



# County of Santa Cruz

HEALTH SERVICES AGENCY  
Behavioral Health Division



Salud Mental y  
Tratamiento del Uso  
de Sustancias

**NOTICE OF PUBLIC MEETING**  
**BEHAVIORAL HEALTH ADVISORY BOARD**  
**SEPTEMBER 18, 2025, 3:00 PM–5:00 PM**  
**1400 EMELINE AVENUE, CONFERENCE ROOMS 206/207, SANTA CRUZ**  
**THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR**  
**CALL (831)454-2222, CONFERENCE 692 928 216#**

Xaloc Cabanes Chair 1 <sup>st</sup> District	Valerie Webb Member 2 <sup>nd</sup> District	Michael Neidig Co-Chair 3 <sup>rd</sup> District	Antonio Rivas Member 4 <sup>th</sup> District	Jennifer Wells Kaupp Member 5 <sup>th</sup> District
Kaelin Wagnermarsh Member 1 <sup>st</sup> District	Dean Shoji Kashino Member 2 <sup>nd</sup> District	Hugh McCormick Member 3 <sup>rd</sup> District	Rachel Montoya Member 4 <sup>th</sup> District	Jeffrey Arlt Secretary 5 <sup>th</sup> District

Kimberly De Serpa Board of Supervisor Member	
Dr. Marni R. Sandoval Director, County Behavioral Health	Meg Yarnell Deputy Director, County Behavioral Health

## Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference Rooms 206–207, Santa Cruz. Individuals may click [here](#) to Join the meeting now or may participate by telephone by calling (831)454-2222, Conference ID 692 928 216#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Behavioral Health Advisory Board website.

If you are a person with a special need, or if interpreting services (English/Spanish or sign language) are needed, please call 454-4611 (Hearing Impaired TDD/TTY: 711) at least 72 hours in advance of the meeting in order to make arrangements. Persons with disabilities may request a copy of the agenda in an alternative format.

Si usted es una persona con una discapacidad o necesita servicios de interpretación (inglés/español o Lenguaje de señas), por favor llame al (831) 454-4611 (Personas con Discapacidad Auditiva TDD/TTY: 711) con 72 horas de anticipación a la junta para hacer arreglos. Personas con discapacidades pueden pedir una copia de la agenda en una forma alternativa.

## **BEHAVIORAL HEALTH ADVISORY BOARD AGENDA**

<b>ID</b>	<b>Time</b>	<b>Regular Business</b>
1	3:00–3:15	<ul style="list-style-type: none"><li>• Roll Call</li><li>• Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each)</li><li>• Board Member Announcements</li><li>• <i>Approval of August 21, 2025 minutes*</i></li><li>• Secretary's Report</li></ul>
		<b>Standing Reports</b>
2	3:15–3:25	August Patients' Rights Reports – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	3:25–3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35–3:45	Behavioral Health Director's Report – Dr. Marni Sandoval, Behavioral Health Director
5	3:45–4:15	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:15–4:35	Beebe Report Ad Hoc Committee Update – Mike, Hugh, Kaelin, Jeff, Dean
		<b>New Agenda Items</b>
7	4:35–4:55	2025 Data Notebook – Feedback/questions from the BHAB
	4:55–5:00	<b>Future Agenda Items</b>
	5:00	<b>Adjourn</b>

*Italicized items with \* indicate action items for board approval.*

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**NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:  
OCTOBER 16, 2025, 3:00 PM – 5:00 PM  
TO BE ANNOUNCED**



# County of Santa Cruz

## HEALTH SERVICES AGENCY BEHAVIORAL HEALTH DIVISION

### MINUTES – Draft



Salud Mental y  
Tratamiento del Uso  
de Sustancias

### BEHAVIORAL HEALTH ADVISORY BOARD

AUGUST 21, 2025, 3:00 PM – 5:00 PM

HEALTH SERVICES AGENCY, 1400 EMELINE, ROOMS 206-207, SANTA CRUZ 95060

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 703 401 277#

Present: Antonio Rivas, Dean, Kashino, Hugh McCormick, Jeffrey Arlt, Kaelin Wagnermarsh,  
Michael Neidig, Valerie Webb, Xaloc Cabanes, Supervisor Kimberly De Serpa  
Absent: Jennifer Wells Kaupp, Rachel Montoya  
Staff: Marni Sandoval, Amy Rhoades, Jane Batoon-Kurovski

