

Tri-City MHSA Community Forum

January 29th, 2025

Sara Rodriguez, LMFT, MHSA Projects Manager



Agenda

- New Leadership
- Proposition 1: Transition from MHSA to BHSA
- Priority Programming Needs and a Vote
- Community Capacity Assessment
- A Note About Change



Welcome!
Thank you for
joining us today

Housekeeping



Hybrid Meeting

Virtual attendees are muted upon entrance. There will be designated time for questions and comments.



Locations

Food and drinks are available. Bathrooms are accessible in the Padua room. Kids activities are available. Resource tables in the back.



Interpretation

If needed, Spanish interpretation is available upon request, please let staff know.

Land Acknowledgement



Tri-City Mental Health humbly recognizes that it operates on Tongva land, the original caretakers of the cities we call Pomona, Claremont and La Verne. We honor the Tongva ancestors who were, the residents who are, and the descendants who are yet to come. We are thankful for the opportunity to continue to identify ways to serve the Tongva people, support the preservation of their culture and partner with this historically underrepresented people.

Welcome, to our new Executive Director

Ontson Placide, MA, LMFT



Ontson Placide, MA, LMFT

Executive Director

Leadership at Tri-City Mental Health



Ontson Placide, MA, LMFT
Executive Director



Seeyam Teimoori, M.D.
Medical Director



Elizabeth Renteria, LCSW
Chief Clinical Officer



Diana Acosta, CPA
Chief Financial Officer



Natalie Majors-Stewart, LCSW
Chief Compliance Officer



Dana Barford
Director of Mental Health Services Act (MHSA)
and Ethnic Services

Proposition 1: Transition from MHSA to BHSA

Mental Health Services Act (MHSA) Prop 63



WELLNESS • RECOVERY • RESILIENCE

California's Effort to Transform the Mental Health System

- In 2004 California voters passed the Mental Health Services Act (MHSA, Prop 63)
- 1st overhaul of mental health services in the state for many years
- Funded through the Millionaires tax
- Currently, there are 5 Components of MHSA: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Capital Facilities & Technological Needs (CFTN), and Workforce Education and Training (WET)
- Proposition 1: After 20 years of MHSA, counties will be pivoting to BHSa. BHSa intends to expand on the foundation MHSA has created. Future work groups and Stakeholder meetings will address information as it becomes available

Proposition 1: Two Major Components

Behavioral Health Infrastructure Bond Act (Assembly Bill 531)

Authorizes \$6.38 billion to build or develop behavioral health housing and treatment facilities.

Behavioral Health Services Act (Senate Bill 326)

Aims to improve & expand behavioral health services & housing interventions for individuals w/ severe mental illness/emotional disturbance (SMI/SED), & substance use disorders.

Today's presentation will focus on BHSA*
Proposition 1 was passed by California voters in March 2024**

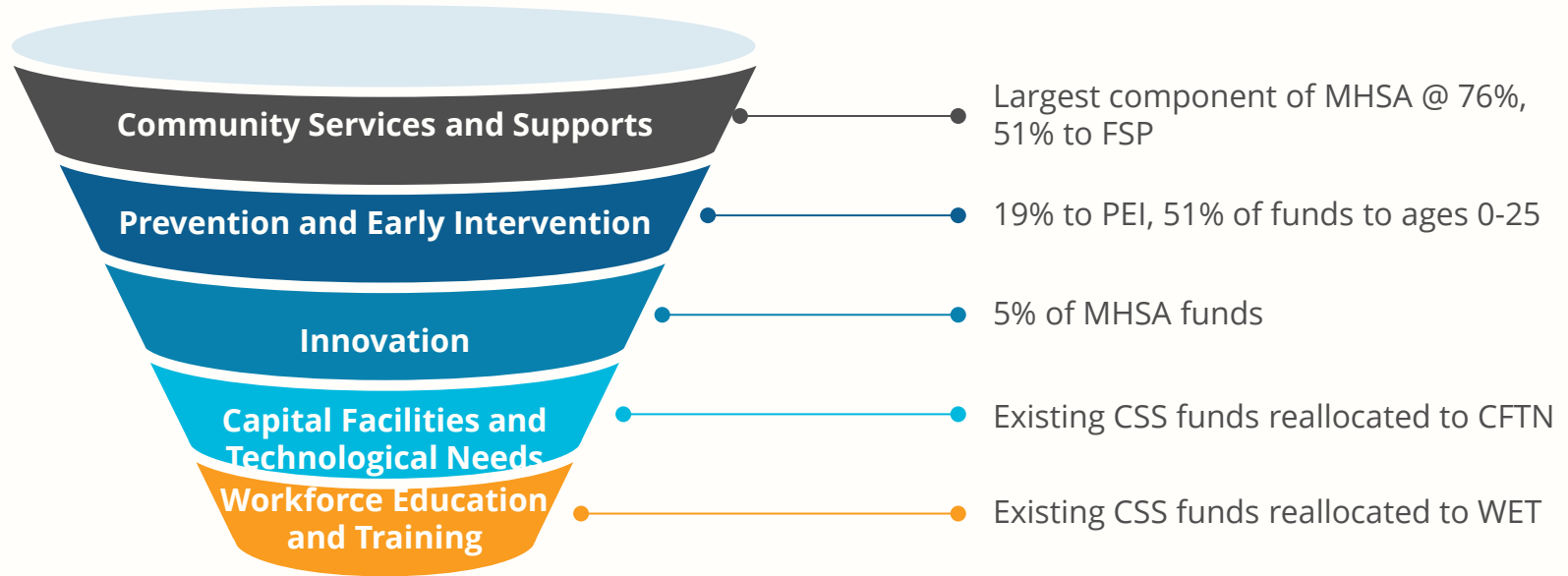
BHSA funding
changes how the
dollars can be
spent

