



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION June 10, 2025 – 3:30 P.M.

The Mental Health Commission Regular Meeting was held on Tuesday, June 10, 2025, at 3:36 p.m. in the MHSA Administration Building located at 2001 North Garey Avenue, Pomona, CA 91767.

CALL TO ORDER Chair Henderson called the meeting to order at 3:36 p.m.

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

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair
Clarence D. Cernal
Sandra Christensen (arrived at 4:04pm)
Ethel Gardner
Frank Guzman
Laura Mundy
Danette E. Wilkerson

ABSENT: Carolyn Cockrell, GB Member Liaison
Mildred Garcia
Janet R. Roy

STAFF:

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

REGULAR BUSINESS

I. APPROVAL OF MINUTES OF THE MAY 21, 2025 REGULAR JOINT MEETING OF THE GOVERNING BOARD AND THE MENTAL HEALTH COMMISSION

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

There being no comment, Commissioner Cernal moved, and Commissioner Guzman seconded, to approve the Minutes from the May 21, 2025, Regular Joint Meeting of the Governing Board and the Mental Health Commission. The motion was carried by the following vote: AYES:

Commissioners Cernal, Guzman, Mundy, Wilkerson; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: Commissioner Gardner. ABSENT: GB Liaison Cockrell; and Commissioners Christensen, Garcia, and Roy.

II. PRESENTATION – OVERVIEW OF TCMHA’s CHILDREN AND TRANSITION AGE YOUTH FULL SERVICE PARTNERSHIP (FSP) PROGRAM

Kathleen Murphy-Cogger, LCSW, Clinical Supervisor I, and Maria Zuleta, LMFT, Clinical Supervisor in Training provided an overview of Children’s Outpatient (COP) and Full-Service Partnership (FSP) programs, which serve individuals ages 0 to 25 who experience moderate to severe mental health challenges. Clinical Supervisor Murphy-Cogger explained the key differences between the two programs and emphasized their shared goal of wrapping services around the individual to provide full, comprehensive care.

Clinical Supervisor (in Training) Zuleta reviewed the structure of the FSP team and explained the program’s approach and eligibility criteria, noting that FSP serves children ages 0–15 and transitional age youth (TAY) ages 15–25, and that it is a field-based service model that meets clients where they are, offers access to a multidisciplinary team, 24/7 support, resource linkage, and a recovery-oriented framework. She then provided summarized highlights from Fiscal Year 2023–2024 and indicated that a total of 287 clients served and discussed the positive survey results on client perceptions of services; and discussed program accomplishments, the annual review of FSP services, the improved post-hospitalization care planning, the stronger focus on trauma-informed care, and the enhanced outreach process. She also shared a success story of a 17-year-old female client referred for hospitalization due to self-harm and school crises, which through consistent team support, the client developed coping skills and set future goals of joining the Army or entering a nursing program.

Clinical Supervisor Murphy-Cogger then described the Clinical Outpatient team structure and services, stating COP supports youth with moderate to severe mental health conditions and provides primarily office-based or virtual care. She explained that services are tailored to client needs, ranging from monthly to weekly sessions and include individual and family therapy, skill building, case management, medication support, and group therapy; and that the program collaborates with natural supports such as families and schools to reinforce skills and connect youth to necessary resources. She also stated that during Fiscal Year 2023–2024, COP served 868 clients, with an average enrollment of 10 months per client, and discussed the flexibility with both in-person and virtual options, the transportation offered to eliminate barriers, and access to evidence-based practices like TF-CBT with a key focus remains on strengthening natural supports. She then shared another success story about a 17-year-old female client with anxiety and depression who struggled with body image and fear of adulthood. After participating in one year of outpatient therapy focused on self-acceptance, the client recognized her strengths, graduated from high school, was accepted into college with dorm arrangements, and was linked to low-cost orthodontic care. Clinical Supervisor Murphy-Cogger also announced that the team plans to align with BHSA reform, continue using evidence-based practices, and further enhance the use of the full-service array.

Commissioner Gardner inquired if there was a difference between mental health and mental illness. Clinical Supervisor Murphy-Cogger confirmed there is a difference.

Commissioner Gardner commented that youth are entering programs at younger ages and asked what the primary concerns are upon entry. Clinical Supervisor Murphy-Cogger responded that many present with adjustment disorders—particularly those coming from DCFS or foster care—and trauma responses, and that comprehensive assessments help determine their needs.

