the construction of Phase Two will give the state and legislators the information they need to carry the PADs platform forward to a statewide implementation. The Multi-County initiative will genuinely change the system of care for individuals facing a behavioral health crisis by training, testing, improving, and evolving.

## Communication

As in Phase One, counties receive an annual write-up to add to their required MHSA reporting. In addition, the annual report and all project updates are posted on the public-facing website www.padsCA.org. This type of open communication will continue in Phase Two.

# References


Concepts Forward Consulting. (2021). *Psychiatric Advance Directives, Multi-County Collaborative*. Retrieved from MHSOAC: https://mhsoac.ca.gov/sites/default/files/Multi%20County_INN_PADs_0.pdf

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## Budget

Total cost of Phase Two:

| Direct Costs | Proposal for up to 15 Counties- Budget may be adjusted for the number of total counties | | | | | |
|---|---|---|---|---|---|---|
| | FY 2024-25 | FY 2025-26 | FY 2026-27 | FY 2027-28 | FY 2028-29 | Totals |
| **Alpha/Omega-Translation** | $25,000.00 | $75,000.00 | $75,000.00 | $15,000.00 | $10,000.00 | $200,000.00 |
| **Burton Blatt Institute-Evaluation** | $350,000.00 | $600,000.00 | $675,000.00 | $700,000.00 | $175,000.00 | $2,500,000.00 |
| **Chorus-Technology-Engagement** | $450,000.00 | $450,000.00 | $300,000.00 | $200,000.00 | $100,000.00 | $1,500,000.00 |
| **Concepts Forward Consulting-Project Director** | $550,000.00 | $950,000.00 | $950,000.00 | $800,000.00 | $450,000.00 | $3,700,000.00 |
| **Idea Engineering-Marketing/Videos/Website** | $575,000.00 | $500,000.00 | $170,000.00 | $90,000.00 | $50,000.00 | $1,385,000.00 |
| **Painted Brain-Peer Consultants** | $400,000.00 | $550,000.00 | $550,000.00 | $250,000.00 | $50,000.00 | $1,800,000.00 |
| **Subtotal** | $2,350,000.00 | $3,125,000.00 | $2,720,000.00 | $2,055,000.00 | $835,000.00 | $11,085,000.00 |
| **Chorus-Technology-tech only-platform & connections** | $1,000,000.00 | $2,500,000.00 | $2,000,000.00 | $1,000,000.00 | $500,000.00 | $7,000,000.00 |
| **Subtotal** | $3,350,000.00 | $5,625,000.00 | $4,720,000.00 | $3,055,000.00 | $1,335,000.00 | $18,085,000.00 |
| **Syracuse Univ Fiscal Intermediary (15%)** | $502,500.00 | $843,750.00 | $708,000.00 | $458,250.00 | $200,250.00 | $2,712,750.00 |
| **Total** | $3,852,500.00 | $6,468,750.00 | $5,428,000.00 | $3,513,250.00 | $1,535,250.00 | $20,797,750.00 |
| **Total shared County cost proposal** | | | | | | **$20,797,750.00** |

**MENTAL HEALTH COMMISSION MEETING**
**October 8, 2024**
**COMMENTS DURING PUBLIC HEARING FOR MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLAN, MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PHASE II PROJECT**

The Mental Health Commission (MHC) regular monthly meeting was held on Tuesday, October 8, 2024, at 3:30pm at the TCMHA Wellness Center.

**Public Hearing Comments**

1. Governing Board Member Liaison Carolyn Cockrell stated the PAD's project is a unique, exiting, and viable tool that can help patients significantly. She also inquired if the funds used for this project are from the Innovation Plan. MHSA Projects Manager Sara Rodriguez replied in the affirmative.

2. Commissioner Janet Roy stated that the project appeared to be user friendly with easy-to-use tools and accessibility, noting that PADs will help with response time when in crisis.

3. Governing Board Member Liaison Carolyn Cockrell commented that when patients are in the Emergency Room often times spend several hours there or have not eaten, and food is not offered; therefore, she recommended to include a food feature under PADs. MHSA Projects Manager Sara Rodriguez stated that an allergy section is included in PADs; however, a feature for food was a great idea that can be discussed.

4. Chief Clinical Director Liz Renteria expressed excitement for the PADs project coming to fruition; and discussed that a great feature will be to upload a safety plan to PADs so that it is integrated and become part of all the treatment that can be offered to a person during a crisis. MHSA Projects Manager Sara Rodriguez answered, de-escalation goals in clinical safety plans and a PAD are similar.

5. Commissioner Frank Guzman commented that paying attention to identifiable marks was a great feature of PADs.

6. Commissioner Clarence Cernal inquired how it is being envisioned that law enforcement will have access to a PAD during a crisis. MHSA Program Coordinator Paulina Ale stated that this process still is being worked on, noting that the goal is to integrate PADs into their system so that police dispatchers can have access to PADs and be able to communicate with law enforcement personnel and help identify persons when in crisis and unable to provide their name.

7. Commission Vice-Chair Wray Ryback noted that identification marks such as tattoos, birthmarks, etc., can be used as another way to identify patients.

8. Governing Board Member Liaison Carolyn Cockrell suggested using something like a medical alert to identify persons. MHSA Projects Manager Sara Rodriguez indicated that this is also being worked on and it is envisioned that a PAD's identification can be carried in a card, bracelet, or even a dog tag to identify person easier.

9. Commissioner Sandra Christensen inquired how she can have access to complete her PAD. MHSA Program Coordinator Paulina Ale indicated that the project is still under development in Phase I; and that Phase II will begin after it is approved; thereafter, training and implementation will commence.

10. Commissioner Sandra Christensen inquired if there will be guidance when completing a PAD, and if the patients will be asked if this is what they want. MHSA Programs Coordinator Paulina Ale stated that it is anticipated that Peer Support Specialists will be designated to guide individuals through the entire process. MHSA Projects Manager Sara Rodriguez added a PAD is intended to be filled out under full consent of the client and when not in a crisis.

11. Governing Board Member Liaison Carolyn Cockrell suggested to have an IP address on phone for quick find.

**Written Comments**

**What do you see as the strengths of this plan?**

- Ability to share needs with the first responders and hospital staff.
- Much needed.
- Very much needed and extremely innovative. Helpful tool for the treatment team.
- First of all, great work! I think peers are a great resource for implementation.
- Making psychological information available for support digitally will provide better support in an emergency.
- A much-needed tool. Being of this community, I have seen firsthand a young person in crisis unable to communicate need or disabilities.
- I see this plan as one that would be very useful for their safety and healing. For their reconnection with their support system. The potential for easy access is a strength.
- Allowing individuals to direct their care treatment.
- The ability to access the need in a more timely manner.
- It takes the guesswork out of crisis reaction. The program seems well throughout.
- Self-identification of crisis characteristics and intervention needs.
- This is a fantastic tool for people to feel empowered with their mental health care.

**Please explain any concerns you have:**

- Way for access and letting people know one exists.
- Not a concern but a recommendation, train all treatment team members complete (no wrong door). Upload existing treatment plans etc.
- Adoption of the tool by individuals and support personnel. Awareness and communication plans.
- No concerns so far.
- It feels expensive but as stated the money is available through Innovations.
- Educating community.
- Confidentiality for the user.
- Is this compatible w/dark mode and also optimized for mobile? Can a PAD be created in a one-hour session? How do PADs get updated (non-or former clients)? MHSA Projects Coordinator Paulina Ale answered, currently there is no dark mode compatibility in Phase I but it is something that can be considered during Phase II. The PADS platform will be optimized for mobile devices. If someone wants to answer every aspect in their PAD in detail, then no, a PAD could not be completed in a one-hour session. A participant will be given a login that will be connected to an email and a password, so if a non- or former client wanted to update their PAD, they could do so on their own. If they prefer to have support, the participant can reach out to the Innovation team for assistance in updating their PAD.
- Concerned about directives regarding refusal of meds that are needed due to intoxication reversal or needs.
- Need for guided help in completing form.

**Any additional comments you would like to share?**

- Great job!
- I think it's a valuable tool that should be pursued. The benefits outweigh the challenges. Everyone should ultimately have a PAD, not just those with a known mental illness.
- I am interested in being a facilitator to help promote and train, where do I find more information? MHSA Projects Coordinator Paulina Ale answered, please contact Paulina Ale, MHSA Program Coordinator-Innovation at pale@tricitymhs.org.
- In permanent supportive housing, non or former clients may be in crisis. If a PAD was done in the past, does first responder have to rely on the person to find it? MHSA Projects Coordinator Paulina Ale answered, PADs are available to everyone in our community so whether a participant is or is not an active client, a PAD is still available to them. If someone creates a PAD it will always live in the platform unless the participant themselves decides to permanently delete it off the platform, so a first responder would not have to rely on the person to find it.
- Great concept!

Tri-City Mental Health Authority
AGENDA REPORT

**DATE:** **October 16, 2024**

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

**FROM:** **Diana Acosta, CPA, Interim Executive Director**

**SUBJECT:** **Consideration of Resolution No. 760 Authorizing the First Amendment to the Agreement with JS Risk Consulting for Risk Management Consulting Services; and Authorizing the Executive Director to Execute the Amendment**

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Summary:

Staff is seeking approval to authorize the Interim Executive Director to execute the First Amendment to the Agreement with JS Risk Consulting to: 1) extend the term of the Agreement to December 31, 2024; 2) modify the Scope of Services; and 3) increase compensation in the amount of $33,000 for three months ($11,000 per month) with an option to extend the Agreement for an additional three months.

Background:

For the past three years, Tri-City has been operating without key staff, including a Chief Operations Officer, who was previously responsible for departments such as Facilities, Information Technology, and support staff, as well as performed risk management duties. With upcoming legislative changes like the Behavioral Health Transformation (Proposition 1), significant resources are needed. While hiring full-time staff would be ideal, bringing in consultants for time-limited projects will help manage current tasks and forecast future staffing needs.

Staff now request authorization to extend and amend an agreement with JS Risk Consulting to continue implementing the Workplace Violence Prevention Plan (WVPP), approved by the Governing Board in July 2024. Additionally, JS Consulting will provide risk management, safety consulting, and CPI training to meet compliance requirements.

Scope of Work for JS Risk Consulting:

- Oversee the implementation of the WVPP.
- Develop and conduct safety and crisis prevention training for all staff.
- Consult on general risk management and prevention procedures.
- Conduct Supervisor/Leadership training in risk management.
- Lead Tri-City's Safety Committee.

CPI Training: Founded in 1980, the Crisis Prevention Institute (CPI) offers noninvasive methods for managing disruptive behavior. Tri-City previously utilized CPI's Train-the-Trainer model, but with staff turnover and expired certifications, re-training is essential. JS Risk Consulting has the capacity to quickly train all staff.

JS Risk Consulting has previously assisted Tri-City with insurance policies, best practices, and compliance with Senate Bill 553, which required implementing the WVPP. After completing the initial WVPP implementation, additional consulting services are needed to enhance the plan and safety committee. The consultant has also identified further operational areas of improvements as they relate to risk management.

