County of Santa Cruz

HEALTH SERVICES AGENCY
Behavioral Health Division

Salud Mental y Tratamiento del Uso de Sustancias

NOTICE OF PUBLIC MEETING
BEHAVIORAL HEALTH ADVISORY BOARD
NOVEMBER 20, 2025, 3:00 PM-5:00 PM
1400 EMELINE AVENUE, CONFERENCE ROOMS 206-207, SANTA CRUZ
THE PUBLIC MAY JOIN THE MEETING ON MICROSOFT TEAMS (LINK BELOW) OR CALL (831)454-2222, CONFERENCE 183 340 820#

Xaloc Cabanes Chair 1st District	Valerie Webb Member 2nd District	Michael Neidig Co-Chair 3rd District	Antonio Rivas Member 4th District	Jennifer W. Kaupp Member 5th District	Natalie Stott Transitional Age Youth
Kaelin Wagnermarsh Member 1st District	Dean S. Kashino Member 2nd District	Hugh McCormick Member 3rd District	Rachel Montoya Member 4th District	Jeffrey Arlt Secretary 5th District	Vacant Transitional Age Youth

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

Information regarding participation in the Behavioral Health Advisory Board Meeting

The public may attend the meeting at the Health Services Agency, 1400 Emeline, Conference Rooms 206-207, Santa Cruz. Individuals may click here to Join the meeting now or may participate by telephone by calling (831)454-2222, Conference ID 183 340 820#. All participants are muted upon entry to prevent echoing and minimize any unintended disruption of background sounds. This meeting will be recorded and posted on the Behavioral Health Advisory Board website.

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

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

BEHAVIORAL HEALTH ADVISORY BOARD AGENDA

ID	Time	Regular Business
1	3:00-3:15	• Roll Call • Public Comment (No action or discussion will be undertaken today on any item raised during Public Comment period except that Mental Health Board Members may briefly respond to statements made or questions posed. Limited to 3 minutes each) • Board Member Announcements • *Approval of October 16, 2025 minutes** • Secretary's Report
		Standing Reports
2	3:15-3:25	October Patients' Rights Reports – George Carvalho, Patients' Rights Advocate for Advocacy, Inc.
3	3:25-3:35	Board of Supervisors Report – Supervisor Kimberly De Serpa
4	3:35-3:45	Behavioral Health Director's Report – Marni Sandoval, Behavioral Health Director
5	3:45-4:10	Site Visit Ad Hoc Committee Update – Kaelin Wagnermarsh and Dean Kashino
6	4:10-4:50	Funding Ad Hoc Committee Update – *Approve Recommendations within Report**
		New Agenda Items
7	4:50-4:55	2025 Data Notebook Update
	4:55-5:00	**Future Agenda Items**
	5:00	**Adjourn**

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

NEXT BEHAVIORAL HEALTH ADVISORY BOARD MEETING IS ON:
JANUARY 15, 2026, 3:00 PM – 5:00 PM
1400 EMELINE, CONFERENCE ROOMS 206-207, SANTA CRUZ

County of Santa Cruz

HEALTH SERVICES AGENCY

BEHAVIORAL HEALTH DIVISION

MINUTES – Draft

Salud Mental y Tratamiento del Uso de Sustancias

BEHAVIORAL HEALTH ADVISORY BOARD

OCTOBER 16, 2025, 3:00 PM - 5:00 PM

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

MICROSOFT TEAMS (831) 454-2222, CONFERENCE ID 875 664 181#

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

I. Roll Call – Quorum present. Meeting called to order at 3:06 p.m. by Chair Xaloc Cabanes.

II. Public Comment – 1 addressed the BHAB in the conference room.

III. Board Member Announcements

1. 2025 Data Notebook – work still in progress, will ask for an extension.
2. Attending the meeting:
   - Natalie submitted application to be a youth member.
   - Dr. Heather Thomas – spearheading fight against Fentanyl and was involved with the making of the movie Fentanyl High. Per Dr. Thomas, schools are ready for substance education and intervention and are now working with all middle schools and some high schools through their Wellness Centers.

IV. Approve September 18, 2025 Minutes

Motion / Second: Antonio Rivas / Mike Niedig

Ayes: Rivas, Kashino, McCormick, Arlt, Wagnermarsh, Neidig, Montoya, Webb, Cabanes, De Serpa

Nayes: None

Abstain: None

Result: Approved

V. Secretary's Report

- Reminder to board members that the minimum requirement is 2 trainings, 2 hours total for the year.
- No attendance issues. Bylaws have been accepted, which states if board member has 2 unexcused absences in a row, then there would be a vacancy.

VI. Patient's Rights Report – George Carvalho, Advocate

September report was provided. George did not attend the meeting.

