# Wellness and Recovery Centers in California's Public Behavioral Health System: Overview Report on the 2025 Data Notebook Project

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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The California Behavioral Health Planning Council (CBHPC) is under federal and state mandate to advocate on behalf of the population of California, including both children and adults, with mental health and/or substance use disorders. The Council is also statutorily required to advise the California Legislature on behavioral health issues, policies, and priorities pertinent to both mental health and substance use disorders 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.

## Acknowledgements:

We thank the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) for their support. We deeply appreciate all 51 Behavioral Health Advisory Boards/Commissions and their Departments of Behavioral Health that contributed information for the 2025 Data Notebook. Please see the list of counties in Appendix 1, which also contains the names of the Wellness Centers that were selected by each county or agency for inclusion in this report.

We would like to express appreciation to those who shared their personal stories about how wellness centers and the peer support recovery model helped them seek and achieve much improved behavioral health and successful life outcomes as they overcame mental health and/or substance abuse disorders, often in the context of multiple setbacks and repeated and complex life trauma. These stories have been de-identified and edited to protect privacy and meet federal and state Health Insurance Portability and Accountability Act (HIPAA) standards. These stories and experiences are found in Appendix 2, at the end of this report.

We also greatly benefited from our collaboration with Chad Costello and the California Association of Social Rehabilitation Agencies (CASRA), who recently prepared a review of Wellness and Recovery Center services and operations in the 32 Wellness Centers operated by CASRA member agencies. Their excellent report added further depth and perspective to this important issue. That report is attached in Appendix 3.

We further acknowledge the prior work and 2011 report on Wellness Centers prepared by our predecessors on what was then called the California Mental Health Planning Council (CMHPC). That report was also referenced by Chad Costello and his associates and is included in Appendix 4.

# Table of Contents

# Executive Summary: Wellness and Recovery Centers in California's Public Behavioral Health System

Each year, the Performance Outcomes Committee (POC) produces a data notebook that focuses on a specific aspect of the public behavioral health system operated by the county managed care plans for specialty behavioral health. State law requires local behavioral health advisory boards to report their plan outcomes to the California Behavioral Health Planning Council (CPHPC), which reviews the data and prepares a report for stakeholders. This year, wellness centers were selected to be the focus topic.

The CBHPC asks specific questions via SurveyMonkey and gathers valuable data from county responses. The CBHPC completes an overview report that summarizes findings from all the responses in the submitted Data Notebooks. The analysis draws conclusions and recommendations for system-wide improvement.

To enhance the Data Notebook study in 2025, the POC partnered with the California Association of Social Rehabilitation Agencies (CASRA). CASRA is a statewide organization of 32 Wellness Centers operated by private, not-for-profit, public benefit corporations that serve clients of the California public behavioral health system. CASRA's Wellness & Recovery Centers report mirrors the CBHPC report. We found that over 165 Wellness Centers exist and offer essential services to consumers across California.

In 2011, the CBHPC produced a report on the Wellness Centers, referring to them as the "evolution of community essential resources" and an example of a promising new practice. The 2011 report is contained in Appendix 4 of this document. It is descriptive of the way the Wellness Center acts as a recovery-based hub of constructive activity for those persons who struggle with symptoms of mental illness or substance use. When staff with lived experience accept every participant with an open and non-judgmental attitude, it helps support the individual on their journey. The Wellness Centers receive referrals from the community and from the self-referrals of individuals who drop in to the Center to seek help. Most importantly, the Centers make referrals to connect people to treatment, housing, or other community resources that include social services, medication-assisted treatment, food, shelter, and or immediate physical healthcare.

This Overview Report is a summary of the Data Notebook survey conducted in September, October, and November of 2025. Wellness Centers tend to be unique to the local needs of 58 counties because the state reflects amazing diversity in terms of population density, ethnic makeup, and geographic landscape. The CBHPC received 51 county responses covering 165 established Wellness Centers. Approximately 45% of the facilities were reported to be county-operated, while the remainder were run by nonprofit organizations. When asked about issues of acceptance within the immediate neighborhood, 64% stated there were no issues to report that could not be readily

solved. Approximately 46% of the facilities reported having a board of directors, typically composed of participants, and 87% reported that participants are involved in the management of the program. Survey responses indicated that 91% of referrals to wellness centers were made by the county, and that referrals are also accepted from various other organizations, including homeless shelters, emergency departments, law enforcement agencies, social services, faith-based organizations, and probation offices. About 96% of the facilities are based on the recovery model with some variations, and nearly all are drop-in facilities. Most participants are individuals who are struggling with symptoms of mental illness or substance use. Funding is primarily (nearly 65%) from the Behavioral Health Services Act, and the remaining 35% is from Medicaid or other smaller sources of revenue, such as grants. The CASRA report, found in Appendix 3, contains a detailed explanation of the funding resources and their importance to sustained operations.

Other aspects of the centers include that 81% report their supervisors have lived experience, and that 77% of the Wellness Centers also utilize volunteers with lived experience. About 77% of the Wellness Centers employ certified peer specialists, and half of those Centers (35% of respondents) reported being able to bill Medi-Cal for services provided by the peer specialists. Other helpful disciplines are occasionally available in the centers: 36% have access to licensed clinicians. Almost all centers report that there are guidelines accepted by participants, including focus groups and activities available on a regular basis. Approximately 70% of these activities are offered in English, while some are also available in languages other than English. Approximately 96% of respondents reported that their participants are engaged in community stakeholder processes. Wellness Centers offer a range of support services, including snacks, meals, clothing closets, and personal grooming assistance. About 85% report transportation is available for key activities. One third of the Wellness Centers report that medication management resources are offered. Almost all programs ask participants to complete satisfaction surveys.

Finally, recommendations for the future are located at the end of this project report. These recommendations were generated through cooperative discussions between CBHPC and CASRA. The primary recommendation derived from all the information and success stories collected over the past five months substantiates the immense value that Wellness Centers provide to the behavioral health community. Wellness Centers use a non-medical approach, serving as social safety nets that provide support, connection, and community. The Wellness Center may also serve as a resource to assist with Medi-Cal eligibility applications, enabling individuals to initiate or continue accessing essential services, especially when Medicaid recertification becomes necessary in the coming months.

Our final recommendation from both CBHPC and CASRA is to do whatever it takes to keep these centers open and serving the community.

# Wellness and Recovery Centers in California's Public Behavioral Health System:
# Overview Report on the 2025 Data Notebook Project

## Introduction

The topic selected for the 2025 Data Notebook is: *"Wellness and Recovery Centers in California's Public Behavioral Health System".* The Data Notebook project is a mechanism created by the California Behavioral Health Planning Council to facilitate reporting requirements for Local Behavioral Health Boards outlined in the Welfare and Institutions Code § 5604.2 (a)(7), which states: "*Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council".*

Survey questions were developed by the Performance Outcomes Committee of the Planning Council and were released on August 15, 2025, using SurveyMonkey. We requested that local Behavioral Health Boards and Commissions, in partnership with their County Departments of Behavioral Health, submit their responses by November 14, 2025. This was a shorter-than-usual timeline for the Data Notebook project, but the purpose was to ensure that the Council could complete the 2025 Data Notebook Overview Report in time to inform county community planning processes and their Behavioral Health Services Act Three-year Integrated Plans.

This Overview Report presents the data and analysis of the aggregated responses for the 2025 Data Notebook that were submitted using SurveyMonkey. The survey questions address Wellness and Recovery Centers in California Counties. This year, we received 51 reports from 50 counties and 1 non-county agency, Tri-City Behavioral Health Board. Note that the Behavioral Health Department of Sutter and Yuba County is treated as a single county.

We have prepared this project and our data in partial collaboration with Chad Costello and his group at the California Association of Social Rehabilitation Agencies, who have recently prepared a review of Wellness Center services and operations in their 30 Wellness centers. The report they have shared is a model of clarity and simplicity of presentation.

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. At the present time mental health and substance use disorder programs remain somewhat separate, but integration of both systems over

time is part of the overall goal of the BHSA Integrated Plan.

Local behavioral health boards and commissions (local boards) are required to review performance outcomes data for their counties and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and facilitate easier reporting, a Data Notebook is created each year 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 policymakers and the public.

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

- To help local boards meet their legal mandates[1] 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.

In addition, the Planning Council will provide our annual Overview Report, which is a compilation of information from all the local boards that completed their Data Notebooks. The reports are prominently displayed on the website[2] 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]

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[1] W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

[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.

## 2025 Data Notebook Topic: 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 their implementation 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, community-based care, and their proven record of successful outcomes.

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 Recovery Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the 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 within 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 aims to enhance understanding of how Wellness and Recovery Centers are currently functioning.

[4] Wellness and Recovery Centers: An Evolution of Essential Community Resources. Published 2011 by the California Behavioral Health Planning Council. For convenience of reader access, a copy of that report is also attached in Appendix 3.

## Method: Our Novel Approach for the 2025 Data Notebook Partnered with the California Association of Rehabilitation Agencies

In previous years, the Data Notebook has been generated by the Performance Outcomes Committee and Council Staff in collaboration with local Behavioral Health Boards and Commissions. This year, to provide more depth and achieve a clearer understanding of the function of Wellness Centers throughout the State, the Council has chosen to work closely with the California Association of Social Rehabilitation Agencies (CASRA), a non-profit group serving agencies that provide Behavioral Health interventions for adults in California. Data was gathered by CASRA from 32 Wellness Centers through 16 video-based, telephone, and in-person interviews with 24 staff members from 13 organizations conducted over a 16-week period. Special thanks to Chad Castillo, Executive Director of the California Association of Social Rehabilitation Agencies, for their contributions.

