



# 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, MARCH 10, 2026 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/84953413693?pwd=qLKILwe4OPD9Jb3UuGLyTn4M07Pno-jq.Mj74GxZ7NW--h7fN>

**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

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

**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.*

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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.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  
Frank Guzman  
Laura Mundy

Janet R. Roy  
Danette E. Wilkerson

## **REGULAR BUSINESS**

- I. APPROVAL OF MINUTES OF THE FEBRUARY 10, 2026 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**
- II. PRESENTATION –**
  - A. OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S ADULT OUTPATIENT AND ADULT FULL SERVICE PARTNERSHIP (FSP)**
  - B. MENTAL HEALTH SERVICES ACT (MHSA) TO BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION**
- C. 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.

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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, April 14, 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 February 10, 2026 – 3:30 P.M.**

The Mental Health Commission Regular Meeting was held on Tuesday, February 10, 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 3:33 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  
Sandra Christensen  
Frank Guzman  
Danette E. Wilkerson

**ABSENT:** Clarence D. Cernal  
Mildred Garcia  
Laura Mundy  
Janet R. Roy

#### **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 JANUARY 13, 2026 REGULAR MEETING OF THE MENTAL HEALTH COMMISSION**

There being no discussion or public comment, Vice-Chair Ryback, and Commissioner Guzman seconded, to approve the Minutes the Mental Health Commission Regular Meeting of January 13, 2026. The motion was carried by the following vote: AYES: Governing Board Liaison Grajeda; Commissioner Guzman; Vice-Chair Ryback, and Chair Henderson. NOES: None. ABSTAIN: Commissioners Christensen and Wilkerson. ABSENT: Commissioners Cernal, Garcia, Mundy, and Roy.

**AGENDA ITEM NO. I**

## **II. PRESENTATION – OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY’S CLINICAL SERVICES**

Chief Clinical Officer Renteria provided a legislative update on the CARE Act, AB 665, and SB 43. She Explained that the CARE Act was designed to assist individuals with serious mental health needs who are resistant to care by using family members or community partners to initiate engagement. She reported that initial estimates suggested that approximately 7,000 to 12,000 individuals might benefit; however, due to narrowly defined eligibility criteria, actual participation has been significantly lower. The most recent figures indicated that fewer than 3,000 individuals statewide had participated in the program. She noted that while TCMHA had not yet received any CARE Court referrals, the agency had submitted referrals to the courts, and that an expansion of CARE Act eligibility criteria is anticipated in 2025.

Vice-Chair Ryback inquired whether CARE Act participants are conserved. Chief Clinical Officer Renteria stated that the program applies to individuals who are not conserved and who have either not participated in treatment or have been disengaged from care for an extended period; and that participation remains voluntary.

Commissioner Wilkerson asked whether individuals must agree to participate. Chief Clinical Officer Renteria confirmed that consent is required, and explained that the intent of the CARE Act was to allow family members or community stakeholders to initiate the process, with the hope that individuals would be more receptive to care when encouraged by trusted sources. When asked whether any CARE Act cases had been observed locally, Chief Clinical Officer Renteria reported that approximately 500 cases had occurred in Los Angeles County, with none involving TCMHA to date. She expressed optimism that increased staffing capacity may lead to additional referrals in the future.

Chief Clinical Officer Renteria next talked about AB 665, stating that it expands minor consent for mental health and substance use disorder treatment, and explained that prior to the enactment of this legislation, minors were generally unable to consent to their own care unless a clinician determined that the minor was under immediate threat and intervened accordingly. Now, AB 665 allows minors to consent to treatment voluntarily, recognizing that some minors may be unwilling or unable to involve parents or guardians; however, the law requires clinicians to determine that the minor is meaningfully participating in their treatment. She reported that TCMHA had seen one or two cases utilizing this provision since the law took effect.

Commissioner Guzman inquired if other states had a similar law. Chief Clinical Officer Renteria noted that similar laws have existed in other states for some time and California was lagging behind.

