



## **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.

## **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.

---

Micaela Perez Olmos, CPMC  
JPA Administrador/Clerk