



# 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, OCTOBER 14, 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/82786405081?pwd=ZH1xRu7jWCUrJOrX\\_9rVqR5-OT1CuJl5.-3kGyDy6F5nCWgvO](https://tricitymhs-org.zoom.us/j/82786405081?pwd=ZH1xRu7jWCUrJOrX_9rVqR5-OT1CuJl5.-3kGyDy6F5nCWgvO)

**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@tricitymha.ca.gov](mailto:molmos@tricitymha.ca.gov). 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**

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**MHSA Administrative Office**

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## **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 SEPTEMBER 9, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. **PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S PEER SUPPORT SPECIALIST ROLE**
- 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  
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### **ADJOURNMENT**

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, November 11, 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 SEPTEMBER 9, 2025 – 3:30 P.M.**

The Mental Health Commission Regular Meeting was held on Tuesday, September 9, 2025, at 3:39 p.m. in the MHS 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  
Clarence D. Cernal (arrived at 3:40 pm)  
Sandra Christensen  
Ethel Gardner  
Danette E. Wilkerson

**ABSENT:** Mildred Garcia  
Frank Guzman  
Laura Mundy  
Janet R. Roy

**STAFF:** Ontson Placide, Executive Director  
Mica Olmos, JPA Clerk/Administrator

#### **REGULAR BUSINESS**

Item No. II was taken out of order.

#### **II. PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY’S ADULT OUTPATIENT PROGRAM**

At 3:40 p.m., Commissioner Cernal arrived at the meeting.

Clinical Supervisors Kristen Penate and Abigail Torcedo presented an overview of Tri-City Mental Health Authority’s Adult Outpatient Program stating it served adults aged 26 and older through a comprehensive, multidisciplinary approach grounded in Whole Person Care. They explained the program emphasized the importance of treating clients holistically. This model addressed not only mental and physical health but also incorporated social, spiritual, cultural, and environmental factors to support overall well-being.

**AGENDA ITEM NO. I**

Clinical Supervisor Torcedo stated the treatment teams developed individualized care plans tailored to each client's specific needs, including those with co-occurring mental health and substance use disorders. She explained services included individual and family counseling, psychotherapy, case management, medication support, and assistance with accessing community resources. She included the program also offered both virtual and in-person appointments, along with transportation support to reduce barriers to care. She explained TCMHA's Whole Person Care model placed the client at the center of treatment, surrounded by interconnected domains such as physical and behavioral health, spirituality, culture, social networks, and environmental influences. This framework allowed the team to deliver care that improved functioning and enhanced quality of life.

The program collaborated closely with other internal services, including the Full-Service Partnership (FSP), Supplemental Support Programs (SSP), peer mentor initiatives, and the Mobile Crisis Care Program (MCCP), to ensure continuity and integration of care. Staff recruitment efforts were ongoing, with a focus on hiring additional clinical supervisors and psychiatrists to meet growing demand.

The July 2025 Chief Clinical Officer's report states that June 2025 saw 152 service requests, down 12% from May but up 15% year-over-year. A total of 178 service requests were completed during that period, reflecting the team's commitment to timely and effective service delivery.

Overall, the Adult Outpatient Program demonstrated Tri-City's dedication to accessible, person-centered, and recovery-oriented behavioral health care. Through its holistic model and collaborative practices, the program continued to evolve in response to community needs and clinical best practices.

Clinical Supervisor Penate said that one in five U.S. adults experienced mental health disorders annually, and one in fifteen experienced both a mental health and substance use disorder. Clinical Supervisor Torcedo stated from July 1, 2023, to June 30, 2024, the Adult Outpatient Program served 1,306 individuals; the most common diagnoses included depressive disorders (30%), anxiety disorders (16%), schizophrenia and psychotic disorders (13%), addictive disorders (13%), trauma-related disorders (9%), and bipolar disorders (7%). Of those served, 582 received medication services. She stated sessions were primarily conducted in English (86%), with 12% in Spanish and 2% in other languages.

