



## MINUTES

### **REGULAR MEETING OF THE GOVERNING BOARD MARCH 18, 2026 – 5:00 P.M.**

The Governing Board Regular Meeting was held on Wednesday, March 18, 2026, at 5:31 p.m. in the MHSA Administrative Office located at 2001 North Garey Avenue, Pomona, California.

**CALL TO ORDER** Vice-Chair Lau called the meeting to order at 5:31 p.m.

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

#### GOVERNING BOARD

**PRESENT:** Wendy Lau, City of La Verne, Vice-Chair  
Sandra Grajeda, City of Claremont, Board Member  
Paula Lantz, City of Pomona, Board Member  
Elizabeth Ontiveros-Cole, City of Pomona, Board Member  
Trent West, City of La Verne, Board Member  
Katie Wand, City of Claremont, Alternate Board Member

**ABSENT:** Lorraine Canales, City of Pomona, Board Member  
Jed Leano, City of Claremont, Chair

#### STAFF

**PRESENT:** Ontson Placide, Executive Director  
Steven Flower, General Counsel  
Diana Acosta, Chief Financial Officer  
Seeyam Teimoori, Medical Director  
Dana Barford, Director of MHSA & Ethnic Services  
Natalie Majors-Stewart, Chief Compliance Officer  
Micaela P. Olmos, JPA Administrator/Clerk

#### **CONSENT CALENDAR**

Board Member West requested to pull Items No. 2, 4, 5, 6, 7, 8, 10 from the Consent Calendar for further discussion.

Vice-Chair Lau opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member West moved, and Board Member Lantz seconded, to approve the Consent Calendar Item Nos. 1, 3, 9, and 11 - 14. The motion was carried by the following vote: AYES: Alternate Board Member Wand; Board Members Grajeda, Lantz, Ontiveros-Cole, and West; and Vice Chair Lau. NOES: None. ABSTAIN: None. ABSENT: Board Member Canales and Chair Leano.

**1. APPROVAL OF MINUTES THE FEBRUARY 18, 2026, REGULAR JOINT MEETING OF THE GOVERNING BOARD**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of February 18, 2026.”

**3. DIANA ACOSTA, CHIEF FINANCIAL OFFICER MONTHLY REPORT**

Recommendation: “A motion to receive and file.”

**9. CONSIDERATION OF RESOLUTION NO. 843 APPROVING AN AGREEMENT WITH WBCP, INC. TO CONDUCT AN EXECUTIVE SEARCH FOR TCMHA’S CHIEF ADMINISTRATIVE OFFICER IN THE AMOUNT OF \$36,800, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT**

Recommendation: “A motion to adopt Resolution No. 843 approving the Agreement for recruiting services for a Chief Administrative Officer, and authorizing the Executive Director to execute the Agreement with WBCP, Inc., in the amount of \$36,800.00.”

**11. CONSIDERATION OF RESOLUTION NO. 845 APPROVING THE PURCHASE OF CORE NETWORK HARDWARE FOR TCMHA NEW OFFICES LOCATED AT 1902 ROYALTY IN POMONA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE PURCHASE ORDER FROM CDW-G IN THE AMOUNT OF \$31,395.17**

Recommendation: “A motion to adopt Resolution No. 845 authorizing the Executive Director to purchase core network hardware in the amount of \$31,395.17 for new offices located at 1902 Royalty in Pomona.”

**12. CONSIDERATION OF RESOLUTION NO. 846 APPROVING THE PURCHASE OF SERVER AND BACKUP INFRASTRUCTURE FOR TCMHA NEW OFFICES LOCATED AT 1902 ROYALTY IN POMONA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE PURCHASE ORDER FROM INTELLI-TECH IN THE AMOUNT OF \$29,998.75**

Recommendation: “A motion to adopt Resolution No. 846 authorizing the Executive Director to purchase network infrastructure in the amount of \$29,998.75 for new offices at 1902 Royalty in Pomona.”

**13. CONSIDERATION OF RESOLUTION NO. 847 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH THE CLAREMONT UNIFIED SCHOOL DISTRICT (CUSD) FOR SPECIALTY MENTAL HEALTH SERVICES FOR THREE YEARS EFFECTIVE APRIL 1, 2026**

Recommendation: “A motion to adopt Resolution No. 847 approving the three-year MOU with the CUSD for specialty mental health services and authorizing the Executive Director to execute the MOU.”