**It gives a greater share to
the state for its mental
health services-10%
compared to the current
5% under MHSA**

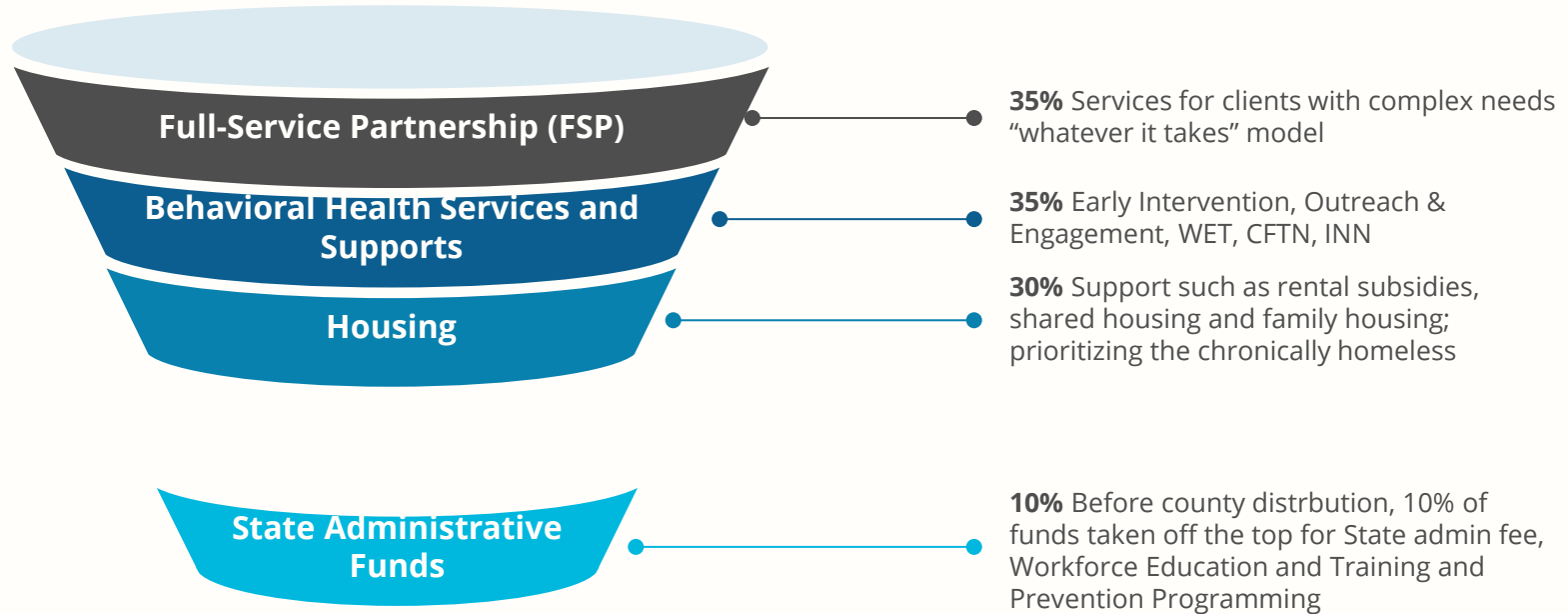
**It allows funds to be
used for drug and
alcohol treatment for
people without mental
illness**

**It prioritizes housing
and the chronically
homeless**

MHSA Funding Breakdown



BHSA Funding Breakdown



California Behavioral Health Directors Association (CBHDA) BHSA Ad Hoc Workgroups

Housing	Prevention and Early Intervention	Community Planning Process and Integrated Plan/Annual Update	Prudent Reserve and Supplantation
Fiscal Strategies	Community Defined Evidence Practices (CDEP) and Evidence-Based Practices (EBPs)	Full-Service Partnerships	Behavioral Health Outcomes, Accountability, Transparency Report (Includes IT Solutions)

Draft Modules 1 and 2

- **Behavioral Health Transformation Policy Module 1:** This first module focuses on the County Integrated Plan, Funding Allowances & Transfer Requests, and Housing Interventions.
- **DHCS' Behavioral Health Transformation (BHT) Digital Policy Manual Module 2:** The second module focuses on Behavioral Health Services Act Fiscal Policies, Behavioral Health Services and Supports, Full-Service Partnerships, and Documentation Requirements for BHSA Services.

