



# HOPE. WELLNESS. COMMUNITY.

Let's find it together.

Founded in 1960  
by the residents

of Pomona,  
Claremont and La  
Verne.

[www.tricitymha.ca.gov](http://www.tricitymha.ca.gov)

**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, FEBRUARY 10, 2026 AT 3:30 P.M.

**Meeting Location:** MHTA 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/84973354382?pwd=ggMN1twRdQivLv0DawgPG4xJI4xO4m.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](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**

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

**MHTA 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.tricitymha.ca.gov>

## **CALL TO ORDER**

Chair Henderson calls the meeting to Order.

## **ROLL CALL**

Anne Henderson – *Chair*  
Wray Ryback – *Vice-Chair*  
Sandra Grajeda – *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 JANUARY 13, 2026 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. **PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S CLINICAL SERVICES**
- 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  
February 10, 2026  
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## **ADJOURNMENT**

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, March 10, 2026 at 3:30 p.m.**, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

MICAELA P. OLMOS, CPMC  
JPA ADMINISTRATOR/CLERK



## **MINUTES**

### **REGULAR MEETING OF THE MENTAL HEALTH COMMISSION January 13, 2026 – 3:30 P.M.**

The Mental Health Commission Regular Meeting was held on Tuesday, January 13, 2026, 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 3:38 p.m.

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

#### **MENTAL HEALTH COMMISSION**

**PRESENT:** Anne Henderson, Chair  
Wray Ryback, Vice-Chair  
Sandra Grajeda, GB Member Liaison  
Clarence D. Cernal  
Frank Guzman  
Laura Mundy  
Janet R. Roy

**ABSENT:** Sandra Christensen  
Mildred Garcia  
Ethel Gardner  
Danette E. Wilkerson

#### **STAFF**

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

### **REGULAR BUSINESS**

#### **I. APPROVAL OF MINUTES OF THE DECEMBER 17, 2025 REGULAR JOINT MEETING OF THE GOVERNING BOARD AND THE MENTAL HEALTH COMMISSION**

There being no discussion or public comment, Commissioner Guzman, and Commissioner Cernal seconded, to approve the Minutes from the December 17, 2025, Regular Joint Meeting of the Governing Board and Mental Health Commission. The motion was carried by the following vote: AYES: GB Liaison Grajeda; Commissioners Cernal, Guzman, Mundy, and Roy; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Christensen, Garcia, Gardner, and Wilkerson.

**AGENDA ITEM NO. I**

## **II. PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S ACCESS TO CARE PROGRAM (ATC)**

Dr. Nicole Lobato, Clinical Manager, along with Clinical Supervisors Elise Scheetz and Jasmine Herмосillo Valdez stated that TCMHA's Access to Care (ATC) Team continues to serve as a critical entry point for individuals seeking behavioral health services.

Clinical Supervisor Scheetz emphasized that every individual's path to recovery was unique, noting that asking for help was often the most challenging step, and that the ATC team prided itself on providing a supportive, safe, and judgment-free environment. She then introduced the full ATC team and explained the extensive network of referral sources that supported their work. She reported that the Mobile Crisis Team referred individuals once they had stabilized from crisis intervention; and that ATC also received referrals through partnerships with FSP/FFCS teams and school-based programs, providing community-based access points for services. Additionally, she indicated that individuals accessed ATC through walk-ins, phone calls, or referrals submitted via the Service Request Tracking System (SRTS) from hospitals and other service programs. She then described the ATC's three-step intake process. First, individuals met with a Behavioral Health Specialist to identify their needs; and specialists collaborated closely with community members and partner agencies, ensuring that if Tri-City Mental Health Authority could not meet a specific need, referrals were made appropriately; noting that this stage also included scheduling the assessment appointment and a warm handoff. Second, individuals met with the Registration Team, which remained accessible via telehealth. Finally, clients completed the intake assessment and began treatment services.

Clinical Supervisor Herмосillo Valdez expanded on the assessment component, stating that initial assessments were conducted by phone, video, or in person based on client preference; and that each assessment took approximately two to four hours and focused on gathering the clinical information needed to determine service eligibility.

Dr. Lobato presented service requests and assessment data for the reporting period of May 2025 through November 2025, and reported that ATC received 1,111 adult service requests, resulting in approximately 865 adult intake assessments, averaging 123 assessments per month; that for child and TAY services, ATC received 465 service requests and completed 406 assessments, averaging 66 requests per month; and she noted that some individuals did not attend scheduled service request appointments or assessments, which contributed to the difference in totals.

Clinical Supervisor Herмосillo Valdez shared two success stories that illustrated the team's impact. In one case, an unhoused individual with private insurance was supported in reconnecting to services and rebuilding a sense of hope after ATC's coordinated care efforts. In another case, a mother—unsheltered and recently separated from her partner—sought care for her child; and although she missed the initial intake, staff conducted reminder calls, coordinated a rescheduled appointment, and ultimately supported the family's enrollment; at the end, the mother expressed gratitude for the team's persistence and compassion.