Per Section 3.7.1 of our purchasing policy, Professional Services are exempt from competitive pricing but require a competitive selection or qualification process to ensure the most qualified provider is chosen. Professional Services require specialized knowledge, discretion, or judgment, typical of consultants, attorneys, and engineers.

Jiles Smith, owner of JS Risk Consulting, has been consulting since 2019, with over 35 years of experience in leadership, risk management, and safety. Appointed by two Governors to the State Fraud Assessment Commission, he has extensive expertise in Workers' Compensation and multi-state regulations. A respected industry leader, he has presented on IDR (Independent Dispute Resolution) and trained city personnel. His work in fraud prevention with the Department of Insurance, allocating over $53 million annually, has shaped key legislation in California's $15 billion insurance industry. Tri-City staff have consulted other agencies to verify his qualifications, and he comes highly recommended.

JS Risk Consulting business partner, Sheila Mallett-Smith, DNP, MSN, RN, LNCC, is the former Clinical Nursing Director of Emergency Services at Los Angeles General Medical Center, where she served for over 35 years in Emergency Services, including the Adult ED, Peds ED, Psych ED, Jail ED/Med-Surg, ED Behavioral Response Team, Urgent Care, Post-Visit Care Coordination, Observation Units, and Orthopedic Evaluation and Treatment Clinic. Sheila was the lead on the publication Implementation of an Assault Prevention Quality Improvement Initiative in an Urban Emergency Department and co-lead on publications Zero Staff Assaults in the Psychiatric Emergency Room.

Fiscal Impact:

The cost for consulting services total of $33,000 for three months (with an option to extend an additional three months) will be funded from a combination of 1991 Realignment and MHSA Funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 760 authorizing the Interim Executive Director to execute the First Amendment to the Agreement with JS Risk Consulting for Risk Management Consulting Services.

Attachments:

*Attachment 4-A*: Resolution No 760 – Draft

*Attachment 4-B*: First Amendment to Agreement with Risk Consulting – Draft

**RESOLUTION NO. 760**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE FIRST AMENDMENT TO AGREEMENT WITH JS RISK CONSULTING FOR RISK MANAGEMENT CONSULTING SERVICES, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AMENDMENT**

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

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

A. Tri-City Mental Health Authority ("Authority" or "TCMHA"), through its Executive Director, on August 1, 2024 entered into an agreement with JS Risk Consulting in an amount not to exceed $25,000.00, for Risk Management Consulting Services in connection with the Workplace Violence Prevention Plan/Program.

B. The Authority desires to execute the First Amendment to the Risk Management Consulting Services Agreement with JS Risk Consulting to: 1) extend the term of the Agreement to December 31, 2024; 2) increase the compensation for additional risk management services; and 3) modify the Scope of Services.

A. The Authority affirms that JS Risk Consulting is an independent contractor and not an employee, agent, joint venture or partner of TCMHA. The Agreement does not create or establish the relationship of employee and employer between JS Risk Consulting and TCMHA.

**2. Action**

The Authority's Executive Director is authorized to enter into and execute the First Amendment to the Agreement with JS Risk Consulting extending the term of the Agreement to December 31, 2024 in the amount of $11,000.00 per month for additional risk management services; with an option to extend the Agreement for an additional three months.

[Continues on Page 2]

**3. Adoption**

PASSED AND ADOPTED at an Adjourned Regular Meeting of the Governing Board held on October 23, 2024, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

JED LEANO, CHAIR

APPROVED AS TO FORM:

STEVEN L. FLOWER, GENERAL COUNSEL

ATTEST:

MICAELA P. OLMOS, RECORDING SECRETARY

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

www.tricitymhs.org

# FIRST AMENDMENT

# TO

# INDEPENDENT CONTRACTOR AGREEMENT

# BETWEEN

# TRI-CITY MENTAL HEALTH AUTHORITY

# AND

# JS RISK CONSULTING

# DATED

# AUGUST 1, 2024

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

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

**Clinical Office / Child & Family**
1900 Royalty Drive, Suite 180
Pomona, CA 91767
Phone (909) 766-7340
Fax (909) 865-0730

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

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

**ATTACHMENT 4-B**

# TABLE OF CONTENTS

# FIRST AMENDMENT

## INDEPENDENT CONTRACTOR AGREEMENT BY AND BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY AND JS RISK CONSULTING

### 1. PARTIES AND DATE

This First Amendment ("First Amendment") is made and entered into as of October 23, 2024 ("First Amendment Date"), by and between TRI-CITY MENTAL HEALTH AUTHORITY, a California joint powers authority ("TCMHA" or "Authority") and JS RISK CONSULTING, with its principal place of business at 29190 Ridgeline Court, Temecula, California 92590 (the "CONTRACTOR"). TCMHA and CONTRACTOR are sometimes individually referred to as a "Party" and collectively as "Parties."

### 2. RECITALS

a. TCMHA and CONTRACTOR entered into an Independent Contractor Agreement effective August 1, 2024 ("Agreement") for Risk Management Consulting Services.

b. The Parties desire to enter into a First Amendment to the Agreement to: 1) extend the term of the Agreement to December 31, 2024; 2) increase the CONTRACTOR's compensation for additional risk management services; and 3) modify the Scope of Services; incorporated and made part of the First Amendment as 'Exhibit 1.'

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

### 3. AMENDMENT

a. Exhibit A (Scope of Services) to the Agreement is hereby amended by the addition thereto of Exhibit 1 to this First Amendment. Exhibit A to the Agreement shall remain otherwise unchanged. The hourly rate of $120.00, and the monthly compensation of $11,000.00 shall remain unchanged.

b. Section 7 (Term) of the Agreement is hereby amended and restated in its entirety to read as follows:

> "The Term of this Agreement shall be from August 1, 2024 to December 31, 2024, with an option to extend three additional months, unless earlier terminated in accordance with the provisions of Section 8 below; or renewed subject to an amendment to this Agreement."

### 4. REAFFIRMATION OF OTHER TERMS

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

**5. EXECUTION**

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

**TRI-CITY MENTAL HEALTH AUTHORITY** **JS RISK CONSULTING**

By: _____ By: _____
Diana Acosta, Interim Executive Director Jiles Smith, Owner

**Attest:**

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

**Approved as to Form:**
RICHARDS WATSON & GERSHON

By: _____
Steven L. Flower, General Counsel

# EXHIBIT 1

Statement of Work

## JS Risk Consulting

29190 Ridgeline Court
Temecula, CA 92590

**SOW for agreement to perform consulting services to This Statement of Work ("SOW") between Tri-City Mental Health Authority**

| Date: | Services performed by: | Services performed for: |
|---|---|---|
| October 14, 2024 | JS Risk Consulting<br>29190 Ridgeline Court<br>Temecula, CA 92590 | Tri-City Mental Health Authority<br>1717 N. Indian Hill Blvd.<br>Claremont, CA 91711 |

This Statement of Work ("SOW") between Tri-City Mental Health Authority ("Client") and JS Risk Consulting ("Contractor") is effective October 1, 2024. This SOW is subject to the terms and conditions contained in the Contractor Agreement between the parties dated August 1,2024 ("Agreement") and is made a part thereof. Any term not otherwise defined herein shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this SOW and the terms of this Agreement, the terms of the Agreement shall govern and prevail.

## Period of performance

The Services shall commence on October 1, 2024, through December 31, 2024 with an option to extend for up to an additional three months as deemed necessary by TCMHA.

## Background

Tri-City Mental Health Authority awarded a Contractor Agreement for Risk Management Consulting Services to JS Risk Consulting and wishes to add additional services to the Scope of Work in connection to Workplace Violence Prevention Plan and Crisis Prevention Institute Non-Violent Crisis Intervention Training.

## Scope of Work

JS Risk Consulting will be responsible for the Scope of Work as noted below which is referred to as Services in package level C which was selected by TCMHA. Additionally, TCMHA has provided a list of immediate needs to continue the momentum of the Workplace Violence Prevention Plan/Program.

## Deliverable materials

The Contractor deliverables will match the Contractor responsibilities.

## Contractor responsibilities

JS Risk Consulting will conduct the following services, with a continued focus in Workplace Violence Prevention Plan/Program (WVPP) and consulting risk management services:

- Training as instructors through the Crisis Prevention Institute (CPI) and designing/preparing CPI Non-Violent Crisis Intervention Training specifically for TCMHA public facing team members by October 31, 2024.
- Conducting 8-hour CPI Non-Violence Crisis Intervention training sessions for 65% of 175 public-facing team members by December 31, 2024.
- Scheduling CPI Non-Violent Crisis Intervention Training sessions to commence at 8:00 am November 12, 2024. As many training sessions as can be arranged with 12-20 team members in attendance 2 days a week by December 31, 2024.
- Continuing to provide support the new Safety Committee and Workplace Violence Prevention Plan/Program.
- Continuing to work with TCMHA leaders to evaluate and support other identified training needs according to OSHA and regulatory needs.
- Provide Leadership training in risk management.

## Client responsibilities

Client agrees to the Package C Level of Service for 20-30 hours a week or 90-120 hours per month. Client agrees to provide Contractor with information, access, introductions, data, and coordination to meet the requirements of the contract.

The client will be responsible for the instructor training costs for CPI Non-Violent Crisis Intervention and Mental Health module training of approximately $7,399. The client will be responsible for purchasing 175 Participant Workbooks for the public-facing employees attending the Tri-City CPI Non-Violence Crisis Intervention training at an additional cost of $29.99 per booklet for a total estimated cost $5,248.25 prior to the training. The client will be responsible for arranging the room and IT support for the CPI Non-Violent Crisis Intervention training classes.

## Fee schedule

TCMHA shall pay Contractor a monthly fee of $11,000 for the selected Level C Service option for 90-120 hours a month. The Agreement will be for three months from October 1, 2024, through December 31, 2024 with an option to extend for an additional three months based on needs of TCMHA. The Contractor will provide invoices to the client for all work performed. Any work product requiring more than 120 hours a month at an hourly rate of one hundred and twenty ($120) dollars shall be pre-approved in writing by Executive Director before incurring additional hours of service.

| Bill-to address | Client Project Manager | Client Cost Center |
|---|---|---|
| Tri-City Mental Health Authority<br>1717 N. Indian Hill Blvd.<br>Claremont, CA 91711 | Interim Executive Director, Diana Acosta | |

## Out-of-pocket expenses/invoice procedures

Client will be invoiced monthly for the consulting services and T&L expenses. Standard Contractor invoicing is assumed to be acceptable. Invoices are due upon receipt. Any out-of-pocket expenses will be discussed and agreed upon by the Client before the Contractor incurs the expense.

Invoices shall be submitted monthly in arrears to the address indicated above. Each invoice will reflect charges for the time period being billed and cumulative figures for previous periods. Terms of payment for each invoice are due upon receipt by Client of a proper invoice. Contractor shall provide Client with sufficient details to support its invoices, including time sheets for services performed and expense receipts and justifications for authorized expenses, unless otherwise agreed to by the parties.