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- I. Roll Call – Quorum present. Meeting called to order at 3:02 p.m. by Chair Xaloc Cabanes.
  - II. Public Comment – None
  - III. Board Member Announcements
    1. Youth Crisis Stabilization Center – Ribbon Cutting on 9/17/25 at 10am.
    2. 2025 Data Notebook topic is Wellness Centers. Report due to the state on 11/01/25.
    3. Xaloc and other chairpersons presented at the Youth Leadership Council. Several youth expressed interest in learning more about BHAB.
    4. New Behavioral Health Staff – Amy Rhoades, BHSA Coordinator
    5. Natalie – youth representative for Youth Led Leadership Alliance
  - IV. Approve July 17, 2025 Minutes  
Motion / Second: Antonio Rivas / Michael Neidig  
Ayes: Rivas, Kashino, McCormick, Arlt, Wagnermarsh, Neidig, Webb, Cabanes, De Serpa  
Nays: None  
Abstain: None  
Result: Approved
  - V. Secretary's Report
    - No attendance issues, no overdue Ethics training.
    - September 8<sup>th</sup> is 988 day. September is Suicide Prevention month.
    - Quarterly CalBHBC training on October 17-18 in Burlingame and on Zoom
    - Crisis Jam on Youtube every Wednesday, 9am-10am
    - Connections is doing a webinar on the cost of behavioral health
    - National Council on Mental Well Being has a webinar on creating a trauma informed and recovery-oriented system of care
  - VI. Patient's Rights Report – George Carvalho, Advocate  
July report was provided. George did not attend the meeting.
  - VII. Board of Supervisors Report – Supervisor Kimberly De Serpa
    - New leadership in BH. Deputy Director of BH to be announced soon. New HSA Department Director Connie Moreno-Peraza, LCSW starting on August 29, 2025
    - Search of new CEO – distributed survey for community input and stakeholder group being formed.
    - Managed to find some money for MHCAN thanks to BHAB advocacy.
  - VIII. Behavioral Health Director's Report – Dr. Marni Sandoval, BH Deputy Director

- HSA Director Connie Moreno-Peraza from Ventura County starting on August 29<sup>th</sup>.
- Santa Cruz County BH got accepted into the CA Medi-Cal Mobile Crisis Continuum Policy Academy (MTAC). MTAC is the policy academy bringing together 8 counties in BH and their partners to work together with national and state subject matter experts to make sure that the mobile crisis continuum of care is examined to figure out the local gaps and how existing resources can be utilized. Project started in August and expected to end Spring 2026.
- Adult Mental Health Highlights
  1. Care Team – program received 16 petitions, resulting in 10 participants (3 now have Care agreements, 7 are in the initiation period). Four Care participants have been housed with Housing Matters and one at Jesse Street. A Mental Health Client Specialist was hired to be the lead on the Care team to provide more support as the petitions continue to come in.
  2. IHART – program is in partnership with Front Street peers, building a strong collaboration to get many people housed and making progress with their recovery.
  3. Wrapped up the FY24-25 internship program with 9 interns successfully completed the program. Eleven interns will be joining for current internship, seven of those interns are existing BH employees who are pursuing higher education.
- SUDS Highlights
  1. Launched Prop 47 Cohort IV services. Awarded \$8M in the fall of 2024 and the funding period will go through the fall of 2028. Funds will be used to support the expansion of recovery residences for justice involved individuals. Both outpatient and intensive outpatient care are included as well as a wraparound service and care coordination support. Janus will provide services in September 2025 and Encompass will provide services in October 2025.
- Children's Mental Health Highlight – Children's Youth Crisis Center  
Contracting with Aspiranet to run the Crisis Stabilization Unit and the Crisis Residential Program. The ribbon cutting event will include a short program followed by tours of the facility on Wednesday, September 17, 2025, 10am-12pm.

