

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.

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For questions regarding the SurveyMonkey online survey, please contact Justin Boese at 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 mandates¹ 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.

¹ 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 website² 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)³.

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*⁴. That report identified Wellness and Recover Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the

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

³ 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.

⁴ [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)*
 - a. **Sacramento County**
2. How many Wellness Centers are there in your county? *(Numerical response)*
 - a. 11
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)* **CORE X Street Community Wellness Center**
5. Address *(Text Response)* 1400 X Street, Sacramento, CA 95818
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) Sometimes*
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)* **Allison Williams, Health Program Manager, WilliamsAl@saccounty.gov**

Section 2: Management of the Program:

11. Does the program have a Board of Directors? *(Yes/No) The Agency running the program does.*

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): It's open to the community, ages 18 and older.
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) Hope Cooperative

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) *Only Peers are employed at the Community Wellness Centers. Supervisors over the Community Wellness Centers also identify as individuals with lived experience.*

Section 6: Activities and Supports

26. Does the program have guidelines or a code of conduct that participants must agree to? (Yes/No)

Does the center offer support or activity focused groups? If yes, what are some of the topics? (Yes with text response / No) The Community Wellness Center (CWC) offers peer-led, recovery-focused services that support individuals in rebuilding their lives, strengthening independence, and achieving self-identified goals. Services include a wide range of peer-facilitated groups that promote healing, skill-building, and community connection—such as Life After Incarceration, Mental Health Court support, biking and wellness activities, work readiness, creative writing, recreation and leisure, and gender-responsive men’s and women’s groups. Participants also receive peer support with navigating DMV and DHCS benefits, connecting to ongoing mental health care, and accessing computers for employment and housing searches—along with other individualized supports that foster hope, stability, and long-term recovery.

27.

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) *Not at this time.*

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). Peer supports and recovery planning and connection to other services like Harm Reduction and Animal Clinics.

32. Are transportation services or support provided to participants? (Yes/No)

33. Is there a licensed clinician at the center? (Yes/No) When a mental health assessment for services is requested.

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)
Referrals are given to clients to drop in from court and justice partners, mental health programs, community providers serving the homeless, 211, shelters, community members, etc.

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)

An adult male self-referred with complaints of disorganization, delusions, depressed mood, racing thoughts, and difficulty with task completions. He has a long history of inpatient hospitalizations and was ambivalent about MH services. Staff engaged the member and his family. The member quickly became a daily participant in activities at the wellness center. He soon decided that he would like to work with an employment specialist and housing specialist at CORE as well.

Since enrolling with CORE and the CWC, this member has improved relationships with both of his parents, began working two part time jobs in the community, and obtained his own apartment in the last month. This member needed a lot of support early on to reduce symptoms and decrease hospitalizations. With consistent services and support, he was able to build the skills necessary to improve his life and overall wellness in multiple life domains. This member is now employed at CWC as a Wellness Coach.

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) *County staff completed the survey and then it was put on the commission meeting agenda and discussed at the general commission meeting.*
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.**

JaQuay Butler, Behavioral Health Commission Staff Liaison
ButlerJa@Sacounty.gov
(916) 639-2746
4. **Please provide contact information for your board's presiding officer (chair, etc.)**

Sarah Weber, Behavioral Health Commission Chair
smw290@georgetown.edu
5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**