Vice-Chair Ryback inquired if the expanded consent provisions include substance use disorder treatment. Chief Clinical Officer Renteria replied in the affirmative, and then provided an update of SB 43, which modernizes mental health conservatorship laws. She reported that Los Angeles County began moving forward with implementation as of January 1, 2026, expanding the definition of “gravely disabled” to include individuals with substance use disorders. She noted that counties were not fully prepared for the increased capacity demands resulting from the expanded criteria, noting that a 5150 hold remains an assessment rather than a determination of conservatorship. She further explained that all TCMHA staff with LPS (Lanterman-Petris-Short)

designation are undergoing retraining; that care pathways are being mapped across the system; and that TCMHA is working to modernize its practices in response to the legislation.

Vice-Chair Ryback inquired if other counties' implementation experiences were available. Chief Clinical Officer Renteria indicated that she did not have specific data or percentages but would consult with colleagues, noting that based on statewide calls, many counties have reported feeling unprepared for implementation. Executive Director Placide noted that said data would be obtained.

In response to a question regarding whether additional personnel would be needed to support conservatorship efforts, Chief Clinical Officer Renteria stated that she would look into the matter and that additional data is expected to be released in the coming months.

Vice-Chair Ryback expressed appreciation for the update and suggested that legislative updates of this nature be provided twice per year, with additional updates as significant developments occur.

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

Executive Director Placide reported on the Mental Health Services Act (MHSA) to Behavioral Health Services Act (BHSA) Integrated Plan (IP), noting that all counties are required to submit the plan to the state. He shared that Los Angeles County was among the first to submit and that TCMHA was preparing to post and submit its plan as well, and pointed out that the IP would be brought forward for review at the March meeting, followed by the required stakeholder process and subsequent Governing Board consideration. He added that feedback from the state is anticipated, and a more detailed implementation timeline will be provided once it is available.

Vice-Chair Ryback inquired about the posting date. Executive Director Placide stated that February 16th was the target date. He then provided an update on capital and facilities projects, beginning with the St. Ambrose Housing Conversion Project in Pomona, stating that it was continuing to move forward, as well as the Baseline Housing Project in Claremont, which efforts are focused on avoiding reversion by June 30, 2026, noting that staff are actively working to prevent any delays or complications and that the Commission would be notified should any issues arise. He then expressed enthusiasm regarding upcoming facility acquisitions, noting that TCMHA is in the process of purchasing an administrative building on Baseline in the City of Claremont where the current tenants will vacate the premises at the end of March, then building renovations will begin, and it is anticipated that staff will relocate to the new facility by June 2026. He also shared plans for a new client and staff services building located at 1902 Royalty, with a projected moving timeframe in the next two to three months, and extended an invitation to the Commission to tour the facility once it is ready. He explained that the building will be designed to clearly separate service delivery functions from administrative and staffing operations. He then discussed ongoing internal structural and organizational changes driven by the implementation of BHSA, pointing out that it is required to transform several internal systems to align with the new service framework. He referenced the previous Governing Board meeting at which new positions were approved and noted that additional positions are anticipated, stating that BHSA implementation will result in an expansion of approximately 50 to 80 staff positions, and identified recruitment as a significant challenge, noting that agencies statewide are competing for the same workforce. He also shared that staff will present to the Board a proposal related to social media recruitment strategies in the near future to strengthen TCMHA's outreach and visibility.

Vice-Chair Ryback inquired for the reason that BHSa changes require substantial resources. Executive Director Placide explained that BHSa shifts the system's focus from prevention to intervention, which significantly impacts both adult and children's mental health services. He provided as an example TCMHA's adult outpatient program that currently serves approximately 1,300 clients daily, and under BHSa, that population must be reassessed and stratified based on eligibility for intensive case management and additional criteria. He emphasized that this transformation affects the entire organization rather than a single program area and stated that additional information would be provided as implementation progresses. He then provided a brief state budgetary update, noting that earlier projections had indicated an \$18 billion state surplus, which has since been revised to approximately \$6 billion, pointing out that it remains unclear what happened to \$12 billion or where the remaining surplus will be allocated. He also noted that while there is strong advocacy for behavioral health and homelessness funding, those efforts do not carry the same influence as public safety or education lobbying at the state level.

Vice-Chair Ryback inquired whether TCMHA participates in SAMHSA (Substance Abuse and Mental Health Services Administration) grants. Executive Director Placide stated that TCMHA is not currently participating; however, that it may be explored in the future.