**14. CONSIDERATION OF RESOLUTION NO. 848 AUTHORIZING THE EXECUTIVE DIRECTOR TO NEGOTIATE WITH XEROX BUSINESS SOLUTIONS (XBS) AND SHARP BUSINESS SYSTEMS (SBS) BETTER AGREEMENT TERMS, AND TO EXECUTE THE AGREEMENT OF AN ANNUAL AMOUNT NOT TO EXCEED \$150,000.00**

Recommendation: “A motion to adopt Resolution No. 848 authorizing the Executive Director to negotiate better agreement terms with XBS and SBS for the lease of multifunction workstations, and to execute the agreement in an annual amount not to exceed \$150,000, for three years with an option to extend two additional years.”

**NEW BUSINESS**

**2. ONTSON PLACIDE, EXECUTIVE DIRECTOR MONTHLY REPORT**

Board Member West requested that future revisions of the Integrated Plan include clear revision markings, page numbers, and identification of feedback incorporated, to allow stakeholders to track changes more easily.

Executive Director Placide stated that staff are incorporating feedback as it is received, while also awaiting additional guidance and feedback from the State, and confirmed that future revisions would identify the source of changes.

Board Member Lantz inquired whether a roll call vote would be required for each action item. General Counsel Flower advised that a single roll call vote would be sufficient.

**4. LIZ RENTERIA, CHIEF CLINICAL OFFICER MONTHLY REPORT**

Board Member West requested an overview of the various types of therapy certifications and licensure at a high level and asked for clarification on the TCMHA's status, goals, and path forward along with the agency's current standing, objectives, and strategies for achieving those goals. Chief Clinical Officer Renteria stated that staff would provide the requested information and noted that all tracking related to licensure and certifications are documented. She further referenced that the report reflects ongoing work to implement new evidence-based practices.

**5. SEEYAM TEIMOORI, MEDICAL DIRECTOR MONTHLY REPORT**

Board Member West asked which agency would be providing the new Electronic Health Record (EHR) system. Chief Compliance Officer Majors stated that staff is currently conducting a vetting process, and a selection has not been made, pointing out which EHR system TCMHA is currently utilizing. Board Member West further inquired if there were any deficiencies in the current EHR system in use and if the Integrated Plan included funding for transitioning to a new EHR system, and about the criteria for selecting a new EHR system. Chief Compliance Officer Majors indicated that the assessment was ongoing, that the selection criteria would be brought forward at a future meeting, and confirmed that funds were allocated for new EHR system. Chief Financial Officer Acosta added that allocated funds within the CFTN would cover the costs.

**6. DANA BARFORD, DIRECTOR OF MHSA AND ETHNIC SERVICES MONTHLY REPORT**

Board Member West requested additional information regarding how social media campaigns are measured, noting that reported information was limited in detailing outcomes and success metrics; and also asked how effectiveness is evaluated, including whether engagement, clicks, and intake pathways are tracked, and whether individuals are asked how they learned about Tri-City during the intake process. Director of MHSA and Ethnic Services Barford stated that outcome measures related to social media efforts would be included. Chief Compliance Officer Majors added that referrals are currently tracked and that staff would review whether social media can be incorporated as a referral source.

**7. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER MONTHLY REPORT**

Board Member West requested an overview of the Quality Improvement (QI) process, including the scope of chart reviews, staffing involved, volume of reviews conducted, and how quality is determined; he also inquired about process outcomes, and requested whether there are staffing openings, and expressed interest in job descriptions; and whether chart reviews are conducted manually or with the assistance of Artificial Intelligence (AI).

Chief Compliance Officer Majors responded that while the county requires review of 5% of charts, TCMHA conducts reviews on approximately 20% of charts, noting that both strategic and comprehensive audits are performed; announced that a detailed presentation outlining QI processes would be presented to the Governing Board; and explained that while some audit functions may incorporate automated tools, many reviews remain manual, and the use of AI in healthcare auditing remains widely debated due to data sensitivity and HIPAA considerations. Executive Director Placide added that the use of AI-assisted tools would require State approval and significant guidance from the State and County, noting that the topic is currently under discussion at the state level, including within CBHDA, and that there is ongoing debate and caution regarding implementation. Lastly he stated that staff intend to continue presenting data-driven information to the Board on a quarterly basis.

