



HOPE. WELLNESS. COMMUNITY.

Let's find it together.

Founded in 1960
by the residents

of Pomona,
Claremont and La
Verne.

MISSION: *By understanding the needs of consumers and families, Tri-City Mental Health Authority provides high quality, culturally competent behavioral health care treatment, prevention and education in the diverse cities of Pomona, Claremont, and La Verne.*

TRI-CITY MENTAL HEALTH AUTHORITY

MENTAL HEALTH COMMISSION

REGULAR MEETING AGENDA

TUESDAY, JULY 8, 2025 AT 3:30 P.M.

Meeting Location: MHS Administration Building
2001 North Garey Avenue, Pomona, CA 91767

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

<https://tricitymhs-org.zoom.us/j/81677910824?pwd=VF7r9Z6ehwXwdba54H2YDKvelcZjOf.1>

Passcode: xm.T07sV

Public Participation. *Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Mental Health Commission (MHC) 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 Commission. 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 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 12:30 p.m. will be shared with the Mental Health Commission 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 MHC 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 48 hours prior to the meeting.

Administrative Office

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

Clinical Office / Adult

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

Clinical Office / Child & 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

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 Tri-City's website: <http://www.tricitymhs.org>

CALL TO ORDER

Chair Henderson calls the meeting to Order.

ROLL CALL

Anne Henderson – *Chair*
Wray Ryback – *Vice-Chair*
Carolyn Cockrell – GB Liaison
Clarence D. Cernal

Sandra Christensen
Mildred Garcia
Ethel Gardner
Frank Guzman

Laura Mundy
Janet R. Roy
Danette E. Wilkerson

REGULAR BUSINESS

- I. **APPROVAL OF MINUTES OF THE JUNE 10, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. **PRESENTATION – OVERVIEW OF TCMHA's MENTAL HEALTH SERVICES ACT (MHSA) CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PROJECT PROPOSAL**
- III. **EXECUTIVE DIRECTOR MONTHLY REPORT**

COMMISSION ITEMS AND REPORTS

Commissioners are encouraged to make brief comments or request information about mental health needs, services, facilities, or special problems that may need to be placed on a future Mental Health Commission Agenda. In addition, this is an opportunity to provide reports on their activities.

PUBLIC COMMENT

The Public may speak regarding any Tri-City Mental Health Authority related issue. 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.

Mental Health Commission – Agenda
July 8, 2025
Page 3 of 3

ADJOURNMENT

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, September 9, 2025 at 3:30 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California. The Mental Health Commission is dark during the month of August.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION June 10, 2025 – 3:30 P.M.

The Mental Health Commission Regular Meeting was held on Tuesday, June 10, 2025, at 3:36 p.m. in the MHSA Administration Building located at 2001 North Garey Avenue, Pomona, CA 91767.

CALL TO ORDER Chair Henderson called the meeting to order at 3:36 p.m.

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

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Clarence D. Cernal
Sandra Christensen (arrived at 4:04pm)
Ethel Gardner
Frank Guzman
Laura Mundy
Danette E. Wilkerson

ABSENT: Carolyn Cockrell, GB Member Liaison
Mildred Garcia
Janet R. Roy

STAFF:

PRESENT: Ontson Placide, Executive Director
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Director of MHSA & Ethnic Services
Mica Olmos, JPA Clerk/Administrator

REGULAR BUSINESS

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

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

There being no comment, Commissioner Cernal moved, and Commissioner Guzman seconded, to approve the Minutes from the May 21, 2025, Regular Joint Meeting of the Governing Board and the Mental Health Commission. The motion was carried by the following vote: AYES:

AGENDA ITEM NO. 1

Commissioners Cernal, Guzman, Mundy, Wilkerson; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: Commissioner Gardner. ABSENT: GB Liaison Cockrell; and Commissioners Christensen, Garcia, and Roy.

