



## **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.

## **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 Hermosillo 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 Hermosillo 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 Hermosillo 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 MHSa 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