Clinical Supervisor Penate explained the client population typically presented with moderate to severe mental illness, often triggered by acute crises or psychosocial stressors. Clinical Supervisor Torcedo added that the program's ultimate goal was to empower clients toward recovery and stabilization while strengthening their support networks.

Clinical Supervisor Penate shared a success story highlighting a 33-year-old male who, after hospitalization for anxiety and psychotic symptoms, engaged in therapy and medication management, regained employment, and reconnected with family.

Clinical Supervisor Torcedo shared a second success story, involving a 50-year-old Vietnamese-speaking female who stabilized after treatment and was linked to housing and SSI benefits through community partnerships. Clinical Supervisor Torcedo then shared client satisfaction data from a sample of 42 individuals showed that 93% rated the services as high quality, 83% were satisfied with appointment availability, 86% would recommend the program, and 81% understood their treatment plans.

Clinical Supervisor Penate stated that looking ahead, the program planned to expand evidence-based practices and staff training in motivational interviewing, cognitive behavioral therapy (CBT), and dialectical behavior therapy (DBT). These interventions were already in use and had proven effective in improving client engagement and symptom management. The goal was to ensure all clinicians were proficient in these approaches. The program also aimed to enhance its service array to better match client needs, improve care coordination, and strengthen linkages with community providers.

Commissioner Wilkerson inquired about the evidence-based practices (EBP) currently in use. Clinical Supervisor Penate responded that the program utilizes Motivational Interviewing to enhance engagement and rapport, Cognitive Behavioral Therapy to help clients change thought patterns and behaviors, and electrical therapy to assist with emotional dysregulation. She emphasized the importance of ensuring all clinicians and staff are trained and knowledgeable in these interventions.

Commissioner Gardner expressed appreciation for staff efforts and asked whether clients ever receive housing after services. Clinical Supervisor Torcedo confirmed that TCMHA partners with agencies that offer housing vouchers and that the housing department assists clients in obtaining them. She committed to bringing back more data on this topic.

Vice-Chair Ryback asked whether data reporting follows a calendar or fiscal year. Clinical Supervisor Torcedo clarified that TCMHA uses a fiscal year model, from July 1 to June 30. Vice-Chair Ryback also requested comparative data to track trajectory over time and expressed surprise that only 12% of clients required Spanish language services. Deputy Chief Clinical Officer Johnson explained that this figure reflects monolingual clients, as most staff are bilingual. Vice-Chair Ryback recommended tracking preferred language, as done by PVH.

Commissioner Cernal asked about outreach strategies. Clinical Supervisor Penate described efforts including communication with other agencies, relationships with schools, and participation in community fairs. Deputy Chief Clinical Officer Johnson added that outreach staff are well-informed about TCMHA's services and actively share them through word-of-mouth, self-referrals, and family referrals. Commissioner Cernal emphasized the need to further spread awareness, and GB Liaison Cockrell noted the organization's presence on social media and at community tables.

**I. APPROVAL OF MINUTES OF THE JULY 8, 2025, REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**

Chair Henderson opened the meeting for public comment. There was no public comment.

There being no comment, Commissioner Christensen, and Commissioner Gardner seconded, to approve the Minutes from the July 8, 2025, Regular Meeting of the Health Commission. The motion was carried by the following vote: AYES: GB Liaison Cockrell, Commissioners Cernal, Christensen, Gardner, and Wilkerson; Vice-Chair Ryback, and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Garcia, Guzman, Mundy, and Roy.

**III. SELECTION OF AN AD-HOC COMMITTEE TO PREPARE THE 2025 DATA NOTEBOOK FOR LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS**

Vice-Chair Ryback inquired which was the topic under review for the 2025 Data Notebook. MHSA Projects Manager Rodriguez stated that the focus was on wellness and recovery centers across California, noting that the last time this topic had been addressed was in 2011, and the current effort aimed to conduct a cross-county analysis to evaluate progress and performance across regions.