II. PRESENTATION – OVERVIEW OF TCMHA’s CHILDREN AND TRANSITION AGE YOUTH FULL SERVICE PARTNERSHIP (FSP) PROGRAM

Kathleen Murphy-Cogger, LCSW, Clinical Supervisor I, and Maria Zuleta, LMFT, Clinical Supervisor in Training provided an overview of Children’s Outpatient (COP) and Full-Service Partnership (FSP) programs, which serve individuals ages 0 to 25 who experience moderate to severe mental health challenges. Clinical Supervisor Murphy-Cogger explained the key differences between the two programs and emphasized their shared goal of wrapping services around the individual to provide full, comprehensive care.

Clinical Supervisor (in Training) Zuleta reviewed the structure of the FSP team and explained the program’s approach and eligibility criteria, noting that FSP serves children ages 0–15 and transitional age youth (TAY) ages 15–25, and that it is a field-based service model that meets clients where they are, offers access to a multidisciplinary team, 24/7 support, resource linkage, and a recovery-oriented framework. She then provided summarized highlights from Fiscal Year 2023–2024 and indicated that a total of 287 clients served and discussed the positive survey results on client perceptions of services; and discussed program accomplishments, the annual review of FSP services, the improved post-hospitalization care planning, the stronger focus on trauma-informed care, and the enhanced outreach process. She also shared a success story of a 17-year-old female client referred for hospitalization due to self-harm and school crises, which through consistent team support, the client developed coping skills and set future goals of joining the Army or entering a nursing program.

Clinical Supervisor Murphy-Cogger then described the Clinical Outpatient team structure and services, stating COP supports youth with moderate to severe mental health conditions and provides primarily office-based or virtual care. She explained that services are tailored to client needs, ranging from monthly to weekly sessions and include individual and family therapy, skill building, case management, medication support, and group therapy; and that the program collaborates with natural supports such as families and schools to reinforce skills and connect youth to necessary resources. She also stated that during Fiscal Year 2023–2024, COP served 868 clients, with an average enrollment of 10 months per client, and discussed the flexibility with both in-person and virtual options, the transportation offered to eliminate barriers, and access to evidence-based practices like TF-CBT with a key focus remains on strengthening natural supports. She then shared another success story about a 17-year-old female client with anxiety and depression who struggled with body image and fear of adulthood. After participating in one year of outpatient therapy focused on self-acceptance, the client recognized her strengths, graduated from high school, was accepted into college with dorm arrangements, and was linked to low-cost orthodontic care. Clinical Supervisor Murphy-Cogger also announced that the team plans to align with BHSA reform, continue using evidence-based practices, and further enhance the use of the full-service array.

Commissioner Gardner inquired if there was a difference between mental health and mental illness. Clinical Supervisor Murphy-Cogger confirmed there is a difference.

Commissioner Gardner commented that youth are entering programs at younger ages and asked what the primary concerns are upon entry. Clinical Supervisor Murphy-Cogger responded that many present with adjustment disorders—particularly those coming from DCFS or foster care—and trauma responses, and that comprehensive assessments help determine their needs.

Commissioner Mundy inquired whether any clients have been turned away and whether there is adequate funding. Clinical Supervisor Murphy-Cogger stated that no clients have been turned away and that funding remains sufficient; and that assessments are conducted to determine whether TCMHA or managed care providers are the best fit. Executive Director Placide added that while services are solid, there is room to grow in youth and family care and emphasized the need to build out family preservation services and therapeutic behavioral services noting that this is a key opportunity for expansion within TCMHA.

Vice-Chair Ryback confirmed the data presented was for Fiscal Year 2023–2024 and requested a comparison with previous years to be included in future reports, and also inquired about whether referrals from DCFS are automated. Deputy Chief Clinical Officer Debbie Johnson indicated that while DCFS often calls or refers families directly and there are quarterly partnership meetings, referrals are not always automated. Vice-Chair Ryback recommended automating the process. Executive Director Placide added that some referrals are already automated.

III. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Placide reported that the transition budget for the Behavioral Health Services Act (BHSA) has been approved, and pointed out that updates on implementation and progress will be provided in future meetings. He stated staff will collaborate with the California Behavioral Health Directors Association (CBHDA) to plan the transition to BHSA, reviewing various modules to understand what the process will look like and that a formal plan is in development and will be submitted to the state. Executive Director Placide also mentioned ongoing efforts to collaborate with the Department of Mental Health (DMH) on matters related to funding and service delivery, aiming to ensure comprehensive care services from intake through aftercare.

At 4:04 p.m., Board Member Christensen arrived at the meeting.

Director of MHSA and Ethnic Services Barford provided an update on MHSA activities; shared that the department's goal will be to provide quarterly updates, with more information expected in July; and expressed excitement about the opportunities ahead and looked forward to sharing progress and receiving feedback from the community. She also confirmed that forums are planned to encourage community engagement.

Executive Director Placide discussed the decline in client attendance at TCMHA, pointing out that clients are not showing up for appointments due to fear, particularly around immigration enforcement. He explained that while TCMHA maintains a neutral and non-political stance, it operates in a supportive mode for both staff and clients.

Commissioner Gardner inquired whether staff are checking in on clients who miss appointments. Executive Director Placide responded that outreach efforts depend on the situation, noting that FSP teams are field-based and actively visiting clients, while clinics are also conducting follow-up calls; that there are virtual care options available, though concerns remain about clients' ability to access medications; and acknowledged that fears are rooted in real risks, including potential

raids, and reaffirmed that TCMHA does not provide services based on legal status. He also discussed growing concerns over potential federal cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA) and stressed that these services are critically important and a long-standing staple in the American treatment system.

Chair Henderson echoed these concerns, pointing out that the City of Pomona greatly benefited from SAMHSA-funded programs. Executive Director Placide stated that in his experience, he has never encountered an organization that has not benefited from SAMHSA's support, and he will be monitoring the situation closely. He reiterated TCMHA's commitment to navigating the ongoing BHS transition, supporting clients amid external challenges, and maintaining a strong foundation of inclusive and responsive mental health services.

COMMISSION ITEMS AND REPORTS

Commissioner Gardner commented that there is a noticeable and rapid decline in client participation in support services and support groups, noting that sometimes only one or two individuals attend, noting that while virtual options remain available, the sharp drop in engagement is troubling. Executive Director Placide agreed, emphasizing that the organization cannot allow individuals to suffer in silence and that efforts must be made to address this decline.

Chair Henderson praised TCMHA for the Bingo event hosted at Kennedy's Foundation recognizing their continued commitment to community outreach and education.

Vice-Chair Ryback shared that she recently began teaching a class at the University of La Verne and highlighted TCMHA during her first session, helping to raise awareness of the agency's work among students and future professionals.

Commissioner Guzman reported on several outreach efforts, including events held at the local Pride Center and an upcoming Press conference at the school district and invited the public to attend. He also noted an upcoming Education Hour scheduled for June 24th, which would focus on informing the community about TCMHA services.

Commissioner Cernal reported that TCMHA would be participating in the Community Wellness Fair on June 26th, further demonstrating the organization's active role in community engagement.

Executive Director Placide provided a brief update on TCMHA's public identity, clarifying that the organization will be transitioning from a ".org" to a ".gov" domain to reinforce its role as a government entity and avoid any confusion about its status.

Commissioner Wilkerson inquired about the timeline for the domain change. Executed Director Placide stated the transition is expected to take place in August or September.

PUBLIC COMMENT

No public comment.