## Completion criteria

Contractor shall have fulfilled its obligations when any one of the following first occurs:

- Contractor accomplishes the Contractor activities described within this SOW, including delivery to Client of the materials listed in the Section entitled "Deliverable Materials", and Client accepts such activities and materials without unreasonable objections.
- Contractor and/or Client has the right to cancel services or deliverables not yet provided with 10 working days advance written notice to the other party.

Tri-City Mental Health Authority
AGENDA REPORT

**DATE:** October 23, 2024

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

**FROM:** Diana Acosta, CPA, Interim Executive Director
Trevor Bogle, Interim Chief Financial Officer

**SUBJECT:** Approval of Tri-City Mental Health Authority's Membership in California Behavioral Health Directors Association (CBHDA) for Fiscal Year 2024-25

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Summary:

The County Behavioral Health Directors Association of California (CBHDA) is a non-profit association that provides leadership, advocacy, programs, and support to the behavioral health directors from California's 58 counties, the City of Berkeley, and Tri-City Mental Health Authority. Tri-City staff seeks the Governing Board's approval for payment of TCMHA's annual dues to continue membership in CBHDA.

Background:

As the state has continued its climb out of the effects of the pandemic, policymakers have continued to focus intensely on making significant changes in the behavioral health space, with an eye toward reforms that target the safety net, particularly on issues related to homelessness, and themes of accountability for the consumers and the delivery system. The State's transition to BHSA from MHSA via its behavioral health reform policies has added additional complexities which will require advocacy and support from CBHDA. CBHDA has remained an essential partner to TCMHA and the state in building out its policy agenda and guiding implementation of numerous, significant, concurrent system reforms.

Fiscal Impact:

TCMHA's membership fee of $52,611 with CBHDA will be covered by both MHSA and Realignment funds.

Recommendation:

Staff recommends that the Governing Board approves to continue TCMHA's membership with CBHDA in the amount of $52,611 for Fiscal Year 2024/2025 effective July 1, 2024 through June 30, 2025.

Attachment:

None.

Tri-City Mental Health Authority
# MONTHLY STAFF REPORT

**DATE:** October 23, 2024

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

**FROM:** Diana Acosta, CPA Interim Executive Director

**SUBJECT:** Interim Executive Director's Monthly Report

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## GRAND REOPENING OF THE THERAPEUTIC COMMUNITY GARDEN

On October 10, 2024, TCMHA celebrated the grand reopening of the Therapeutic Community Garden (TCG). Since 2011, the TCG located next to TCMHA's adult clinic, has offered a serine location where clients and community members can learn about the benefits of horticulture therapy. Over the past few years, TCG has undergone a major transformation and is now open again for clients and community members to access as a place of healing and growth. The grand reopening and ribbon cutting ceremony included a tour of the newly refurbished garden, wellness arts and crafts, as well as snacks and refreshments. Guest speakers included members of Tri-City's Mental Health Commission and Governing Board. Additional attendees consisted of TCMHA staff and local community members. This reopening marks a new chapter for TCMHA and their continued commitment to foster the mental wellbeing of the individuals we serve.

## BEHAVIORAL HEALTH TRANSFORMATION UPDATE

Since the passing of Proposition 1, TCMHA staff have dedicated their time and attention to participating in numerous workgroups hosted by the California Behavioral Health Directors Association (CBHDA). These virtual meetings are well attended by members of all California counties who are provided the opportunity to offer feedback and recommendations to CBHDA on how the pending changes under the Behavioral Health Services Act (BHSA) may impact their programming. This feedback is then shared with the Department of Health Care Services (DHCS) who is tasked with interpreting Proposition 1 and creating guidelines on how to implement the new requirements. Although DHCS has not made any final decisions regarding the BHSA rollout, TCMHA staff are proactively reviewing current MHSA funded programs to determine if any programs need restructuring or are at risk of defunding. This also allows staff an opportunity to research additional funding sources to supplement BHSA dollars.

## HUMAN RESOURCES

<u>Staffing – Month Ending September 2024</u>

- Total Staff is 204 full-time and 6 part-time, plus 44 full time vacancies and 4 part-time vacancies for a total of 253 positions.
- There were 4 new hires in September 2024.

- There were 5 separations in September 2024.

Workforce Demographics in September 2024

- American Indian or Alaska Native = 0.48%
- Asian = 8.57%
- Black or African American = 7.62%
- Hispanic or Latino = 61.43%
- Native Hawaiian or Other Pacific Islander = 0.48%
- Other = 2.38%
- Two or more races = 2.38%
- White or Caucasian = 16.67%

Posted Positions in September 2024

- Behavioral Health Specialist – Adult (1 FTE)
- Clinical Supervisor I/II Mobile Crisis (1 FTE)
- Clinical Therapist I/II – Adult (5 FTEs)
- Clinical Therapist I/II – Children's (3 FTEs)
- Clinical Therapist I/II – Mobile Crisis (2 FTEs) *1 hire pending*
- Executive Director (1 FTE)
- Facilities Maintenance Worker (1 FTE) *1 hire pending*
- Office Assistant - CS (1 FTE)
- Office Specialist - CS (1 FTE) *1 hire pending*
- Office Assistant – Front Desk (1 FTE)
- Office Specialist – Front Desk (1 FTE)
- Peer Support Specialist I/II - Mobile Crisis (2 FTEs)
- Psychiatric Technician I/II (3 FTEs) *1 hire pending*
- Psychiatric Technician I/II – Mobile Crisis (3 FTEs)
- Psychiatrist (1 FTE)
- Quality Assurance Specialist II (2 FTEs)

COVID-19 Update

Effective March 1, 2022, the California Department of Public Health (CDPH) required healthcare workers to be vaccinated against COVID-19 or have an approved exemption. As of September 30, 2024, TCMHA staff have a vaccination compliancy rate of 88.10%. In February 2024, TCMHA, in conjunction with the County of LA's Department of Public Health requirement, reduced our masking requirement for healthcare workers that have received both the 2023-2024 COVID-19 vaccine booster and the influenza vaccine. As of September 30, 2024, 32.43% of our current vaccinated workforce has received both vaccinations. As reported in last month's update, Los Angeles County Department of Public Heath continues their requirement that all healthcare workers must be vaccinated with both the 2024-2025 influenza and COVID-19 vaccines or wear a mask effective November 1, 2024.

Tri-City Mental Health Authority
# MONTHLY STAFF REPORT

**DATE:** October 23, 2024

**TO:** Governing Board of Tri-City Mental Health Authority
Diana Acosta, CPA, Interim Executive Director

**FROM:** Trevor Bogle, Interim Chief Financial Officer

**SUBJECT:** Monthly Finance and Facilities Report

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## UNAUDITED FINANCIAL STATEMENTS FOR THE TWO MONTHS ENDED AUGUST 31, 2024 (2025 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the two months ended August 31, 2024. 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 $12.4 million. MHSA operations accounted for approximately $12.6 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 2024, Tri-City received MHSA funding of approximately $20.7 million, of which $13.2 million were for approved programs for fiscal 2024-25 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2024. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2024-25. In addition, during this current fiscal year 2024-25 approximately $8.9 million in MHSA funding has been received of which $2.6 million was identified and approved for use in the current fiscal year 2024-25 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately $15.8 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 $152 thousand is from Clinic outpatient operations, which is the result of operations for the two months ended August 31, 2024 which includes one-time payments made at the beginning of the year.

The total cash balance at August 31, 2024 was approximately $58.3 million, which represents an increase of approximately $10.5 million from the June 30, 2024 balance of approximately $47.8 million. Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately $2.3 million primarily as a result timing of cash receipts from LADMH. MHSA operations reflected an increase in cash of approximately $8.2 million, after excluding intercompany receipts or costs resulting from clinic operations. Total increase in MHSA cash reflects the receipt of approximately $8.9 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately $7.2 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the two months ended August 31, 2024. As of the date of the report, approximately $1.1 million of additional receipts are related to fiscal year 2023-24 receivables.

## UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update:

We continue to closely monitor for any new developments, changes to legislation and updated revenue projections from CBHDA, specifically with regard to MHSA as these revenues continually fluctuate and as evidenced in the past and as noted below, significantly differ from original projections as well as revised projections. As such, planning appropriately to ensure we meet the needs of our community, and having the ability to make changes as we go will be necessary in the upcoming years, especially if projections wind up being significantly different than currently projected. Management has completed the RFP process for audit services and has brought a new contract to the Board for approval at the July meeting. Additionally, management has prepared the annual budget and has brought it for Board approval also at the July meeting.

Audit:

Field work for the annual independent audit started on August 22, 2024 for the interim phase. The final phase of the audit commenced October 1, 2024 with the goal of issuance in November 2024 and the delivery to the Board at the November meeting.

MHSA Funding Updates:

***Estimated Current Cash Position*** – The following table represents a brief summary of the estimated (unaudited) current MHSA cash position as of the two months ended August 31, 2024.

| | | MHSA | |
|---|---|---|---|
| Cash at June 30, 2024 | $ | 36,745,684 | |
| Receivables net of Reserve for Cost Report Settlements | | (3,106,897) | |
| Prudent Reserves | | (2,200,000) | * |
| Estimated Remaining Expenses for Operations FY 2023-24 | | (15,545,375) | ** |
| Reserved for future CFTN Projects | | (255,700) | |
| Total Estimated Adjustments to Cash | | (21,107,972) | |
| Estimated Available at June 30, 2025 | $ | 15,637,712 | |
| Estimated remaining MHSA funds to be received in FY 2023-24 | $ | 5,268,729 | |

* Per SB 192, Prudent Reserves are required to be maintained at an amount that does not exceed 33% of the average Community Services and Support (CSS) revenue received for the fund, in the preceding 5 years.

** Estimated based on to-date actuals projected through year-end June 30, 2024, net of estimated Medi-Cal revenue, including actual and estimated amounts to year end 06/30/2024.