The reader may note that many of the findings in their report mirror those of the 2025 Data Notebook, which was also recently compiled using SurveyMonkey to collect information. While some wellness centers in the State replied to surveys from both the California Association of Social Rehabilitation Agencies and the Council, note that all percentages reported in the outcomes are exclusively the results collected by each organization using somewhat different survey methods. There is no cross-over or blending of data between the two surveys. The intent of this dual effort is to impress upon the reader the critical nature and the importance of the Wellness Centers as they now operate in various locations. The recommendations in this 2025 Data Notebook are based on data collected in both reports. Combining our separate results gives greater impact to our joint recommendations, which agree on the significance of the greatly improved clinical and life outcomes for those who participate in the services and programs of their Wellness Centers.

### 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.

Although the principal focus of this report is on Wellness and Recovery Centers, a few counties operate a Clubhouse Model, which is a different type of organization but often shares some similarities and serves overlapping functions, as the work is organized and directed by clients/consumers who are often volunteers. There is a clinical research literature that attests to the value of the Clubhouse model in recovery and beneficial mental health outcomes since its inception more than 60 years ago. The name is less formal and may seem more user-friendly or approachable than the model of Wellness and Recovery Centers, which are currently much more prevalent in California. Both are seen as low-barrier ways to engage individuals who may need mental health or behavioral health services. It is worth noting that California's second most populous county, San Diego, does not have any Wellness Centers, but only operates the Clubhouse model.

## Results from Responses Collected in the 2025 Data Notebook Survey

### What is our Data Set?

1. **Requested Statement of County/Agency Name:**

   Our data set is comprised of responses from 50 Counties and 1 non-county agency (Tri-City Behavioral Health Board). *(See the list of responding counties and one agency in Appendix 1, along with examples of Wellness Center programs that were selected by each county or agency for inclusion in this report).*

   Note: Sutter-Yuba is treated as a single county due to its combined behavioral health services department. The Tri-City Behavioral Health Board advises on services for the Tri-City area, which is primarily comprised of Claremont, Laverne, and Pomona, which lies within eastern Los Angeles County.

2. **We asked: How many Wellness Centers are there in your county?**

   Total reported: 165 Wellness Centers in the responding counties and one agency.

   Note: Two responding counties reported zero Wellness Centers.

3. **We asked: Does your county also currently operate a Clubhouse Model program?**

   **Yes:** 7 responses (14% of total). **No:** 43 responses (86% of total).

For the following questions, survey respondents were asked to select **one** Wellness and Recovery Center that was deemed representative of the programs in that county. This series of questions was asked about the operation, programs, and resources of that Wellness Center. Participants were instructed to skip any given question if the answers were not known or were not easily obtainable. Many questions were skipped by 2 to 5 respondents due either to a lack of any Wellness Centers or a lack of the requested information. Our goal was to gather as much information as possible without requiring burdensome research. The summarized information would then be available for consideration by the stakeholder process within each county.

### Section 1: Program Operations

4. **Please provide the name of the Center/Program reviewed (select only one representative program per county or agency).**

   These responses are organized by county/agency and comprise our basic data set. This information is summarized in Appendix 1, along with the program address (Question #5) and contact person (Question #10), organized by county or agency.

5. **Program Address:** see Question 4 and Appendix 1.

6. **Is the program operated by the county?**

   **Yes:** 21 responses (45% of total). **No:** 26 responses (55% of total).

7. **Is the program a non-profit organization?**

   **Yes:** 30 responses (64% of total). **No:** 17 responses (36% of total).

8. **Is the program part of another organization?**

   **Yes:** 19 responses (41% of total). **No:** 27 responses (59% of total).

9. **Does the program receive any issues or stigma from the surrounding community, for example, the attitude of "Not in my back yard," sometimes referred to as NIMBYism?**

   **Yes:** 16 responses (34% of total). **No:** 31 responses (66% of total).

10. **Who can be contacted for more information about the program? Provide their name, title, and contact information.** See question 4 and Appendix 1.

**Section 2: Management of the Program**

11. **Does the program have a Board of Directors?**

    **Yes:** 21 responses (46% of total). **No:** 25 responses (54% of total).

12. **Are the participants engaged in the management and design of the program?**

    **Yes:** 40 responses (87% of total). **No:** 6 responses (13% of total).

13. **Will the program assist participants' inclusion in community planning activities, such as the integrated plan for the behavioral health department?**

    **Yes:** 44 responses (96% of total). **No:** 2 responses (4% of total).

**Section 3: Program Model**

14. **Is the program based on the Recovery Model?**

    **Yes:** 43 responses (96% of total). **No:** 2 responses (4% of total).

15. **Is the program drop-in?**

    **Yes:** 41 responses (87% of total). **No:** 6 responses (13% of total).

16. **Please indicate who is welcome at your center:**

    - Persons who identify mental health needs: 46 responses (98% of total).
    - Persons who identify substance use disorder needs: 45 responses (96% of

total).

- Persons who do not identify with either category: 30 responses (64% of total).
- Other categories: 25 responses (53% of total). For 'other' categories, 25 respondents specified some of those in a text box. Duplicates have been removed from this list.

Responses for **other categories** include:

- Adults 18 and older who are residents of that county.
- Members of the LGBTQ community.
- People exiting institutional settings, whether behavioral health-related or justice-involved.
- Persons with physical disabilities and/or co-occurring physical health conditions.
- Developmentally disabled individuals.
- Family members of persons with mental health and/or SUD issues, and who may be seeking support, information, and/or linkage to resources for their loved ones.
- Persons with no formal diagnosis but who present symptoms and are interested in attending the Center after visiting for two hours.
- Students who need extra support regarding mental health and/or SUD issues.
- People seeking employment or employment-related services/information.

17. **Does your program follow a specific model? If yes, what is the name of the model?**

**Yes:** 26 responses (58% of total). **No:** 19 responses (42% of total).

Note that question #14 had previously asked if the Center's program is based on the Recovery model, and 96% of the responses answered 'Yes.' At least 17 responses to the current question stated some variation on the themes of recovery model, peer-run recovery model, peer-based engagement model, and Wellness Recovery Action Plan (WRAP), which describes a client's plan to create or implement their own mental health recovery. Below, we provide some more details and explanations, including some for an alternate model, the Clubhouse model (used in at least 7 counties):

- The program is founded on the Recovery Model and utilizes Individual Placements and Supports (IPS), Supported Employment, Illness Management and Recovery (IMR), and Integrated Dual-Disorder Treatment (IDDT).
- Psychosocial Rehabilitation Model
- Medical Model.
- Our actual answer to this question is "No", because it is not one specific

model followed, but contains elements of strength-based curriculum and core principle recovery models, such as harm reduction.

- Substance Abuse and Mental Health Services Administration (SAMHSA) Eight Dimensions of Wellness, which are also Behavioral Health Services Act (BHSA) essential elements, as well as a peer-led, recovery-oriented model that emphasizes empowerment and community connection. The Center also provides low-barrier access to services.
- Self-Help and Recovery Exchange (SHARE!) uses several evidence-based methods from self-help support groups in addition to Peer Services, the Helper-Therapy Principle, Recovery Planning, and the four pillars of recovery described as health, home, purpose, and community at the Substance Abuse and Mental Health Services Administration (SAMHSA). At SHARE!, community is both the method and the goal.
- The name of the model is called “Doing whatever it takes.” The Wellness Center provides a strength-based, person-centered approach to connection of clients with comprehensive wraparound care.
- Evidence-based and recovery-oriented outpatient treatment with varying levels of intensity in the form of individual, group and/or family sessions, as well as a broad array of supportive services.
- Primarily WRAP (see above), and a Peer-to-Peer model; thus, all groups and activities are led by Peer Support Specialists with lived experience. We utilize reflective listening and motivational interviewing, meanwhile taking a client-centered approach.
- Adapted from the Clubhouse Model.
- County of San Diego does not currently have Wellness and Recovery Centers. The County of San Diego uses the Clubhouse International Standards model. Clubhouses are meeting places for adults with behavioral health conditions that provide safe settings for members to participate in and find structured support among peers who share similar lived experiences. With assistance from program staff, members work together in the daily operations of the Clubhouse, utilizing this model, and can receive help with a wide array of supports while building confidence in the community through participation in social and recreation activities. While each Clubhouse is unique, activities may include mentorship and peer support, job skills and development, social and recreational activities, music and art expression, education assistance, and navigation of services for employment and housing. Six other counties also responded to this question with the Clubhouse Model, which does not rule out the possibility that some counties may have both the Clubhouse model and Wellness Recovery Center(s).

## Section 4: Program Finances

18. **Which of the following funding sources are used for program operations? Please select all that apply:**

- **Behavioral Health Services Act[5]:** 30 responses (65 % of total respondents).
- **County:** 19 responses (41% of total).
- **Medi-Cal:** 16 responses (35% of total).
- **Grants:** 12 responses (26% of total).
- **Other:** 22 responses (48% of total). These include:
  - 13 responses stated Mental Health Services Act (MHSA) funds.
  - Grants: Substance Abuse and Mental Health Services Administration (SAMHSA) Community Development Block Grants (CDBG).
  - Homeless Housing, Assistance and Prevention (HHAP) Grants, Emergency Solutions Grants (ESG) Type CV2.
  - Cal VOICES: peer support: Provide peer-run counseling, warmline support (English, Spanish, etc.).
  - (Northern Valley Catholic Social Services (NVCSS).
  - Mental Health Services Act Community Services and Supports (CSS) General Systems Development (GSD); (MHSA CSS/GSD) funds (2 respondents).
  - Behavioral Health Bridge Housing (BHBH).
  - The Wellness Center will begin billing Medi-Cal for Peer Support Specialist Services in December of 2025.
  - Applicable grants which may be applied for, but currently (10/30/2025) there are none.