Dr. Lobato asked staff during a team meeting to describe their view of ATC, and the team collectively reflected that ATC embodied a welcoming, compassionate, empathic, hopeful, and collaborative environment; that they emphasized their commitment to meeting each individual's unique needs from the moment they walked through the door. Chief Clinical Officer Renteria added that staff often made multiple contacts—sometimes up to six or seven calls—before an individual successfully enrolled in care; and expressed pride in the team's dedication.

Commissioner Mundy inquired about the length of time a person remained in the care process and how ATC supported people with disabilities. Dr. Lobato explained that timelines varied based on network adequacy guidelines and individual circumstances, and that for individuals recently hospitalized or released from jail, assessments were completed within five business days; that on average, the full process ranged from two to four weeks, though some cases required more or less time based on need. Dr. Lobato described the team's flexible approach, including in-home assessments through ATC and FSP for individuals with mobility concerns, as well as the availability of telehealth services via video or phone.

Vice-Chair Ryback asked how individuals learned about ATC services and about the general contact phone number. Dr. Lobato explained that outreach occurred through community navigators, printed materials, hospital partnerships, interdepartmental collaboration, and community meetings; she also indicated that that individuals could call the agency's main line and request ATC, or they could walk in directly.

### **III. EXECUTIVE DIRECTOR MONTHLY REPORT**

Executive Director Placide stated leadership continued advancing the Behavioral Health Services Act (BHSA) integration plan and the team focused on aligning programs and operations with the upcoming statewide transition required by July 1, 2026. He stated once the integrated plan document is finalized, it was scheduled to move through the full approval pathway, beginning with the Mental Health Commission, followed by the Governing Board, the State, stakeholder meetings, and any additional required review bodies. He stated TCMHA also received updates from local jurisdictions and that the Pomona City Council approved two new supportive housing projects, noting that further details regarding groundbreaking activities would be forthcoming; and that the St. Ambrose project received State approval with the condition that allocated funds be fully expended by June 30, 2026; and that the Baseline supportive housing project in Claremont was also cleared to proceed and it shall be completed by June 30, 2026. He also announced that progress continued on capital Infrastructure, noting that at the 1900 Royalty location new suites had been added and the site had entered the demolition and construction phase; that leadership anticipated that the renovated space would be ready by June or July and planned to invite the Mental Health Commission to tour the facility once construction reached a presentable phase. He reported that TCMHA also moved into the final stages of purchasing an administrative building in Claremont; that closing was expected within the next few days, then renovations would begin after March 31, 2026, and leadership projected move-in date in July or July.

Discussion ensued regarding the new administration building location in Claremont, expected renovations, and administration services provided.

Executive Director Placide announced that looking ahead, leadership had discussed the need to strengthen internal structural systems to support future growth and service expansion. This included evaluating financial systems and electronic health records (EHRs) to ensure they were optimized for effectiveness, efficiency, and long-term sustainability. He then provided a financial overview of MSHA and BHSA funding was also provided, and explained that the funding pool was driven by the statewide "millionaires tax," while the State previously projected an \$18 billion budget deficit, revised estimates reduced the shortfall to \$2.9 billion. However, based on local revenue projections across the three cities, collections were expected to increase approximately 25%, resulting in anticipating BHSA allocations to rise in upcoming years, though leadership noted that future changes remained possible depending on statewide economic conditions.

GB Liaison Grajeda asked for the location of the Claremont Baseline senior housing project. Executive Director Placide clarified that the site was situated near the intersection of Town and Baseline.

### **COMMISSION ITEMS AND REPORTS**

Commissioner Mundy announced that she would be traveling to Washington, D.C. in February 2026 to speak with members of Congress regarding mental health awareness.

Commissioner Guzman provided an update on a recent community event co-hosted by Pomona Valley Pride and Tri-City Mental Health Authority during the holiday season, and reported that the event was highly successful, with attendance growing to more than 50 participants. He then commended TCMHA staff for doing a “phenomenal job,” noting that the event created a positive, affirming space for community members during a typically difficult time of year.

Executive Director Placide shared that TCMHA was working to expand its presence across social media platforms and enhance its website, and pointed out that an active RFP process was underway to secure support for increasing visibility, with the goal of generating stronger publicity for future programs, events, and initiatives.

Commissioner Guzman highlighted the impact of staff participation in outreach efforts, noting that every team member had personally texted three individuals to promote the recent event. This grassroots approach contributed significantly to the increased turnout.

Chair Henderson also shared her involvement in engagement efforts, and stated that she had distributed TCMHA contact cards within her church community, helping to broaden awareness of available services.