VII. Board of Supervisors Report – Supervisor Kimberly De Serpa

- Wrote ordinance on banning the sale of recreational nitrous oxide and is no longer allowed in Santa Cruz County. The ordinance was shared with every city in our county as well as Monterey County and Santa Clara County hoping to get a regional ban.
- The next ordinance is banning the sale of Kratom. It is an opiate-like substance sold over the counter and is more potent than morphine. The Kratom ordinance is written and will go before the BOS on Tuesday. If it passes, it will go into effect in couple of months.
- MHCAN Update – they are submitting the final May and June invoices and obtaining new liability insurance. They will likely need to work with another non-profit organization, such as an umbrella organization.
- Clarification regarding SB43 which expands the definition of grave disability. SB43 was passed nearly 2 years ago which provides authority to place individuals under conservatorship. Santa Cruz County deferred implementation due to lack of facilities for placement and have not begun conservatorships due to limited funding. The law will take effect January 1, 2026, and will be required to comply.

VIII. Behavioral Health Services Act Update – Amy Rhoades, BHSA Coordinator

Overview of Behavioral Health Services Act Integrated Plan and Transition Updates:

1. BHSA Planning Timeline – Public comment will open at February 19th BHAB meeting, and close at the March 19th BHAB meeting. Draft is due March 31, 2026. The final integrated plan for BHSA will be completed June 2026, and BHSA begins on July 1, 2026.
2. Community Planning Process will include:
    a. 10 Focus groups will be strategically scheduled, typically 5-10 people. The consultant will come in with her team to facilitate the groups. Plan is to have BHAB focus group.
    b. Three Community forums will be held in the first three weeks of November. The consultant will provide information about BHSA and will do 2-hr sessions open to everyone. November 18th will be at 1400 Emeline, November 17th at the Aptos Public Library, and currently working with NAMI for Watsonville location.
    c. Amy will do virtual education sessions through the first 3 weeks of November, 2 per week virtual, and will record so that the public and BH contractors can hear about BHSA to understand the changes that are coming.
    d. Survey will be sent out to collect feedback about BHSA 3-year plan.
    e. Currently trying to identify who will participate in the key informant interviews. These interviews will have more in-depth information from people with lived experience, an internal provider, one contracted provider, someone in law enforcement, BHAB member.
    f. Community engagement needs to be done before Thanksgiving.

IX. Site Visit Ad Hoc Committee – Janus Site Visit

- Enthusiastic staff, expanding services, Watsonville hotel is going to be excellent addition to operate at 3.1-3.5.
- About 40% turnover last year.
- New consumers do not need appointments. People can come in, get assessed and then triaged. This facility covers a variety of levels of acuity and on board with peer support.
- Next site visit: November 4th, 12-2pm at Telecare (both CSP/PHF)

X. Review and discussion of Funding Ad Hoc Report

- Goal is to identify capacity building for cost effective treatment.
- 6-year strategic plan - must provide input by January.
- Highlights – the need for more services, the need for significant increase in funding, ways to get that funding.
- November meeting – provide presentation on findings and recommendations.

XI. New Agenda Items

1. 2025 Data Notebook – working on responses and will ask for extension to submit the report.

XII. Adjournment

Meeting adjourned at 4:37 p.m.

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

Patients' Rights Advocate Report
October 2025
****

AB2275

10/31/25: Watsonville Hospital contacted the Patients' Rights program about an individual placed on a second 5150 hold. It was unknown whether this would require a hearing on this second hold. Later the same day we were informed that an out of the county placement was available and that the client would be transferred the same day.

10/09/29: The psychiatric social contacted the Patients' Rights Advocate about a minor placed on a second 5150 and required a hearing on short notice given the upcoming Indigenous Population holiday (10/13/25). This writer worked with the staff at Dominican Hospital who gracious provided both the opportunity to speak with the minor, and after we determined that it would not be safe to conduct an in-person hearing with the client; the means to conduct a remote hearing. The advocate also communicated with the parents and provided information about the process.

7th Avenue Center

On October 6, 2025, I received a call from a resident from the 7th Avenue Center. The resident stated that she was afraid to take the prescribed medication, a medication that is known to cause serious side effects. I received verbal permission to speak with her conservator. The resident requested a re-hearing on the matter of the conservatorship. I obtained verbal permission to speak with the Public Defender on her behalf. Despite a prolonged conversation with each person, the seriousness of the resident's symptoms and her involvement with law enforcement convinced both the conservator and the public defender that a change of medication or a re-hearing was not appropriate.