19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?**

**Yes:** 18 responses (39% of total). **No:** 28 responses (61% of total).

Some examples of these organizations include, but are not limited to:

- Northern Valley Catholic Social Services (NVCSS).
- Volunteer Center of Santa Cruz County.
- Kings View.
- Clarvida.
- CalVoices, which is an affiliate of NorCal Mental Health America (MHA).
- Emotional Health Association/SHARE! is a legal entity contractor with Los Angeles County.
- Interim, Inc.
- Advocates for Mentally Ill Housing (AMI Housing).

[5] BHSA = Behavioral Health Services Act, Proposition 1

- Kingsview Behavioral Health, which is contracted with the County (also identified by 3 more counties).
- Transitions Mental Health Association.
- Bay Area Community Services, Inc. (BACS).
- Mental Health Association in Santa Barbara County, doing business as (DBA) Mental Wellness Center.

**Section 5: Program Staffing**

20. **Do the supervisors of the program have lived experience?**

    **Yes:** 38 responses (81% of total.). **No:** 9 responses (20% of total).

21. **Does the program utilize volunteers with lived experience from your membership?**

    **Yes:** 36 responses (77% of total). **No:** 11 responses (23% of total).

22. **Does the program utilize other volunteers, such as family members of people with lived experience?**

    **Yes:** 31 responses (67% of total). **No:**15 responses (33% of total).

23. **Does the program employ certified peer support specialists?**

    **Yes:** 36 responses (77% of total). **No:** 11 responses (23% of total).

24. **If you answered "Yes" to the preceding question, are the peer support specialists employed by the program billing Medi-Cal for their services?**

    **Yes:** 15 responses (33% of total). **No:** 23 responses (50% of total).

    **Not Applicable:** 8 responses (17% of total).

25. **Please list other categories of people working in the program:**
    - Peer Support Specialist/Staff (certified and non-certified)
    - Mental Health Specialist
    - Community Members and Family Members
    - Employment Specialist
    - Licensed Clinical Social Workers and Licensed Public Health Associate
    - Social Workers/Housing Navigators
    - Alcohol and Drug Counselors/Substance Use Disorders Counselors
    - Program Specialists
    - Program Coordinator
    - Staff Analysts
    - Senior Office Assistants
    - Administrative Assistants
    - Peer Aides
    - Clubhouse Generalist

- Supplemental Security Income (SSI) Advocate
- Job Developer
- Behavioral Health Case Managers and Other Case Managers
- Clinicians
- Rehabilitation Specialists/Counselors
- Health Education Specialist/Counselor
- Marriage Family Therapist (MFT) Trainees (Student Interns)
- Community Outreach Specialist
- Office Specialist Gender-Affirming Care Clinic
- Management Analyst
- Office Manager
- Program Manager
- Associate Marriage and Family Therapists and Licensed Marriage Family Therapist LMFT
- Licensed Clinical Supervisor
- Health Services Representative
- Program Director, Operations Manager, Office Manager, Data Analysts
- Employment (EMP) and Education (ED) Specialists
- BHSA Program Manager
- Behavioral Health Services (BHSA) Staff Service Analysts and Program Manager
- Mental Health Services Act Coordinator
- Peer Support Specialist, Housing
- Senior Behavioral Health Workers
- Clinicians: Nurses, Doctor, Substance Use Disorder (SUD) Counselors
- Clinical Program Manager
- Group Facilitator (and/or Co-Facilitator)
- Cooks, Driver, and Janitorial Staff
- College Interns, Community Volunteers, Students wanting to do community service or who want to learn about the behavioral health area.
- Volunteers and Volunteer Artists
- Volunteer and Activities Coordinator
- Therapist qualified to provide tele-health/tele-psych services on-site
- Mental Health Worker Supervisor

## Section 6: Activities and Supports

26. **Does the program have guidelines or a code of conduct that participants must agree to?**

    **Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

27. **Does the center offer support or activity focused groups?**

    **Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

    **If yes, what are some of the topics?** (Text box responses).

Note that 46 respondents each listed multiple topics or items, and the final total exceeds 300 entries with an incredible diversity of topics. The following are just a few examples.

Activities may include therapeutic groups and behavioral health education classes that may help the client with skills to improve emotional regulation, coping, and social communication.

Other examples include health-oriented physical activities, such as yoga, meditation/mindfulness, walking groups, gardening groups, and classes focused on health education.

Mental health, mood, and personal growth may benefit from the artistic and creative experiences and skills offered through music activities, art classes such as drawing, painting, pottery, quilt-making, writing, and journaling, as well as learning a language (for example, a few counties offer classes for learning Spanish).

Other skills classes include cooking, nutrition, or other health education.

28. **Does the center have a set schedule of groups and activities?**

    **Yes:** 46 responses (98% of total). **No:** 1 response (2% of total).

29. **Is there a list of activities provided to participants by staff?**

    **Yes:** 46 responses (98% of total). **No:** 1 responses (2% of total).

30. **Does the center offer activities in different languages?**

    **Yes:** 32 responses (70 % of total). **No:** 14 responses (30% of total).

    **If yes, what languages?** (with text box response)

    - Spanish (for at least 28 responding counties).
    - Vietnamese (2 responses)
    - Hmong
    - Language hotline is available to staff for all threshold languages (English, Spanish, Arabic, Korean, Chinese (Cantonese and Mandarin), Farsi, Vietnamese, and Tagalog).
    - Depending on staffing available, there are bilingual English/Spanish speakers in most counties. There may be bilingual staff available who can lead or facilitate wellness groups for those who are more comfortable in Spanish.

31. **What personal supports does the center offer to participants?**

    - Snacks: 44 responses (98% of total)
    - Personal products/ toiletries: 35 responses (78% of total)
    - Meals: 29 responses (64% of total)

- Clothing closet: 27 responses (60% of total)
- Personal grooming: 19 responses (42% of total)
- Laundry services: 11 responses (24% of total)
- Showers:10 responses (22% of total)
- Other: some common examples are below: 31 responses (69% of total).
    - Mentoring, case management, navigation of physical healthcare system for appointments, and insurance (Medi-Cal, Medicare, veterans' benefits).
    - Food distribution and pantry, coffee.
    - Cooling supplies (cooling towels, hydration packets, sunscreen, water) and bug spray.
    - Warming supplies (hand warmers, gloves, beanies, ponchos, coats, tarps.
    - Bike repair supplies.
    - Hand-held computers, phone charging, wi-fi access, mailing address, preparing for employment and schoolwork.
    - Therapy groups and classes that help with recovery and skills building.
    - Sometimes gift cards, on an individual basis.
    - Smile Keepers' dentistry.
    - Connection to resources for food: Supplemental Nutrition Assistance Program (SNAP) benefits, housing, or shelter.

32. **Are transportation services or support provided to participants?**

    **Yes:** 40 responses (85% of total). **No:** 7 responses (15% of total).

33. **Is there a licensed clinician at the center?**

    **Yes:** 17 responses (36% of total). **No:** 30 responses (64% of total).

34. **Do you provide medication management support?**

    **Yes:** 14 responses (30% of total). **No:** 32 responses (70% of total).

    **If yes, please describe the services:**

    Most Wellness Centers are not designed to dispense medication to clients during their day or visit to the center. However, there may be classes about common medications, their intended benefits, and specific side effects to be aware of or watch for. Some medications do not reach a therapeutic effect until 2 to 6 weeks after one starts to take the medication. Understanding one's medication involves learning to self-advocate by initiating questions with the pharmacist or prescriber. The prescriber would assess and evaluate whether to change the dose, decrease/increase the frequency, or prescribe a different medication for the client.

    Wellness center staff may be able to help the client with navigating the system to schedule an appointment with a Nurse Practitioner or a Medical Doctor. knowledgeable and experienced with psychiatric drugs. Additionally, some

wellness centers may be able to assist with medication management directly if there is a qualified professional on staff (a registered nurse, physician, nurse practitioner, or licensed clinical psychologist) and if appropriate medical orders have been written in advance by a qualified clinician. In this situation, the client could hand their medication (or a pharmacy delivers it) to a staff person at the center or to a nearby outpatient Behavioral Health clinic.

## Section 7: Participant Referrals

35. **Does the program accept drop-in participants?** *(Note, this question is nearly identical to question 15, for which 85% of responses said their programs were 'drop-in.')*

    **Yes:** 40 responses (85% of total). **No:** 7 responses (15% of total).

36. **Does the program receive referrals from the county?**

    **Yes:** 43 responses (91% of total). **No:** 4 responses (9% of total).

37. **Does the program receive referrals from other organizations?**

    **Yes:** 33 responses (70% of total). **No:** 14 responses (30% of total).

    **If yes, please list some of those organizations:**

    Although 33 respondents are noted above, each of these submitted multiple entries for known sources of referrals to local wellness centers, so that a complete list would comprise at least two hundred or more names of organizations or other entities.

    Commonly cited are homeless shelters, emergency rooms, law enforcement, primary care providers, faith-based organizations, social services agencies or departments, therapists, probation departments, National Association on Mental Illness (NAMI), mental health care providers, substance use treatment programs/providers, and many others. The overall impression is that local Wellness Centers have developed a strongly positive reputation in their respective communities and have demonstrated their value to clients, their families, and providers.

38. **Does the program conduct satisfaction surveys for participants?**

    Yes: 44 responses (94% of total). **No:** 3 responses (6% of total).

    This question reflects the importance of seeking input from client and family and represents one way in which client voice is incorporated into the continued operation and shaping of the local programs in each community. The other questions acknowledging client and family input are question #11 (Board of Directors), question #12 (participants and members help plan the programs and

activities), and question #13 (will your program help gather or facilitate input from members and clients to the county Behavioral Health and community planning process).