Commissioner Mundy inquired whether any clients have been turned away and whether there is adequate funding. Clinical Supervisor Murphy-Cogger stated that no clients have been turned away and that funding remains sufficient; and that assessments are conducted to determine whether TCMHA or managed care providers are the best fit. Executive Director Placide added that while services are solid, there is room to grow in youth and family care and emphasized the need to build out family preservation services and therapeutic behavioral services noting that this is a key opportunity for expansion within TCMHA.

Vice-Chair Ryback confirmed the data presented was for Fiscal Year 2023–2024 and requested a comparison with previous years to be included in future reports, and also inquired about whether referrals from DCFS are automated. Deputy Chief Clinical Officer Debbie Johnson indicated that while DCFS often calls or refers families directly and there are quarterly partnership meetings, referrals are not always automated. Vice-Chair Ryback recommended automating the process. Executive Director Placide added that some referrals are already automated.

III. EXECUTIVE DIRECTOR MONTHLY REPORT

Executive Director Placide reported that the transition budget for the Behavioral Health Services Act (BHSA) has been approved, and pointed out that updates on implementation and progress will be provided in future meetings. He stated staff will collaborate with the California Behavioral Health Directors Association (CBHDA) to plan the transition to BHSA, reviewing various modules to understand what the process will look like and that a formal plan is in development and will be submitted to the state. Executive Director Placide also mentioned ongoing efforts to collaborate with the Department of Mental Health (DMH) on matters related to funding and service delivery, aiming to ensure comprehensive care services from intake through aftercare.

At 4:04 p.m., Board Member Christensen arrived at the meeting.

Director of MHSA and Ethnic Services Barford provided an update on MHSA activities; shared that the department's goal will be to provide quarterly updates, with more information expected in July; and expressed excitement about the opportunities ahead and looked forward to sharing progress and receiving feedback from the community. She also confirmed that forums are planned to encourage community engagement.

Executive Director Placide discussed the decline in client attendance at TCMHA, pointing out that clients are not showing up for appointments due to fear, particularly around immigration enforcement. He explained that while TCMHA maintains a neutral and non-political stance, it operates in a supportive mode for both staff and clients.

Commissioner Gardner inquired whether staff are checking in on clients who miss appointments. Executive Director Placide responded that outreach efforts depend on the situation, noting that FSP teams are field-based and actively visiting clients, while clinics are also conducting follow-up calls; that there are virtual care options available, though concerns remain about clients' ability to access medications; and acknowledged that fears are rooted in real risks, including potential

raids, and reaffirmed that TCMHA does not provide services based on legal status. He also discussed growing concerns over potential federal cuts to the Substance Abuse and Mental Health Services Administration (SAMHSA) and stressed that these services are critically important and a long-standing staple in the American treatment system.

Chair Henderson echoed these concerns, pointing out that the City of Pomona greatly benefited from SAMHSA-funded programs. Executive Director Placide stated that in his experience, he has never encountered an organization that has not benefited from SAMHSA's support, and he will be monitoring the situation closely. He reiterated TCMHA's commitment to navigating the ongoing BHSa transition, supporting clients amid external challenges, and maintaining a strong foundation of inclusive and responsive mental health services.

COMMISSION ITEMS AND REPORTS

Commissioner Gardner commented that there is a noticeable and rapid decline in client participation in support services and support groups, noting that sometimes only one or two individuals attend, noting that while virtual options remain available, the sharp drop in engagement is troubling. Executive Director Placide agreed, emphasizing that the organization cannot allow individuals to suffer in silence and that efforts must be made to address this decline.

Chair Henderson praised TCMHA for the Bingo event hosted at Kennedy's Foundation recognizing their continued commitment to community outreach and education.

Vice-Chair Ryback shared that she recently began teaching a class at the University of La Verne and highlighted TCMHA during her first session, helping to raise awareness of the agency's work among students and future professionals.

Commissioner Guzman reported on several outreach efforts, including events held at the local Pride Center and an upcoming Press conference at the school district and invited the public to attend. He also noted an upcoming Education Hour scheduled for June 24th, which would focus on informing the community about TCMHA services.

Commissioner Cernal reported that TCMHA would be participating in the Community Wellness Fair on June 26th, further demonstrating the organization's active role in community engagement.

Executive Director Placide provided a brief update on TCMHA's public identity, clarifying that the organization will be transitioning from a ".org" to a ".gov" domain to reinforce its role as a government entity and avoid any confusion about its status.

Commissioner Wilkerson inquired about the timeline for the domain change. Executed Director Placide stated the transition is expected to take place in August or September.

PUBLIC COMMENT

No public comment.

ADJOURNMENT

At 4:18 p.m., on consensus of the Mental Health Commission its meeting of June 10, 2025, was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, July 8, 2025 at 3:30 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.



Micaela P. Olmos, JPA Administrator/Clerk