**8. CONSIDERATION OF RESOLUTION NO. 842 ADOPTING A REVISED MASTER CLASSIFICATION AND SALARY SCHEDULE TO ADD THE JOB DESCRIPTIONS FOR PATIENT FINANCIAL SERVICES WORKER I/II, CHIEF PROGRAM OFFICER, QUALITY ASSURANCE SPECIALIST I & II, AND QUALITY ASSURANCE SPECIALIST III**

Board Member West recommended revising program language by replacing the term “disenfranchised” with “eligible for services.” Executive Director Placide agreed to make the change.

Board Member Lantz raised a question regarding the creation of three new positions and one revised job description, seeking clarification that updates to the job description would not disqualify individuals currently serving in the role. Executive Director Placide confirmed that this concern had already been considered, noting that the employee’s current scope of practice exceeds the existing job description and that the revision accurately reflects duties already being performed.

**10. CONSIDERATION OF RESOLUTION NO. 844 APPROVING A MEMORANDUM OF UNDERSTANDING WITH PARENTS ANONYMOUS (PA) FOR USE OF DESIGNATED SPACE AT TCMHA'S WELLNESS CENTER FOR FAMILYRELATED SUPPORT PROGRAMS AND APPROVED PA'S RESEARCH ACTIVITIES**

Board Member West inquired whether the PA would use group space or office space. Director of MHSA and Ethnic Services Barford replied that only group space would be utilized. Board Member West asked whether the rental rate was appropriate. Executive Director Placide responded that the arrangement is governed by a rental contract and noted that PA has been a tenant for several years. Wellness Center Manager Polanco confirmed that the relationship has been in place for approximately two years.

Executive Director Placide further explained that the agreement differs from a standard Memorandum of Understanding due to PA's request to conduct research, requiring the establishment of specific guard rails. General Counsel Flower confirmed that these provisions would be memorialized in the agreement.

Board Member West asked whether PA would recruit its own research subjects or involve existing Wellness Center participants. Executive Director Placide clarified that PA would work with its current members. Board Member West asked whether research results could be shared, and Executive Director Placide confirmed that results would be provided.

Vice-Chair Lau opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member Grajeda moved, and Board Member West seconded, to approve the Consent Calendar Items Nos. 2, 4, 5, 6 and 7 [to receive and file monthly staff reports], Agenda Item No. 8 [adopting Resolution No. 842 establishing the Job Descriptions for the Patient Financial Services Worker I/II, and Quality Assurance Specialist I, II, and III Classifications; revising the Chief Program Officer Job Description; and updating the Master Classification and Salary Schedule to include these changes], and Agenda Item No. 10 [adopting Resolution No. 844 approving an MOU with Parents Anonymous, and authorizing the Executive Director to execute the MOU.] The motion was carried by a unanimous vote. AYES: Alternate Board Member Wand; Board Members Grajeda, Lantz, Ontiveros-Cole, and West; and Vice Chair Lau. NOES: None. ABSTAIN: None. ABSENT: Board Member Canales and Chair Leano.

**15. CONSIDERATION OF RESOLUTION NO. 849 DECLARING AN EMERGENCY DUE TO MECHANICAL FAILURE OF THE ELEVATOR AT AUTHORITY'S PROPERTY LOCATED AT 2008 N. GAREY AVE. IN THE CITY OF POMONA, CALIFORNIA, AND AUTHORIZING THE EXECUTIVE DIRECTOR TO AWARD A CONTRACT AND REPLACE THE ELEVATOR ON AN EMERGENCY BASIS AND WITHOUT GIVING NOTICE FOR BIDS TO LET CONTRACTS**

Chief Financial Officer Acosta reported that the elevator was operational following a recent malfunction, which required five business days to repair due to the age of the equipment and difficulty obtaining replacement parts.

Board Member Lantz shared experience serving in another board where partial elevator repairs ultimately required full replacement and asked what approach was planned for this facility.

Chief Financial Officer Acosta responded that staff is planning to replace the entire elevator system and is currently gathering expert feedback, noting that the facility currently has only one elevator. Board Member Lantz expressed encouragement regarding this approach.