Commissioners Wilkerson, Cernal, and Vice-Chair Ryback expressed interest in participating in the Ad Hoc Committee. Vice-Chair Ryback requested a link to the relevant data, and MHSA Projects Manager Rodriguez responded that the data would be included in the upcoming notebook packet, and pointed out that when the group convenes, they would also receive background information to support their review.

Commissioner Cernal inquired about the timeline for the project. MHSA Projects Manager Rodriguez stated that the final delivery was due by November 1, 2025, and that the group would meet at least once before then to prepare a presentation for the Governing Board, which would be developed by the Commission.

Commissioner Henderson asked whether a formal vote was needed to accept the topic. JPA Clerk/Administrator Olmos clarified that a vote was not necessary since an unanimous consensus had already been received.

#### **IV. EXECUTIVE DIRECTOR MONTHLY REPORT**

Executive Director Placide provided an update on the transition from MHSA (Mental Health Services Act) to BHSA (Behavioral Health Services Act) reversion and transformation. He reported that TCMHA had access to 16 out of 59 total beds at St. Ambrose designated for individuals aged 55 and older; that of those, 28 beds were earmarked for permanent supportive housing. Additionally, two tiny home projects in Pomona added a total of 16 beds to the housing inventory, and that TCMHA had increased their beds at Hope4Home from 31 to 71 beds. He Executive Director Placide stated that TCMHA does not operate under a housing-first model, instead, housing is considered a secondary priority, available only to individuals with a mental health diagnosis, and explained that housing placements are paired with mental health services to ensure comprehensive support.

Vice-Chair Ryback asked whether this included individuals with substance use disorders, Executive Director Placide replied that the transition to BHSA now allows for broader access, including those with substance use needs. He then acknowledged that while TCMHA collects a substantial amount of information, there is currently no synthesized process to consolidate and present it effectively, noting that a new process is being developed and will be introduced in early 2026 to present data and an actionable plan. He also shared that TCMHA had met with the Department of Mental Health (DMH) to coordinate efforts to increase services, particularly those required under BHSA, including implementing high-fidelity wraparound services, expanding evidence-based practices (EBPs), and enhancing supportive case management. He also reported that counties are currently in a busy planning period, with an integrated plan due in March but TCMHA is aiming to complete its portion by January or February. He explained the plan will require review by both the Mental Health Commission and the Governing Board.

Commissioner Wilkerson raised concerns about the impact of executive orders related to involuntary versus voluntary housing and whether these concerns would affect TCMHA. Executive Director Placide indicated that the Mental Health Plan mandates that some residential

facilities reserve space for individuals who are homeless and coming off 5150 holds, and while TCMHA does not operate residential or congregate care homes, this requirement may affect TCMHA in the future, and suggested that a better fit for TCMHA might be psychiatric urgent care.

Commissioner Gardner sought clarification regarding the increase in bed capacity from 31 to 70 beds at H4h. Executive Director Placide explained that TCMHA's total capacity had grown to over 100 beds, with TCMHA's exclusive rights increasing from 31 to 71 beds, and that two beds were reserved for Claremont and La Verne, respectively, to be used by the police crisis team.

GB Liaison Cockrell brought up concerns raised during a recent City of Pomona stakeholder meeting regarding allegations of inequity within Hope4Home. Executive Director Placide responded that the issue appeared to be internal and personnel-related with the City of Pomona and did not result in formal follow-up by TCMHA; however, he will look into it further.

Chair Henderson shared that the Alliance Club had been cooking for Hope4Home once a month, providing over 220 meals, and expressed support for this initiative which could serve as a model or for future community involvement.

### **COMMISSION ITEMS AND REPORTS**

Chair Henderson expressed appreciation for Tri-City Mental Health Authority hosting the recent meeting for collaboratives, noting that the group had settled at the 2001 MHSA Office location and thanking the agency for the use of its facilities.

Commissioner Gardner expressed gratitude for TCMHA's Mental Health First Aid Training, stating that she had invited five young individuals ages ranging from 18-21 years old, to participate in the training. She described the experience as eye-opening for both the youth and their parents, and thanked TCMHA for allowing young participants to engage and learn.