### **PUBLIC COMMENT**

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

### **ADJOURNMENT**

At 4:14 p.m., on consensus of the Mental Health Commission its meeting of January 13, 2026, was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, February 10, 2026 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

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Micaela Perez Olmos, CPMC  
JPA Administrador/Clerk



**II. PRESENTATION - OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S CLINICAL SERVICES**

Presenter: Liz Renteria, Chief Clinical Officer



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

**DATE:** February 10, 2026  
**TO:** Mental Health Commission of Tri-City Mental Health Authority  
**FROM:** Ontson Placide, Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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## **I. ONGOING AGENCY PLANNING**

- The MHSA to BHSA planning process continues with organizing, compiling and completing the CA DHCS Integrated Plan. Plan will be Posted for Public Comment by 2/16/2026 for 30 days – Input for MH Commission coming next month. A timeline will be discussed at March and April Meetings.
- St Ambrose PSH Project and Pomona PSH projects approved and in process. Claremont Baseline Senior Housing also starting construction
- Acquisition of 2 new building sites (Admin and Service) approved and in process and improvement stages.
- Continued 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**

### National

***Governor's revenue forecast proving quite conservative so far-*** As hinted on social media on January 22, December and January state income tax collections ended far above levels projected in the Newsom Administration's recently updated budget forecast. These are major months for end-of-year payments by corporations and high-income individuals. Preliminary tax agency data shows that income taxes as of January 31 were \$6.2 billion (6.0%) above 2025-26 year-to-date projections in the recent administration forecast. (This preliminary data is subject to revision.) [#CA Budget](#)

### Mental Health

***Mental Illness Left Their Loved Ones on the Streets. California's Big Fix Hasn't Helped.-*** How Gov. Gavin Newsom's ambitious plan to force more people into mental health treatment left many families still searching for help. How do you help someone who doesn't want help? Families of people with serious mental illness, behavioral health experts and policymakers have been asking this question for years. People dealing with psychosis often struggle to address basic needs like food, shelter and hygiene. But their

*paranoia or delusions can lead them to reject family members and support. About half of people with serious mental illness do not believe they are sick. [TradeOffs](#)*

***Childhood trauma accelerates aging. This therapy can change that.-*** Kermit's soft body sliced an arc through the air. Always the same sharp curve and then down to the ground. Again, an identical upward sweep. And back down. The 3-year-old guiding the stuffed toy was saying something. She was telling her mother what she'd seen and how she felt. She wasn't doing it with words. She was communicating the way all young children do: through play. Her mother watched her, stunned. To the therapist sitting next to her on the floor, she said, "It was like that. It was exactly like that when he died." The girl's hand was sending Kermit through the same falling arc her father's body had taken when he was hit by a car months earlier. No one had talked to her about it. No one had told her what it meant or where her father was. But she had witnessed it. And here she was recreating that moment, revealing how deeply it had affected her. [UCSF Department of Psychiatry and Behavioral Sciences](#)

***Behavioral Health Conditions Outrank Diabetes, Cancers Among Commercially Insured-*** Chronic behavioral health conditions account for close to one-third of the most prevalent health matters among commercially insured patients. Anxiety disorders, mental illness and depressive disorders were the three most frequently observed across insurance claims in 2024 — surpassing obesity, diabetes, heart disease and a swath of other chronic diagnoses — according to a new report from FAIR Health. [Behavioral Health Business](#)

SUD

***SAMHSA Distributes Nearly \$800 Million in Block Grants Nationwide for Community-Based Mental Health and Substance Abuse Programs-*** The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS), recently distributed \$794 million in block grant funding across the United States and territories for community mental health services and substance abuse treatment and prevention. [U.S. Department of Health & Human Services](#)

***Top Trump Health Officials Announce New Funding for Opioid Addiction Treatment To Prevent Foster Care Removals-*** Robert F. Kennedy Jr.'s Department of Health and Human Services has announced it will fund an expanded list of medications through the child welfare system for the thousands of parents accused each year of child maltreatment due to opioid addiction. Monday's policy change allows state and county child welfare agencies to seek federal reimbursement for the FDA-approved medications under Title IV-E, a key child welfare provision of the Social Security Act. The new funding will cover half the cost of buprenorphine and naltrexone. Methadone was eligible for this federal reimbursement previously, but with now-lifted restrictions. [The Imprint](#)

Homelessness

**How San Bernardino is addressing homelessness-** *San Bernardino has the highest rate of homelessness among cities in the Inland Empire, with 682 homeless people per 100,000 residents, more than triple the San Bernardino County average. Forty percent of San Bernardino County's homeless residents live in San Bernardino, according to the January 2025 Point in Time Count. The count found 1,535 people were homeless in the city of San Bernardino, up 8% from 2024. (This year's Point in Time count took place Jan. 22. Its results are expected in summer.)* [San Bernardino County Sun](#)

**END OF REPORT**