



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, NOVEMBER 11, 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/81043124194?pwd=3XbyMNGAHHfE4bbbbYtTcCcAcDe0nk.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@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

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*
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 OCTOBER 14, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. **PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S MOBILE CRISIS CARE UNIT (MCCU) AND CO-OCCURRING SUPPORT TEAM (COST)**
- 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
November 11, 2025
Page 3 of 3

ADJOURNMENT

The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on **Wednesday, December 17, 2025 at 5:00 p.m.** in the MHS Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS, CPMC
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION OCTOBER 14, 2025 – 3:30 P.M.

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

CALL TO ORDER Chair Henderson called the meeting to order at 3:31 p.m.

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

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Clarence D. Cernal
Sandra Christensen
Ethel Gardner
Laura Mundy
Janet R. Roy
Danette E. Wilkerson

ABSENT: Carolyn Cockrell, GB Member Liaison
Mildred Garcia
Frank Guzman

STAFF

PRESENT: Ontson Placide, Executive Director
Dana Barford, Director of MHSA & Ethnic Services
Micaela Perez Olmos, JPA Clerk/Administrator

REGULAR BUSINESS

I. APPROVAL OF MINUTES OF THE SEPTEMBER 9, 2025 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION

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

There being no discussion or public comment, Commissioner Christensen, and Commissioner Cernal seconded, to approve the Minutes from the September 9, 2025, Regular Meeting of the Mental Health Commission. The motion was carried by the following vote: AYES: Commissioners Cernal, Christensen, Gardner, Roy, and Wilkerson; Vice-Chair Ryback, and Chair Henderson. NOES: None. ABSTAIN: Commissioner Mundy. ABSENT: GB Liaison Cockrell, Commissioners Garcia and Guzman.

AGENDA ITEM NO. 1

II. PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S PEER SUPPORT SPECIALIST ROLE

Jeri Sprewell, Clinical Wellness Advocate III, shared her personal experience with addiction and her personal journey through treatment and into recovery, emphasizing that everyone at TCMHA brings their own lived experience to the work. She stated TCMHA has enabled staff to connect deeply with clients—not just by handing them resources, but by walking alongside them, modeling recovery, and offering encouragement and support.

Clinical Wellness Advocate Sprewell highlighted that Peer Support Specialists (PSS) play a vital role across TCMHA programs, including adult and youth outpatient services, and more recently, the Mobile Crisis Unit. She said the number of peer positions had grown from 8 to 15, with referrals increasingly requesting peer involvement. She noted that sharing personal stories helped build meaningful connections with clients. The PSS role was described as essential, with peers embedded in all programs and contributing to improved outcomes. Clinical Wellness Advocate Sprewell confirmed that PSS are certified through CalMHSA, a process that became standard within the last 2–3 years, enabling peers to become billable providers.

Board members expressed appreciation and support. Vice-Chair Ryback thanked Clinical Wellness Advocate Sprewell for sharing their experience. Commissioner Gardner offered heartfelt congratulations, calling it an honor to witness Clinical Wellness Advocate Sprewell's growth and emphasizing the importance of walking alongside those in need. Commissioner Cernal inquired about the number of current positions, to which Clinical Wellness Advocate Sprewell responded there were 15. Commissioner Wilkerson asked about certification, and Clinical Wellness Advocate Sprewell confirmed both the existence of certification and its recent implementation. Commissioner Roy praised the peer model, calling it a beautiful approach, and asked about services in Adult and Youth Outpatient programs. Clinical Wellness Advocate Sprewell explained that PSS are assigned clients in those areas.

Executive Director Placide expressed pride in the PSS program, noting its expansion and integration across all services, including Full-Service Partnerships (FSP). Director of MHSA & Ethnic Services Barford emphasized the importance of peer components in the Wellness Center, citing the unique connection peers offer. Commissioner Christensen acknowledged the growing need for more peer staff, and Executive Director Placide confirmed plans for expansion and deeper integration.

Commissioner Wilkerson inquired about the caseload of each PSS. Clinical Wellness Advocate Sprewell clarified that Mobile Crisis peers do not carry caseloads, while those in Student Services and TAY work with schools, parents, and students without formal caseloads. Adult Outpatient peers were transitioning to a team-based model, with caseloads potentially reaching up to 60 clients, though not all would require daily or weekly engagement. Director of MHSA & Ethnic Services Barford added that Wellness Center peers facilitate groups but are not yet certified and thus not included in the current count of 15. Once certified, the total number of peers was expected to reach approximately 20. Commissioner Cernal asked if much of the PSS are former clients. Director of MHSA & Ethnic Services Barford noted that some were, but not all. Clinical Wellness Advocate Sprewell estimated that about 3% had previously been involved with TCMHA, either as volunteers or through family enrollment.

III. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Placide reported that recent efforts had focused on transitioning and completing the comprehensive 90-page document that spanned all departments and collaborative initiatives for the BHSA Integrated Plan. While the shift from MHSA to BHSA represented only one portion of the organization, Executive Director Placide noted that approximately 60% to 70% of the work was dedicated to this transition—not just for TCMHA, but across all counties. Executive Director Placide acknowledged that many were struggling with the shift and emphasized the importance of moving from prevention to intervention strategies. The completed document would be presented back to the MHC, with significant effort and updates to follow.