Telecare PHF

On October 4, 2025, the PRA*, Ms. Davi Schill, received a call from a client receiving services at the Telecare Psychiatric Health Facility. The caller reported lost or missing property. The PRA contacted the clinical director who informed the advocate that the facility stored the property, and the client would be informed of this fact

On October 6, 2025, the PRA, Ms. Davi Schil received a call from a client receiving services at the Telecare Psychiatric Health Facility. The client complained that they were held illegally. The client was informed about the hearing process for 5250 detention and the right file a writ of habeas corpus.

On October 28, 2025, the PRA, Ms. Davi Schill received a call from a client receiving services at the Telecare Psychiatric Facility. The client voiced their concern that their rights as a transexual person were being violated since the client's scarf had been taken away. Ms. Schill interviewed the medical director and was informed that the call was at risk of self-harm. The PRA explained to the client the facility's reason for the removal of the scarf and informed the client that the property would be returned at the time of discharge

Reise and Certification Review Hearings
October 2025

1. TOTAL NUMBER CERTIFIED	24
2. TOTAL NUMBER OF HEARINGS	20
3. TOTAL NUMBER OF CONTESTED HEARINGS	7
4. NO CONTEST PROBABLE CAUSE	13
5. CONTESTED NO PROBABLE CAUSE	0
6. VOLUNTARY BEFORE CERTIFICATION HEARING	0
7. DISCHARGED BEFORE HEARING	4
8. WRITS	0
9. CONTESTED PROBABLE CAUSE	7
10. NON-REGULARLY SCHEDULED HEARINGS	1*

*AB2275 Hearing

Total time spent on both hearing preparation and hearing representation: 3.5 Hours

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

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

Reise Hearings. /Capacity Hearings
Total number of Riese petitions filed by the Telecare treating psychiatrist: 3
Total number of Riese Hearings conducted: 2
Total number of Riese Hearings lost: 2
Total number of Riese Hearings won: 0
Total number of Riese Hearings withdrawn: 2
Hours spent on conducted hearing representation: 2
Hours spent on hearings not conducted: .5
Hours spent on all Reise hearings: 2.5
Reise appeal: 0

Respectfully Submitted: Davi Schill, George Carvalho, PRA

Behavioral Health Director's Report
Dr. Marni R. Sandoval

Behavioral Health Advisory Board Meeting
November 20, 2025

I. Recovery Incentives Summary

Background:

The Recovery Incentives Program is California's *contingency management (CM)* pilot for Medi-Cal.. It's specifically targeted at people with **stimulant use disorder** and was made possible under CalAIM section 115 Medicaid waiver. The program structure is 24 weeks long of outpatient treatment. During weeks 1–12: participants are tested **twice a week** for stimulants and during weeks 13–24: testing is once per week. After the 24-week CM phase, participants get **at least 6 months of additional recovery support services**, but without incentives. Participants can earn **cash-equivalent rewards**, like low-denomination gift cards, when they test negative for stimulants. The **maximum incentive amount** per year is **$599**, assuming full adherence. Incentives are distributed via a third-party "incentive manager" (not directly by providers). Eligible participants are Medi-Cal beneficiaries currently enrolled in County SUD outpatient program and must have a diagnosis of moderate or severe stimulant use disorder.

Current program status in Santa Cruz County:

Recovery Incentives pilot launched 11/17/25 with currently eleven clients enrolled (totaling both NoCo & SoCo). We have five direct service SUDS providers (staff) trained as RI CM coordinators, plus our County SUDS Supervisor and Program Manager. Recently in Family Preservation Court a client shared about her experience starting in the Recovery Incentives pilot and shared that she is already feeling encouraged and confident in her recovery as a result of this program. We will provide quarterly reports showing data and outcomes once the program has been implemented for longer. Due to staffing and budget we are only able to offer this program to County SUDS clients at this time so our outreach efforts were limited to that program and we will not do any media campaigns or further outreach until we know if/when we're able to expand service provision.

II. Project Update: Aspiranet Youth Crisis Center

Operator (Aspiranet):

- Making strong progress in hiring and preparing to fully train incoming staff.
- Actively meeting with community partners who will refer youth to the center, including school-based therapists, local pediatricians, child psychiatrists, and Santa Cruz County FCS.

- Participating in the monthly Crisis Continuum Group to build relationships with law enforcement, emergency departments, and other key system partners to ensure smooth integration once the center opens.

Facility:

- Final updates are underway to support operations and enhance safety, flow, and functionality for youth receiving services.

Licensing:

- **CSU**: LPS Designation application has been submitted and is pending one remaining certification required for approval.
- **CCRP**: Aspiranet has submitted the full application and is working closely with a CCL analyst to navigate the complex approval process. Their prior STRTP licensing experience has helped streamline challenges other counties have encountered.
- Both licensing approvals are progressing in alignment with the requirements for upcoming Medi-Cal Certification.

Projected opening early 2026. CSU to open to community first, followed by CCRP.