IX. Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh

- Jail Site Visit scheduled for September 3rd at 1pm.
- 7<sup>th</sup> Avenue Site Visit – October date to be determined

X. Review and discussion of Mike Beebe's Report

- Goal and objectives-1) identify new revenue sources for the county 2) identify savings from current systems 3) identify capacity building for cost effective treatment.
- Summary of Beebe presentation
  - Looking at renegotiating current County Medi-Cal reimbursement status, increased percentage of property tax received without impacting other organizations.
  - Focus on high-cost beneficiaries and increase their resilience to reduce costs.
  - Review Telecare average treatment time to ensure increased utilization and reduce transfers out of county
  - Increase use of step down in outpatient to increase coverage at a lower cost; address what is needed in county acute beds and jail mental health needs.
  - Looking at partnering with private insurance companies to create facilities used for Medi-Cal and receive financial support for capacity growth from the cities of Santa Cruz, Watsonville, Capitola and Scotts Valley.

- Important to identify stakeholders and to campaign specifically about prop 13 and other items.
- XI. BHSA Community Program Planning Process – Dr. Marni Sandoval and Amy Rhoades
- A. BHSA Key Points
1. Counties will receive the majority of BHSA funds for local services
  2. Focus will be on who needs the most help
  3. More collaborative approach in plan development and services provided
  4. Transparency– goals will be tracked and annual reports will reflect outcomes and progress made
  5. At least 30% of funds will now go toward housing interventions
- B. New County Requirements Under BHSA
1. Engagement with the local health as well as the local managed care plans as part of the community process.
  2. Monitoring and oversight – increased reporting from collaborative systems within the county including our local health jurisdictions and the managed care plans.
  3. Community Program Planning Process and engagement is very significant.
  4. Integrated plan covers all behavioral health services not just those funded by BHSA.
  5. Public Comment period for the integrated plan must be done 30 days before the draft is submitted on March 31, 2026.
- C. Community Program Planning Process (CPPP)
- Important to include CEO's and FBO's and other government entities. Will also be working with Public Health and the managed care plans.
  - The data will be assessed internally where themes, goals and priorities will be identified based on the information gathered and will be used to write the Integrated (3-year) Plan that will go into effect July 2026.
  - Consultant will coordinate activities such as town halls, surveys with the community, focus groups.
- D. Community Planning Process will drive the Integrated Plan (IP)
- a. Counties will create one large integrated plan to include goals and strategies for July 2026–June 2029.
  - b. Plans will include all funding streams for behavioral health services and programs.
  - c. The IP will be updated annually within the 3-year period.
- E. Timeline for CPP and Integrated Plan
- a. Currently collecting quotes from consultants to help lead the process
  - b. Goal is to complete the community engagement process before December
  - c. Integrated Plan is open for public comments for 30 days starting in February
  - d. Draft Plan is finalized and submitted in March. Final Plan will be submitted in June, which goes into effect July 2026.
- F. Call to Action
- a. Spread community awareness about this process
  - b. Share existing community gatherings with BHS
  - c. BHAB can participate in focus groups and/or surveys
  - d. Help get the community involved
- XII. Future Agenda Items
- Ad Hoc Committee – BHSA to support CPPP process until March. Committee members: Jeffrey, Valerie, Antonio, Xaloc
- XIII. Adjournment
- Meeting adjourned at 4:59 p.m.

## Summary

This is a August 2025, Patients' Rights Advocate Report from the Patients' Rights Advocacy program. It includes the following: telephone calls, reports, and emails. It includes a breakdown of the number of certified clients, the number of hearings, and the number of contested hearings. It also includes a breakdown of Reise Hearing activity, including the number of Reise Hearings filed, the number of Reise conducted, and the number that was lost.

### Patients' Rights Advocate Report August 2025

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#### **Telecare**

On August 4, 2025, this writer received a call from the of a patient who was about to be transferred out of county. The caller was distraught because staff did not disclose the time or the location of the facility. This writer could not contact the client before transfer but advised the caller that California law requires that mental health patients have reasonable access to the telephone and that next time they talk, she should urge the boyfriend to complete a release of information, so staff could provide medical information.

On 8/24/25 This writer received a voice mail from a patient at the Telecare Psychiatric Facility, requesting assistance with discharge from the facility. This writer could not contact the client by phone. After three attempts I drove to the facility to conduct the interview. After determining the client's current length of stay, this writer reviewed the California scheme of civil commitment and informed him that his certification review hearing would be the next hearing day. The client thanked me for taking the time to meet with him in person.

