



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, SEPTEMBER 9, 2025 AT 3:30 P.M.

Meeting Location: MHSA 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/85883747397?pwd=7wVfOGb3wupG5QfySEztGoYKUfX9Pf.1>

Passcode: xm.T07sV

Administrative Office

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

Clinical Office / Adult

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Pomona, CA 91767
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MHSA Administrative Office

2001 North Garey Avenue
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Phone (909) 623-6131
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Wellness Center

1403 North Garey Avenue
Pomona, CA 91767
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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.

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 JULY 8, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. **PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S ADULT OUTPATIENT PROGRAM**
- III. **SELECTION OF AN AD-HOC COMMITTEE TO PREPARE THE 2025 DATA NOTEBOOK FOR LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS**
- IV. **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.

Mental Health Commission – Agenda
September 9, 2025
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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.

ADJOURNMENT

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, October 14, 2025 at 3:30 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION JULY 8, 2025 – 3:30 P.M.

The Mental Health Commission held a Regular Meeting on Tuesday, July 8, 2025, at 3:30 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 3:39 p.m.

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

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Carolyn Cockrell, GB Member Liaison
Sandra Christensen
Ethel Gardner (left the meeting at 3:42 p.m.)
Frank Guzman
Janet R. Roy (arrived at 3:41 p.m.)
Danette E. Wilkerson

ABSENT: Clarence D. Cernal
Mildred Garcia
Laura Mundy

STAFF:

PRESENT: Ontson Placide, Executive Director (arrived at 3:44 p.m.)
Elizabeth Renteria, Chief Clinical Officer
Dana Barford, Director of MHSA & Ethnic Services
Micaela P. Olmos, JPA Clerk/Administrator

REGULAR BUSINESS

I. APPROVAL OF MINUTES OF THE JUNE 10, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

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

There being no discussion, Vice-Chair Ryback moved, and Commissioner Guzman seconded, to approve the Minutes from the June 10, 2025 Regular Meeting of the Mental Health Commission. The motion was carried by the following vote: AYES: Governing Board Liaison Cockrell, Commissioners Christensen, Gardner, Guzman, Wilkerson, Vice-Chair Ryback, and Chair

AGENDA ITEM NO. 1

Henderson. NOES: None. ABSTAIN: GB Liaison Cockrell. ABSENT: Commissioners Cernal, Garcia, Mundy, and Roy.

At 3:41 p.m., Commissioner Roy arrived at the meeting.

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

At 3:42 p.m., Commissioner Gardner left the meeting.

Director of MHSA and Ethnic Services Barford presented updates regarding property acquisition and technology enhancements, with a total proposed expenditure not to exceed \$5,790,000. She explained staff at the Claremont building had been sharing space and anticipated adding six to ten new positions over the next one to two years, which created a need for additional office space. TCMHA staff sought governing board approval to purchase a new building, with a cost not to exceed \$4 million.

At 3:44 p.m., Executive Director Placide arrived at the meeting.

IT Systems Administrator & Security Officer Cesario addressed the need for a network infrastructure refresh, noting that network switches, wireless access points, and some cabling were over ten years old. He also explained licensing differences and outdated backup appliances also required attention. He also discussed security updates, including replacing traditional locks with badge access, installing panic buttons, indoor and outdoor cameras, and paging speakers. He stated that TCMHA planned to refresh its fleet of laptops and transition its Electronic Health Record (EHR) system. Additionally, the implementation of an Enterprise Resource Planning (ERP) system was discussed.

Commissioner Wilkerson inquired about the current ERP and EHR systems. IT Systems Administrator & Security Officer Cesario confirmed that there was no current ERP and that the existing EHR system was Cerner/Oracle.

Vice-Chair Ryback asked for the new building location for TCMHA administration. Executive Director Placide stated that options were being explored over the next six months. GB Liaison Cockrell asked if the current Claremont building was leased, and Director of MHSA and Ethnic Services Barford confirmed in the affirmative, noting that current lease would expire in September.