III. Santa Cruz County Behavioral Health Community Program Planning (CPP) Process Updates

Completed:

- **System Mapping**
  - First internal system mapping session held on 11/12 to begin cross-walking existing programs to the new state-defined Behavioral Health Continuum of Care which will inform which of our existing programs what is allowable to be funded by the BHSA.
- **Outreach Efforts for Community Forums**
  - Print ads with Good Times, Pajaronian, The Sentinel, and El Avisador
  - Email blast
  - Outreach – Posted flyers at clinics, community centers, and libraries throughout the county
  - Press release
  - Social media posts on Facebook, Instagram, and LinkedIn
  - Metro bus ads
  - Advertised on santacruzhealth.org/BHSA
- **Community Forums**
  - Central County Community Forum held on 11/17
    - 23 people registered. 5 attended
  - North County Community Forum held on 11/18
    - 35 people registered. 21 attended
  - South County Community Forum held on 11/20
    - 26 people registered. 25 attended
- **Focus Groups**
  - Focus Group with County providers

        - 5 attended
    - Focus Group with interested BHAB members
        - 2 attended
    - Focus Group with justice involved adults
        - 3 attended
- **Key Informant Interviews (KII)**
    - 2 KIIs held to date

Upcoming:

- **Focus Groups** scheduled the first week of December:
    - 2nd Story program staff and consumers
    - Housing Matters LEAG members
    - Consumers with substance use disorders (SUD)
    - Spanish-speaking youth consumers and families
    - Diversity Center - LGBTQIA+ community
    - Transitional Age Youth (TAY) consumers
    - Consumers with severe mental illness (SMI)
    - Contract providers
- **Behavioral Health Services Act (BHSA) Educational Sessions** will be held virtually to educate the community and partners on the changes as a result of Proposition 1
- **Community Needs Survey** to collect additional feedback will be sent out early December
- **System Mapping**
    - A series of meetings will be held to continue mapping the system of care including fiscal mapping

IV. Emergency Food Bank Distribution Support

- On November 4th the County of Santa Cruz declared a local emergency due to disruptions in federal CalFresh benefits. Locally this will create food insecurity for numerous residents. In response, the Second Harvest Food Bank has set up several emergency food distribution events (flyer attached).
- Many community members are experiencing high levels of uncertainty, anxiety, stress, and fear. Yet they are apprehensive to seek government services to support their behavioral health needs. **Behavioral Health is here to help!**
- As a trusted partner of the Food Bank, BH was asked to have a presence at these distribution events to provide behavioral health services information and linkage to our care.
- Both BH and Clinic Services staff volunteered for the two events on 11/17 and 11/20. We are grateful to our staff and the food bank for providing support to our community given the circumstances.

Recovery Incentives Program

Provider Outreach & Communications Toolkit

January 9, 2024

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Contents

Toolkit Introduction

To expand access to evidence-based treatment for stimulant use disorder, DHCS is piloting Medi-Cal coverage of contingency management services in participating counties through the Recovery Incentives Program. Contingency management is an evidence-based practice that recognizes and reinforces individual positive behavior change consistent with meeting treatment goals, including medication adherence, as well as substance and stimulant nonuse.

The purpose of this Toolkit is to provide organizations offering the Recovery Incentives Program with messaging and resources to spread awareness about the new program among Medi-Cal members living with stimulant use disorder. This Toolkit includes sample messages and templates that can be used in various forms of outreach, including print and digital media. DHCS encourages organizations to integrate this messaging into existing communications channels. Outreach efforts may include, but are not limited to:

- Updating website text and scheduling email newsletters for Medi-Cal members (see "Sample Messages")
- Printing and distributing fliers to provider sites to increase referrals
- Preparing and sharing social media posts

DHCS recommends providers begin outreach to Medi-Cal members one month in advance of the launch of the Recovery Incentives Program. Find additional information about the Recovery Incentives Program on the DHCS Website.

Sample Messages

Sample Messages: Overview & Objectives

Overview

This section includes sample messages related to the efficacy and availability of the Recovery Incentives Program. DHCS encourages participating organizations to use the sample messages included in this Toolkit to ensure consistency in messaging throughout the State.

Target Audience

The messages included in this section are intended primarily, but not exclusively, for Medi-Cal members diagnosed with stimulant use disorder.

Objectives

The messages included in this Toolkit are intended to provide information about:

- Evidence of the effectiveness of contingency management services in treating stimulant use disorder;
- Role of incentives in driving positive behavior change over time; and
- Eligibility criteria for the Recovery Incentives Program.

Sample Messages: Website Text

Do you or someone you know use cocaine, methamphetamine, or other stimulants? An effective new treatment can help you or someone you know stop using and recover from stimulant use disorder. It's called the Recovery Incentives Program.