#### **Willow Brook**

On 8/1/25 Ms. Davi, Patients' Rights Advocate received a report of a resident-to-resident abuse. Specifically, an allegation of unwanted touching by a female resident towards a male resident. The male resident reported to staff. Staff inquired and the alleged perpetrator denied the allegation and staff or other residents did not witness the alleged event. Staff offered additional support which the client availed himself of for a period of three weeks. Staff described a working relationship between the two residents as of 9/10/25

#### **Willow Brook**

On August 21, 2025, Ms. Davi received a report of a resident exposing himself to female residents. Local law enforcement was contacted by police, and a case number was assigned to the incident. The alleged perpetrator has been removed from the facility as staff provide additional support to the victims

## Reise and Certification Review Hearings

**August 2025**

1. TOTAL NUMBER CERTIFIED	27
2. TOTAL NUMBER OF HEARINGS	30
3. TOTAL NUMBER OF CONTESTED HEARINGS	9
4. NO CONTEST PROBABLE CAUSE	21
5. CONTESTED NO PROBABLE CAUSE	3
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	3
8. WRITS	
9. CONTESTED PROBABLE CAUSE	6
10. NON-REGULARLY SCHEDULED HEARINGS	0

**Ombudsman Program & Patient Advocate Program shared 0 clients in this month**

**(shared = skilled nursing resident (dementia) sent to behavioral health unit or mental health client placed in skilled at Telecare (Santa Cruz Psychiatric Health Facility))**

Reise Hearings. /Capacity Hearings

Total number of Reise petitions filed by the Telecare treating psychiatrist: 1

Total number of Reise Hearings conducted: 1

Total number of Reise Hearings lost: 1

Total number of Reise Hearings won:

Total number of Reise Hearings withdrawn:

Hours spent on conducted hearing representation: 1 hour

Hours spent on all Reise hearings:

Reise appeal: 0

**Respectfully Submitted: Davi Schill, George Carvalho, PRA**



# Behavioral Health Director's Report

## Dr. Marni R. Sandoval



### Behavioral Health Advisory Board Meeting September 18, 2025

- I. New Deputy Director of Behavioral Health – Meg Yarnell
- II. *Hope Forward-Esperanza Adelante Youth Crisis Center*

Ribbon Cutting for the Hope Forward-Esperanza Adelante Youth Crisis Center held Wednesday, September 17, 2025 at 10:00 a.m.



Services are anticipated to commence December 2025.

- III. Adult Behavioral Health Highlight – CARE Program
  - Hired Adrian Bernard as the Mental Health Client Specialist for CARE. He is an MSW with lived experience who is going to strengthen our services for CARE clients. The team is doing great work supporting these clients.
  - Additional details about CARE: 18 Petitions
    - 14 Referred to Behavioral Health:
      - 9 active CARE participants (6 petitions from BH, 2 DHS, 1 Family):
        - 6 have CARE Agreements
        - 3 are in the initiation period
      - 5 Dismissed (3 petitions from Family, 2 DHS):
        - 2 became elective clients who are on the MOST team



#### IV. Children's Behavioral Health Highlight

At the Quarterly Health Services Agency (HSA) All Managers and Supervisors Meeting on Wednesday, Sept. 10th the Children's Behavioral Health (CBH) team were recognized for developing the "Key Message Statement" with the greatest impact and clarity. Specifically, HSA Managers and Supervisors, by decisive margins, selected the CBH statement above any other HSA program/unit statement. Our "winning" statement: "Children's Behavioral Health (CBH) is an essential access point for behavioral health services (mental health and substance use treatment) in Santa Cruz County, ensuring youth and families are connected to an appropriate level of care. 100% of youth/caregivers who call us asking for help get support to connect to the services they need. 98% of youth who qualify for our services receive an appointment within 10 days." We will continue to refine our key messages to build community understanding and trust.

#### V. Substance Use Disorder Services Highlight

DMC-ODS network is expanding. The Camp in Scott's Valley was recently Drug Medi-Cal certified for 71 adult residential beds as well as outpatient service provision. We're currently in the contracting process and plan to have these services available in November of this year. This expansion will allow our DMC-ODS network to have on demand treatment available for every level of care for the first time in Santa Cruz County's history of Drug Medi-Cal. We currently have on demand treatment available for youth at all levels of care.