***MHSA Expenditures and MHSA Revenue Receipts*** –

| Included in the MHSA FY 2023-24 Annual Update | CSS | PEI | Innovation | WET | CFTN | Totals |
|---|---|---|---|---|---|---|
| Estimated Unspent Funds from Prior Fiscal Years | 16,544,291 | 4,476,308 | 3,107,758 | 1,431,643 | 2,729,658 | 28,289,658 |
| Transfers in FY 2023-24 | (2,500,000) | - | | 500,000 | 2,000,000 | - |
| Available for Spending in FY 2023-24 | 14,044,291 | 4,476,308 | 3,107,758 | 1,931,643 | 4,729,658 | 28,289,658 |
| Approved Plan Expenditures during FY 2023-24 | (11,610,705) | (3,336,066) | (980,883) | (611,680) | (980,700) | (17,520,034) |
| Remaining Cash before new funding | 2,433,586 | 1,140,242 | 2,126,875 | 1,319,963 | 3,748,958 | 10,769,624 |
| Estimated New FY 2023-24 Funding | 11,178,109 | 2,794,527 | 735,402 | | | 14,708,038 |
| Estimated Ending FY 2023-24 Unspent Fund Balance | 13,611,695 | 3,934,769 | 2,862,277 | 1,319,963 | 3,748,958 | 25,477,662 |
| * ***Updated*** Funding Estimates for FY 2023-24 *(as of June of 2023)* | 17,998,168 | 4,499,542 | 1,184,090 | - | - | 23,681,800 |

MHSA Reversion Update:

Each remittance of MHSA funds received by Tri-City is required to be allocated among three of the five MHSA Plans, CSS, PEI and INN. The first 5% of each remittance is required to be allocated to INN and the remaining amount is split 80% to CSS and 20% to PEI. While the WET and the CapTech plans have longer time frames in which to spend funds (made up of one-time transfers into these two plans), the CSS, PEI and INN plans have three years.

Amounts received within the CSS and PEI programs must be expended within three years of receipt. INN amounts must be programmed in a plan that is approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) within three years of receipt, and spent within the life of the approved program. Upon approval by the MHSOAC, INN amounts have to be expended within the life of said program. For example, a program approved for a five-year period will have the full five years associated with the program to expend the funds.

The following tables are **excerpts** from DHCS's annual reversion report received by Tri-City on February 29, 2024 based on the fiscal year 2022-23 Annual Revenue and Expense Report (ARER). The next updated information from DHCS is expected in March of 2025.

## CSS reversion waterfall analysis

**CSS amounts received**

| | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 | FY 2023-24* | Total |
|---|---|---|---|---|---|---|---|
| | 8,797,914 | 9,293,482 | 11,824,329 | 13,252,035 | 9,139,346 | **14,638,889** | 75,622,843 |
| **Expended in:** | | | | | | | |
| 2017-18 | | | | | | | - |
| 2018-19 | - | | | | | | 939,014 |
| 2019-20 | 1,290,269 | - | | | | | 9,028,103 |
| 2020-21 | 7,507,645 | 3,546,924 | - | | | | 11,054,569 |
| 2021-22 | | 5,746,558 | 3,676,533 | - | | | 9,423,091 |
| 2022-23 | | | 8,147,796 | 5,723,323 | - | | 13,871,119 |
| 2023-24 ** | | | | **7,528,712** | **6,581,993** | - | **14,110,705** |
| 2024-25 ** | | | | | **2,557,353** | **12,499,284** | **15,056,637** |
| 2025-26 | | | | | | | - |
| Total Expended | 8,797,914 | 9,293,482 | 11,824,329 | 13,252,035 | 9,139,346 | 12,499,284 | 73,483,238 |
| Unspent Balance | - | - | - | - | - | 2,139,605 | 2,139,605 |

*=Based on latest revenue projections

**=Planned Expenditures based on approved MHSA Plan

## PEI reversion waterfall analysis

| | PEI amounts received | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 | FY 2023-24* | Total |
| | 2,145,788 | 2,119,324 | 2,173,110 | 2,948,240 | 3,311,501 | 2,260,797 | 3,659,723 | 18,618,483 |
| **Expended in:** | | | | | | | | |
| 2017-18 | 726,119 | | | | | | | 726,119 |
| 2018-19 | 1,419,669 | 387,017 | | | | | | 1,806,686 |
| 2019-20 | - | 1,644,825 | - | | | | | 1,644,825 |
| 2020-21 | | 87,482 | 1,746,984 | - | | | | 1,834,466 |
| 2021-22 | | | 426,126 | 1,309,696 | | | | 1,735,822 |
| 2022-23 | | | | 1,638,544 | 1,718,632 | | | 3,357,176 |
| 2023-24 ** | | | | | ***1,592,869*** | ***1,743,197*** | | **3,336,066** |
| 2024-25 ** | | | | | | ***517,600*** | ***3,488,812*** | 4,006,412 |
| 2025-26 ** | | | | | | | | - |
| Total Expended | 2,145,788 | 2,119,324 | 2,173,110 | 2,948,240 | 3,311,501 | 2,260,797 | 3,488,812 | 18,447,572 |
| Unspent Balance | - | - | - | - | - | - | 170,911 | 170,911 |

*=Based on latest revenue projections

**=Planned Expenditures based on approved MHSA Plan

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

## INN reversion waterfall analysis

| INN | Reallocated AB 114 | FY 17-18 | FY 18-19 | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 | |
|---|---|---|---|---|---|---|---|---|
| Encumbered Unspent Funds3 | 799,187 | 302,889 | 580,471 | 550,879 | 784,114 | 245,707 | - | |
| Unencumbered Unspent Funds4 | - | - | - | - | - | 628,829 | 620,101 | |
| **Unspent Balance** | **799,187** | **302,889** | **580,471** | **550,879** | **784,114** | **874,536** | **874,536** | |
| **Encumbered Funds Starting Balance →** | **799,187** | **302,889** | **580,471** | **550,879** | **784,114** | **245,707** | **-** | |
| **Applied Expenditure ↓** | | | | | | | | **Applied Expenditure ↓** |
| FY 15-16 | | | | | | | | - |
| FY 16-17 | | | | | | | | - |
| FY 17-18 | 304,376 | - | | | | | | 304,376 |
| FY 18-19 | 131,206 | - | - | | | | | 131,206 |
| FY 19-20 | 355,393 | - | - | - | | | | 355,393 |
| FY 20-21 | 8,212 | - | - | - | - | | | 8,212 |
| FY 21-22 | - | 302,889 | 25,035 | - | - | - | | 327,924 |
| FY 22-23 | - | - | 555,436 | 179,342 | - | - | - | 734,778 |
| FY 23-24 | | | | | | | | |
| **Encumbered Unspent Balance →** | - | - | - | 371,537 | 784,114 | 245,707 | - | |

Note that in fiscal year 2024, the INN *Community Planning Process for Innovation Project(s)* program was approved by the MHSAOAC in the amount of $675 thousand. Thus, the remaining unencumbered amounts needing to be programmed by June 30, 2025 is $574 thousand.

Attachments

*Attachment 7-A*: June 30, 2024 Unaudited Monthly Financial Statements

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

| | AT AUGUST 31, 2024 | | | AT JUNE 30, 2024 | | |
|---|---|---|---|---|---|---|
| | **TCMH** | **MHSA** | **Consolidated** | **TCMH** | **MHSA** | **Consolidated** |
| | **Unaudited** | **Unaudited** | **Unaudited** | **Unaudited** | **Unaudited** | **Unaudited** |
| **Current Assets** | | | | | | |
| Cash | $ 12,164,674 | $ 46,191,809 | $ 58,356,483 | $ 11,061,930 | $ 36,745,684 | $ 47,807,614 |
| Accounts receivable, net of reserve for uncollectible accounts $604,435 at August 31, 2024 and $945,619 at June 30, 2024 | 4,365,120 | 4,069,603 | 8,434,722 | 6,958,443 | 6,511,598 | 13,470,040 |
| Total Current Assets | 16,529,794 | 50,261,411 | 66,791,205 | 18,020,372 | 43,257,282 | 61,277,654 |
| **Property and Equipment** | | | | | | |
| Land, building, furniture and equipment | 4,116,815 | 10,907,873 | 15,024,688 | 4,100,520 | 10,766,682 | 14,867,203 |
| Accumulated depreciation | (2,882,740) | (5,042,663) | (7,925,403) | (2,864,375) | (4,972,020) | (7,836,395) |
| Rights of use assets-building lease | 1,753,343 | - | 1,753,343 | 1,753,343 | - | 1,753,343 |
| Accumulated amortization-building lease | (1,455,028) | - | (1,455,028) | (1,395,366) | - | (1,395,366) |
| Rights of use assets-SBITA | 1,298,467 | - | 1,298,467 | 1,298,467 | - | 1,298,467 |
| Accumulated amortization-SBITA | (588,073) | - | (588,073) | (588,073) | - | (588,073) |
| Total Property and Equipment | 2,242,784 | 5,865,210 | 8,107,995 | 2,304,516 | 5,794,663 | 8,099,179 |
| **Other Assets** | | | | | | |
| Deposits and prepaid assets | 625,785 | 63,245 | 689,030 | 93,757 | 63,245 | 157,002 |
| Note receivable-Housing Development Project | - | 2,800,000 | 2,800,000 | - | 2,800,000 | 2,800,000 |
| Total Noncurrent Assets | 2,868,570 | 8,728,455 | 11,597,025 | 2,398,273 | 8,657,908 | 11,056,181 |
| **Total Assests** | 19,398,364 | 58,989,866 | 78,388,230 | 20,418,645 | 51,915,190 | 72,333,835 |
| **Deferred Outflows of Resources** | | | | | | |
| Deferred outflows related to the net pension liability | 6,257,996 | - | 6,257,996 | 6,257,996 | - | 6,257,996 |
| Total Deferred Outflows of Resources | 6,257,996 | - | 6,257,996 | 6,257,996 | - | 6,257,996 |
| **Total Assets and Deferred Outflows of Resouces** | **$ 25,656,360** | **$ 58,989,866** | **$ 84,646,226** | **$ 26,676,641** | **$ 51,915,190** | **$ 78,591,831** |
| **LIABILITIES** | | | | | | |
| **Current Liabilities** | | | | | | |
| Accounts payable | 565,106 | 50,813 | 615,919 | 608,213 | 452,165 | 1,060,378 |
| Accrued payroll liabilities | 198,826 | 547,120 | 745,946 | 93,247 | 262,608 | 355,855 |
| Accrued vacation and sick leave | 610,370 | 1,250,346 | 1,860,715 | 636,668 | 1,264,537 | 1,901,206 |
| Deferred revenue | 578,324 | - | 578,324 | 496,724 | - | 496,724 |
| Reserve for Medi-Cal settlements | 3,956,896 | 3,513,860 | 7,470,755 | 3,673,280 | 3,201,942 | 6,875,222 |
| Current portion of lease liability | 298,315 | - | 298,315 | 357,977 | - | 357,977 |
| Current portion of SBITA liability | 308,979 | - | 308,979 | 308,979 | - | 308,979 |
| Total Current Liabilities | 6,516,816 | 5,362,139 | 11,878,954 | 6,175,088 | 5,181,252 | 11,356,340 |
| **Intercompany Acct-MHSA & TCMH** | (1,032,766) | 1,032,766 | - | 177,414 | (177,414) | - |
| **Long-Term Liabilities** | | | | | | |
| Lease liability | - | | - | - | - | - |
| SBITA liability | 401,415 | | 401,415 | 401,415 | - | 401,415 |
| Net pension liability | 9,745,737 | - | 9,745,737 | 9,745,737 | - | 9,745,737 |
| Unearned MHSA revenue | - | 7,664,950 | 7,664,950 | - | 1,383,814 | 1,383,814 |
| Total Long-Term Liabilities | 10,147,152 | 7,664,950 | 17,812,102 | 10,147,152 | 1,383,814 | 11,530,966 |
| **Total Liabilities** | 15,631,202 | 14,059,855 | 29,691,057 | 16,499,654 | 6,387,651 | 22,887,305 |
| **Deferred Inflow of Resources** | | | | | | |
| MHSA revenues restricted for future period | - | - | - | - | 13,188,357 | 13,188,357 |
| Deferred inflows related to the net pension liability | 156,688 | - | 156,688 | 156,688 | - | 156,688 |
| Total Deferred Inflow of Resources | 156,688 | - | 156,688 | 156,688 | 13,188,357 | 13,345,045 |
| **NET POSITION** | | | | | | |
| Invested in capital assets net of related debt | 1,234,075 | 5,865,210 | 7,099,286 | 1,236,145 | 5,794,663 | 7,030,808 |
| Restricted for MHSA programs | - | 39,064,802 | 39,064,802 | - | 26,544,519 | 26,544,519 |
| Unrestricted | 8,634,394 | - | 8,634,394 | 8,784,153 | - | 8,784,153 |
| Total Net Position | 9,868,469 | 44,930,012 | 54,798,481 | 10,020,298 | 32,339,182 | 42,359,480 |
| **Total Liabilities, Deferred Inflows of Resources and Net Position** | **$ 25,656,360** | **$ 58,989,866** | **$ 84,646,226** | **$ 26,676,641** | **$ 51,915,190** | **$ 78,591,831** |