Vice-Chair Ryback inquired if the new EHR system would include a client portal. Executive Director Placide explained that while the idea was under consideration, it was controversial due to past security breaches, noting that California does not use client portals for Medicaid mental health services, though they are more common in foster care and medical mental health contexts. Vice-Chair Ryback mentioned that Pomona Valley Hospital used Cerner. Executive Director Placide acknowledged that Cerner worked well for hospitals.

Director of MHSA and Ethnic Services Barford continued with her presentation and provided the timeline of the CFTN Project proposal, stating that on June 12th the proposal was posted for a 30-day public comment period; that after the July 8th presentation to Mental Health Commission, it would be presented to the Governing Board for approval on July 16th; and that if approved, it would move forward.

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

Vice-Chair Ryback asked what enhanced security entails. IT Systems Administrator & Security Officer Cesario explained that access was controlled by staff and that the EHR stored records, emphasizing that the proposed enhancements would reduce potential issues, and that automation would help create a more secure environment.

III. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Ontson Placide reported that projects for each of the three cities—Claremont, Pomona, and La Verne—had been approved to move forward, and that the number of beds at Hope for Home (H4H) was expanded from 31 to 71, with access designated exclusively for urgent needs across the three cities. He then indicated that the St. Ambrose site in Claremont was set to offer a total of 59 beds, 28 of which were designated for permanent supportive housing, noting that TCMHA would hold ownership of 12 beds but would provide services for all; and that any of the remaining beds could also be utilized by the agency for individuals qualified for mental health services. He then explained that in Pomona, the modular housing projects were initiated, including ten units on 4th Street and six units on 8th Street, and pointed out that TCMHA partnered with LifeArc to develop these modular homes, in addition to increasing bed capacity at H4H. Lastly, he stated that the City of La Verne did not have a housing project but was utilizing MHA funds through BHSA to expand Full Service Partnership (FSP) services and crisis emergency services, noting that city had a homeless services project in the University of La Verne campus, and that TCMHA was providing services there.

Commissioner Wilkerson sought clarification whether the services were for students. Executive Director Placide replied in the affirmative, including the public. Commissioner Roy inquired about an intake center, and Executive Director Placide stated that more information would be provided.

GB Liaison Cockrell inquired about apparent discriminatory practices at H4H. Executive Director Placide responded that the City of Pomona had investigated the concerns during a stakeholder meeting, but TCMHA had not participated; and explained that oversight of H4H was under the City of Pomona and they would follow-up on these concerns. Chief Clinical Officer Renteria added that TCMHA clinical department, which was frequently on-site, had not heard any concerns about discrimination or of any major incidents, noting that customarily any concerns are discussed regarding client and staff care.

Executive Director Placide stated that his report included updates on general concerns, including ICE-related issues and service delivery, and explained that Best Practices Department was collecting data on no-shows for appointment to address community concerns, noting that clients were actively utilizing telehealth services. Chief Clinical Officer Renteria mentioned ongoing efforts to improve communication with staff, with HR reviewing protocols for both staff and clients and preparations were underway to support families in case of detainment and to manage anxiety. Further, she noted had practiced scripts to address privacy concerns and acknowledged their own anxieties, emphasizing a collaborative approach to care.

GB Liaison Cockrell asked whether verifying immigration status was part of the intake process. Chief Clinical Officer Renteria replied in the affirmative and reported that four weeks ago a freeze on Medi-Cal was implemented for undocumented individuals; and stated that people were concerned about having their status documented and assured that TCMHA was doing its best to support clients.

Vice-Chair Ryback inquired if the City of La Verne was seeking additional housing opportunities. Executive Director Placide stated that TCMHA would continue to raise the issue with the city, noting that it did not appear to be a current priority for the city. Vice-Chair Ryback expressed the Commission's encouragement for La Verne to pursue such opportunities.