# DATA NOTEBOOK 2025

## FOR CALIFORNIA

### BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:  
California Association of Local Behavioral Health Boards/Commissions



The California Behavioral Health Planning Council (Council) is under federal and state mandate to review, evaluate and advocate for an accessible and effective behavioral health system. This system includes both mental health and substance use treatment services designed for individuals across the lifespan. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:

[DataNotebook@CBHPC.dhcs.ca.gov](mailto:DataNotebook@CBHPC.dhcs.ca.gov)  
(916) 701-8211

Or you may contact us by postal mail at:

Data Notebook  
California Behavioral Health Planning Council  
1501 Capitol Avenue, MS 2706  
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at [Justin.Boese@cbhpc.dhcs.ca.gov](mailto:Justin.Boese@cbhpc.dhcs.ca.gov)

## NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2025 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

### **DO NOT RETURN THIS DOCUMENT.**

*Please use it for preparation purposes only.*

To complete your 2025 Data Notebook, please use the following link and fill out the survey online by **November 1, 2025**:

**<https://www.surveymonkey.com/r/data-notebook2025>**

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# **CBHPC 2025 Data Notebook: Introduction**

## **What is the Data Notebook? Purpose and Goals**

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions (local boards) are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates<sup>1</sup> to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain the opinions and thoughts of local board members on specific topics;
- To identify successes, unmet needs and make recommendations.

## **How the Data Notebook Project Helps You**

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local boards to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

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<sup>1</sup> W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

In addition, the Planning Council will provide our annual ‘Overview Report,’ which is a compilation of information from all of the local boards who completed their Data Notebooks. These reports feature prominently on the website<sup>2</sup> of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>3</sup>.

## **CBHPC 2025 Data Notebook: Wellness and Recovery Centers in California’s Public Behavioral Health System**

Wellness and Recovery Centers represent an essential model within California’s public behavioral health landscape. These community-based programs are designed to support individuals living with serious mental illness and/or substance use disorders by offering accessible, voluntary, and person-centered services. Drawing from principles of peer support, empowerment, and holistic wellness, Wellness and Recovery Centers provide a welcoming space where individuals can pursue recovery on their own terms and engage in services that promote stability, resilience, and social connection.

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wellness and Recovery Centers to better understand how they are implemented across the state, identify common strengths and needs, and highlight their role within a continuum of care. This focus is particularly timely given recent shifts in policy and funding under California’s Behavioral Health Services Act (BHSA) and broader Behavioral Health Transformation efforts. As counties adapt to new mandates and resource allocations, there is growing concern that Wellness and Recovery Centers may face reductions or loss of support, despite their alignment with goals of equity, prevention, and community-based care.

The California Behavioral Health Planning Council first examined the role and potential of Wellness and Recovery Centers in its 2011 report, *Wellness & Recovery Centers: An Evolution of Essential Community Resources*<sup>4</sup>. That report identified Wellness and Recovery Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the

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<sup>2</sup> See the annual Overview Reports on the Data Notebook posted at the [California Association of Local Behavioral Health Boards and Commissions website](#).

<sup>3</sup> SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see [www.SAMHSA.gov](http://www.SAMHSA.gov).

<sup>4</sup> [Wellness and Recovery Centers: An Evolution of Essential Community Resources](#). Published 2011 by the California Behavioral Health Planning Council.

importance of these centers in promoting recovery-oriented systems of care, particularly for individuals who may not engage readily with formal treatment environments.

More than a decade later, this year's *Data Notebook* serves as a follow-up to that foundational work, revisiting the concept of Wellness and Recovery Centers in light of changing policy landscapes, evolving community needs, and local program development. While the core values of these programs remain consistent, their structure, scope, and funding have evolved significantly. This survey seeks to increase understanding of how Wellness and Recovery Centers are functioning today.

### **Defining Wellness and Recovery Centers**

While the design and operation of Wellness and Recovery Centers vary widely across the state in name, scope, staffing, and funding, most share common elements. For the purposes of the 2025 Data Notebook Survey, we are using the following definition:

***Wellness and Recovery Centers** are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery.*



## 2025 Data Notebook Survey Questions

Please answer the following questions about your county using the Survey Monkey link provided with this Data Notebook:

1. What is the name of your county? *(Drop down menu)*
2. How many Wellness Centers are there in your county? *(Numerical response)*
3. Does your county also currently operate a Clubhouse Model program? *(Yes/No)*

For the following questions, please select **one** Wellness and Recovery Center that you feel is representative of the programs in your county. Answer the following questions in regard to the selected program. ***If the answer to a question is not known and is not easily obtainable, please feel free to skip it and answer the questions that you can.*** Our goal is to gather as much information as possible without requiring burdensome research; we aim to have a complete report available by the end of the year, so this information can be considered by the stakeholder process within each county.