39. **If possible, please describe one brief success story from or about the program.**

    We received over 40 responses to this question. Multiple responses summarized that:

    - Many participants who were also Behavioral Health clients had greatly improved clinical outcomes.
    - Some members were able to prepare for and gain employment in the larger community.
    - Some participants were able to volunteer at the Wellness Center in some support function (gardening, janitor, mental health aide, cook, or other), which resulted in emotional growth and often led to paid employment, either at the Center, the clinic, or in the larger community.
    - A substantial number of individuals became motivated to acquire the education and training needed to become a peer support specialist, and they subsequently gained employment in that specific role.
    - A few became effective public advocates for Behavioral Health, or took on the role of Peer Specialists, or perhaps became a member of the local Behavioral Health Board/Commission, or took on a leadership role in another advisory board in the community.

    The most common overarching theme is the role that trauma played in most individuals' Behavioral Health challenges. The setbacks that repeated trauma introduced into their recovery processes were often disheartening, whether their challenges lay primarily in mental health or in substance use, or especially when there were co-occurring disorders. The role of repeated trauma, complex trauma, and the loss of significant individuals in a client's life cannot be underestimated.

    The other major theme that emerged was the highly beneficial role of peer support specialists and peers in general, with whom one may interact in the nonjudgmental environment of the Wellness Centers (and the Clubhouse model programs).

    We have prepared a de-identified and redacted summary of these stories, which appears in **Appendix 2.**

## Conclusions and Recommendations

1. The California Behavioral Health Planning Council (CBHPC) encourages the Behavioral Health Advisory Boards to include Wellness Centers as part of the county's Integrated Plan, based on our findings from the information gathered by the 2025 Data Notebook. County behavioral health services have invested heavily in these centers for over 20 years, and the issues of access and eligibility have never been more critical. Useful information sources include: this comprehensive report on the 2025 Data Notebook, the 2011 CBHPC report on Wellness Centers, and the report produced by the California Association of Social Rehabilitation Agencies (CASRA) in 2025.

    - In 2011, the CBHPC produced a report on the success of the innovative intervention known as the Wellness Center. Although this report was written 15 years ago, it contains valuable insights into the history and progress of how this resource has evolved, and establishes a baseline for outreach, recovery, the use of peer specialists, and other features of a Wellness Center. Please consider reading this report, which is found in the appendix of this document
    - In November of 2025, CASRA produced a report that included input from 32 Wellness Centers across California that are under the umbrella of thirteen non-profits that are CASRA member agencies. This report features enthusiastic statements from both providers and users, as well as extensive data on how these centers operate and the philosophy behind their service. Please refer to their report, which is included in the appendix of this document. In addition to surveys, their methods included a significant number of personal interviews and video interviews, which bring an additional depth of perspective.

2. The CBHPC encourages Behavioral Health Advisory Boards to explore funding sources available in the Behavioral Health Services Act (BHSA) and other funding sources to ensure that Wellness Centers can continue to provide services to individuals with mental health and substance use disorders. Participants need peer support services, respite, and wellness programs to cover irreplaceable local programming and community-based practices, and counties have invested heavily in these programs for more than twenty years, using a variety of funding methods based on their budgets.

    - Wellness Centers serve as key access centers. Wellness Centers are community-based hubs offering diverse services (peer support, health education, community health worker navigation, linkage to care) for overall

well-being, often bridging gaps in the traditional system. The Wellness Centers are now at a critical point where it is essential to facilitate and preserve access and help people maintain their eligibility for these life-saving services.

- Clubhouses are a different model than Wellness Centers and provide non-clinical empowerment communities where members collaborate with staff to run daily operations. This model focuses on strengths, peer support, and reintegration, using a work-ordered day model for recovery.
- Clubhouse models are part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, and we do not know what costs are associated with that model, as it is not widely available in California yet. Wellness Centers that responded to this survey are on the ground, typically cost-effective in their counties, and embraced by individuals receiving their supports. We support preserving Wellness Center services during this crucial time in Behavioral Health Transformation.

3. The CBHPC encourages the Behavioral Health Advisory Boards to educate stakeholders who provide input to the Integrated Plan about the distinct differences between Wellness Centers and Clubhouse programs. Suggestions for both obtaining and sustaining financial resources include:

    - Consider flexibility within the BHSA for counties to move up to 7% of funding from any one category to another category. Supporting at-risk Wellness Centers may involve the reallocation of funds from the Housing Interventions category to the Behavioral Health Services and Supports category.
    - Consider flexibility within the BHSA for counties whose populations exceed 200,000 to develop a plan to significantly reduce the amount of their Prudent Reserve and to submit that plan to the state as part of their proposed Integrated Plans. Allocating funds from the Prudent Reserve to Wellness Centers could help prevent short-term cuts to these programs.
    - Consider flexibility within the BHSA to fund Wellness Centers. BHSA financial resources can be used to support Wellness Centers regardless of whether the Center or its parent organization can bill Medi-Cal.
    - Consider flexibility within the BHSA to provide services in both Wellness Centers and Clubhouses, even though they provide somewhat different services in a different setting with different finances, because both models lead to highly beneficial and successful outcomes in their participants.

## Appendix 1: The counties (plus Tri-Cities) that submitted 2025 Data Notebook Reports.

This summary[6] includes the name of the Wellness Center selected for inclusion in their 2025 Data Notebook Report (as well as its address, contact information, and number of wellness centers and/or clubhouses (if available).

- Alameda County (4 wellness centers, no clubhouses)
    - Bay Area Community Services (BACS)-HeadCo Wellness Center
    - 590 B Street
    - Hayward, CA 94541
    - Contacts:
    - Kate Jones, RN, MS, MSN; Director, Adult/Older Adult System of Care
    - Alameda County Behavioral Health Department, 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606, (510) 567-8116

- Alpine County (1 wellness center, no clubhouses)
    - Diamond Valley School Wellness Center
    - 35 Hawkside Drive, Markleeville, CA 96120
    - Megan Neuman, Director, Sierra Child and Family Services, megann@sierrachild.org

- Amador County (1 wellness center, no clubhouses)
    - Sierra Wind Wellness and Recovery Center
    - 10354 Argonaut Lane, Jackson, CA 95642
    - Trina Ozier, Program Manager, tozier@calvoices.org

- Butte County (4 wellness centers, no clubhouses)
    - Oroville Wellness and Recovery Center
    - 82 Table Mountain Boulevard, Oroville, CA 95965
    - Jessica Gilligan, Clinical Program Manager, (530) 854-0021

- Calaveras County (1 wellness center, no clubhouses)
    - Calaveras County Wellness Center
    - 373 W Street, San Andreas, CA 95249
    - Leanne Burns, Senior Dpt. Analyst, LBurns@calaverascounty.gov

- Colusa County (3 wellness centers, no clubhouses)

[6] This is the information requested in questions #4, #5, and #10 of the 2025 Data Notebook. Question #4: Name of the Wellness Center or program that you evaluated for this Survey. Question #5: Address.
Question #10: Contact Person and their Information.

- ‘Safe Haven’ Wellness and Recovery Center
- 124 E. Webster St., Colusa, CA 95932
- Jeannie Armstrong, Deputy Director of Clinical Services and Programs, (530) 458-0520

- Del Norte County
  - County of Del Norte Department of Health and Human Services Behavioral Health Branch – Service Center

- El Dorado County (3 wellness centers; and clubhouse(s): yes)
  - West Slope Wellness Center
  - 768 Pleasant Valley Rd., Diamond Springs, CA 95619
  - Christianne Kernes, LMFT, Deputy Director of Behavioral Health, (530) 573-7956

- Fresno County (2 wellness centers, no clubhouses)
  - BlueSky Wellness Center
  - 1617 E. Saginaw Way, Suite 108, Fresno, CA 93704
  - Tina Jenkins, M.S., SUDCC IV, Recovery Services Administrator, tjenkins@kingsview.org

- Glenn County (2 wellness centers, no clubhouses)
  - Harmony House Adult Drop-in and Wellness Center, 343 Yolo St., Orland, CA 95963
  - David Prest, (530) 865-6725
  - Transitional Age Youth Drop-in and Wellness Center, 619 3rd St., Orland, CA 95963
  - Max Bryant, (530) 865-1622

- Humboldt County (18 wellness centers; and clubhouse(s): yes)
  - Waterfront Recovery Center
  - 2413 2nd. St., Eureka, CA 95501
  - Stacy Smith, 707-269-9590 ext. 203

- Imperial County (2 wellness centers, no clubhouses)
  - El Centro Wellness Center
  - 2695 S. 4th Street, El Centro, CA 92243
  - Victor Torres, Behavioral Health Manager (442) 265-7885 or victortorres@co.imperial.ca.us

- Inyo County (2 wellness centers, no clubhouses)
  - Bishop Wellness Center

    - 586 Central Street Bishop, CA 93514
    - Melissa Best-Baker, Deputy Director, (760) 878-0232 or mbestbaker@inyocounty.us

- Kern County (3 wellness centers, no clubhouses)
    - Consumer Family Learning Center
    - 2001 28th Street, Bakersfield, CA 93301
    - Lynn Corse, BH System Administrator, LCorse@kernbhrs.org or (661) 619-7506

- Kings County (1 wellness center, no clubhouses)
    - Oak Wellness Center (OWC)
    - 1393 Bailey Dr., Suite 149, Hanford, CA, 93230
    - Maria Rodriguez, OWC Supervisor, (559) 639-2049 or mrodriguez@kingsview.org

- Lake County (4 wellness centers, no clubhouses)
    - Circle of Native Minds
    - 525 N. Main St., Lakeport, CA 95453
    - Carrie Manning, Supervising Behavioral Health Clinical Specialist, (707) 263-4880

- Lassen County (1 wellness center, no clubhouses)
    - Judy's House
    - 810 Nevada Street, Susanville, CA 96130
    - Cheri Farrell (530) 250-2797 or (530) 251-0701