Vice-Chair Ryback further inquired if TCMHA was purchasing the modular units in Pomona, Executive Director Placide clarified that while Pomona owned the land, the TCMHA owned the units. Commissioner Guzman expressed concern about the lease of the land and asked if there will be mechanisms in place to prevent high rent increases. Executive Director Placide explained that since the land was allocated for supportive housing, there would be a cap on space usage, ensuring ongoing access and control, noting that rates should not increase, and that TCMHA had contracted with the consultant group LeSar to help navigate sustainability and long-term viability.

Executive Director Placide then talked about funding, and stated that mild-to-moderate services funded by the state were most at-risk due to budget cuts, particularly in Medicaid; that moderate-to-severe services were protected as they were considered essential; that preventative services under mild-to-moderate care might be required to return to medical insurance coverage. He concluded that while changes were possible, the current priority was to protect moderate-to-severe services.

COMMISSION ITEMS AND REPORTS

Commissioner Wilkerson inquired about the launch of the Mobile Crisis Care Unit (MCCU). Chief Clinical Officer Liz Renteria reported that the event went well; those in attendance included Chair Henderson, Vice-Chair Ryback, and Commissioner Guzman, along with approximately 185 community members and 40 community partners; that the event was described as uplifting and necessary with valuable information shared, and pointed out that managing crises is a community responsibility.

Chair Henderson expressed appreciation for the interactive stamp card used to encourage visits to all booths during the MCCU event.

Commissioner Wilkerson shared that they represented the Tri-City Mental Health Commission at the American Mental Health Conference.

Vice Chair Ryback praised the MCCU launch and noted that they had shared helpful information about the Mobile Crisis Team with Pomona Valley Hospital, who expressed gratitude.

Chief Clinical Officer Renteria reported that the MCCU schedule had been finalized to provide 24/7 care and that coordination with LA County was ongoing, noting that the team was learning and adapting throughout the process.

GB Liaison Cockrell inquired if the MCCU Team were going to coordinate efforts with the police departments. Chief Clinical Officer Renteria stated that MOUs (Memorandums of Understanding) with police departments were going to be drafted to address gaps in services and work in an efficient manner without duplicating services.

Executive Director Placide added that staffing remained a challenge; however, efforts were underway to offer more competitive salaries and benefits.

Commissioner Guzman shared that they had attended an educational forum, a hiring fair, and the MCCU launch, stating that all three events were remarkable.

Executive Director Placide reported that the hiring event was highly successful, with over 100 attendees and several applications were submitted.

GB Liaison Cockrell asked about training and orientation for grantees. Chief Clinical Officer Renteria noted that the fiscal year had ended on a positive note.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 4:24 p.m., on consensus of the Mental Health Commission its meeting of July 8, 2025, was adjourned. The Mental Health Commission is dark during the month of August; 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.

Micaela P. Olmos, JPA Administrador/Clerk



II. PRESENTATION - OVERVIEW OF TCMHA's ADULT OUTPATIENT PROGRAM

Presenters:

Kristen Penate, LCSW, Clinical Supervisor I

Abigail Torcedo, LMFT, Clinical Supervisor I



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

DATE: September 9, 2025
TO: Tri-City Mental Health Authority Mental Health Commission
FROM: Ontson Placide, LMFT, Executive Director
BY: Dana Barford, MHSA Director and Ethnic Services
SUBJECT: Selection of an Ad Hoc Committee to Prepare of the 2025 Data Notebook 2025 For Local Behavioral Health Boards and Commissions

Summary:

Each year, members of Tri-City's Mental Health Commission participate in the preparation of the California Behavioral Health Planning Council's Data Notebook project. Members of the Mental Health Commission will create an ad hoc committee to work with Tri-City staff to complete the Data Notebook for FY 2025.

Background:

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California.