### Section 1: Program Operations

4. Name of Center/Program *(Text Response)*
5. Address *(Text Response)*
6. Is the program operated by the county? *(Yes/No)*
7. Is the program a non-profit organization? *(Yes/No)*
8. Is the program part of another organization? *(Yes/No)*
9. Does the program receive any issues or stigma from the surrounding community, i.e. “NIMBYism”? *(Yes/No)*
10. Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information. *(Text Response)*

### Section 2: Management of the Program:

11. Does the program have a Board of Directors? *(Yes/No)*
12. Are the participants engaged in the management and design of the program? *(Yes/No)*
13. Will the program assist participants’ inclusion in community planning activities, such as the integrated plan for the behavioral health department? *(Yes/No)*

### **Section 3: Program Model**

14. **Is the program based on the recovery model?** *(Yes / No)*
15. **Is the program drop-in?** *(Yes/No)*
16. **Please indicate who is welcome at your center** *(check all that apply):*
  - a. Persons who identify mental health needs
  - b. Persons who identify substance use disorders needs
  - c. Persons who do not identify with either category
  - d. Other *(text box)*
17. **Does your program follow a specific model? If yes, what is the name of the model?** *(Yes with text response / No)*

### **Section 4: Program Finances**

18. **Which of the following funding sources are used for program operations?**  
*Please check all that apply.*
  - a. County
  - b. MediCal
  - c. BHSA
  - d. Grants
  - e. Other *(text response)*
19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?** *(Yes with text box response / No)*

### **Section 5: Program Staffing**

20. **Do the supervisors of the program have lived experience?** *(Yes/No)*
21. **Does the program utilize volunteers with lived experience from your membership?** *(Yes/No)*
22. **Does the program utilize other volunteers, such as family members of people with lived experience?** *(Yes/No)*
23. **Does the program employ certified peer support specialists?** *(Yes/No)*
24. **If you answered “Yes” to question 22, are the peer support specialists the program employs billing Medi-Cal for their services?** *(Yes/No/NA)*
25. **Please list other categories of people working in the program:** *(Text Response)*

### **Section 6: Activities and Supports**

26. Does the program have guidelines or a code of conduct that participants must agree to? (Yes/No)
27. Does the center offer support or activity focused groups? If yes, what are some of the topics? (Yes with text response / No)
28. Does the center have a set schedule of groups and activities? (Yes/No)
29. Is there a list of activities provided to participants by staff? (Yes/No)
30. Does the center offer activities in different languages? If yes, what languages? (Yes with text response / No)
31. What personal supports does the center offer to participants? Please check all that apply:
- a. Showers
  - b. Meals
  - c. Snacks
  - d. Laundry services
  - e. Clothing closet
  - f. Personal grooming
  - g. Personal products / toiletries
  - h. Other (text response)
32. Are transportation services or support provided to participants? (Yes/No)
33. Is there a licensed clinician at the center? (Yes/No)
34. Do you provide medication management support? If yes, please describe the services. (Yes with text response / No)

#### **Section 7: Participant Referrals**

35. Does the program accept drop-in participants? (Yes/No)
36. Does the program receive referrals from the county? (Yes/No)
37. Does the program receive referrals from other organizations? If yes, please list some of those organizations. (Yes with text response / No)

#### **Section 8: Other Information**

38. Does the program conduct satisfaction surveys for participants? (Yes/No)
39. If possible, please describe one brief success story from/about the program. (Large text box)

## Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

1. **What process was used to complete this Data Notebook?** *(Please select all that apply)*
  - a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
  - b. BH board completed the majority of the Data Notebook.
  - c. Data Notebook placed on agenda and discussed at board meeting.
  - d. BH board work group or temporary ad hoc committee worked on it.
  - e. BH board partnered with county staff or director.
  - f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
  - g. Other (please specify)
2. **Does your board have designated staff to support your activities?**
  - a. Yes (if yes, please provide their job classification)
  - b. No
3. **Please provide contact information for this staff member or board liaison.**
4. **Please provide contact information for your board's presiding officer**  
(chair, etc.)
5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**