- Los Angeles County (10 wellness centers, no clubhouses)
    - SHARE! Culver City
    - 6666 Green Valley Circle, Culver City, CA 90230
    - Jason Robison, Chief Program Officer, (323)803-5198 or jason@shareselfhelp.org

- Mendocino County (4 wellness centers, no clubhouses)
    - Ukiah BHRS Wellness Center
    - 1120 S. Dora Street, Ukiah, CA 95482
    - Rena Ford, Staff Services Administrator, FordRe@MendocinoCounty.gov

- Merced County (4 wellness centers, no clubhouses)
    - Westside Transitional Center
    - 40 W. G Street Suite B, Los Banos, California 93635
    - Christina Martinez, LCSW-Program Manager, (209) 710-6121

- Modoc County (3 wellness centers, no clubhouses)
    - Sunrays Of Hope
    - 113 E. North St, Alturas, CA 96101
    - Adeliada Moore, Director, sunraysofhope@outlook.com

- Monterey County (1 wellness center, no clubhouses)
    - OMNI Resource Center
    - 339 Pajaro St., Salinas, CA 93901
    - Lisa Corpuz, Program Coordinator, (831) 800-7530 x431 or Lcorpuz@interiminc.org
    - Sandra Pena, Wellness Services Director, (831) 676-3715 x426 orspena@interiminc.org

- Napa County (1 wellness center,; and clubhouse(s): yes)
    - Innovations Community Center
    - 3281 Solano Ave., Napa, CA 94558
    - Shauna Tackett, Site Coordinator, (707) 259-8692

- Nevada County (1 wellness center, no clubhouses)
    - SPIRIT – Peer Empowerment at the Commons Resource Center
    - 1103 Sutton Way, Grass Valley, California 95945
    - Jennifer Morrill, Executive Director, SPIRIT Peer Empowerment Center, jennifer@spiritcenter.org or (530) 305-8932

- Orange County (3 wellness centers, no clubhouses)
    - CCS-Wellness Center South
    - 23072 Lake Center Dr., Ste. 115, Lake Forest, CA 92630
    - Sohail Eftekharzadeh, Program Director, Sohail.Eftekharzadeh@Clarvida.com, (714) 640-7832 or (714) 361-4860 ext. 101

- Placer County (1 wellness center, no clubhouses)
    - The Wellness Center
    - 101 Cirby Hills Dr., Roseville, CA 95678
    - Dan Apgar, ASOC Program Manager (916) 872-6556 or dapgar@placer.ca.gov

- Plumas County (2 wellness centers, no clubhouses)
    - Portola Wellness Center
    - 280 East Sierra Street, Portola, CA 96122
    - Kristy Pierson, MHSA/BHSA Coordinator, kpierson@pcbh.services or (530) 283-6307, ext. 1200

- San Benito County (8 wellness centers, no clubhouses)

    - Esperanza Center
    - 544 San Benito Street Suite 102, Hollister, CA 95023
    - Maria Sanchez, Prevention and Wellness Program Manager, (831) 636-4020 or msanchez@sanbenitocountyca.gov

- San Bernardino County (10 wellness centers, no clubhouses)
    - Amazing Place Clubhouse
    - 2940 Inland Empire Blvd., Ontario, CA 91764
    - Kristen Mungcal, Program Manager II (909) 458-1527 or kmungcal@dbh.sbcounty.gov

- San Diego County (zero wellness centers; but clubhouse(s): yes, see below)
    - The Meeting Place
    - 2553 State St, San Diego, CA 92101
    - Kendra Mackey, Behavioral Health Program Coordinator Kendra.Mackey@sdcounty.ca.gov

- San Francisco County (20 wellness centers, no clubhouses).
    - No other information provided.

- San Joaquin County (3 wellness centers, no clubhouses)
    - The Wellness Center
    - 1109 N. California St., Stockton, CA 95202
    - Jonathan Vickery, Chief Operating Officer, jvickrey@twcsj.org

- San Luis Obispo County (3 wellness centers, no clubhouses)
    - Hope House
    - 1306 Nipomo Street, San Luis Obispo, CA 93401
    - Shawn Ison, Education and Advocacy Director, sison@t-mha.org
    - Transitions-Mental Health Association
    - (805) 540-6556

- San Mateo County (6 wellness centers; clubhouse(s): yes)
    - Recovery Connection by Voices of Recovery
    - 650 Main Street, Redwood City, CA 94063
    - Diana Campos-Gomez, BHRS Analyst, dcampos-gomez@smcgov.org or (650) 802-6414

- Santa Barbara County (3 wellness centers, no clubhouses)
    - The Fellowship Club
    - 617 Garden Street, Santa Barbara, CA 93101
    - Gabriela Dodson, LCSW, Director of Wellness and Recovery, gdodson@mentalwellnesscenter.org

- Santa Clara County (8 wellness centers, no clubhouses)
    - colleQTIve 2SLGBTQIA+ Wellness Center
    - 1870 Senter Rd., San Jose, CA 95112
    - Alicia Musquiz, LCSW, Program Manager III, alicia.musquiz@hhs.sccgov.org

- Santa Cruz County (2 wellness centers, no clubhouses)
    - Volunteer Center of Santa Cruz County-Mariposa Wellness Center Program
    - 10 Carr Street, Watsonville, CA 95076
    - Shawn Peterson, Director of Impact, and Programsshawn@scvolunteercenter.org or (831) 251-5699

- Shasta County (2 wellness centers, no clubhouses)
    - Kings View-Sunrise Mountain Wellness Center
    - 1300 Hilltop Dr., Suite 200, Redding, CA 96003
    - Kings View Program Manager, Julie Calkins, (530) 618-5621 or jcalkins@kingsview.org
    - Shasta County Staff: MHSA/BHSA Coordinator, Ashley Saechao, (530) 225-5743 or aysaechao@shastacounty.gov.
    - Clinical Division Chief, Genell Restivo, (530) 225-5901 or grestivo@shastacounty.gov
    - Mental Health Deputy Branch Director, Leah Moua, (530) 225-5969 or lmoua@shastacounty.gov
    - Behavioral Health & Social Services Director, Cindy Lane, (530) 229-8058 or clane@shastacounty.gov
    - HHSA Director and MH Director, Christy Coleman, (530) 229-8746 or ccoleman@shastacounty.gov

- Sierra County (2 wellness centers, no clubhouses)
    - No other data was provided.

- Siskiyou County (1 wellness center, no clubhouses)
    - Six Stones Wellness Center
    - 1200 or 1501 S. Main St., Yreka, CA 96097
    - Sasha Hight, Program Manager, (530) 841-0810

- Solano County (zero wellness centers, no clubhouses)

- Stanislaus County (1 wellness center, no clubhouses).
    - Behavioral Health Wellness Center
    - 800 Scenic Drive, Bldg. E, Modesto, CA 95350

    - Pam Esparza, Chief of Supportive Services Division, pesparza@stanbhrs.org or (209) 277-7894

- Sutter-Yuba Counties (1 wellness center, no clubhouses)
    - Wellness and Recovery Center
    - 1965 Live Oak Blvd, Yuba City CA 95993
    - Betsy Gowan, LMFT, Branch Director at Sutter County HHS, (530) 882-7200

- Tehama County (1 wellness center, no clubhouses)
    - STANS (acronym for the STANS Wellness & Recovery Center)
    - 1850 Walnut St., Red Bluff, CA 96080
    - Travis Lyon, BHSA Coordinator, travis.lyon@tchsa.net or (530) 527-8491

- Tri-City Mental Health (1 wellness center, no clubhouses)
    - Wellness Center
    - 1403 N. Garey Avenue, Pomona, CA 91767
    - Gamaliel Polanco, Wellness Center Manager, Tri City Mental Health.
    - gpolanco@tricitymhs.org or (909) 242-7610

- Trinity County (1 wellness center, no clubhouses)
    - Milestones of Wellness Center
    - 250 Main Street, Weaverville CA 96093
    - Shawna Ridgeway-Winn, Triage Manger, (530) 623-1362 or sridgeway-winn@trinitycounty.ca.gov

- Tulare County (2 wellness centers: clubhouse(s): yes)
    - Visalia Wellness and Recovery Center
    - 1223 S. Lovers Lane, Visalia, CA 93277
    - Ashley Cain, Program Manager, acain@kingsview.org

- Tuolumne County (1 wellness center, no clubhouses)
    - The Enrichment Center
    - 101 Hospital Road, Sonora, CA 95370
    - Jen Guhl, BHSA Program Manager, jguhl@co.tuolumne.ca.us

- Ventura County (3 wellness centers; clubhouse(s): yes)
    - New Visions Center
    - 1065 E. Main St., Ventura, CA
    - Tyler Nash, Program Manager, tnash@turningpointfoundation.org

- Yolo County (3 wellness centers, no clubhouses)

    - HHSA Wellness Centers (Health and Human Services Administration)
    - 137 N. Cottonwood Street, Woodland, CA 95695
- Sabina Kish, Program Coordinator, (530) 723-0505 or sabina.kish@yolocounty.gov

## Appendix 2. Successful Personal Outcomes from Wellness and Recovery Centers.

These are detailed responses to Question 39, which requested such examples, if they were available. We received over 40 responses to this question. There were a few general responses that simply summarized that:

- Many of their participants had much improved clinical outcomes, with a reduction in symptoms and in substance use, a reduction in hospitalizations, and a reduction in the number of incarcerations.
- Some were able to prepare for and gain employment in the larger community,
- Some people volunteered at the Wellness Center in a support function (landscaping/gardening, janitor, mental health aide, cooking, front desk reception, or other),
- A substantial number of individuals became motivated to acquire the education and training to become a peer support specialist and subsequently gain employment in that specific role.
- And a few became effective public advocates for Behavioral Health, the role of Peer Specialists, or perhaps became members of the local BH Board/Commission, or other advisory board.