ADJOURNMENT

At 4:18 p.m., on consensus of the Mental Health Commission its meeting of June 10, 2025, was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, July 8, 2025 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

Micaela P. Olmos, JPA Administrator/Clerk

DRAFT



II. PRESENTATION - OVERVIEW OF TCMHA's MENTAL HEALTH SERVICES ACT (MHSA) CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PROJECT PROPOSAL

Presenter: Dana Barford, Director of MHSA and Ethnic Services



Mental Health Services Act (MHSA) Capital Facilities and Technological Needs Project Proposal

Capital Facilities and Technological Need means projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. (9 C.C.R. § 3200.022).

Subject:

Tri-City Mental Health Authority respectfully requests approval for the expenditure of Capital Facilities and Technological Needs (CFTN) funds in an amount not to exceed five million seven hundred ninety thousand dollars (\$5,790,000), for property acquisition and technology enhancements.

Summary:

1. Property Acquisition – Authorization to purchase an existing building/property located within the cities of Pomona, Claremont, or La Verne, in an amount not to exceed four million dollars (\$4,000,000), to serve as the new administrative office.
2. Technology Enhancements – Allocation of funds to support upgrades to current and future technology projects, in an amount not to exceed one million seven hundred ninety thousand dollars (\$1,790,000).

Background:

1) Property Acquisition:

For more than a decade, Tri-City Mental Health Authority's main administrative office has been located at 1717 North Indian Hill Blvd., Suite B, Claremont, CA 91711, under a lease agreement with the City of Claremont. The building provides approximately 4,000 square feet of space and currently accommodates 15 administrative staff, including personnel from Administration, Human Resources, Information Technology, Compliance, and Finance. This space is no longer adequate, requiring staff to share offices and coordinate on-site work schedules based on space availability.

With the lease set to expire in September 2025, Tri-City plans to relocate its administrative offices to a larger facility that can better meet current needs and support projected growth. Over the next 1–2 years, Tri-City anticipates adding 6 to 10 administrative positions. Additionally, there is a growing need for expanded meeting areas to support new hire orientations, staff trainings, and team meetings.

On May 21, 2025, during a joint session of Tri-City's Mental Health Commission and Governing Board, a study session was held in which the Executive Director outlined the critical need and urgency of this request. To date, more than 21 buildings have been reviewed

and considered as potential locations, and the vetting process is ongoing. However, given the time-sensitive nature of the situation—particularly with the upcoming expiration of the lease on the current administrative building—it is essential that Tri-City has funds readily available to act swiftly when an appropriate property becomes available. The proposed allocation of funds is based on the estimated costs associated with purchasing an existing building, its surrounding parking area, and the anticipated expenses for necessary improvements to the facility and its supporting spaces.

2) Technology Enhancements:

In June of 2022, Governing Board approved a Capital Facilities and Technology Plan (CFTN) for IT Infrastructure Upgrades that included various anticipated needs and projects to be completed. While many of the original projects and goals were accomplished or completed, there are still various projects that need completion along with additional projects identified as noted below. In order to keep up with the ever-changing technology landscape, Tri-City is required to ensure robust ability to remain technologically relevant in relation to the services we offer and as such Tri-City has identified the following overall technology projects to be completed over the course of 3 to 5 years:

Project	Approximate Amounts
TC MH Network Infrastructure Refresh	\$ 420,000
TC MH Agency Security Upgrades	\$ 245,000
TC MH Staff Equipment Upgrades	\$ 475,000
TC MH EHR Platform	\$ 450,000
TC MH ERP or Equivalent Technology	\$ 200,000
	<u>\$ 1,790,000</u>

TCMH Network Infrastructure Refresh

Tri-City Mental Health is undertaking a comprehensive network infrastructure refresh to modernize and secure the foundation of our digital operations. This initiative includes replacing outdated switches, improving building wiring, expanding wireless access with modern access points, and deploying high-availability servers and backup systems. Additionally, a secure edge solution will ensure that remote staff benefit from the same firewall protections as those working onsite.