Vice-Chair Lau asked whether the estimated fiscal impact of \$80,000 to \$100,000 reflected total replacement costs or only parts, and whether a contingency amount should be approved given the emergency nature of the issue. Chief Financial Officer Acosta stated that the estimate was intended to cover the full replacement but remains preliminary. Executive Director Placide noted that staff had requested information related to full replacement costs. General Counsel Flower clarified that the resolution does not include a spending cap, but that contracts would not exceed \$120,000.

Discussion ensued regarding elevator issues, and anticipated timeline for replacement, which at this time is not available but will be obtained after proposals and estimates are received. It was also noted that no other businesses are located in the second floor, only TCMHA offices.

Vice-Chair Lau opened the meeting for public comment; and there was no public comment.

There being no further comment, Alternate Board Member Wand moved, and Board Member Lantz seconded, to approve Resolution No. 849 declaring an emergency to elevator failure; awarding an agreement to replace the elevator and authorizing executive director to execute the agreement. The motion was carried by the following vote: AYES: Alternate Board Member Wand; Board Members Grajeda, Lantz, and West; and Vice Chair Lau. NOES: None. ABSTAIN: None. ABSENT: Board Member Canales and Chair Leano.

**16. COLLECTION OF FEEDBACK AFTER PRESENTATION OF THE PROPOSED TRI-CITY MENTAL HEALTH AUTHORITY'S BEHAVIORAL HEALTH SERVICES ACT (BHSA) INTEGRATION PLAN (IP)**

MHSA Projects Manager Sara Rodriguez presented an overview of the Mental Health Services Act (MHSA), the Behavioral Health Services Act (BHSA), and provided a land acknowledgment, stating that Tri-City Mental Health Authority humbly recognizes that it operates on Tongva land, the original caretakers of the cities of Pomona, Claremont, and La Verne. She then talked about the history of MHSA, which California voters passed back in 2004 as Proposition 63 and funded through the Millionaires Tax consisting of five funding components: Community Services and Supports (CSS), which represents approximately 76% of funding; Prevention and Early Intervention (PEI), representing approximately 19%; Innovation (INN), representing approximately 5%; and any excess funds could be allocated to Capital Facilities and Technological Needs (CFTN) and Workforce Education and Training (WET). She explained that CSS was the largest component and historically provided the greatest flexibility in funding distribution. She then talked about Proposition 1 which was passed by California voters in March 2024, expanding MHSA through the Behavioral Health Services Act (BHSA) that consolidates MHSA funding into three required components: Full Service Partnerships (FSP) at 35%, Behavioral Health Services and Supports (BHSS) at 35%, and Housing Interventions at 30%. She explained that BHSA will allow funds to be used for individuals with a primary diagnosis of substance use disorders and that it will officially go into effect on July 1, 2026, and noting that the transition is a significant undertaking for all entities involved.

MHSA Projects Manager Rodriguez reviewed and discussed the difference between MHSA and BHSA funding, and provided an overview of community planning and participation efforts, noting that Community Program Planning (CPP) activities included community forums and that, to date, 13 presentations had been provided to staff and the community. She reported that surveys were conducted, focus groups created that continue to this date, and about how workgroups are being used to gather feedback in real time. She also reported that there was a shift in terminology from “stakeholder” to “community partner; and acknowledged that outreach and engagement efforts need continued improvement, and that staff is ramping up visibility in the community through site tours, participation in pop-up events, informal interviews, and intentional efforts to connect with community members. She reported that MHSA required input from “diverse pools” and that BHSA identifies 29 specific community groups, noting that the State requires documentation demonstrating meaningful outreach efforts. She also discussed TCMHA’s priority goals which include increasing access to care and reducing homelessness, institutionalization, justice involvement, removal of children from the home, and untreated behavioral health conditions; emphasizing care experience as a key focus area, stating that improved care experience is associated with improved outcomes; increased engagement in school and work, improved quality of life and social connection, prevention and treatment of co-occurring physical health conditions; and reductions in overdoses and suicides.