The Data Notebook is a structured format to review information and report on each county's behavioral health services. This system includes both mental health and substance use treatment services designed for specific age groups of adults or children and youth. Local behavioral health boards/commissions (local boards) are required to review performance outcome data for services in their county and to report their findings each year to the California Behavioral Health Planning Council (Planning Council). These responses are then analyzed by staff to create a yearly report to inform policy makers, stakeholders, and the public.

Fiscal Impact:

None

Recommendation:

Members of the Mental Health Commission create an ad hoc committee to work with Tri-City staff to complete the Data Notebook for FY 2025.

Attachment III-A: 2025 Data Notebook Template

DATA NOTEBOOK 2025

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions



The California Behavioral Health Planning Council (Council) is under federal and state mandate to review, evaluate and advocate for an accessible and effective behavioral health system. This system includes both mental health and substance use treatment services designed for individuals across the lifespan. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:

DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2025 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2025 Data Notebook, please use the following link and fill out the survey online by **November 1, 2025**:

<https://www.surveymonkey.com/r/data-notebook2025>

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CBHPC 2025 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions (local boards) are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates¹ to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain the opinions and thoughts of local board members on specific topics;
- To identify successes, unmet needs and make recommendations.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local boards to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

¹ W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local boards who completed their Data Notebooks. These reports feature prominently on the website² of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)³.

CBHPC 2025 Data Notebook: Wellness and Recovery Centers in California's Public Behavioral Health System

Wellness and Recovery Centers represent an essential model within California's public behavioral health landscape. These community-based programs are designed to support individuals living with serious mental illness and/or substance use disorders by offering accessible, voluntary, and person-centered services. Drawing from principles of peer support, empowerment, and holistic wellness, Wellness and Recovery Centers provide a welcoming space where individuals can pursue recovery on their own terms and engage in services that promote stability, resilience, and social connection.

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wellness and Recovery Centers to better understand how they are implemented across the state, identify common strengths and needs, and highlight their role within a continuum of care. This focus is particularly timely given recent shifts in policy and funding under California's Behavioral Health Services Act (BHSA) and broader Behavioral Health Transformation efforts. As counties adapt to new mandates and resource allocations, there is growing concern that Wellness and Recovery Centers may face reductions or loss of support, despite their alignment with goals of equity, prevention, and community-based care.

The California Behavioral Health Planning Council first examined the role and potential of Wellness and Recovery Centers in its 2011 report, *Wellness & Recovery Centers: An Evolution of Essential Community Resources*⁴. That report identified Wellness and Recovery Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the

² See the annual Overview Reports on the Data Notebook posted at the [California Association of Local Behavioral Health Boards and Commissions website](#).

³ SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.

⁴ [Wellness and Recovery Centers: An Evolution of Essential Community Resources](#). Published 2011 by the California Behavioral Health Planning Council.

importance of these centers in promoting recovery-oriented systems of care, particularly for individuals who may not engage readily with formal treatment environments.

More than a decade later, this year's *Data Notebook* serves as a follow-up to that foundational work, revisiting the concept of Wellness and Recovery Centers in light of changing policy landscapes, evolving community needs, and local program development. While the core values of these programs remain consistent, their structure, scope, and funding have evolved significantly. This survey seeks to increase understanding of how Wellness and Recovery Centers are functioning today.

Defining Wellness and Recovery Centers

While the design and operation of Wellness and Recovery Centers vary widely across the state in name, scope, staffing, and funding, most share common elements. For the purposes of the 2025 Data Notebook Survey, we are using the following definition:

***Wellness and Recovery Centers** are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery.*

2025 Data Notebook Survey Questions

Please answer the following questions about your county using the Survey Monkey link provided with this Data Notebook:

1. **What is the name of your county?** *(Drop down menu)*
2. **How many Wellness Centers are there in your county?** *(Numerical response)*
3. **Does your county also currently operate a Clubhouse Model program?**
(Yes/No)

For the following questions, please select **one** Wellness and Recovery Center that you feel is representative of the programs in your county. Answer the following questions in regard to the selected program. ***If the answer to a question is not known and is not easily obtainable, please feel free to skip it and answer the questions that you can.*** Our goal is to gather as much information as possible without requiring burdensome research; we aim to have a complete report available by the end of the year, so this information can be considered by the stakeholder process within each county.