### **COMMISSION ITEMS AND REPORTS**

Commissioner Christensen expressed concern regarding access to grief support services following the passing of a close friend's son. She shared that she contacted the TCMHA Wellness Center for assistance; however, she received only one referral to a senior center in Claremont, noting that she also visited TCMHA's website was not able to identify available grief-related resources; and pointed out that receiving only one referral and being required to make follow-up calls independently left a negative impression. She also shared feedback obtained through conversations with a member of the Los Angeles County mental health response team, which is composed of seasoned professionals, where mental health workers indicated that some clients were reluctant to seek services through TCMHA, particularly in Pomona, due to perceived clinician turnover. Executive Director Placide acknowledged the feedback and expressed disappointment in those mental health workers for not providing that feedback to TCMHA staff since they are in constant communication with them; and emphasized that staff responses to community inquiries should consistently begin with an offer of assistance.

Chief Clinical Officer Renteria clarified that TCMHA primarily serves individuals with moderate to severe mental health needs and noted that staff should have offered an intake appointment or provided clearer guidance. Commissioner Christensen stated that upon further review, she was able to identify additional resources closer to her needs, emphasizing that while TCMHA may not provide certain services directly, the agency should still make information readily available. Executive Director Placide agreed, stating that TCMHA has a responsibility to clearly delineate the services it provides, those it does not, and appropriate referral pathways. Chief Clinical Officer Renteria added that improvements to create a more interactive and user-friendly website are needed. Director of MHSa & Ethnic Services Barford referenced the role of a community navigator, and Commissioner Christensen confirmed that the community navigator was ultimately helpful in connecting her to resources.

Commissioner Wilkerson asked where individuals are referred when TCMHA does not offer the requested services. Executive Director Placide responded that referral resources do exist and stated that staff would look into why this information was not effectively communicated in this

instance. Commissioner Christensen reiterated that the Wellness Center is often viewed by the community as the appropriate first point of contact for such inquiries.

Executive Director Placide also noted that TCMHA recently held meetings regarding the creation of a coalition and emphasized ongoing collaboration with local police departments. Commissioner Christensen asked about staff turnover rates, and Executive Director Placide reported that turnover is approximately 18%, with retention rates improving and currently outperforming Los Angeles County Department of Mental Health benchmarks. He noted that while clinician retention remains a challenge statewide, the work is demanding and often involves newer professionals entering the field. Commissioner Christensen stated that her key takeaway was the need to improve TCMHA's public image. Executive Director Placide responded that TCMHA is in the process of hiring a media consultant and improving its overall communications strategy.

Commissioner Guzman shared a contrasting experience, noting that despite being located in the heart of Pomona and experiencing situations where calls to law enforcement resulted in being turned away, his interactions with TCMHA had been positive, with immediate responses and effective support.

Chief Clinical Officer Renteria emphasized the importance of ensuring that individuals in need of services are not discouraged from seeking care, noting that those most affected are often those who require support the most.

Chair Henderson asked how TCMHA supports police department behavioral health teams. Executive Director Placide stated that TCMHA meets directly with those teams. Chief Clinical Officer Renteria added that TCMHA has established Memoranda of Understanding with each city, incorporated feedback from law enforcement partners, and is awaiting additional feedback or formal execution of the agreements as part of ongoing efforts to formalize relationships. Executive Director Placide noted that the overall need continues to exceed available resources.

Commissioner Henderson inquired about TCMHA's involvement in human trafficking response efforts and whether services are available to non-resident females. Chief Clinical Officer Renteria responded that individuals must have a connection to one of TCMHA's member cities to be eligible for services. Chair Henderson also stated that TCMHA has not recently participated in Partnership for Positive Pomona meetings and requested re-engagement, identifying that the meetings occur on the fourth Tuesday of each month at noon at the Pomona Library. Executive Director Placide stated that this request falls under outreach efforts and that staff would follow up. Director of MHSA & Ethnic Services Barford requested that meeting information be sent to JPA Administrator/Clerk Olmos, who would forward it to the appropriate staff.

Commissioner Guzman reported that increased discussion has been occurring within the law enforcement community regarding Measure Z, noting that the initiative is intended to reverse Measure Y. He explained that while Measure Y earmarked funding for community needs, including youth and family programming, those funds were drawn from law enforcement resources, which has prompted concern and additional dialogue among public safety stakeholders. He explained that Measure Y was passed with strong voter support to fund youth and family programs; however, concerns subsequently emerged regarding the funding mechanism, which relies on an increasing percentage of the City's general fund. Measure Z was described as a proposed amendment focused on revising the funding structure while preserving the programs and commission framework established under Measure Y.