Beginning [Date], the Recovery Incentives Program is available to individuals who are enrolled in Medi-Cal and diagnosed with stimulant use disorder. The Recovery Incentives Program works by giving participants up to $599 in gift cards for not using cocaine, meth and other stimulants. The program measures changes in stimulant use with negative drug tests.

Please visit [Provider Name] or contact [Contact Information] to learn more about the Recovery Incentives Program.

Sample Messages: Email Newsletter

Subject: Recovery Incentives Program Now Available at [Provider Name].

Do you or someone you know use cocaine, methamphetamine, or other stimulants? An effective new treatment can help you or someone you know stop using and recover from stimulant use disorder. It's called the Recovery Incentives Program.

Beginning [Date], the Recovery Incentives Program is available to individuals who are enrolled in Medi-Cal and diagnosed with stimulant use disorder. The Recovery Incentives Program works by giving participants up to $599 in gift cards for not using cocaine, meth and other stimulants. The program measures changes in stimulant use with negative drug tests.

Please visit [Provider Name] or contact [Contact Information] to learn more about the Recovery Incentives Program.

Sample Messages: Social Media Posts

Sample Post 1

Beginning [date], individuals enrolled in Medi-Cal member can join the Recovery Incentives Program and may receive up to $599 for not using meth, cocaine, and other stimulants. Learn more at: [Website Link]

Sample Post 2

Do you or someone you know use cocaine, methamphetamine, or other stimulants? An effective new treatment can help. It's called the Recovery Incentives Program. Learn more at: [Website Link].

Sample Post 3

[Provider Name] is participating in the Recovery Incentives Program. Medi-Cal members may receive up to $599 to support recovery from stimulant use disorder. Learn more at: [Website Link].

Outreach Materials

Outreach Materials: Overview

Overview

This section includes materials developed by DHCS to support outreach to Medi-Cal members living with stimulant use disorder. Participating organizations should use these outreach materials to share information about the efficacy and availability of the Recovery Incentives Program with Medi-Cal members in their communities.

Materials

The outreach materials in this Toolkit include:

- Recovery Incentives Program Flyer
- Recovery Incentives Program Wallet Card
- Frequently Asked Questions

Outreach Materials: Flyer

Recovery Incentives Program

DO YOU OR SOMEONE YOU KNOW
USE COCAINE, METHAMPHETAMINE, OR OTHER STIMULANTS?

An effective new treatment can help you or someone you know stop using and recover from stimulant use disorder.

It's called the **Recovery Incentives Program.**

- ☑ If you are enrolled in Medi-Cal, **you may get up to $599 in gift cards** for not using meth, cocaine, and other stimulants.
- ☑ The program measures changes in stimulant use with negative drug tests.

WHY USE THIS PROGRAM?

Giving someone money or a gift card can trigger the same feeling of reward in their brain as cocaine or meth. This can help them replace their stimulant use with the rewards.

Research shows many benefits to treating stimulant use with programs like this, including:

☑ Reduce stimulant use ☑ Reduce stimulant cravings ☑ Increased number of days in treatment

Site/name: Phone #:

Recovery Incentives Program

HOW DOES THE RECOVERY INCENTIVES PROGRAM WORK?

The Recovery Incentives Program provides Medi-Cal members with small gift cards totaling up to $599 for not using meth, cocaine, and other stimulants, as measured by negative drug tests. Participants are rewarded for changing their behavior and receive support on their path to recovery.

HOW LONG IS THE PROGRAM?

- » The outpatient treatment lasts 24 weeks.
- » You must attend an in-office visit 2 times a week for 12 weeks.
- » You then must attend an in-office visit 1 time a week for 12 more weeks.

HOW DO YOU QUALIFY FOR THE PROGRAM?