Executive Director Placide explained a major component of the transition involved building the required infrastructure under BHSA, where FSP was expected to expand significantly. He highlighted the potential for growth and new program opportunities. Director of MHSA & Ethnic Services Barford reflected on the early rollout of MHSA 20 years ago, noting that stakeholder input would remain a priority. She explained that new programs would be launched or existing ones modified based on data, and that the process of integrating lessons learned would take time. Director of MHSA & Ethnic Services Barford stressed the importance of making informed decisions for the right reasons.

Executive Director Placide stated that the new framework would be structured as a three-year plan, with Director of MHSA & Ethnic Services Barford adding that annual updates would be required. She stated certain components would need to be projected and adhered to for the full three years, while others would allow for more flexibility but the overarching goal was to ensure the success of the new model.

Executive Director Placide also addressed TCMHA's unique position as the mental health authority for three cities, while not being the designated mental health plan. He explained that TCMHA must continue working with the LACDMH, which holds that designation. In response to Chair Henderson's question about whether LACDMH listens to TCMHA's concerns, Executive Director Placide affirmed that as the largest mental health provider, TCMHA meets with LACDMH to discuss the impact of TCMHA.

Commissioner Ryback raised questions regarding Proposition 1 and whether certain services previously provided would no longer be available. Executive Director Placide clarified that the Department of Mental Health and BHSA represented only a portion of Prop 1's implementation, and that all stakeholders had a role to play. Vice-Chair Ryback asked whether services would be lost at the community level, to which Director of MHSA & Ethnic Services Barford responded that while prevention programs were shifting to the state level, counties could still offer them under a narrower scope. She assured the board that TCMHA was managing funding to meet requirements and that all services remained intact, though prevention would take a different form. Executive Director Placide added that previously funded services would look different under the new model, with funding now directed more intentionally. Director of MHSA & Ethnic Services Barford concluded by noting that more updates would be forthcoming.

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

COMMISSION ITEMS AND REPORTS

Commissioner Gardner announced that on October 23rd, the Kenedy Austin Foundation will host a community mixer to showcase its new location and invited everyone to attend the event. She then expressed a desire for TCMHA to provide increased support for grief and loss groups and services for victims of domestic violence.

PUBLIC COMMENT

There was no comment.

ADJOURNMENT

At 4:11 p.m., on consensus of the Mental Health Commission its meeting of October 14, 2025, was adjourned. 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 Perez Olmos, CPMC
JPA Administrador/Clerk



II. PRESENTATION - OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S MOBILE CRISIS CARE UNIT (MCCU) AND CO-OCCURRING SUPPORT TEAM (COST)

Presenter: Markie Sterner, Clinical Program Manager



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: November 11, 2025

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

FROM: Ontson Placide, LMFT, Executive Director

SUBJECT: Executive Director's Monthly Report

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.
- Pomona City Council approved the Tri-City funded 2 Permanent Supportive Housing Projects 11/3/25.
- Still awaiting overall State acceptance of the St Ambrose PSH Project.
- 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

October income taxes \$2 billion above target- Preliminary data from California's state tax agencies shows that personal and corporate income taxes in October came in approximately \$2.0 billion more than projected in the June 2025 state budget act. The month's tax receipts include a few billion dollars of 2024 and 2025 taxes from Los Angeles County delayed for months due to the January wildfires. [#CA Budget](#)

Mental Health

LA Public Defender Ricardo Garcia Says Prop 36 Is 'Punishing Poverty and Addiction'- One year after California voters passed Proposition 36, Los Angeles County Public Defender Ricardo Garcia said the measure has "moved us backward in time," warning that instead of addressing the root causes of addiction and poverty, the state has returned to "punishing poverty and addiction." "People are being charged with felonies just for having a record," Garcia said. "It creates truly lifelong barriers — in housing, jobs, stability — and it really doesn't, at the end of the day, make our communities any safer. So we've gone back to criminalizing poverty and addiction." [Davis Vanguard](#)

Teri Sforza: Court battle could expose ugliest strategies of drug rehab business- “Bro,” the text chain says, “you can make so much (expletive) money off these junkies. Their (sic) going to use anyway.” “What do you mean I can make more,” came the reply. “U can market for pablo. (sic) We all get a kickback for each client we bring in. Basically we send them to detox send them to a house where there’s free house weed and benzo maintenance so we can just keep recycling them through. Some of the house managers make a little extra selling hard on the side if you know what Im saying.” Ah, addiction treatment in California! [Orange County Register](#)

Homelessness

Los Angeles Mayor Karen Bass lifts emergency declaration on homelessness- Los Angeles Mayor Karen Bass on Wednesday lifted her declaration of a local emergency on homelessness, saying that while the crisis persists, the city now has the tools in place to continue urgent action without the temporary order she signed on her first day in office. In a memo to the City Council, the mayor reiterated that if at any point “extraordinary authority” is needed to maintain or accelerate progress on homelessness, she would not hesitate to reinstate the declaration. Her decision came at a time when council members have discussed steps to phase out her emergency declaration. [City News Service](#)

END OF REPORT