Chair Henderson stated that a key challenge has been understanding that while the goals and programs outlined in Measure Y are broadly supported and intended to move forward, the associated funding mechanism presents significant concerns. It was emphasized that the proposed changes under Measure Z address funding sources rather than eliminating programs. She acknowledged that public understanding of the funding structure has been limited and that ongoing community education, dialogue, and recent community meetings have highlighted differing perspectives among stakeholders.

Commissioner Guzman further commented that the City of Pomona has historically not invested sufficient resources into these community needs, and that voters clearly expressed a desire for increased investment, and stated that multiple viewpoints exist and that all perspectives are valid.

Further comments underscored the importance of informed and respectful community dialogue, transparency in public decision-making, and continued collaboration with community partners.

Commissioner Guzman shared informational materials regarding programs offered by the Pomona Pride Center and extended an invitation to Commissioners to participate in upcoming events. Additionally, information related to the Partnership for Positive Pomona was shared with Tri-City Mental Health Authority staff, including details on social media and community posting platforms used to promote coalition activities. Staff requested that this information be forwarded to TCMHA administration for review and coordination of next steps.

Chair Henderson announced a church-hosted community event and provided a flyer for reference.

### **PUBLIC COMMENT**

Director of MHSA and Ethnic Services Dana Barford shared a brief social media video promoting the Mental Health Commission, noting that the video was designed to be short, engaging, and effective in increasing awareness and outreach.

### **ADJOURNMENT**

At 4:34 p.m., on consensus of the Mental Health Commission its meeting of February 10, 2026, was adjourned. 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.

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Micaela Perez Olmos, CPMC  
JPA Administrador/Clerk



## **II. PRESENTATION**

### **A. OVERVIEW OF TRI-CITY MENTAL HEALTH AUTHORITY'S ADULT OUTPATIENT AND ADULT FULL SERVICE PARTNERSHIP (FSP)**

Presenter: Clinical Leadership Staff

### **B. MENTAL HEALTH SERVICES ACT (MHSA) TO BEHAVIORAL HEALTH SERVICES ACT (BHSA) TRANSITION**

Presenter: Sara Rodriguez, LMFT, MHSA Projects Manager



# Tri-City Mental Health Authority MONTHLY STAFF REPORT

**DATE:** March 10, 2026

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

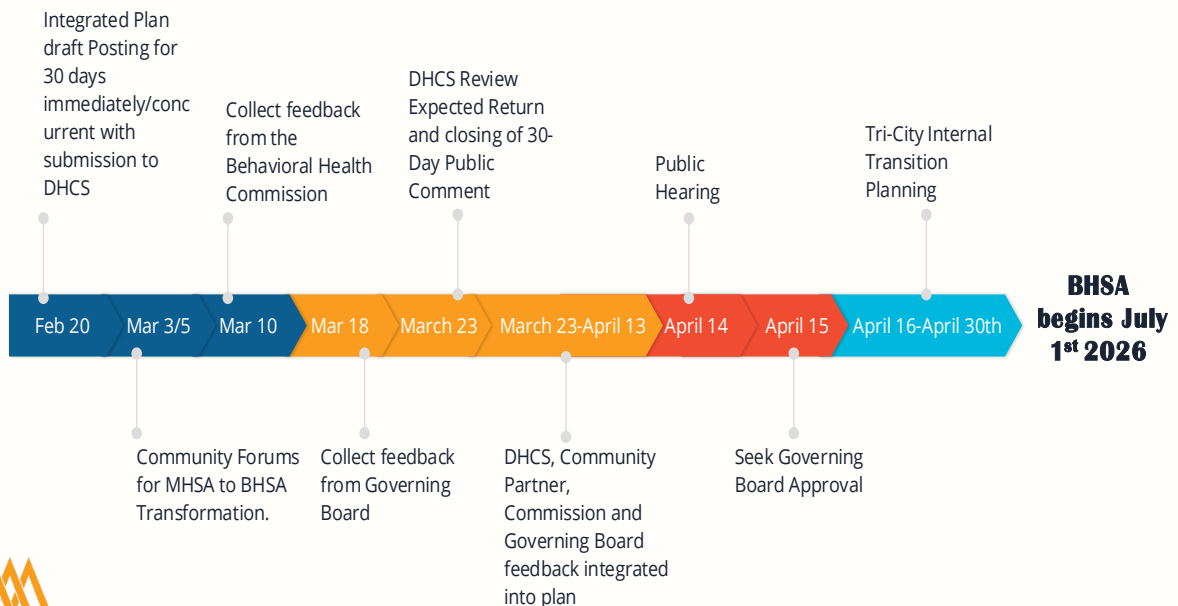
**FROM:** Ontson Placide, Executive Director