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

**TRI-CITY MENTAL HEALTH AUTHORITY**
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**
**TWO MONTHS ENDED AUGUST 31, 2024 AND 2023**

| | PERIOD ENDED 8/31/24 | | | PERIOD ENDED 8/31/23 | | |
|---|---|---|---|---|---|---|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited |
| **OPERATING REVENUES** | | | | | | |
| Medi-Cal FFP | $ 569,879 | $ 813,823 | $ 1,383,702 | $ 502,141 | $ 607,001 | $ 1,109,143 |
| Medi-Cal SGF-EPSDT | 208,424 | 298,249 | 506,673 | 210,296 | 268,293 | 478,589 |
| Medicare | 1,064 | 503 | 1,567 | 934 | 963 | 1,897 |
| Contracts | - | 5,479 | 5,479 | - | 5,202 | 5,202 |
| Patient fees and insurance | - | - | - | 21 | - | 21 |
| Rent income - TCMH & MHSA Housing | 2,156 | 9,341 | 11,497 | 1,848 | 10,295 | 12,143 |
| Other income | 152 | 143 | 295 | 72 | 39 | 111 |
| **Net Operating Revenues** | **781,675** | **1,127,537** | **1,909,211** | **715,311** | **891,794** | **1,607,105** |
| **OPERATING EXPENSES** | | | | | | |
| Salaries, wages and benefits | 1,433,395 | 3,439,783 | 4,873,178 | 1,422,472 | 2,934,540 | 4,357,013 |
| Facility and equipment operating cost | 110,084 | 235,166 | 345,250 | 77,238 | 171,201 | 248,439 |
| Client lodging, transportation, and supply expense | 1,869 | 410,018 | 411,888 | 65,736 | 12,785 | 78,521 |
| Depreciation & amortization | 49,690 | 98,980 | 148,670 | 50,156 | 101,321 | 151,477 |
| Other operating expenses | 151,562 | 418,831 | 570,393 | 274,877 | 372,752 | 647,629 |
| **Total Operating Expenses** | **1,746,600** | **4,602,779** | **6,349,379** | **1,890,479** | **3,592,600** | **5,483,079** |
| **OPERATING (LOSS) (Note 1)** | **(964,925)** | **(3,475,242)** | **(4,440,167)** | **(1,175,168)** | **(2,700,806)** | **(3,875,974)** |
| **Non-Operating Revenues (Expenses)** | | | | | | |
| Realignment | 609,225 | - | 609,225 | 609,225 | - | 609,225 |
| MHSA funds | - | 15,778,238 | 15,778,238 | - | 15,121,318 | 15,121,318 |
| Grants and Contracts | 133,703 | - | 133,703 | 169,394 | - | 169,394 |
| Interest Income net with FMV | 70,168 | 287,834 | 358,002 | 31,399 | 182,576 | 213,976 |
| Total Non-Operating Revenues (Expense) | 813,096 | 16,066,072 | 16,879,168 | 810,019 | 15,303,894 | 16,113,913 |
| **INCOME (LOSS)** | **(151,829)** | **12,590,830** | **12,439,000** | **(365,149)** | **12,603,089** | **12,237,939** |
| **INCREASE (DECREASE) IN NET POSITION** | **(151,829)** | **12,590,830** | **12,439,000** | **(365,149)** | **12,603,089** | **12,237,939** |
| **NET POSITION, BEGINNING OF YEAR** | 10,020,298 | 32,339,182 | 42,359,480 | 8,349,218 | 28,525,855 | 36,875,073 |
| **NET POSITION, END OF MONTH** | **$ 9,868,469** | **$ 44,930,012** | **$ 54,798,481** | **$ 7,984,069** | **$ 41,128,944** | **$ 49,113,012** |

(**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**
**TWO MONTHS ENDED AUGUST 31, 2024 AND 2023**

| | PERIOD ENDED 8/31/24 | | | PERIOD ENDED 8/31/23 | | |
|---|---|---|---|---|---|---|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited |
| **Cash Flows from Operating Activities** | | | | | | |
| Cash received from and on behalf of patients | $ 3,420,051 | $ 3,770,281 | $ 7,190,332 | $ 299,135 | $ 15,665 | $ 314,800 |
| Cash payments to suppliers and contractors | (869,975) | (1,493,704) | (2,363,679) | (758,479) | (582,756) | (1,341,235) |
| Payments to employees | (1,354,114) | (3,169,462) | (4,523,577) | (1,331,019) | (2,675,420) | (4,006,440) |
| | 1,195,961 | (892,885) | 303,076 | (1,790,363) | (3,242,512) | (5,032,874) |
| **Cash Flows from Noncapital Financing Activities** | | | | | | |
| MHSA Funding | - | 8,870,486 | 8,870,486 | - | 11,112,474 | 11,112,474 |
| CalHFA-State Administered Projects | - | 532 | 532 | - | 30,266 | 30,266 |
| Realignment | 609,225 | - | 609,225 | 1,933,137 | - | 1,933,137 |
| Grants and Contracts | 445,994 | - | 445,994 | 282,832 | - | 282,832 |
| | 1,055,219 | 8,871,018 | 9,926,237 | 2,215,969 | 11,142,740 | 13,358,709 |
| **Cash Flows from Capital and Related Financing Activities** | | | | | | |
| Purchase of capital assets | (16,295) | (141,191) | (157,486) | (9,026) | (319,825) | (328,851) |
| Intercompany-MHSA & TCMH | (1,210,180) | 1,210,180 | - | (850,743) | 850,743 | - |
| | (1,226,475) | 1,068,989 | (157,486) | (859,770) | 530,918 | (328,851) |
| **Cash Flows from Investing Activities** | | | | | | |
| Interest received | 78,039 | 399,003 | 477,042 | 40,954 | 244,034 | 284,989 |
| | 78,039 | 399,003 | 477,042 | 40,954 | 244,034 | 284,989 |
| **Net Increase (Decrease) in Cash and Cash Equivalents** | 1,102,745 | 9,446,124 | 10,548,869 | (393,209) | 8,675,181 | 8,281,972 |
| **Cash Equivalents at Beginning of Year** | 11,061,930 | 36,745,684 | 47,807,614 | 8,976,643 | 30,118,745 | 39,095,388 |
| **Cash Equivalents at End of Month** | **$ 12,164,674** | **$ 46,191,808** | **$ 58,356,483** | **$ 8,583,434** | **$ 38,793,926** | **$ 47,377,360** |
| **Cash from the Balance Sheet** | **12,164,674** | **46,191,809** | **58,356,483** | **8,583,434** | **38,793,926** | **47,377,360** |
| **YTD Gain/(Loss) from GASB 31 Fair Market Value** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** | **$ -** |

**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**
**TWO MONTHS ENDING AUGUST 31, 2024**
**(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 | $ 621,461 | $ 983,985 | $ (362,525) | $ 887,484 | $ 1,839,506 | $ (952,022) | $ 1,508,945 | $ 2,823,492 | $ (1,314,547) |
| Medi-Cal SGF-EPSDT | 227,289 | 305,128 | (77,839) | 325,244 | 352,099 | (26,854) | 552,533 | 657,226 | (104,693) |
| Medicare | 1,064 | 833 | 231 | 503 | 433 | 69 | 1,567 | 1,267 | 300 |
| Patient fees and insurance | - | 167 | (167) | - | 83 | (83) | - | 250 | (250) |
| Contracts | - | - | - | 5,479 | 4,667 | 812 | 5,479 | 4,667 | 812 |
| Rent income - TCMH & MHSA Housing | 2,156 | 1,848 | 308 | 9,341 | 10,000 | (659) | 11,497 | 11,848 | (351) |
| Other income | 152 | 100 | 52 | 143 | 33 | 110 | 295 | 133 | 161 |
| Provision for contractual disallowances | (70,446) | (128,911) | 58,465 | (100,656) | (219,160) | 118,503 | (171,103) | (348,071) | 176,968 |
| **Net Operating Revenues** | **781,675** | **1,163,150** | **(381,475)** | **1,127,537** | **1,987,662** | **(860,125)** | **1,909,211** | **3,150,812** | **(1,241,600)** |
| **OPERATING EXPENSES** | | | | | | | | | |
| Salaries, wages and benefits | 1,433,395 | 1,738,092 | (304,697) | 3,439,783 | 3,819,089 | (379,306) | 4,873,178 | 5,557,181 | (684,003) |
| Facility and equipment operating cost | 110,084 | 94,169 | 15,915 | 236,836 | 232,258 | 4,579 | 346,921 | 326,427 | 20,494 |
| Client program costs | 1,869 | 1,889 | (19) | 410,018 | 98,996 | 311,022 | 411,888 | 100,885 | 311,003 |
| Grants | - | 227,616 | (227,616) | 21,384 | 61,937 | (40,553) | 21,384 | 289,553 | (268,169) |
| MHSA training/learning costs | | | - | 9,054 | 11,954 | (2,900) | 9,054 | 11,954 | (2,900) |
| Depreciation & amortization | 49,690 | 32,913 | 16,776 | 98,980 | 104,052 | (5,072) | 148,670 | 136,965 | 11,705 |
| Other operating expenses | 151,562 | 86,061 | 65,501 | 386,723 | 461,103 | (74,381) | 538,284 | 547,164 | (8,880) |
| **Total Operating Expenses** | **1,746,600** | **2,180,740** | **(434,141)** | **4,602,779** | **4,789,389** | **(186,610)** | **6,349,379** | **6,970,129** | **(620,750)** |
| **OPERATING INCOME (LOSS)** | **(964,925)** | **(1,017,591)** | **52,666** | **(3,475,242)** | **(2,801,727)** | **(673,515)** | **(4,440,167)** | **(3,819,318)** | **(620,850)** |
| **Non-Operating Revenues (Expenses)** | | | | | | | | | |
| Realignment | 609,225 | 733,333 | (124,108) | - | - | - | 609,225 | 733,333 | (124,108) |
| MHSA Funding | - | - | - | 15,778,238 | 16,693,035 | (914,797) | 15,778,238 | 16,693,035 | (914,797) |
| Grants and contracts | 133,703 | 533,540 | (399,837) | - | - | - | 133,703 | 533,540 | (399,837) |
| Interest (expense) income, net | 70,168 | 32,487 | 37,681 | 287,834 | 228,334 | 59,500 | 358,002 | 260,820 | 97,181 |
| Total Non-Operating Revenues (Expense) | **813,096** | **1,299,360** | **(486,264)** | **16,066,072** | **16,921,369** | **(855,297)** | **16,879,168** | **18,220,729** | **(1,341,561)** |
| **INCREASE(DECREASE) IN NET POSITION** | **$ (151,829)** | **$ 281,770** | **$ (433,599)** | **$ 12,590,830** | **$ 14,119,642** | **$ (1,528,812)** | **$ 12,439,000** | **$ 14,401,411** | **$ (1,962,411)** |