Section 1: Program Operations

4. **Name of Center/Program** *(Text Response)*
5. **Address** *(Text Response)*
6. **Is the program operated by the county?** *(Yes/No)*
7. **Is the program a non-profit organization?** *(Yes/No)*
8. **Is the program part of another organization?** *(Yes/No)*
9. **Does the program receive any issues or stigma from the surrounding community, i.e. “NIMBYism”?** *(Yes/No)*
10. **Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information.** *(Text Response)*

Section 2: Management of the Program:

11. **Does the program have a Board of Directors?** *(Yes/No)*
12. **Are the participants engaged in the management and design of the program?** *(Yes/No)*
13. **Will the program assist participants’ inclusion in community planning activities, such as the integrated plan for the behavioral health department?** *(Yes/No)*

Section 3: Program Model

14. **Is the program based on the recovery model?** *(Yes / No)*
15. **Is the program drop-in?** *(Yes/No)*
16. **Please indicate who is welcome at your center** *(check all that apply):*
 - a. Persons who identify mental health needs
 - b. Persons who identify substance use disorders needs
 - c. Persons who do not identify with either category
 - d. Other *(text box)*
17. **Does your program follow a specific model? If yes, what is the name of the model?** *(Yes with text response / No)*

Section 4: Program Finances

18. **Which of the following funding sources are used for program operations?**
Please check all that apply.
 - a. County
 - b. MediCal
 - c. BHSA
 - d. Grants
 - e. Other *(text response)*
19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?** *(Yes with text box response / No)*

Section 5: Program Staffing

20. **Do the supervisors of the program have lived experience?** *(Yes/No)*
21. **Does the program utilize volunteers with lived experience from your membership?** *(Yes/No)*
22. **Does the program utilize other volunteers, such as family members of people with lived experience?** *(Yes/No)*
23. **Does the program employ certified peer support specialists?** *(Yes/No)*
24. **If you answered “Yes” to question 22, are the peer support specialists the program employs billing Medi-Cal for their services?** *(Yes/No/NA)*
25. **Please list other categories of people working in the program:** *(Text Response)*

Section 6: Activities and Supports

26. Does the program have guidelines or a code of conduct that participants must agree to? *(Yes/No)*
27. Does the center offer support or activity focused groups? If yes, what are some of the topics? *(Yes with text response / No)*
28. Does the center have a set schedule of groups and activities? *(Yes/No)*
29. Is there a list of activities provided to participants by staff? *(Yes/No)*
30. Does the center offer activities in different languages? If yes, what languages? *(Yes with text response / No)*
31. What personal supports does the center offer to participants? *Please check all that apply:*
- a. Showers
 - b. Meals
 - c. Snacks
 - d. Laundry services
 - e. Clothing closet
 - f. Personal grooming
 - g. Personal products / toiletries
 - h. Other (text response)
32. Are transportation services or support provided to participants? *(Yes/No)*
33. Is there a licensed clinician at the center? *(Yes/No)*
34. Do you provide medication management support? If yes, please describe the services. *(Yes with text response / No)*

Section 7: Participant Referrals

35. Does the program accept drop-in participants? *(Yes/No)*
36. Does the program receive referrals from the county? *(Yes/No)*
37. Does the program receive referrals from other organizations? If yes, please list some of those organizations. *(Yes with text response / No)*

Section 8: Other Information

38. Does the program conduct satisfaction surveys for participants? *(Yes/No)*
39. If possible, please describe one brief success story from/about the program. *(Large text box)*