**SUBJECT:** Executive Director’s Monthly Report

## I. ONGOING AGENCY PLANNING

- The MHSA to BHSA planning process. The Tri-City BHSA Draft Integrated Plan has been submitted to the State (DHCS). Please see timeline below.

### Timeline



\*Timeline is subject to change based on the feedback received by DHCS, and the various stakeholder groups.

- 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

**Lawmakers introduce bill to reverse Medicaid cuts, expand Medicare benefits-** Sen. Bernie Sanders (I-Vt.) and Rep. Ro Khanna (D-Calif.) introduced legislation March 2 that would reverse the Medicaid and ACA changes enacted under the One Big Beautiful Bill Act and expand Medicare to cover dental, vision and hearing services for seniors. The “Make Billionaires Pay Their Fair Share Act” would repeal the bulk of the 2025 reconciliation law’s healthcare provisions, effectively reversing impending work requirements for Medicaid enrollees, the tightened eligibility redetermination schedule, restrictions on immigrant eligibility, and new limits on provider taxes and state-directed payments. It would also restore the expired enhanced ACA premium tax credits by removing the 400% federal poverty level income cap. [Becker’s Hospital Review](#)

### Mental Health

**Newsom Expands Mental Health Court Program — and Calls Out SF for Falling Behind-** Gov. Gavin Newsom announced Monday that California is expanding resources to support its first-of-its-kind mental health court program, but threatened to divert those funds from counties, including multiple in the Bay Area, where implementation is falling behind. Two years after the launch of the CARE Court program, which aims to connect unhoused Californians suffering from psychosis with housing and treatment plans, Newsom’s office awarded an additional \$291 million toward housing and behavioral health services. The governor’s office is also adding accountability measures to speed up the adoption of CARE Court programs for counties like San Francisco, where the programs are struggling to connect people to services. [KQED](#) //

Related: [Sacramento Bee](#); [CalMatters](#); [Eureka Times Herald](#); [Courthouse News Service](#); [Center Square](#); [East Bay Times](#); [Politico Pro \[full article below\]](#); [California Post](#); [NBC Sacramento](#); [Fox Sacramento](#); [ABC Sacramento](#); [ABC Bay Area](#); [Black Voice News](#); [YourCentralValley.com](#)

### SUD

**Newsom blames kratom for 27 deaths as Calif. seizes \$5M in product-** Kratom pills and drinks have been openly sold across California for years, but a recent crackdown by Gov. Gavin Newsom’s administration is shutting down the sale of the popular painkillers, resulting in over 3,300 products seized in three weeks and \$5 million worth of product taken off shelves. [SF Gate](#)

### Homelessness

**Governor Newsom announces major transformation of six vacant buildings in Los Angeles County into mental health and housing communities –** As part of his

*comprehensive approach to get people off the streets and into treatment and housing, Governor Gavin Newsom today announced the groundbreaking of Los Angeles County Care Community, a state-of-the-art behavioral health campus that will transform six vacant buildings into a unified mental health and housing community providing 162 housing and treatment beds. <https://www.gov.ca.gov/2026/03/06/governor-newsom-announces-major-transformation-of-six-vacant-buildings-in-los-angeles-county-into-mental-health-and-housing-communities/>*

Law Enforcement / Criminal Justice

**County Probation Unites Partners to Strengthen Youth Reentry Services-** County Probation brought together more than 70 community and healthcare partners at the Youth Transition Campus on Feb. 26 to strengthen coordination for youth reentering the community under the statewide California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved (JI) Initiative. [San Diego County News Center](#)

**END OF REPORT**