**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**
**TWO MONTHS ENDING AUGUST 31, 2024**

**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 $1.2 million for the following reasons:***

1 **Medi-Cal FFP revenues for FY 2024-25** were $1.3 million lower than the budget. Medi-Cal FFP revenues were approximately $363 thousand lower for TCMH and $952 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by $321 thousand and the children program revenues were lower by $42 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by $822 thousand and the Children and TAY FSP programs were lower by $130 thousand.

2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2024-25** were lower than budget by $105 thousand of which $78 thousand lower were from TCMH and $27 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 in line with the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.

4 **Contract revenues** are approximately $1 thousand higher than the budget.

5 **Rent Incomes** are in line with the budget. The rental income represents the payments collected from Genoa pharmacy for space leasing at the 2008 N. Garey Avenue and from the tenants staying at the MHSA house on Park Avenue.

6 **Provision for contractual disallowances** for fiscal year 2024-25 was lower than budget by $177 thousand.

**Operating Expenses**

***Operating expenses were lower than budget by approximately $621 thousand for the following reasons:***

1 **Salaries and benefits** are $684 thousand lower than budget and of that amount, salaries and benefits are approximately $305 thousand lower for TCMH operations and are $379 thousand lower for MHSA operations. These variances are due to the following:

**TCMH** salaries are lower than budget by $256 thousand due to vacant positions and benefits are lower than budget by $49 thousand. Benefits are budgeted as a percentage of the salaries. Therefore, when salaries are lower, benefits will also be lower.

**MHSA** salaries are lower than budget by $399 thousand. The direct program salary costs are lower by $276 thousand due to vacant positions and the administrative salary costs are lower than budget by $123 thousand. Benefits are higher than the budget by $20 thousand due to the annual payment of CalPERS Unfunded Accrued Liability in July offset by lower health insurance of $123 thousand, state unemployment insurance $27 thousand, workers compensation $8 thousand and medicare tax $9 thousand.

2 **Facility and equipment operating costs** were higher than the budget by $20 thousand of which $16 thousand higher was from TCMH and $4 thousand higher was from MHSA. Overall, building and facility costs were higher by $41 thousand due to repairs and maintenance costs at the 2008 N. Garey building and the Community Therapeutic Garden. The equipment costs were lower by $21 thousand.

3 **Client program costs** are higher than the budget by $311 thousand due to a payment of $396 thousand to the City of Pomona Hope for Home Year-Round Emergency Shelter early in the year while the budget is evenly spread out over a fiscal year.

4 **Grants for fiscal year 2024-25** are $268 thousand lower than the budget due to timing. These are the sub-grants awarded under the TCMH Mental Health Student Services Act program, the community grants under the MHSA PEI Community Wellbeing project and the Student Loan Forgiveness program under the MHSA WET plan.

5 **MHSA learning and training costs** are $3 thousand lower than the budget.

6 **Depreciation and amortization** are approximately $12 thousand higher than the budget.

7 **Other operating expenses** were lower than the budget by approximately $9 thousand of which $65 thousand higher were from TCMH and $74 thousand lower were from MHSA. Overall, the higher costs were due to higher personnel recruiting fees, attorney fees, dues and subscriptions, and liability insurance costs. These higher costs are offset with lower professional fees and conference fees.

**TRI-CITY MENTAL HEALTH AUTHORITY**
**ACTUAL TO BUDGET VARIANCE EXPLANATIONS**
**TWO MONTHS ENDING AUGUST 31, 2024**

**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 $1.3 million as follows:***

1 **TCMH non-operating revenues** are $486 thousand lower than the budget. Of that, realignment fund was lower than the budget by $124 thousand, grants and contracts were lower by $400 thousand, and interest income net with fair market value was higher by $38 thousand.

2 **MHSA non-operating revenue** is approximately $915 lower than the budget.
In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

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

| | Actual | Budget | Variance |
|---|---|---|---|
| **CSS funds received and available to be spent** | $ 12,056,637 | $ 12,056,637 | $ - |
| **PEI funds received and available to be spent** | 3,091,615 | 4,006,412 | (914,797) |
| **WET funds received and available to be spent** | - | - | - |
| **CFTN funds received and available to be spent** | - | - | - |
| **INN funds received and available to be spent** | 629,986 | 629,986 | - |
| **Non-operating revenues recorded** | $ 15,778,238 | $ 16,693,035 | $ (914,797) |

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

**PEI recorded revenue** is lower than budget by $915 thousand**.** The difference is due to the amount received and available for the PEI plan through August 2024. The additional funds received during the fiscal year 2024-25 will be recorded as revenue up to the budgeted amount.

**Interest income net with Fair Market Value for MHSA** is higher than budget by approximately $60 thousand.

**TRI-CITY MENTAL HEALTH AUTHORITY**
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**
**TWO MONTHS ENDED AUGUST 31, 2024 AND 2023**

| | PERIOD ENDED 8/31/24 | | | PERIOD ENDED 8/31/23 | | |
|---|---|---|---|---|---|---|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited |
| **REVENUES** | | | | | | |
| Medi-Cal FFP, net of reserves | $ 569,879 | $ 813,823 | $ 1,383,702 | $ 502,141 | $ 607,001 | $ 1,109,143 |
| Medi-Cal SGF-EPSDT | 208,424 | 298,249 | 506,673 | 210,296 | 268,293 | 478,589 |
| Medicare | 1,064 | 503 | 1,567 | 934 | 963 | 1,897 |
| Realignment | 609,225 | - | 609,225 | 609,225 | - | 609,225 |
| MHSA funds | - | 15,778,238 | 15,778,238 | - | 15,121,318 | 15,121,318 |
| Grants and contracts | 133,703 | 5,479 | 139,181 | 169,394 | 5,202 | 174,596 |
| Patient fees and insurance | - | - | - | 21 | - | 21 |
| Rent income - TCMH & MHSA Housing | 2,156 | 9,341 | 11,497 | 1,848 | 10,295 | 12,143 |
| Other income | 152 | 143 | 295 | 72 | 39 | 111 |
| Interest Income | 70,168 | 287,834 | 358,002 | 31,399 | 182,576 | 213,976 |
| **Total Revenues** | **1,594,770** | **17,193,609** | **18,788,379** | **1,525,330** | **16,195,688** | **17,721,018** |
| **EXPENSES** | | | | | | |
| Salaries, wages and benefits | 1,433,395 | 3,439,783 | 4,873,178 | 1,422,472 | 2,934,540 | 4,357,013 |
| Facility and equipment operating cost | 110,084 | 235,166 | 345,250 | 77,238 | 171,201 | 248,439 |
| Client lodging, transportation, and supply expense | 1,869 | 410,018 | 411,888 | 65,736 | 12,785 | 78,521 |
| Depreciation & amortization | 49,690 | 98,980 | 148,670 | 50,156 | 101,321 | 151,477 |
| Other operating expenses | 151,562 | 418,831 | 570,393 | 274,877 | 372,752 | 647,629 |
| **Total Expenses** | **1,746,600** | **4,602,779** | **6,349,379** | **1,890,479** | **3,592,600** | **5,483,079** |
| **INCREASE (DECREASE) IN NET POSITION** | **(151,829)** | **12,590,830** | **12,439,000** | **(365,149)** | **12,603,089** | **12,237,939** |
| **NET POSITION, BEGINNING OF YEAR** | 10,020,298 | 32,339,182 | 42,359,480 | 8,349,218 | 28,525,855 | 36,875,073 |
| **NET POSITION, END OF MONTH** | **$ 9,868,469** | **$ 44,930,012** | **$ 54,798,481** | **$ 7,984,069** | **$ 41,128,944** | **$ 49,113,012** |

**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:** October 23, 2024

**TO:** Governing Board of Tri-City Mental Health Authority (TCMHA)
Diana Acosta, CPA, Interim Executive Director

**FROM:** Elizabeth Renteria, LCSW, Chief Clinical Officer

**SUBJECT:** Monthly Clinical Services Report

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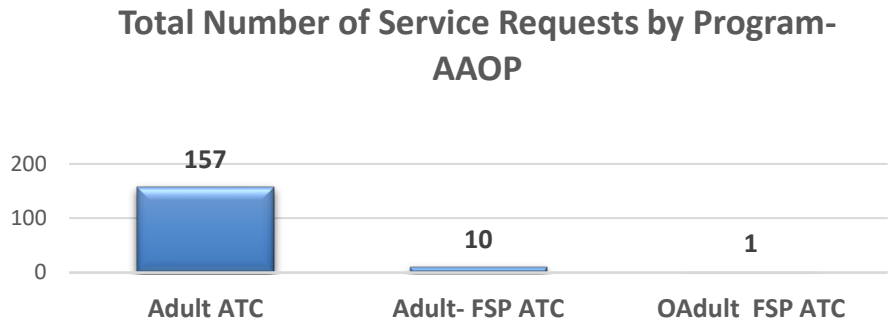
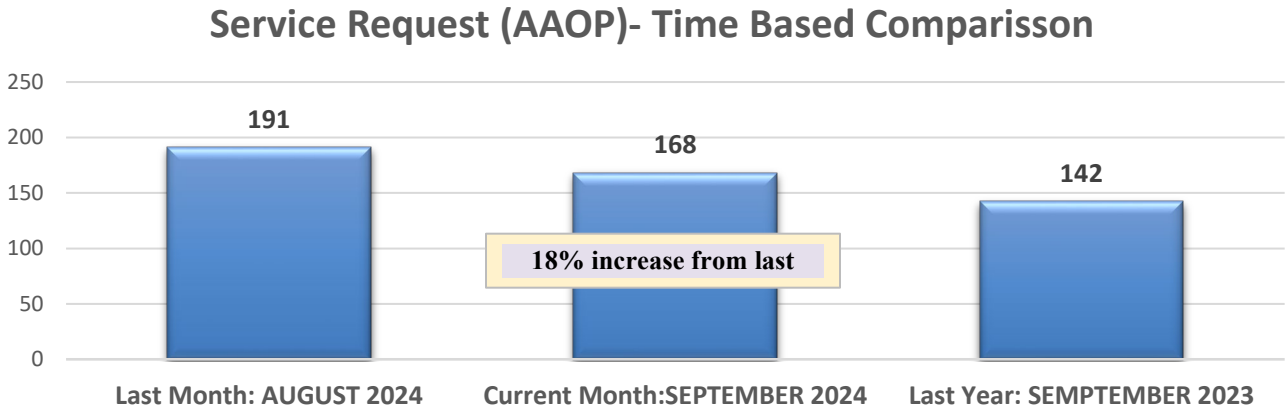
## Clinical Services Report