This upgrade is essential to support the reliability, security, and scalability of our services—particularly as we cloud-based Electronic Health Record systems and expand mobile care capabilities. By investing in this infrastructure, we are ensuring uninterrupted, HIPAA-compliant connectivity across all service locations, ultimately enhancing the quality and consistency of care for the community we serve.

TCMH Agency Security Upgrades

As part of the Workplace Violence Prevention Plan adopted by the Governing Board in 2024, Tri-City Mental Health is pursuing a series of security upgrades to ensure a safer and more responsive environment for staff, clients, and visitors across all agency locations. These upgrades include expanding access control to all buildings, enhancing surveillance systems, and implementing a centralized emergency messaging and paging system integrated with our existing communication platforms.

These efforts reflect our continued commitment to workplace safety, staff well-being, and operational readiness—particularly in behavioral health settings. By proactively strengthening our physical security infrastructure, we are supporting the safe and uninterrupted delivery of essential public health services to the communities we serve.

TCMH Staff Equipment Upgrades

To maintain a secure, efficient, and modern workplace, Tri-City Mental Health is upgrading staff laptops and essential peripherals on a planned five-year replacement cycle. This project includes deploying new HP EliteBook laptops, docking stations, monitors, accessories and software to support staff in both onsite and remote work environments.

Routine equipment refreshes reduce hardware failures, improve system performance, and ensure compatibility with evolving software and security standards. By providing staff with reliable, up-to-date tools, we are strengthening productivity, and ultimately improving the quality and consistency of services delivered to our community.

TCMH EHR Platform

Tri-City Mental Health is exploring a transition to a new Electronic Health Record (EHR) platform to better support the continued growth and complexity of our behavioral health services. While our current system has served us to this point, we are seeking a solution that offers greater flexibility, improved workflow alignment, and enhanced integration with other healthcare and reporting systems.

A modern, purpose-built EHR will enable our staff to work more efficiently, reduce administrative overhead, and strengthen our ability to deliver timely, coordinated care. This

investment supports our long-term commitment to service excellence, regulatory compliance, and better health outcomes for the communities we serve.

TCMH ERP or Equivalent Technology

TCMH ERP Platform Implementation – As Tri-City grows, the need to integrate disparate system and departments in order to work cohesively with one another becomes more evident. An enterprise resource planning platform, or accounting system or equivalent technology system that will allow departments to properly document their workflows more seamless while providing opportunities to better collaborate with previously siloed departments.

Stakeholder Involvement:

Under State MHSA Regulations (9 C.C.R. § 3315(b)), any update to the MHSA Program—outside of the required annual update—must undergo a local review process that includes a 30-day public comment period, although a public hearing is not expressly required. This project proposal was made available for public review from June 12, 2025, through July 16, 2025, via Tri-City’s website and social media platforms, including Facebook, Instagram, and X (formerly Twitter). In addition, the proposal was distributed to various community locations such as city halls, libraries, and community centers. Any feedback received will be shared with staff and considered, as appropriate.

The plan will be presented to the Mental Health Commission on July 8, 2025. Final review and potential adoption by the Tri-City Governing Board is scheduled for July 16, 2025, following the close of the public comment period.

Fiscal Impact:

The total amount required to complete the projects is estimated to be approximately five million seven hundred ninety thousand dollars (\$5,790,000). Utilizing these funds will also help mitigate the risk of future reversion if the funds remain unexpended within the next seven years. If approved, this project proposal will take effect on July 16, 2025.