The Behavioral Health Services Act Goes Into Effect on July 1, 2026

But the planning starts now!





Identified MHSA to BHSA Areas of Growth/Need

MHSA/BHSA Annual Revenue Projected

\$18,000,000 (approx)

Housing (30%)

- Current budgeted expenses = \$1.7 Mil
- BHSA required amount = \$5,400,000
- Housing Intervention = Chronic Homeless \$2.7 Mil
- Housing Capital Dev = \$1.35 Mil
- Housing Intervention Other = \$1.35 Mil
- Difference = \$3.66 Mil UNDER

Full-Service Partnership (35%)

- Current budgeted net expenses = \$1.96 Mil
- BHSA required amount = \$6,300,000
- Difference = \$4.33 Mil UNDER

Behavioral Health Services & Supports (35%)

- Current budgeted expenses = \$10 Mil+
- BHSA required amount = \$6,300,000
- Early Intervention (0-25yrs) = \$1.63 Mil
- Early Intervention = \$1.57 Mil
- Non-Early Intervention = \$3.08 Mil
- Difference = OVER

Priority Process

Priority 1

- Housing and FSP service development and growth
- High value, quick turnaround projects – over next 17 to 24 months

Priority 2

- High value, extended timeline projects for Housing and FSP
- Projects that can be started now or after 7/1/2026

Priority 3

- Reimagine/Shift current programs/services that will not fit into the BHSS category or elsewhere in the agency by 7/1/2026

Tri-City MHSA to BHSA Concepts for Discussion

	Concept Title	BHSA Category	Approx Amount
1	Scattered Site Housing	Housing – Chronic & Other Intervention	\$1.5 to \$2Mil Annually
2	Purchase existing building to create Homeless Bridge Housing (OC Model)	Housing – Capital, Chronic & Other Intervention	\$4,000,000 purchase and \$1,000,000 for renovations
3	Purchase existing building to create a Drop-In Center and PSH for 25 adults (Riverside Model)	Housing – Chronic & Other Intervention	\$3,000,000 purchase and \$1,000,000 for renovations
4	Purchase existing building - Combine with an Enhanced Emergency Shelter Program (LA Model)	Housing – Capital, Chronic & Other Intervention	\$3,000,000 purchase and \$1,000,000 for renovations
5	Expand FSP - Tri-City Mental Health Authority's Homeless Outreach Multi-Disciplinary Team (HOT-MDT)	FSP	\$1,000,000
6	Developing an Internship, Residency, and Training Department at Tri-City Mental Health Authority	ALL - BHSS FSP BHSS	\$500,000

Questions



Make your voice heard

Please rank your top 3 choices as #1, #2 and #3:

- 1) Scattered site housing
- 2) Purchase existing building to create Homeless Bridge Housing
- 3) Purchase existing building to create a Drop-In Center and PSH for 25 adults
- 4) Purchase existing building- Combine with and Enhanced Emergency Shelter Program
- 5) Tri-City Mental Health's Homeless Outreach Multi-Disciplinary Team (HOT-MDT)
- 6) Staffing Recruitment Pipeline Clinical Training Program and developing Internship, Residency, and Training Dept. at Tri-City



Next Steps

- Prop 1 does not go into effect until July 1st , 2026. We will continue with current programming and funding streams until then
- Decisions made regarding changes to current MHSA plans, creating new programs or shifting current programs will however be made in consideration with SB 326 requirements
- Tri-City will continue to review the guidelines and requirements under Prop 1 as we consider any programs that may be impacted
- The goal is to preserve all or as many MHSA programs as possible, including possible modifications to enhance the services provided and meet Prop 1 criteria
- Any proposed changes to programming will be presented to staff, the MH Commission, Governing Board, and stakeholders for review and feedback

Community Capacity Assessment

Keri Zehm, Ph. D., Data Supervisor

Best Practices



Community/Stakeholder Survey

1. What additional services and/or supports would you like to see offered in your community?

Qué servicios y/o apoyos adicionales le gustaría que se ofrecieran en su comunidad?

Enter your answer

2. How can we improve Tri-City's programs and services to better meet the needs of the community?

Cómo podemos mejorar los programas y servicios de Tri-City para satisfacer mejor las necesidades de la comunidad?

Enter your answer



“Any change, even a change for the better, is always accompanied by drawbacks and discomforts.” — Arnold Bennett

Questions?



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@TriCityMHS

Thank you!