### ADULT SERVICES

**Total Number of completed Service Requests**
**168**

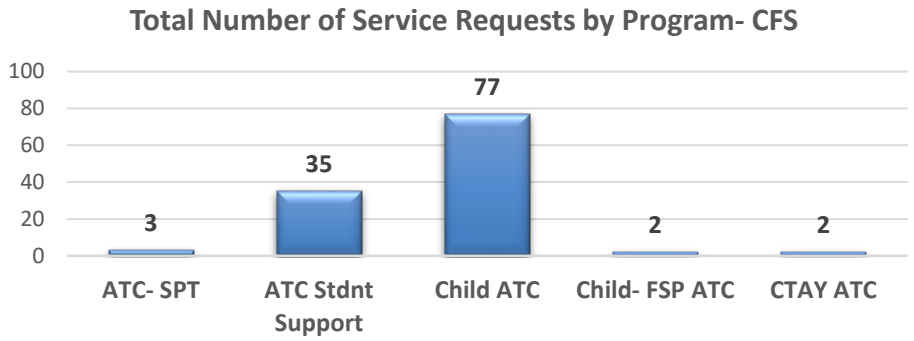


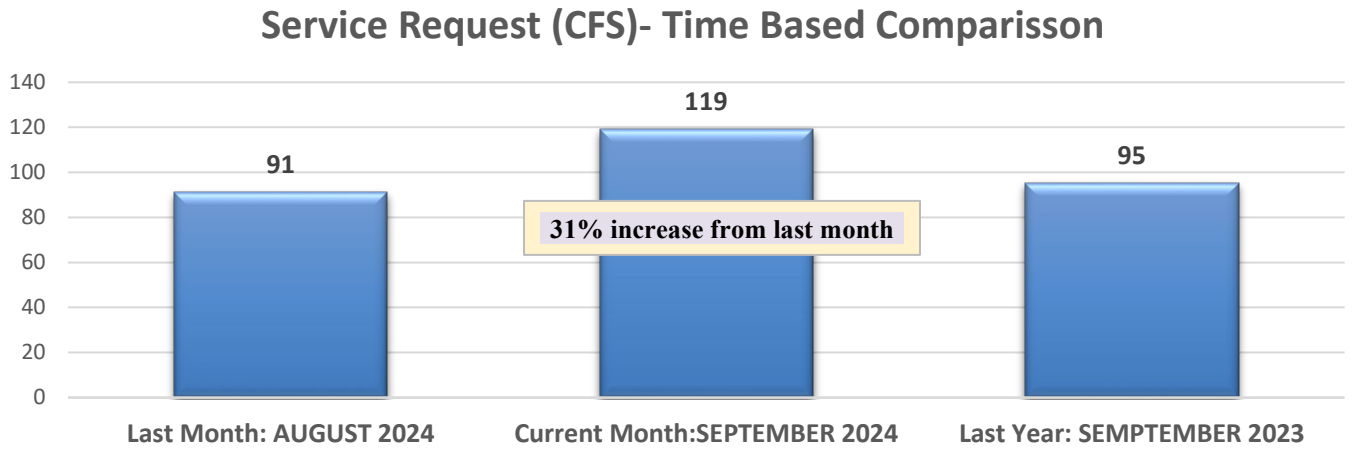




*This graph above compares the number of services requests from last month, AUGUST 2024 and last year, SEPTEMBER 2023 to the current month, SEPTEMBER 2024. There was a 18% increase in the number of service requests from last year.*

## CHILDREN, YOUTH AND FAMILY SERVICES

**Total Number of completed Service Requests**
**119**




*This graph above compares the number of services requests from last month, AUGUST 2024 and last year, SEPTEMBER 2023 to the current month, SEMPEMBER 2024. There was a 31% increase in the number of service requests from last month.*
*Note: This data includes MHSSA Services requests. All reports prior to May 2024 did not include MHSSA service requests data.*

## MENTAL HEALTH STUDENT SERVICES ACT UPDATE

2024 Student Support Services Board Report

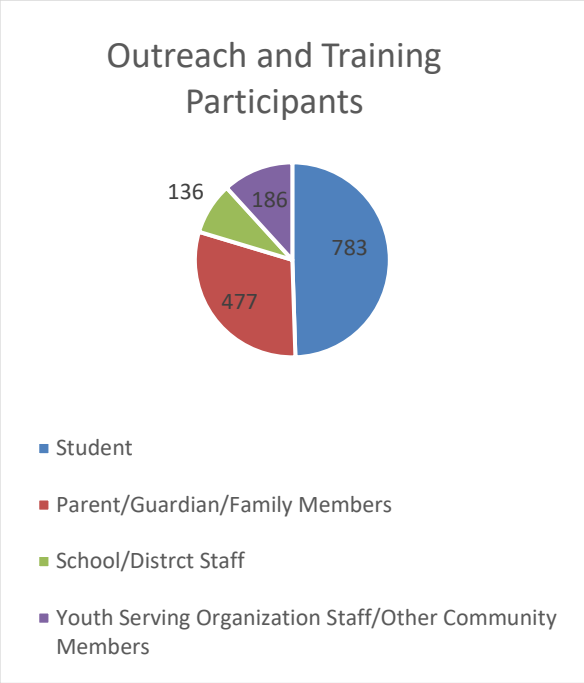
Tri-City supports students through the School Partnership Team (SPT) and the Mental Health Student Services Act (MHSSA) team. Both programs aim to enhance accessibility to mental health support for students of college age and younger, as well as their families. By partnering with local schools and districts, these initiatives seek to understand community needs, streamline access to services, and address barriers.

The SPT serves as a liaison for schools, facilitating referrals to services, collaborating with three local school districts, and promoting the overall well-being of children and adolescents in the Tri-City area.

In 2023, Tri-City received the MHSSA grant to further expand accessibility and services for students. The MHSSA aims to provide early intervention and prevention services through supportive initiatives, outreach events, and training in partnership with school districts, colleges, and community organizations.

Together, the MHSSA and SPT teams offer complementary services to support students and families. The MHSSA focuses on outreach and training for school staff, families, and students, linking those in need of ongoing support, triaging incoming referrals, and providing early intervention and prevention services, all while continuing collaboration with school and community partners.

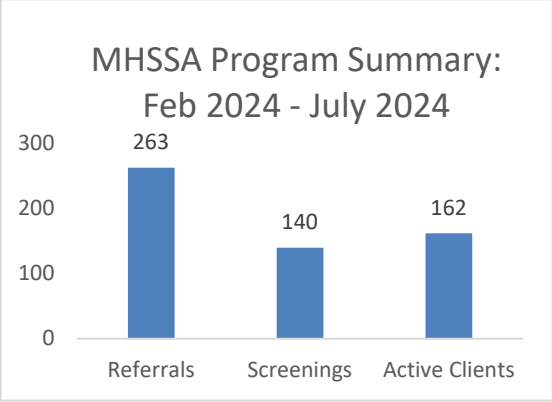
During the 6-months starting from February 2024-July 2024.




- The MHSSA grant allowed staff to participate in 31 school and community events.
- Trainings over the last 6 months included but are not limited to Window Between the Worlds, CRM, Mental Health First Aid, monthly community webinars led by MHSSA team.
- These events were focused on stigma reduction, increasing access to mental health, mental health education, community groups, and trainings.
- MHSSA has partnered with the local school districts, local colleges, Just Us for Youth, city events, and many more for these events and trainings.
- Over the 6 month period, 783 students, 477 parents/guardians/family members, 136 school/district staff, and 186 community organizations participated in the variety of events and trainings.

The next component of MHSSA is services including referral, screening, linkage, and services. Data Review February 2024-July 2024

- 263 school referrals were received by MHSSA team for screening and linkage
- 140 families answered outreach calls and completed the screening to determine best level of care
- SPT and MHSSA staff held 162 active clients during the 6-month period, assisting families with individual/family support, group support, linkage, case management, and stigma reduction services.




The School Partnership Team (SPT) continues to support students who require longer-term care. Our services are designed to meet families where they are, including offering support directly at school sites based on individual needs. We maintain ongoing collaboration with schools and community partners to promote the overall well-being of students.

SPT Services:

- SPT staff provided 3243 services throughout the school year 2023-2024.
- 43 schools served by SPT
- 201 individuals received a school partnership intervention.

**Success Story:**

(Client details have been changed to protect confidentiality and privacy)

A client sought services after being referred by their school due to low grades in their final year of high school. Upon starting therapy, the client met the criteria for Major Depression, exhibiting symptoms such as isolation, self-harm, weight loss, lack of appetite, self-doubt, and a diminished interest in activities. These challenges were rooted in difficulties adjusting to adulthood and prolonged grief from multiple losses, beginning with their father's departure during childhood, compounded by a difficult upbringing marked by domestic violence and substance abuse in the home, as well as the client's own struggles with substance use.

At the outset of therapy, the client expressed feeling profoundly alone and lost. Over the past six months of consistent therapeutic support, the client has shown remarkable resilience, reporting that they feel heard and valued in a safe space where they could explore emotions they hadn’t recognized before. The therapeutic relationship facilitated the development of self-compassion, self-advocacy, boundary-setting, accountability, and communication skills.

Throughout this period, the client achieved significant milestones, including graduating high school and enrolling in college to pursue a nursing degree. Their mental health symptoms have decreased, and they now report a better sense of emotional control. The client has discovered alternative coping strategies, ceased self-harming behaviors, and is actively working to reduce substance use. Additionally, the client obtained a driver's license, purchased a car, secured employment, and reconnected with friends and family. They have also returned to playing soccer, a sport they have loved throughout their life.

Through this partnership, we have strengthened our connections with local school districts and continue to seek new collaborations. Recently, we established a partnership with the City of Knowledge and look forward to expanding our network further.