MHSA Projects Manager Rodriguez then presented an overview of the Integrated Plan (IP) stating that it was a comprehensive document exceeding 150 pages in length; that it serves as a core framework and includes general background information as well as detailed sections addressing service delivery and responsibility, accountability measures, community engagement and transparency efforts, approval processes, and compliance requirements. She explained that it is a statewide report that every county and local mental health authority is required to submit with the purpose of demonstrating how local planning aligns comprehensively with all applicable state requirements and funding structures. She reported that a draft of the IP was submitted to the State on February 20, 2026, noting that this was the first time the State required submission of a draft document prior to final approval; that the IP draft remains available for public comment which can be submitted through TCMHA’s website; and that all feedback received during the public comment period will be included and addressed in the final version of the Integrated Plan. She also reported that a Public Hearing on the IP is scheduled to occur on April 14th during the Mental Health Commission meeting, following Governing Board approval at its meeting on April 15, 2026, and required to be submitted to the State by June 2026.

MHSA Projects Manager Rodriguez reviewed the three new primary funding buckets established under the Behavioral Health Services Act (BHSA), noting that these allocations are required under Proposition 1. She explained that BHSS requires counties to allocate 35% of their local BHSA funds to foundational services and infrastructure, and BHSS consolidates several components previously established under the MHSA, including WET and CFTN into a single flexible category focused on system sustainability and early intervention. She explained that Full Service Partnerships (FSP) require counties to allocate 35% of their local BHSA funding to intensive, comprehensive treatment services utilizing a “whatever it takes” approach, noting that these services prioritize the State’s most vulnerable populations, specifically individuals experiencing Serious Mental Illness (SMI) or Substance Use Disorders (SUD). She also stated that Housing Interventions require counties to allocate 30% of their local BHSA funds toward housing for individuals with Serious Mental Illness or Substance Use Disorders, and pointed out that Proposition 1 shifts the focus of behavioral health funding toward direct housing solutions for the State’s most vulnerable populations. She presented a funding forecast for Fiscal Year 2026–27,

noting that projected funding includes carryover funds and that multiple allocation scenarios were reviewed. She then provided an overview of the Behavioral Health Services and Supports (BHSS) funding buckets and the associated systems of care. She explained that the BHSS category includes specific programmatic breakdowns by system of care and that several programs initially identified for potential sunseting were highlighted in green and subsequently granted a two-year extension. She reported that the Children’s System of Care includes non-FSP programs focused on stigma reduction, family wellbeing, and housing intervention services; that the Adult and Older Adult System of Care includes non-FSP programs such as Community Navigators, Community Mental Health Training, Ending the Silence and NAMI 101 programs, stigma reduction initiatives, peer mentors, family wellbeing services, housing intervention programs, the Therapeutic Community Garden, and the Wellness Center; that the Outreach and Engagement is a new program model in which the individual conducting outreach is considered part of the treatment process, with an emphasis on maintaining rapport and continuity of relationships; that Early Intervention programs, which are non-FSP services, include the Access to Care Program, Mobile Crisis Care, Peer Mentors, Community Wellbeing Grants, and First Episode Psychosis services; and that the Outreach and Engagement Program, also non-Full Service Partnership, includes the Direct Treatment Link Outreach Team.

MHSA Projects Manager Rodriguez then reviewed evidence-based practices incorporated within the BHSS framework which include Assertive Community Treatment (ACT) that represents the highest level of care and utilizes a “whatever it takes” approach with low client-to-staff caseload ratios; Forensic Assertive Community Treatment (FACT), a modification of the ACT model designed to support justice-involved individuals experiencing mental illness; Intensive Case Management (ICM), a service model for individuals requiring a higher level of care who do not meet medical necessity criteria for ACT or FACT; the Individual Placement and Support (IPS) model, a vocational program that follows a “place then train” approach, rather than a readiness-based model; and High Fidelity Wraparound (HFW), an intensive, team-based approach focused on children and youth and incorporates family involvement and coordination across systems. She then talked about Housing Interventions under BHSA which has its own funding bucket, and that 50% of Housing Intervention funds must support individuals experiencing chronic homelessness, that is lasting 12 months or longer or four or more occurrences within the past three years; and that up to 25% of Housing Intervention funds may be used for capital development, including Permanent Supportive Housing and other housing projects. She explained that Housing Intervention funds are restricted to housing-related assistance and cannot be used for specialty mental health services; and discussed allowable uses such as rental subsidies established as either scattered-site or project-based assistance, operating subsidies related to day-to-day physical operation of housing projects, shared housing arrangements, and family housing for eligible children and youth, including housing that accommodates family caregivers of BHSA-eligible individuals; as well as to cover the non-federal share of certain transitional rent, providing an example in which BHSA-eligible individuals may receive an additional six months of rental subsidy when placed in an interim housing setting.