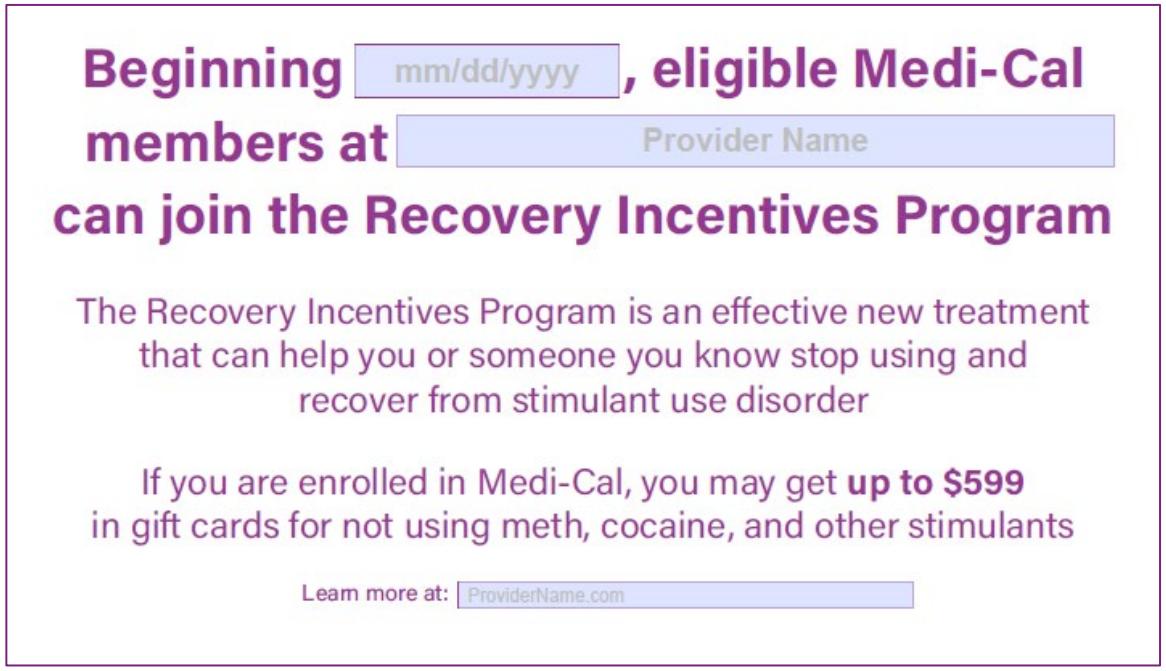
- » If you are enrolled in Medi-Cal and have a diagnosis of medium or severe stimulant use disorder, you can use this program.
- » To learn more about program requirements and which counties and provider organizations take part, go to https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx

CAN YOU GET MEDICATION ASSISTED TREATMENT (MAT) OR OTHER TREATMENTS WHILE IN THE PROGRAM?

- » If you have Medi-Cal and qualify for the program, you can keep getting other substance use disorder treatments, including MAT.
- » This program is not meant to replace MAT for opioid use or alcohol use disorders.

Recovery Incentives Program

Outreach Materials: Wallet Card



Outreach Materials: Frequently Asked Questions

What is the Recovery Incentives Program?

The Recovery Incentives Program is an evidence-based treatment for stimulant use disorder. The Recovery Incentives Program provides Medi-Cal members with small gift cards totaling up to $599 for not using meth, cocaine, and other stimulants, as measured by negative drug tests. Program participants are rewarded for changing their behavior and receive support on their path to recovery.

How does the program work?

Unlike with opioids, there is no approved medication to treat meth, cocaine, or other stimulants. Substance use offers a powerful, immediate reward. The Recovery Incentives Program confronts this challenge by offering financial incentives for not using stimulants. Giving someone money or a gift card can trigger the same feeling of reward in their brain as cocaine or meth. This can help them replace their stimulant use with the rewards.

How do you qualify for this program?

If you are enrolled in Medi-Cal and have a diagnosis of medium or severe stimulant use disorder, you can use this program. To learn more about program requirements and which counties and provider organizations take part, go to https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx.

Outreach Materials: Frequently Asked Questions

How long is the Recovery Incentives Program treatment?

The Recovery Incentives Program outpatient treatment lasts 24 weeks. Eligible Medi-Cal members must attend an in-office visit 2 times a week for 12 weeks, and then must attend an in-office visit 1 time a week for 12 more weeks.

Can you get Medication Assisted Treatment (MAT) or other treatments while in the program?

If you have Medi-Cal and qualify for the program, you can keep getting other substance use disorder treatments, including MAT. This program is not meant to replace MAT for opioid use or alcohol use disorders.

What happens if I test positive for stimulants during the Recovery Incentives Program?

Members will not be kicked out of the Recovery Incentives Program if they test positive for stimulants during an in-office visit. For each visit a member has a positive test, they will not receive an incentive. The member will have an opportunity to test negative for stimulants and re-earn the incentive in a follow-up visit.

Recovery Incentives Program

DO YOU OR SOMEONE YOU KNOW USE COCAINE, METHAMPHETAMINE, OR OTHER STIMULANTS?

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Site/name: Phone #:

Site/name: Phone #:

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Recovery Incentives Program

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Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program | Recovery Incentives Program

SANTA CRUZ COUNTY
Hope Forward | Esperanza Adelante

LEARN MORE

At a Glance: Youth Crisis Center Fact Sheet

Leading the Way: Santa Cruz County's First State-of-the-Art Youth Crisis Center

MISSION AND PURPOSE:

A safe, inclusive space where children and youth experiencing a mental health crisis can begin healing close to home.

Services are culturally responsive, equity-driven, family-centered, and community-connected—honoring each young person's identity, culture, and lived experience.