Here are 40 examples of successful personal outcomes that were submitted, presenting a diverse range of cases and experiences. Every effort has been made to de-identify the individuals and their local county or residence. Hence, there is no identification of the exact Wellness Center that they attended or participated in activities at.

**1.** Participant J. is [an individual] with a long history of involvement in the criminal justice system and acute locked-care type of psychiatric facility treatment. J. also experienced significant challenges with co-occurring mental health/substance use disorders. J. became an active participant in the Wellness Center program and graduated from the Integrated Dual Disorder Treatment (IDDT) with the co-occurring disorders group program after six months. J's goals were to gain competitive employment, maintain sobriety, and manage their mental health recovery. After working with their mental health and supported employment specialists, J. secured employment in retail and became a volunteer peer facilitator of IDDT groups at the Center. J. has maintained sobriety for over a year, for the first time in a decade, and created a strong social community from the Center.

**2.** [The] individual was accessing Clubhouse services for over a year while being unhoused. [They] became aware of the services while living at the airport. [The individual] was asked to vacate that location and was given the address to go for

support. Initially, [the individual] participated only in emergency resources such as showers and laundry. [The individual] had [their] [redacted]-year-old emotional support animal and was living on the streets near the clubhouse. [The individual] was not engaged in any other system supports and did not have a plan to exit homelessness. At the time, there were no emergency shelters that approved vouchers for individuals with emotional support animals. [They] continued to engage in this manner for [redacted] months. Staff advocated for [the individual] with providers, supported [them] in updating vaccines and acquiring veterinarian documentation for [their] animal, and received clearance to offer a shelter voucher with agreement to remain with Clubhouse peer support. Over a period of [redacted] months, [they] became engaged in clinic services via a department of behavioral health clinical intern who provided onsite support and counseling, obtained a job, and transitioned into [their] own apartment via a rapid rehousing program. [The individual] continues to remain engaged in Clubhouse through [their] position on the Clubhouse Peer Governing Board and is an active member of the Consumer Evaluation Council. [The individual] has spoken at several community program planning meetings about the vital role that peer-run services played in [their] transition.

**3.** [An individual] struggling with homelessness and substance use found hope at the Wellness Recovery Center. Through patient support, group activities, and life skills training, [they] entered treatment, became drug-free, secured housing, and transformed [their] life. [The individual] credits the center with saving [them] from suicide, calling it a "beacon of light" that helped [them] develop emotional regulation, set boundaries, and find a new path forward.

**4.** A member was recently hired at a major entertainment/theme park. [Their] position is Seasonal Sales Ambassador. The various tasks [they] will be working on include greeting guests and conducting cashless transactions when guests buy merchandise. Now, partially thanks to the wellness center and all their help, [the individual] is confident and wants people to learn from [them] and not to give up. [The individual] is very proud of [their] hard work.

**5.** Several long-time consumers have built a strong network through the staff and peers. Many have achieved long-term psychiatric stabilization and are now working as extra help peers and others as certified peer support workers who can bill for services and draw down on Medi-Cal reimbursement. Other former peers have transitioned to supported and conventional employment after completing their tenures at the Wellness Centers in this county.

**6.** About [redacted] years ago wellness center staff met a couple, married for several years, who were living in their car and were in their active addiction. Soon after settling

into the building and touring around the wellness center, they were able to share with staff that they had every intention of making some serious changes to their circumstances. This couple seemed to thrive, at first, by doing chores around the Center, eagerly asking for more to do. One remarkable attribute they maintained despite their circumstances was agreeing to give each referral provided a try. After being assessed by Behavioral Health and referred to out-patient SUD counseling, they began volunteering for several other agencies, gaining confidence along the way. Employment was a sure bet for [the couple], especially as the days turned into months of sobriety. Now, the wellness center staff are so excited to celebrate their thriving in their current employment, with raises and promotions and all. We understand that they've just moved from their starter apartment to their dream place. In [redacted] short years, miracles can happen.

**7.** A client who had had a history of multiple crisis episodes and hospitalizations became a volunteer at the center after completing the Dialectical Behavior Therapy (DBT) and Advanced DBT programs. The client progressively began to see the benefits of developing coping skills and how to be more effective when facing personal crises, rather than resorting to hospitalization or experiencing a crisis episode. The client began using [their] DBT skills at the wellness center, as [the individual] found them to be helpful. [They] could practice [their] skills in that accepting environment and receive immediate feedback from others. Since [their] start with the wellness center, the client has transformed [themself] from being solely a user of mental health services to being a dynamic advocate. [The individual] has served on an Advisory Board, increased [their] community activities, traveled, and advocated for children with disabilities. The client has grown to become more confident, to become a skillful advocate for others with mental illness, and to understand how to manage [their] own illness better. [The individual] reported that [they] often blamed [themself] for [their] disease until [they] learned that it was not [their] fault and that [they] could change while also helping others along the way. The client has developed a very professional appearance and presentation. [They] has continued to find [their] inner strength to live a life worth living and has come back often and regularly to thank the staff at the wellness center. The client's plans are to continue, wherever [the individual] goes, to be an advocate for persons experiencing mental illness and for access to high-quality mental health services for everyone.

**8.** This client learned about the wellness center from a friend and wanted to attend the Alcoholics Anonymous support group offered at our wellness center. This member was interested in expanding [their] recovery, and sobriety was most important to [the individual] in [their] personal journey of recovery. One of the goals [the individual] listed on [their] membership application was to find employment in the community. [The

individual] met with our Employment Specialist and designed an Individualized Employment Plan, which began with creating a resume. [They] accepted enrollment in the wellness center's Supported Employment Services. [The individual] reported that [they were] scheduled for an interview as a Cook at a health care facility and expressed gratitude for assistance with building [their] resume, supporting [them] in obtaining a Food Handler's Card in preparation for [their] interview. [The individual] spent time with our Employment Specialist preparing for [their] upcoming interview. After the interview, [the individual] stopped by the wellness center to report that [they were] offered the position on the spot and started working as a cook at the beginning of [month redacted]. [The individual] still comes to the wellness center to check in and attends support groups on [their] days off. [They] recently received [their] first paycheck and has new goals of saving up for a truck and moving out of [their] [sibling]-in-law's home to rent a place.

**9.** A client was referred to our program while [the individual] was living in a supported living environment due to [their] lack of independent living skills. The client has been working with staff to improve self-efficacy skills. Additionally, [the individual] was hired to work several hours a week at the facility as a janitor. Recently, [the individual] reported that [they] obtained independent housing in [month redacted] and that [the individual] has had a smooth transition into this new living environment. [The individual] credits the support [they] received from staff as a primary reason for [their] ability to make this transition.

**10.** We have many clients with success stories. One example is a client who is currently hired as a peer mentor. [The individual] was unstable and was being hospitalized frequently. [They] refused to take medications and was not stabilizing for a period of almost a year. [The individual] began attending our wellness center at the recommendation of [their] case manager. [The individual] made connections with other clients and reported that [they] felt [they were] accepted and had found a place where [they] felt safe. [The individual] slowly became more receptive to medications. [They] began helping at the wellness center with cooking classes and eventually expressed a desire to become a peer mentor. [The individual] has continued to do well and is scheduled to co-facilitate the cooking class twice a month. [The individual] has not had a rehospitalization since becoming a peer.

**11.** During the month of [redacted], there was a celebration at our wellness center to bring attention to Suicide Prevention Week. This event included Behavioral Health Staff, Community Members, wellness center members, and more. During the event, [an individual] addressed the group and shared [their] story of recovery, highlighting how the wellness center played a significant role in [their] journey. [The individual] shared [their] struggle with addiction, judicial involvement, suicidal ideation, and how [the

individual] has found a path to recovery and hope. [The individual] explained during [their] speech that the wellness center played a vital role in finding that path. [They] explained that through being part of the center that [the individual] found community, friends, and hope. All those who were present to listen to [their] story were drawn into [their] words due to [their] resilience, vulnerability, and relatability. [Their] story and the center's help resonated with all those in attendance, illustrating the center's importance to many lives.

**12.** Two success stories were shared by this wellness center:

(a.) Our first example was [an individual] who was struggling with both Mental Health (MH) and Substance Use Disorders (SUD), and after engaging with the center, was able to get connected to various supportive services, reconnected to family and spiritual supports, and made a complete turnaround. The center was able to help connect [the individual] to a program that would address both their MH and SUD needs.

(b.) Our second example was an unhoused [individual] who struggled with severe SUD for many years, and after engaging at the center, had decided that they were ready to attend a rehab program for SUD. The timing was crucial, and a Peer Support Specialist was able to coordinate intake at a rehab program and provide transportation to connect the member. They have been there for [redacted] months

**13.** When this person first came to our wellness center, it was through a workers' comp program after an injury. What began as a temporary volunteer placement quickly became something much deeper. Even after the workers' comp payments ended, they chose to keep coming back–not because they had to, but because they wanted to. They often shared how much they loved being at our wellness center, how it felt like a family, and how serving others gave them a renewed sense of purpose. They helped wherever they were needed–answering phones, welcoming people, and offering their experience, strength, and hope to anyone who needed it. Their warmth and sincerity drew people in, and soon they became an important part of the center’s community. Inspired by their own growth and the support they found here, they decided to enroll in our Peer Support Training program. They completed the training, became a certified Peer Support Specialist, and the person is now a wellness center employee, and continues to give back to the same community that helped them heal and grow. Their journey reminds us that what starts as a place to give back can become a place to belong, to recover, and to build a new life filled with meaning and connection.