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

DATE: July 8, 2025

TO: Mental Health Commission of Tri-City Mental Health Authority

FROM: Ontson Placide, LMFT, Executive Director

SUBJECT: Executive Director's Monthly Report

UPDATE ON THE MHSA to BHSA REVERSION AND TRANSFORMATION PLANNING

As the next phase in the reversion projects process, Tri-City Mental Health Governing Board has approved several reversion projects for a total of **\$8.5 Mi.** to be utilized over the next 24 months. This includes:

Claremont Project

- Total of Approx \$2.1 Mil
- Permanent Supportive Housing for Seniors
- 1 Bedroom Units – Serving 55+ yrs old
- Estimated completion date - break ground Spring 2026 open March 2028
- National Core will Operate
- St Ambrose Senior Affordable Housing (830 W. Bonita Ave) - A National Core Project
- Total of 59 Units - Total of 12 Units Owned by Tri-City of 28 reserved Permanent Supportive Housing units.
- Will provide services to all eligible clients in the facility
- Emergency Shelter –
 - Hope for Home - Increase services – Added 40 Beds (Increase from 31 to 71). Prioritized an additional 3 Crisis/Emergency usage beds

Pomona Projects

- Will provide services to all eligible clients in the facility
- Permanent Supportive Housing/Bridge Housing
- Modular Housing Projects
 - #1 – 10 Units @ 252 E 4th St = Approx \$2,767,800
 - #2 – 6 Units @ 464 W 8th St = Approx \$1,681,050
- Emergency Shelter
 - Hope for Home - Increase services – Added 40 Beds (Increase from 31 to 71) = \$1,943,625 for All 3 Cities – Annual increase of \$1.5 Mil

La Verne Project

- Emergency Shelter
 - Hope for Home - Increase services – Added 40 Beds (Increase from 31 to 71). Prioritized an additional 3 Crisis/Emergency usage beds

IMPORTANT POLICY LEGISLATIVE INFORMATION – MEDIA ROUNDUP/UPDATES

Federal Funding/Medicaid

‘Joy turned into shame’: California’s Latino Caucus agonized over slashing immigrant health care- One of the most powerful political blocs in California, the Latino Caucus had to balance reining in Medi-Cal’s rising costs with helping undocumented immigrants. All but four overcame their misgivings and voted to freeze new enrollment and make other cuts to immigrant health insurance. [CalMatters](#)

House passes Trump tax and spending bill. How California may be impacted- Democrats were relentlessly critical of Rep. David Valadao, R-Hanford, regarded as one of the more vulnerable House members. Two-thirds of the people in Valadao’s Central Valley district use Medicaid, the state-federal program that helps lower-income people pay for healthcare and now faces big reductions. [Sacramento Bee](#)

Mental Health

Mental health support centers are reeling from California budget cuts, with layoffs expected- Phone lines that provide mental health support to tens of thousands of Californians say they are on the verge of shutting down or dramatically scaling back as a result of cuts in the state’s new budget. Representatives from the support lines, which are distinct from hotlines that serve people in crisis, say they help thousands of Californians with mental health needs each month. [CalMatters](#)

SUD

New program at California hospitals helping people with opioid addictions- Patients are given a prescription of Buprenorphine for their withdrawal symptoms. Danya Bacchus reports. [CBS Boston](#)

California bars required to offer lids for drinks under AB2375- California bars must now provide lids for drinks upon request, a measure intended to prevent drinks from being spiked with drugs. The law, Assembly Bill 2375, which took effect Tuesday, builds on existing legislation requiring bars to offer drug testing strips. Assembly Member Josh Lowenthal, D-Long Beach, introduced both bills. The new requirement applies to bars and nightclubs with Type 48 liquor licenses, which serve beer, wine and liquor, but not

food. Violating it carries no penalty, just a warning for a first offense, and the requirement sunsets in 2027. [San Francisco Chronicle](#)

New studies find wide racial disparities in opioid overdose treatment referrals- A study published Wednesday in the medical journal JAMA Network Open found that emergency room clinicians were much less likely to refer Black opioid overdose patients for outpatient treatment compared with white patients. The researchers looked at the medical records of 1,683 opioid overdose patients from emergency rooms in nine states: California, Colorado, Georgia, Michigan, Missouri, New Jersey, New York, Oregon and Pennsylvania. [Stateline](#)

END OF REPORT