KEY MILESTONES:

Dec. 2022: Board approves purchase of 5300 Soquel Ave.

2021: Envisioning the program.

May 2023: Contract with 19Six Architects

Apr. 2024: Construction contract awarded to Bogard Construction

Apr. 2025: Aspiranet selected to operate CSU & CRP programs

Jun. 2025: CSU designated as an Acute Mental Health Facility under state law

Sep. 2025: Ribbon Cutting Ceremony

Winter 2025: Center opens to patients

CENTER FEATURES:

Designed for safety, comfort, and healing

- Warm, welcoming color palette & murals
- Privacy features in family & common spaces
- Fixtures/ features to prevent self-harm
- Durable yet comfortable furnishings
- Nurse call lights in rooms and restrooms
- Sound-proofing in key rooms
- Gradual on/off lighting

PROGRAMS:

Crisis Stabilization Unit (CSU)

An 8-chair unit offering assessment, short-term stabilization, and intensive support to reduce Emergency Room visits, shorten wait times, and connect youth to appropriate care.

*Average stay: under 24 hrs. Serves youth ages 5–17 living in Santa Cruz County, regardless of insurance status.**

Crisis Residential Program (CRP)

A 16-bed program offering therapeutic support, care coordination, and recovery-focused treatment for youth and their families.

A typical stay ranges from 2-10 days. Serves youth ages 12–17 with Medi-Cal or private insurance.*

**Some exceptions per California Department of Social Services regulations for clients ages 18-20 when clinically and developmentally appropriate.*

> *"By housing both programs together, youth can move seamlessly from immediate stabilization to residential care when needed--ensuring continuity and a smoother path to recovery."*

PROJECT FUNDING: $26.1 million

State Grants and County Sources

- CHFFA Grants (Rounds 3 & 4): $9.7M
- BHCIP Grant: $11.8M
- MHSA Capital Facilities: $2.1M
- Local Funding: $2.5M

CONDADO DE SANTA CRUZ
Hope Forward | Esperanza Adelante

MÁS INFO

En Resumen: Centro de Crisis para Jóvenes

Hoja Informativa

Liderando el Camino: El Primer Centro de Crisis para Jóvenes del Condado de Santa Cruz

MISIÓN Y PROPÓSITO:

Un espacio seguro e inclusivo donde niños y jóvenes que atraviesan una crisis de salud mental pueden comenzar a sanar cerca de su hogar.

Los servicios son culturalmente pertinentes, impulsados por la equidad, centrados en la familia y vinculados con la comunidad honrando la identidad, la cultura y la experiencia de vida de cada joven.

AVANCES PRINCIPALES:

Dic. 2022: La Junta apureba la compra de 5300 Soquel Ave.

Abr. 2024: Contrato de construcción otorgado a Bogard Construction

Jun. 2025: CSU es designado como centro de salud mental aguda según la ley estatal

Invierno 2025: Apertura del Centro para pacientes

2021: Visualizando el programa

Mayo 2023: Contrato con 19six Architects

Abr. 2025: Aspiranet es seleccionado para operar los programas de CSU y CRP

Sep. 2025: Ceremonia de inauguración

CARACTERISTICAS DEL CENTRO:

Diseñado para la seguridad, comodidad y sanación

- Murales con colores cálidos y acogedores
- Elementos de privacidad en areas comunes
- Instalaciones para prevenir autolesiones
- Mobiliario duradero pero confortable
- Luces de llamada a enfermería en habitaciones y baños
- Aislamiento acústico en areas clave
- Iluminación gradual de encendido/apagado

PROGRAMAS:

Unidad de Estabilización de Crisis

Una unidad de 8 sillas que ofrece evaluación, estabilización a corto plazo y apoyo intensivo para reducir las visitas a la sala de emergencias, acortar los tiempos de espera y conectar a los jóvenes con el nivel de cuidado adecuado.

Estancia promedio: menos de 24 horas.
Para jóvenes de 5-17 años que viven en el condado de Santa Cruz, sin importar su estatus de seguro.

Programa Residencial de Crisis

Un programa con 16 camas que ofrece apoyo terapéutico, coordinación de cuidado y tratamiento enfocado para jóvenes y sus familias.

La estancia tipica varia de 2-10 días. Para jóvenes de 12-17 años* con Medi-Cal o seguro privado.

