



## 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.

## **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.



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Micaela Perez Olmos, CPMC  
JPA Administrador/Clerk