**14.** [An individual] had started using substances when [they were] [redacted]. [Their] divorced parents did not talk to each other. [Their parent] lived in [their] van and would leave [the individual] often for days at a time with various people. [The individual] would go looking for [them]. [They] finally connected with [their parent] at [age

redacted], and [redacted] months after they started having a positive relationship, [the individual's parent] died. [They] moved in with [their] older [sibling] and began attending high school. [The individual] was doing well in school but got caught smoking weed and was sent to juvenile hall. At age [redacted], [their sibling] was killed in a car crash, and [the individual] started using again. [The individual] was in and out of treatment for [redacted] years and finally met someone, was clean for a while, and they got pregnant. They lost the premature child, and once again, [they] spun out. This [individual] has endured tragedy after tragedy; [they] kept going in and out of addiction. Now, at almost [redacted] years old, [the individual] has been sober for [redacted] years, owns a car, has a job, and is living a healthy life. [They] went to rehab 17 times. [The individual] has been instrumental in sharing [their] story with others to encourage people to never give up.

**15.** One wellness center participant began [their] journey by regularly attending and actively engaging in our programs. Over time, [their] confidence and skills grew, and [the individual] applied for and was hired as a janitor at a nearby program. Despite [their] new responsibilities, [the individual] remained connected to our wellness center, continuing to participate whenever possible. [Their] dedication and growth were soon recognized, and after several months, [the individual] was promoted to Community Support Worker, a staff role that provides direct services to clients. [Their] journey didn't stop there. [The individual] continued to prioritize [their] own wellness while supporting others, eventually stepping into a full-time role as a Wellness Navigator, where [the individual] offered peer counseling to individuals beginning their recovery journeys. Most recently, [the individual] earned [their] Peer Certification and now serves as an inspiring role model for others pursuing mental health wellness and recovery. [Their] story is a powerful example of what's possible through persistence, community support, and the peer model of care.

**16.** A client from our county's Full-Service Partnership program started to visit the Wellness Center regularly. [The individual] was fairly symptomatic with [their] mental health struggles and experienced challenges in the Wellness Center as a result. [The individual] frequently moved between a few crisis facilities and was unsheltered on the streets. [The individual] was initially difficult to engage with and showed little interest in the services offered, but the staff at the wellness center recognized someone who needed care and consistency. Over several months, they established a rapport with [the individual] and learned how to de-escalate to avoid having [them] removed from the program. Over time, they encouraged [the individual] to take part in [their] care and services. [The individual] was able to obtain permanent housing, establish an income, and strengthen [their] recovery journey. [The individual] is often one of the first people the wellness center staff thinks of when they think about the hope and the vision for the

program.

**17.** One of our current wellness center program participants has made a huge turnaround. This [individual] suffers from severe schizophrenia. [The individual] came to our wellness center program after being referred for Specialty Mental Health Services through Conservatorship. [The individual] was initially placed in an inpatient psychiatric facility. [They] transitioned to a Mental Health Rehabilitation Center, then to a Social Rehabilitation Facility. Now [the individual] is residing at a Transitional House, which is the least restrictive setting within our System of Care. [The individual] is slated to move into Independent Housing. This client regularly volunteers at the Wellness Center, where they cook twice a week. Additionally, [the individual] has had a huge breakthrough recently while participating in one of the wellness center's program walking groups. Normally, [the individual] has worn on [their] person a large coat and backpack, even in high-temperature weather. [The individual] said [they] felt that [they] could not remove [their] coat or backpack because of the voices [the individual] was hearing. But just the other day [the individual] asked our staff member to take these items and keep them in the van during [their] walk, for the first time.

**18.** An individual experiencing suicidal ideation, depression, and anxiety had become increasingly isolated. Following a referral from their therapist, this person began attending our wellness center’s family learning center. Through active participation in groups, peer support services, and socialization events, the individual has developed effective coping skills to manage their mental health challenges and has strengthened their socialization skills to foster healthy relationships. As a result of the supportive services, this individual has established a consistent therapy routine, achieved medication compliance, and gained confidence and independence through ongoing engagement in programs.

**19.** Our wellness center has had many success stories; one that comes to mind is a peer living in a violent setting. [The individual] came to the wellness center and reported the situation to a peer at the center, who then reported it to the director. This led to an APS (Adult Protective Services) report and investigation. This determined that it was a violent living arrangement. In collaboration with Adult Services (Social Services Dept) we were able to get [their] social security benefits sent to [their] directly and gain safe housing of [their] own. Our wellness center was able to intervene by advocating and supporting the peer in [their] time of need and gaining a healthy living environment of [their] choice.

**20.** We have had several clients who have received services go on to become Peer Support Specialists.

**21.** A prior Consumer of the Program is now a Certified Peer Specialist, providing

billable services to current wellness center consumers, utilizing compassion & empathy from their own ‘’lived experiences’.

**22.** Our drop-in wellness center is purely voluntary for participation. In our county, we had a client who started to utilize the center while on a wait-list for other services nearby. While waiting at the center, they were introduced to other programs offered within the system of care. They expressed interest in getting help with housing. Because their mental health needs met criteria, and they were already being considered for a Full-Service Partnership (FSP), they were able to get referred to our FSP providers in the area, who were able to refer them to our housing programs, where they were able to transition to permanent housing.

**23.** We have [an individual] who was unmedicated, unhoused, and was not receiving services of any kind. [The individual] is now medicated successfully, found permanent housing, and is getting regular case management and following through with mental health treatment and graduated from [their] SUD & Mental Health Diversion program early.

**24.** G. recounted that as a homeless [individual] in [year redacted], [their] therapist suggested [the individual] attend our wellness center. The [individual] had looked in and almost left until a staff member reached out asking how [they] could help. [The individual] started as a volunteer rotating various positions such as landscaping, maintenance, front desk, and after [redacted] months, [the individual] was volunteering in the kitchen. A position opened, and G. became a cook for breakfast, lunch, and dinner for [redacted] years. [The individual] attended various support groups and activities. Early in [their] recovery journey a friend recommended a room and board, which allowed [the individual] to get off the streets. Over the years, [they] worked up to a position there as House Manager, which provides [them] with a free room instead of paying rent. This is where [the individual] still resides. [The individual] monitors/checks in on residents and connects them to their case manager when needed. [They] stopped attending our wellness center for about [redacted] years while taking care of [their sibling and parent], but [the individual] missed our center, and [they] later came back. [The individual] was persuaded to join the peer advisory council (PAC) earlier than intended upon [their] return and quickly became president. COVID closure had a negative effect on attendance and participation and G saw an opportunity to bring more member voices forward. [The individual] educated [themself] on boards, since [they] wanted to change the way the PAC board was run, and recruited another member who trusted [the individual]. That member stepped out of [their] comfort zone to become Secretary because of [their] trust in G. and has done a great job. Small changes in the PAC board have occurred, with more planned. Members now have a voice in events, such as learning about domestic violence, at their request. The wellness center

administrator noted that G. is instrumental in advocating for members. Word of mouth on the program is growing. Events usually have an attendance of about 70. Non-event days' attendance ranged from 20 - 40 per day after COVID. Now, non-event days' attendance is again back to 68-70 a day consistently.

**25.** We have had several clients move from being participants to employees. One example was someone who struggled with their mental health and diagnosis. This individual began attending the wellness center and was eventually hired as a Peer Support Specialist. While in this position, [the individual] was able to stabilize [their] mental health and eventually was promoted to a full-time position as a Mental Health Worker.

**26.** A client came to the center after hearing a presentation about the Wellness Center at a local shelter. They had been experiencing homelessness and were staying at the shelter after relocating from another state to be with someone they met online. Unfortunately, that person was not who they claimed to be, and the client found themselves living on the streets, eventually residing in their car. Eventually, the client connected with the shelter and heard about our center. They began engaging with our services, working closely with a counselor, a peer support specialist, and a psychiatrist. Through coordination with a housing program counselor embedded at our location, the client was able to secure an apartment in our county. They continue to receive support services in our county and often stop by the Wellness Center to check in and say hello, acknowledging the important role we played in their recovery and the assistance we provided when they needed it most.

**27.** When L. first began at our peer wellness center, [they were] quiet, shy, and kept to [themselves]. Over the following months, [the individual] gradually opened up with peers and staff, participated in various groups, and showed a willingness to try new activities. Over several years, L. has shown remarkable growth. [They are] a consistent presence in programs and became a backup facilitator for their Journaling Group. [The individual] has developed valuable coping skills that support [their] mental wellness and help [their] manage everyday stressors. [They] has become actively involved in the wider community. [The individual] regularly attends NAMI events, participates in the Photovoice Project at county public health, and has made significant lifestyle changes, including quitting smoking and committing [themself] to a healthier lifestyle. [Their] transformation has been inspiring. [Their] journey toward wellness and recovery has empowered [them] to embrace life fully and has allowed [their] true personality to shine.

**28.** One of our members was experiencing an active drug addiction in another state. A family member intervened and allowed [the individual] to stay with them, close to one of our Wellness Centers. [The individual] began attending and learning new skills while

building community. [The individual] was able to learn ways to be accountable and stay off drugs, and remain sober

**29.** We assisted a participant with obtaining [their] monthly discount bus pass and helped [them] learn the local route system. With these resources, [the individual] has been able to attend Narcotics Anonymous meetings per [their sibling's] requirement so that [they] may continue to live with [their sibling].

**30.** [An individual] has been on the Wellness Center's Employment Coordinator's case load since [month/year redacted]. [The individual] has had some "run-ins" with law enforcement, which presented barriers during [their] efforts to find employment. This participant remained positive and optimistic throughout [their] job search. [They] frequently visited our wellness center and was a huge help in assisting with staff-led groups. [The individual] was also the first participant to volunteer and offer [their] help in keeping the wellness center clean. In [month/year redacted], [the individual] was hired for [their] first job since joining our wellness center, in a temporary janitorial position at Tesla, which unfortunately ended in [month/year redacted]. While being employed with TESLA, [the individual] was able to obtain local temporary housing. As of [date redacted], [they] accepted a great job with UPS. [The individual] will be working full-time on swing shift and is looking forward to getting lots of overtime hours during the upcoming holidays.