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

1. **What process was used to complete this Data Notebook?** *(Please select all that apply)*
 - a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
 - b. BH board completed the majority of the Data Notebook.
 - c. Data Notebook placed on agenda and discussed at board meeting.
 - d. BH board work group or temporary ad hoc committee worked on it.
 - e. BH board partnered with county staff or director.
 - f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
 - g. Other (please specify)
2. **Does your board have designated staff to support your activities?**
 - a. Yes (if yes, please provide their job classification)
 - b. No
3. **Please provide contact information for this staff member or board liaison.**
4. **Please provide contact information for your board's presiding officer** (chair, etc.)
5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: September 9, 2025
TO: Mental Health Commission of Tri-City Mental Health Authority
FROM: Ontson Placide, Executive Director
SUBJECT: Executive Director's Monthly Report

I. UPDATE ON THE MHSA to BHSR REVERSION AND TRANSFORMATION PLANNING

TCMHA continues to work on all approved projects. The housing development projects details are being reviewed and negotiated at various levels. The Hope for Home beds increases have occurred and operational. The MHSA to BHSR planning process continues with organizing, compiling and completing the DHCS Integrated Plan.

II. IMPORTANT POLICY LEGISLATIVE INFORMATION – MEDIA ROUNDUP/ UPDATES

Federal Funding/Medicaid

5 Key Facts about Medicaid's Share of National Health Spending- Medicaid, as the primary program providing comprehensive coverage of health care and long-term services and supports to about 80 million low-income people in the United States, accounts for one-fifth of all personal health care spending in the United States and a large share of state budgets. During its 60 years since enactment, Medicaid's share of health insurance coverage and health care spending have incrementally increased; the program has evolved over time through a series of legislative and judicial actions, within the context of broader changes in the health care landscape. Now, landmark changes to Medicaid coverage and enrollment policies are set to roll out over the next several years. [Kaiser Family Foundation](#)

Mental Health

LAUSD sees significant increase in students using mental health services- The Los Angeles Unified School District saw an increase in the number of patients, including students and their families, receiving medical, dental and behavioral health services at expanded wellness centers, according to a new report by the Los Angeles Trust for Children's Health. [Ed Source](#)

Mental health disorders affect 1 billion: WHO- More than 1 billion people are living with mental health conditions worldwide, with anxiety and depression driving the second-

leading cause of long-term disability, according to two World Health Organization reports. The findings were published in “World mental health today” and “Mental Health Atlas 2024,” and the organization underscored an urgent need for increased investment, legal reform and systemic change. Here are six things to know: [Becker’s Hospital Review](#)

Trump admin agrees to restore public health webpages- The Trump administration agreed to restore scores of health agency webpages and datasets that went dark to comply with executive orders on diversity, equity and inclusion and gender identity, under a court settlement announced on Tuesday. Why it matters: The information blackout shocked health providers and centered on issues like contraception and transgender health that President Trump and Republicans have repeatedly targeted. It also swept up information about HIV, at-risk youths and women's health. [Axios](#)

Substance Use Disorder (SUD)

California program successfully scales emergency department addiction treatment statewide- A comprehensive study shows that California's CA Bridge program has successfully implemented opioid use disorder treatment services across more than 80% of the state's emergency departments, reaching over 165,000 patients and providing nearly 45,000 instances of buprenorphine treatment from July 2022 through December 2023 alone. The initiative proves that emergency departments can serve as a critical entry point for addiction care when provided with proper funding, training, and patient navigation support. [UCLA Health](#)

Homelessness

New enforcement targets people living in cars, RVs on California streets- For months, cities around the state have ramped up enforcement against people sleeping in tents on the street. Now, some are focusing on a new target: People who live in vehicles. Wayne Gardiner, 58, watched his home of 20 years roll onto the back of a flatbed tow truck in San Jose on a recent Monday afternoon. Then he realized he'd forgotten something inside. He threw open compartments in the bottom of the RV as fast as he could, looking for the pressure-washing tools he uses for cleaning jobs to make extra money. As the RV rose up onto the truck, about to head off to a junk yard, Gardiner found the black backpack full of tools and pulled it out. [CalMatters](#)

END OF REPORT