MHSA Projects Manager Rodriguez also reported that TCMHA serves individuals with moderate to severe behavioral health conditions; and reported that WET, Innovation programs, and CFTN will continue during the period of July 1, 2026 through June 30, 2029. She explained that Prevention and WET programs will transition to State administration, and pointed out that staff will evaluate how services will be provided once these programs move from local administration to State-level oversight. She then talked about several State-administered grant programs that will be available to Community-Based Organizations (CBOs), Tribes, schools, and other eligible

entities, including the Community Defined Evidence-Based Practices Grant Program, the Trusted Messenger Campaign Grant Program, Training and Technical Assistance Grants, and the 988 and Suicide Crisis Lifeline Outreach Campaign Grant Program. She also explained the WET initiatives that will be administered by the State that include the Medi-Cal Behavioral Health Student Loan Repayment Program, which will provide student loan repayment assistance for behavioral health practitioners; the Medi-Cal Behavioral Health Scholarship Program, which will provide scholarship payments while participants complete their education; and the Medi-Cal Behavioral Health Recruitment and Retention Program. She added that the Recruitment and Retention Program will support workforce stability through funding for bonuses, supervision, licensure and certification costs, and training backfill for practitioners serving the Medi-Cal population in safety-net settings. Lastly, she discussed of the transition timeline from MHSA TO BHA programming, noting that the transition process will begin the day after Governing Board approval, which is scheduled for April 15, 2026.

Board Member West inquired whether 10% of Prevention and Early Intervention (PEI) funding would be redirected to the State, and if the State had identified which programs it intends to implement. MHSA Projects Manager Rodriguez responded that the State released a final document two days prior and that staff will review and analyze the guidance to determine what is appropriate for Tri-City Mental Health Authority. She stated that the agency has several years to finalize its approach.

Vice-Chair Lau asked whether a transition plan exists for programs that received a two-year extension and what would occur after that period. MHSA Projects Manager Rodriguez responded that while the two-year extension is guaranteed, the long-term structure remains unknown; however, staff intends to develop a solid transition plan for the community, and emphasized the importance of continued participation in meetings to provide public feedback. Director of MHSA and Ethnic Services Barford added that when programming at the State level is available, staff will work with those programs. Vice-Chair Lau expressed concern noting that change is difficult for individuals who rely on these services and emphasized the need for a seamless transition that does not undermine progress, and requested that the Board remain informed of future plans as there is existing community concern and anxiety. Executive Director Placide stated that from a mental health service provider perspective, the agency is experiencing a shift in both funding and focus, and explained that staff are exploring what services can be augmented, and that the State has indicated it will provide some services, though not to the same extent as TCMHA.

Vice-Chair Lau also raised concerns regarding geographic access and transportation barriers, pointing out the importance of ensuring access for clients. MHSA Projects Manager Rodriguez stated that staff continues to encourage individuals not to disengage from services and noted that self-advocacy from the community strengthens the agency's position, and reported that prevention funding is anticipated to be approximately 4%.

Board Member Lantz noted that TCMHA receives realignment funds and stated that if the Governing Board strongly prioritizes the Wellness Center, then it may need to evaluate how other funding sources are allocated; and stated that a commitment to the Wellness Center would require TCMHA to identify solutions. Executive Director Placide encouraged continued questions and feedback from the Board.

Board Member West inquired how Fiscal Year 2026–27 financial plan compares to current funding levels. Executive Director Placide replied that funding projections are provided by the State and change annually.

Vice-Chair Lau asked whether projected funding would be sufficient to sustain generated services. Board Member West further inquired how revenue fluctuations and the eventual depletion of carryover funds would affect programming and whether programs are funded based on current projections. Chief Financial Officer Acosta reported that current funding is supported by carryover balances derived from previously received funds, noting that approximately 50% of those funds have one year remaining, and the remainder have two years remaining; and that all funds must be expended within a three-year period. Executive Director Placide added that under the previous MHSa structure, CSS and PEI funding totaled approximately \$10.5 million, and that under BHSA this amount shifts to approximately \$6.3 million, noting that the agency's ability to maintain current services is dependent on carryover funding. Chief Financial Officer Acosta added that total funding is approximately \$18 million and is dependent on the Millionaires Tax, which fluctuates significantly.