**31.** [An individual] in need became a consumer at our wellness center and was struggling with housing insecurity and had been living in a dilapidated trailer for a year. Seeking mental health support and social connection, [the individual] found [their] way to the wellness center and the local Senior Center. With the help of Certified Peer Support Staff and peer-led support groups at the wellness center, this client was able to begin addressing [their] mental health. The peer groups provided a welcoming environment and a crucial sense of community, allowing [the individual] to feel connected and supported. Housing and hope: wellness center staff helped the client connect with key resources, including Behavioral Health Bridge Housing Services. Through these services, the client was able to navigate the complex process of securing new housing.

Today, the client has been accepted into the 'Habitat for Humanity Purpose Place Supported Housing Program'. Purpose Place provides permanent, affordable housing with on-site supportive services, making it a safe and secure environment for residents. Gratitude for a fresh start: The client is extremely grateful for the support [they] received from the staff at our wellness center. [Their] success highlights how a compassionate and supportive community can help vulnerable individuals regain stability and dignity.

**32.** One of the most inspirational stories from this past year comes from a member who

faced unbelievable challenges due to homelessness and the loss of a child but still stayed committed to their recovery. With steady support from the team at our wellness center, they not only completed a nursing program but also secured full-time work at a local hospital and found stable housing.

**33.** An [individual] came to the fellowship club seeking connection, support, and tools to manage [their] mental health. Through programs like support groups, knitting, and movement activities, [the individual] has found positive outlets that keep [their] engaged and focused on wellness. [The individual] shares that the Club has reduced [their] feelings of loneliness, stress, and anxiety, while providing [them] with a strong sense of community, belonging, and acceptance. [The individual] values the friendships [they have] built, the encouragement to stay on track with [their] personal growth, and the safe space to learn new skills. Most importantly, [the individual] feels the wellness center has given [them] the resources and support [the individual] needs to thrive, and [they] encourage others to join, saying it is “a great way to connect with others, discover new interests, and feel like you belong.”

**34.** [An individual] began attending our telehealth support groups in [year redacted]. That same year, they also began participating in the [redacted] programming. They were active in the center’s activities. As they were preparing to age out of [redacted], they sought ways to stay connected. Staff suggested that they could volunteer at the center through the service learner program. After some hesitation, they decided to apply to the service learner program and volunteer in the arts group. Not long after, they became instrumental in developing the center’s first music group. This led to the reemergence of the Wellness Center Band and its performance at the annual talent shows. Most recently, this participant was connected with a peer-run organization that supports peers running groups throughout our large county. They are currently undergoing the clearance process and will soon facilitate the music group at the wellness center while receiving support and a stipend from the wellness center. We are so very excited and proud of the growth and future of this participant.

**35.** Our Wellness Center staff were able to bring together consumers to participate in a local homeless work group for the Continuum of Care. Our Wellness Center staff always have their doors open and work with consumers during the hot summer days and cold winter days.

**36.** Highway Patrol brought an [individual] to our wellness center who was living out of [their] car. Our staff stayed with [them] around the clock and attended to a wound in [their] leg for over [redacted] days until we were able to find [their] family and return [them] and [their] vehicle to Oregon.

**37.** An unhoused wellness center member was supported to actively engage in mental

health and substance use services. And with their treatment compliance in the Full Service Partnership program they have made treatment gains towards their goal of attaining stable housing.

**38.** The success story of a [individual] began when [they] decided to join the Wellness Center. As an [individual] with a diagnosis of Schizophrenia, Borderline Personality, Post Traumatic Stress Disorders and Primary Insomnia, [they] started a journey to wellness. [The individual] began attending the wellness center in [year redacted]. During this time, [they] reported issues of self-harm/self-mutilation, suicidal ideations and intent to hurt others. [They] struggled with establishing a support system, [the individual] was introverted, and it was hard for [them] to communicate with others. [The individual] was unable to function due to depression, isolation and substance use. Even with [their] difficulty in trusting others, [they] began to build rapport and relationships with staff and other consumers. [Their] hard work and commitment to attend and actively participate helped [their] increase [their] connection with others, which led to [them] attending program more frequently. Through [their] participation in groups, where [the individual] learned to use coping skills and techniques, [they] found [their] inner strength and surpassed [their] hardships over time. Consumers noticed that [their] mental health improved in many ways, especially with the assistance of the outpatient treatment team (medication regimen and therapy services). After fighting for many years with physical and mental illness, this [individual] moved forward to achieve [their] personal and treatment goals and to sustained recovery. Shortly after, [the individual] found an interest in helping program peers. [The individual] and other consumers started a peer-driven quilting class, [they] assisted with the wellness center monthly Newsletter, managing the wellness center store, registering consumers to program and assisted staff in preparing for group sessions. Later [the individual] requested to be a volunteer and since [year redacted], [they] became an official County peer volunteer at the wellness center. [They] became so empowered that [they] shared [their] lived experience by presenting [their] story at a major California conference in [year redacted]. Up to this time [the individual] has continued to be stable and has the desire to help others continue their path towards recovery. This person has become a valued part of the consumers support system at the center as [the individual] has built positive relationships with [their] peers and helps them through their mental health recovery journey. [The individual] has volunteered to be a note taker for group sessions and relays vital information and/or techniques learned during therapeutic sessions. [They] took the initiative in creating a Quarterly Newsletter which entails consumers stories, achievements of goals and other topics. [The individual] has engaged peers by involving them with drafting stories, editing, and distributing newsletters. [The individual] shares [their] ‘lived experience’ with other participants and instills hope. [The individual] is recovery-oriented and motivates them and helps them feel that they are not alone.

This [individual] works closely with consumers in many ways, particularly those that don't understand the reason for their illness. [The individual] has made a great contribution to our wellness center program as [the individual] serves as an ambassador to those new consumers coming in for services. [The individual] takes the time to introduce program services, gives them comfort and makes them feel safe overall. [The individual] continues to be resilient through [their] own ongoing journey and shares the importance of overcoming stigma, identifying when to seek help, and [the individual] reminds them that there is nothing to be ashamed of. This [individual] has made a huge impact within in the program with [their] peers and is a positive influence overall.

**39.** Our wellness center has been operating since October of 2024 and has grown so that they are now seeing during the week during the school year. Our small county is seeking to fund the Wellness Center in FY 2025-28 so that they may expand services.

**40.** One client found insight and strength related to [their] gender identity and sexual orientation at our local wellness center. This client shared that [they were] struggling with co-occurring mental health challenges, isolation, and unsafe housing with non-affirming staff. [The individual] expressed a deep desire for peer connection, though [they] often displayed isolative behaviors and interpersonal challenges that required staff support through de-escalation, boundary-setting, and redirection. This individual voiced a strong interest in exploring gender-affirming health services, including hormone replacement therapy (HRT), surgeries, and [changing their] presentation. [The individual] shared with staff how [their] family, immersed in religious and culturally based stigma, struggled to understand and support [their] mental health challenges, and had difficulty affirming [their] gender identity and sexual orientation. Through the peer support program, the client received peer counseling, resource navigation, and advocacy to ensure [their] name and pronouns were respected across wraparound services. Over time, [the individual] transitioned from using [redacted] to [redacted] pronouns and embraced a new name, marking a significant step in [their] gender journey. Staff supported [them] at medical appointments, including [their] first HRT consultation, and supported [them] in participating in the program's peer-led groups, such as the Transgender Peer Support Group and the Queer & Disabled Peer Support Group, as well as community-building and resource sharing events. These connections helped reduce some of [their] feelings of isolation and provided affirming spaces for growth. However, [the individual] still lacked sufficient mental health support, for [their] challenges with emotion wellness, social connection, and comfort and confidence with [their] identity. After [time redacted] of building trust with the staff, the client requested a referral to the wellness center from [their] prior county mental health treatment team where [the individual] didn't feel affirmed, supported, or understood. [They] began

receiving specialized outpatient mental health services, including therapy and psychiatry services, and within a few weeks shared that [the individual] has “never been this supported in [her] life before”. [The individual] has been able to expand [their] engagement in therapy and embraced [their] gender identity with confidence. [The individual] remains optimistic about pursuing [their] gender affirmation goals, making more friends, and building community with others who share [their] interests. This case highlights how consistent advocacy, boundary-setting, and culturally responsive care, in a safe and welcoming space, can transform the health and well-being of transgender individuals navigating complex barriers.

## Appendix 3. 2025 California Association of Social Rehabilitation Agencies (CASRA) Wellness & Recover Centers Report

This is a key publication that provides additional depth of information and perspective on the function and outcomes of Wellness Center programs and services. This also contains a highly informative explanation of the sources of finances and the challenges of sustaining the operations of these vital resources to the Behavioral Health community.

**Report Title:** Wellness & Recovery Centers

**Author:** California Association of Social Rehabilitation Agencies (CASRA), Chad Costello

**Published:** November 2025

## Appendix 4. 2011 California Mental Health Planning Council Report Reviewed Wellness Centers in California

This is a key document for understanding the function and development of Wellness and Recovery Centers in California, prepared by our predecessors on the California Mental Health Planning Council (now known as the CBHPC, California Behavioral Health Planning Council).

**Title:** Wellness & Recovery Centers: An Evolution of Essential Community Resources

**Authors:** The California Mental Health Planning Council (CMHPC), Adult System of Care Subcommittee of the CMHPC

**Published:** July 2011