Commissioner Cernal also thanked TCMHA for its participation in Claremont's National Night Out event.

### **PUBLIC COMMENT**

There was no public comments

### **ADJOURNMENT**

At 4:22 p.m., on consensus of the Mental Health Commission, its meeting of September 9, 2025, was adjourned. 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.



**II. PRESENTATION - OVERVIEW OF TCMHA's PEER SUPPORT SPECIALIST ROLE**

Presenter: Jeri Sprewell, Peer Support Specialist Program Manager 1



Tri-City Mental Health Authority  
MONTHLY STAFF REPORT

**DATE:** October 14, 2025  
**TO:** Mental Health Commission of Tri-City Mental Health Authority  
**FROM:** Ontson Placide, LMFT, Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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## I. ONGOING AGENCY PLANNING

- The MHS to BHS planning process continues with organizing, compiling and completing the CA DHCS Integrated Plan. This is an all-department comprehensive process that requires dedicated leadership time to complete. Planning meetings with LACDMH are being arranged.
- Infrastructure Planning regarding new key admin positions as well as structural systems improvements (e.g. EHR, HRIS, Communication, and Financial) are in various development phases.

## II. NATIONAL & STATEWIDE UPDATES IN BEHAVIORAL HEALTH

### Federal Funding/Medicaid

**Recent Trump Administration Policies that Impact Health Coverage and Care for Immigrant Families-** Immigrants form a growing share of the U.S. population and workforce, and as of 2024, there were over 50 million immigrants residing in the country. President Trump's agenda has focused on restricting immigration and enhancing immigration enforcement, which research shows has negative impacts on the mental and physical health of immigrant families, including the millions of U.S. citizen children living in them, as well as broader economic effects on communities. The Trump administration and Congress also have made policy changes that further restrict access to health coverage and care for immigrant families. [Kaiser Family Foundation](#)

**Democrats want health care tax credits to end the shutdown. Why the GOP says not yet.-** For months, as the expiration of health insurance subsidies loomed, state health insurance commissioners warned Congress that millions of middle-class Americans were likely to see their insurance premiums double or triple. Now, Washington is at a stalemate. The government has closed. Democrats say Congress needs to permanently extend the credits now before open enrollment for state health insurance marketplaces begins Nov. 1. Republicans say they will not discuss health policy as part of a bill to reopen the government and can deal with the subsidies before they expire Dec. 31 [USA Today](#)

## Mental Health

**California Men's Service Challenge looks to tackle the mental health crisis among young men-** The California Men's Service Challenge, launched in September 2025, is primarily seeking young men to serve as mentors, coaches, and tutors for boys. Josh Fryday, California's Chief Service Officer, gives some tips on how to support boys and young men. [CBS Los Angeles](#)

**Few Psychologists Can Prescribe in the US — But That's Starting to Change-** A small but lively movement in state legislatures may add a new player to the mental health prescriber team. Several states have recently considered giving specialized psychologists the authority to prescribe and manage patients treated with mental health-related medications. Last year, Utah became the seventh state to create such licensure. Advocates for the creation of this type of clinical role say the present shortage and a looming shortfall of psychiatrists and other doctors with similar authorities create a crying need for more clinicians who are specialized in treating mental health issues with pharmaceuticals. [Behavioral Health Business](#)

## Homelessness

**Hundreds of Angelenos in recuperative care facilities face homelessness after Health Net ends contract-** Hundreds of people living in Soul Housing recuperative care facilities across Los Angeles County are expected to be discharged this week after their health insurance plan ended its contract with the company, according to the nonprofit agency. There appears to be no clear plan for where most of those residents will go next. The likely mass exodus comes after health insurance plan Health Net terminated its contract with nonprofit Soul Housing, which was — until recently — L.A. County's largest recuperative care provider, with more than 1,300 beds across 16 facilities. Recuperative care facilities are meant to provide medical stabilization and housing, often for people leaving hospitals who are too sick to be on the street. Soul Housing has provided that care through the state's expanded Medi-CAL initiative, known as CalAIM. [LAist](#)

**END OF REPORT**