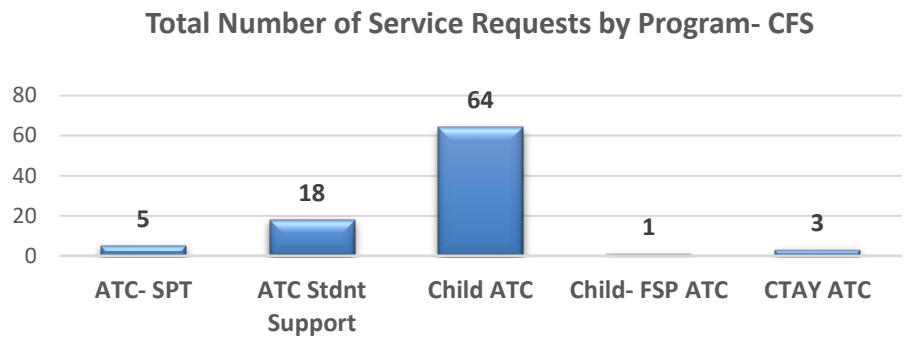
Collaborations with Local School Districts, Colleges and University

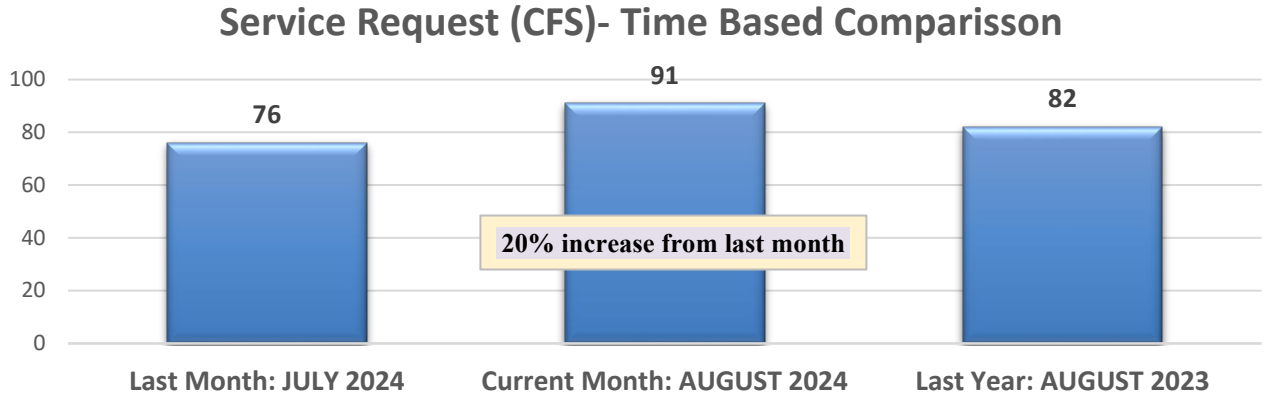
Some School partners we have collaborated with over the last year have included;

- Pomona Unified School District
- Claremont Unified School District
- Bonita Unified School District
- School of Arts and Enterprise
- University La Verne (ULV)
- Cal Poly Pomona
- Mt. San Antonio College`

## Child and Family Services- August Data

**Total Number of completed Service Requests**
**91**




*This graph above compares the number of services requests from last month, JULY 2024 and last year, AUGUST 2023 to the current month, AUGUST 2024. There was a 20% increase in the number of service requests from last month.*
*Note: This data includes MHSSA Services requests. All reports prior to May 2024 did not include MHSSA service requests data.*

Tri-City Mental Health Authority
# MONTHLY STAFF REPORT

**DATE:** October 23, 2024

**TO:** Governing Board of Tri-City Mental Health Authority
Diana Acosta, CPA, Interim Executive Director

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

**SUBJECT:** Medical Director's Monthly Report

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## SERIOUS MENTAL ILLNESS AND MEDICAL COMORBIDITIES

Serious mental illnesses (SMI), which typically include bipolar disorders and schizophrenia, are characterized as chronic and debilitating conditions that place significant burdens on patients, as well as their families and society. Despite the marked improvement in managing destabilizing symptoms that followed the introduction of psychotropic medications, most patients who suffer from a SMI continue to have a limited recovery and experience poor physical health. Fifty to 80% of individuals with SMI have one or more comorbid medical conditions that may worsen prognosis and contribute to high morbidity and premature mortality. More concerning is that over 60% of the medical comorbidities observed among persons with SMIs are non-fatal and preventable, yet these persons have 15 to 25 years shorter expectancy relative to the general population.

To address this very important issue, we carefully follow guidelines from the American Psychiatric Association and the American Diabetes Association, for the prevention, early intervention and treatment of medical comorbidities, which includes careful assessments of the need for psychiatric medications, selecting appropriate medications, counseling patients on the side effects of medications, regular screens of patients for medical illnesses by measuring vital signs, wide range of laboratory investigations and monitoring the findings to provide necessary steps such as medication changes, life style modifications and referral for treatment to other medical providers. In addition, we are in the process of adding a liaison nurse to our medical team to facilitate communications between our doctors and other medical providers and being able to actively support and advocate for our patients while receiving medical and other related services elsewhere.

**Tri-City Mental Health Authority**
**Monthly Staff Report**

**DATE:** October 23, 2024

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

**FROM:** Diana Acosta, CPA, Interim Executive Director

**BY:** Dana Barford, Director of MHSA and Ethnic Services

**SUBJECT:** Monthly MHSA and Ethnic Services Report

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## MHSA DASHBOARD

| | | | |
|---|---|---|---|
| Number of Public Hearing/Stakeholder Meetings | 1 | Number of Attendees | 33 |
| Number of Community Trainings/Presentations | 3 | Number of Attendees | 40 |
| Number of DEI/Cultural Events | 2 | Number of Attendees | 36 |
| Number of CWB Grantee Meetings | 1 | Number of Attendees | 19 |

## DIVERSITY, EQUITY, AND INCLUSION (DEI)

In honor of Hispanic Heritage and Suicide Prevention Awareness Month, Tri City's Stigma Reduction and ¡ADELANTE! Wellness Collaborative partnered with Café con Libros in Pomona to host the third annual Loteria event. This gathering featured a lively game of Loteria, thoughtfully designed to promote mental health and wellness while emphasizing the need to reduce mental health stigma and enhance suicide prevention efforts.

¡ADELANTE! proudly continued to celebrate Hispanic Heritage Month with the Noche de Recuerdos, or "Night of Memories," on October 9th at Lopez Urban Farm in collaboration with The Therapeutic Community Garden (TCG), Latino/Latina Roundtable, and Galan Cultural Center. The evening was filled with traditional music, vibrant arts, and crafts, and Spirit of community connection.


## INNOVATION

Community Planning Process Project

One of the first steps in the Community Planning Process (CPP) project was to create and implement a survey to gather information and feedback from community members about Tri-City services, ease of access, and where there may be a lack of support. This survey will also play a significant role for focus groups with community partners scheduled to begin in November.

The initial survey, which eighty-six respondents completed, yielded interesting data, especially since it offered in two versions—one in English and one in Spanish. Having the survey available in two separate languages allowed the team to analyze the data from different perspectives and notice variations in responses. (One example is provided below via chart.)

| English Survey Results | Spanish Survey Results |
|---|---|
| Which three services would you like to see offered? | |
| 1. Community events focused on providing the community with resources (mental health related services/programs, family activities, housing, etc.)<br>2. Housing Support<br>3. Educational classes (ex. managing stress, what anxiety is, recognizing triggers, coping skills, etc.) | 1. Nutrition/health classes<br>2. Digital health literacy (help with technology, navigating the internet and cell phones, etc.)<br>3. Housing Support |

## COMMUNITY NAVIGATORS

Community outreach continues to be a central focus for the Community Navigator Program. Several local events held during the month of September allowed the CN's to share resources and Tri-City program information. These events included 1) Back-to-School Resource Fair in Claremont, 2) Human Trafficking Awareness event hosted by the PRIDE Center, 3) Resource Fair hosted by Western University, 4) Healing Across Generations event hosted by House of Ruth, and 5) Health and Resource Fair in La Verne.

Success Story

The Community Navigator for Claremont was contacted by the owner of one of the beauty salons in the Claremont Village. The owner was concerned about an unsheltered individual who had been sleeping near their location. The owner was also concerned due to the excessive heat that was taking place at that time, along with other health issues that this individual was displaying.

The Community Navigator who responded was familiar with this individual from past encounters. Previously, they were in recuperative care, but when the program ended, this person was without a housing plan. When the Navigator met with the individual, they noticed that the individual had not showered or changed their clothes in a long time and was exhibiting health issues. This indicated the need for a specialty placement and the Navigator was able to coordinate placement at Soul-Housing which offers a higher level of care. In collaboration with the City of Claremont, the Navigator was also able to offer this individual a night in a motel where they could freshen up before joining Soul-Housing where they continue to reside and receive the assistance needed.

## WELLNESS CENTER

Tri-City's Wellness Center is proud to host the 10th Annual Job Fair on October 25th from 11:00 to 2:00. All job seekers are welcome to attend this event where over twenty employers will be in attendance and participants are able to take part in on-site interviews with top reputable companies.

When: Friday, October 25, 2024

Time: 11:00am – 2:00pm

Location: Wellness Center (Activity Building)
1403 N. Garey Avenue
Pomona, CA 91767

Tri-City Mental Health Authority
# MONTHLY STAFF REPORT

**DATE:** **October 23, 2024**

**TO:** **Governing Board of Tri-City Mental Health Center**
**Diana Acosta, CPA, Interim Executive Director**

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

**SUBJECT:** **Monthly Best Practices Report**

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As our system of care continues to grow and adapt to meet the needs of clients, participants, and the community, Best Practice Division teams are collaborating to identify areas that need to be enhanced in order to maximize the functioning of our programming and services. Some of the target areas that Best Practice Division teams are addressing are: Providing feedback and data-driven strategies to help programs strengthen and streamline workflow efficacy; Revisiting existing protocols to ensure alignment to current needs, trends, and regulations, and Evolving the Best Practice approach to training, projects, and program monitoring.

The Quality Improvement-Data team continues to analyze and provide standard and special data reports, respond to data request from agency leadership, participate in program monitoring and evaluation efforts, and perform critical data research, all with the goal of using data and analyses to enhance the client experience, identify trends and needs to improve care, and assist healthcare leaders make strategic decisions that support organizational goals.

The Compliance team continues to oversee agency compliance with the legal and ethical requirements that govern mental health operations and service delivery. The compliance team is currently developing an extensive informed consent training series that will be presented early next year.

The Electronic Health Record (EHR) team continues to develop, configure, and support our electronic health record systems to ensure that systems maintain optimal functioning to acquire, store, and protect client health information and service history. The EHR team provides regular trainings for workforce members on using the systems effectively as well as help desk-support for end-users.

The Quality Assurance team continues to complete regular reviews and provide feedback to monitor service and documentation quality, in addition to providing ongoing documentation training. The Quality assurance team is also currently working to develop new auditing methods and tools to monitor current quality trends.