Board Member West expressed concern regarding the reported 4% penetration rate, stating that the system is not reaching all individuals in need, and emphasized the urgency of serving individuals who are mentally ill and unhoused, and stated that he would like to see penetration rates increase over time. Executive Director Placide explained that the penetration data is derived from CalMHSA and county sources, noting that TCMHA data is not disaggregated; however, TCMHA's internal data collection is more accurate than State data which indicates better performance than many jurisdictions, and that the agency's impact report will provide improved metrics since more data and refined metrics are forthcoming. Chief Compliance Officer Majors added that the agency is required to use State-mandated data and cannot substitute internal data for reporting purposes. Board Member West stated that the data is not as granular as desired and encouraged staff to establish a baseline using a methodology the agency believes in, even if it differs from State measures.

Board Member West asked whether outreach and treatment teams can make referrals. Chief Clinical Officer Renteria confirmed that they can, but referrals must still be routed through Los Angeles County, and that CARE Court referrals also must originate through Los Angeles County before being referred to TCMHA. Board Member Lantz asked whether referrals always return to TCMHA. Chief Clinical Officer Renteria replied in the negative, stating that it depends on where individuals choose to receive care.

Executive Director Placide stated that TCMHA's non-county status places the agency at a disadvantage in data collection and emphasized the importance of developing homegrown data that correlates with county data. He stated that TCMHA produces more output data than input data due to county-level service area structures.

Board Member West asked about assumed growth rates and whether the agency can expand services if the plans are successful. Executive Director Placide indicated that projections involve experimentation and educated estimates, noting that some programs may grow while others may not, pointing out that the uncertainty is shared statewide. Board Member West stated that he would like concerns to be elevated to the Governing Board as early as possible and emphasized a desire to expand capacity. Chief Compliance Officer Majors stated that this approach aligns with agency priority measures and that the goal is continuous improvement. Executive Director

Placide stated that growth under BHSA is expected, noting that many mandated services previously provided by Los Angeles County will now be delivered by TCMHA. Chief Financial Officer Acosta stated that staff can return to the Governing Board with amendments if needed and that budget includes maintaining capacity to recruit personnel.

Board Member West noted vacancy levels of approximately 15% and asked whether the budget assumes full staffing. Chief Financial Officer Acosta responded that budgeting is based on client service levels. Vice-Chair Lau noted that recruitment remains a challenge. Executive Director Placide clarified that BHSA represents one funding stream, while medical and FFP funding operate alongside it as separate but coordinated systems.

Board Member West referenced cross-training noted in the Integrated Plan and asked how many staff are needed for the service delivery diagram and staffing approach, since that outreach may require teams of four to five individuals. Chief Clinical Officer Renteria stated that staffing depends on the scenario, explaining that sometimes one or two staff respond while other situations require larger teams, noting the use of scheduled rotations, coordination with outreach teams, consistency, and personalized care. Executive Director Placide added that street psychiatry represents another service component and acknowledged recruitment challenges, while noting the existence of multiple touchpoints for engagement.

Board Member West stated that he had reviewed Point-in-Time (PIT) count data that was updated on a monthly basis and inquired if CARE Act efforts align with reducing homelessness. Board Member Lantz stated that it was her understanding that PIT counts were conducted annually since it requires a coordinated effort from all cities to go out on the streets and count; however, she expressed interest in understanding what was the monthly data changes that Board Member Westy pointed out. Board Member West stated that he would provide citations. Chief Clinical Officer Renteria stated that staff hope to engage more deeply in conversations to maximize impact.

Board Member Lantz stated that she was unclear on how CARE Court operates and expressed interest in TCMHA serving as a resource within a residential scope. Chief Clinical Officer Renteria stated that to date, TCMHA has not received any CARE Court referrals and that all CARE Court processing occurs through Norwalk. Board Member West noted that some proceedings can occur remotely from Pomona. Executive Director Placide stated that CARE Court has been the subject of criticism regarding effectiveness and efficiency, and stated that CARE Court is not currently a high priority for TCMHA and that staff focuses on serving individuals before CARE Court involvement. He emphasized a bottom-up approach focused on meeting individuals where they are. Board Member West asked about key metrics related to CARE Court engagement. Chief Clinical Officer Renteria stated that the data tells a story. Executive Director Placide expressed support for continued monitoring.

Board Member West asked whether individuals presenting with substance use disorders are treated by the same therapists. Chief Clinical Officer Renteria stated that TCMHA treats co-occurring mental health and substance use disorders and does not provide substance use disorder-only treatment; that counselors and peer support specialists are trained accordingly; and that Full Service Partnership teams include substance abuse counselors and therapists, with staff utilizing shared expertise. Board Member West asked how 12-step programs are incorporated. Chief Clinical Officer Renteria responded that participation is based on individual preference and that TCMHA maintains relationships with organizations providing those services. Board Member

West asked how individuals with only substance use disorders are served, and Chief Clinical Officer Renteria stated that TCMHA works with partner organizations and seeks to connect individuals whenever possible.

Board Member West asked about discrepancies in Integrated Plan charts and whether counts reflect unique individuals or repeated participation. Chief Compliance Officer Natalie Majors stated that both individuals touched and individuals enrolled are counted. Board Member West asked whether individuals participating in multiple groups are counted more than once, and Ms. Majors stated that staff would verify and report back.

Board Member West asked whether direct treatment outreach and outreach programs are separate. MESA Projects Manager Rodriguez stated that services span moderate to intensive levels of care, with outreach focused on building trust, and pointed out that outreach includes community navigators and represents a lower level of care, with two outreach approaches: education and awareness, and targeted engagement for individuals eligible for services. Board Member West stated that in the Integrated Plan both types of outreach were listed as only one type of outreach and encouraged staff to revise it for clarity.

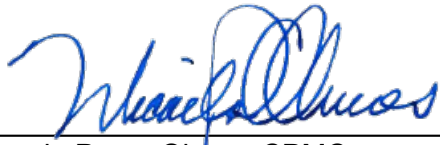
Board Member West asked when the first direct treatment outreach team would be operational. Executive Director Placide stated that direct outreach is part of new ICM and FSP programs and that the goal is readiness by June for implementation in July, noting that the State is allowing flexibility and that staff is working to recruit as many personnel as possible early in the implementation period. Board Member Lantz asked whether outreach teams are currently operating. Executive Director Placide confirmed that some outreach teams are already in place. Board Member West requested and Vice-Chair Lau requested reports about statistics to be clearly tied back to the Integrated Plan.

Board Member West raised questions regarding financial tables in the Integrated Plan, stating that Table 10 appeared conservative and questioned whether it reflected uncertainty in funding. Chief Financial Officer Acosta stated that programs can bill within those structures. Board Member West asked whether FSP are self-funded and whether funds could be exhausted. Chief Financial Officer Acosta stated that there is a high probability of funding stability. Executive Director Placide stated that the challenge lies in the requirement to expend FSP funds and the flexibility in transfers. Board Member West stated that the State mandates 35% allocation to FSP while TCMHA's existing funding model already supports those services, suggesting potential excess. Executive Director Placide stated that the challenge is identifying what is FSP-fundable versus non-billable. Chief Clinical Officer Renteria stated that the Direct Link Team is included and that staff will conduct events and outreach to community partners.

Board Member West asked about staff reaction to upcoming changes. Chief Clinical Officer Renteria stated that FSP teams already operate under similar models and that changes will primarily involve concentration of services. Board Member West asked whether job descriptions would need to change, and Chief Clinical Officer Renteria stated that they would not. Executive Director Placide stated that Proposition 1 reinforces existing service focus.

Board Member West asked whether staff should formally communicate concerns to the State regarding fiscal constraints. Executive Director Placide stated that staff will identify appropriate avenues to provide feedback and noted that advocacy groups are aware of these concerns and that they have been communicated to the State.

At 7:33 p.m., Board Member Ontiveros-Cole (City of Pomona representative) left the meeting, which effectively concluded the meeting due to a lack of quorum. The next Regular Meeting of the Governing Board will be held on Wednesday, April 15, 2026, at 5:00 p.m., in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.



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Micaela Perez Olmos, CPMC  
JPA Administrador/Clerk