**Algunas excepciones aplican conforme a las regulaciones del Departamento de Servicios Sociales de California para clientes de 18 a 21 años cuando sea clínicamente y desarrollativamente apropiado.*

> *"Al integrar ambos programas en un mismo lugar, los jovenes pueden pasar sin interrupciones al cuidado residencial cuando sea necesario -- lo que garantiza continuidad en la atención y un camino más fluido hacia la recuperación"*

FINANCIAMIENTO DEL PROYECTO: $26.1 milliones

Subvenciones estatales y fuentes del condado:

- Subvenciones CHFFA (Rondas 3 & 4): $9.7M
- Subvención BHCIP: $11.8M
- MHSA Instalaciones de capital: $2.1M
- Financiamiento local: $2.5M

Emergency Response:
Community Food Distributions

Respuesta de emergencia:
Distribución comunitaria de alimentos

Monday, November 10
4–5 p.m.
Harbor High School
300 La Fonda Ave., Santa Cruz

Friday, November 14
3:30–4:30 p.m.
New Brighton Middle School
250 Washburn Ave. Capitola

Saturday, November 15
9–11 a.m.
EA Hall Middle School
201 Brewington Ave., Watsonville

Monday, November 17
4–7 p.m.
Santa Cruz County Beach Boardwalk
100 Beach St., Santa Cruz

Thursday, November 20
4–8 p.m.
Santa Cruz County Fairgrounds
2601 E Lake Ave., Watsonville

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Santa Cruz County
Behavioral Health Advisory Board
Behavioral Health Strategic Plan 2026-2032
Crisis Response to Federal Medicaid Cuts
Capacity & Funding Analysis
& Recommendations

Presentation Date: November 20, 2025

Executive Summary - The Crisis

Federal Medicaid Cuts Create Immediate Crisis

- **Santa Cruz County Behavioral Health currently is underfunded and lacks critical step-down facilities and other services.**
- **OBBBA/HR1** enacted $1 trillion in Medicaid cuts over 10 years
- **Santa Cruz County Impact:** $21.5M annual federal revenue loss
- **Patients at Risk:** 2,390 (40% of current 5,922 caseload)
- **Timeline:** Federal cuts begin **January 1, 2026** — just 6 weeks away
- **This transforms strategic planning from growth to crisis survival.**

Eight Federal Provisions Impacting Santa Cruz County

Breakdown of $21.5M Annual Revenue Loss

1. **Enhanced FMAP-Federal Medical Assistance Percentage Elimination** - $3.5M loss, 650 patients affected
2. **Work Requirements (80 hrs/month)** - **$8.2M loss, 890 patients** *LARGEST CUT, takes effect January 2027*
3. **Six-Month Redetermination** - $2.1M loss, 450 patients
4. **Provider Tax Cap Reduction** - $1.8M loss
5. **State-Directed Payment Restrictions** - $2.4M loss
6. **Medicare Sequestration (4%)** - $0.8M loss, 120 dual-eligible patients
7. **Refugee/Asylum Medi-Cal Elimination** - $1.2M loss, 280 patients
8. **Administrative Burden Costs** - $1.5M in new compliance costs
9. **Total Impact:** $21.5M annual loss (17.3% of current federal/state funding)

Two Scenarios
System Collapse vs. Strategic Mitigation

The Choice Before Us

- **Scenario A: Without Aggressive Mitigation (System Collapse)** - 2,250 patients lose services (38% reduction) - General Fund burden remains at $12.8M annually - Original growth objectives completely abandoned - Service capacity drops to 62%
- **Scenario B: With Aggressive Crisis Mitigation (Revised Strategic Plan)** - 1,522 patients lose services (26% reduction) - Net General Fund **SURPLUS** by Year 6 - System stabilizes at 74% capacity - $145M in mitigation strategies over 6 years

Financial Comparison
Mitigation vs. No Action

- **Baseline (2023-24) vs. Year 6 (2031-32)**

Metric	Baseline 2023-24	Year 6 WITHOUT Mitigation	Year 6 WITH Mitigation
General Fund Required	$13.8M	$12.8M	**-$2.7M (surplus)**
Patients Served	5,922	3,672 (62% capacity)	4,400 (74% capacity)
Federal Revenue	$124.2M	$102.7M	$102.7M
Service Capacity	100%	**62% - Catastrophic**	**74% - Sustainable**
Patient Loss	-	2,250 (38%)	1,522 (26%)

- **Key Difference:** Aggressive mitigation retains 728 additional patients and achieves financial sustainability.

Phase 1 (Years 1-2, 2026-2027) Emergency Stabilization

Six Critical Priorities

1. **CRITICAL Priority: Mitigate Federal Medical Assistance Percentage (FMAP) Loss** - Secure $2M state bridge funding by June 2026 - Enroll all 650 ACA expansion patients before January 1, 2026 deadline
2. **CRITICAL Priority: Prevent Work Requirement Disenrollment (January '27)** - Create Work Requirements Support Office (3 FTE by March 2026) - Reduce disenrollment from 890 to 400 patients (55% retention)
3. **HIGH Priority: Emergency CCAH Partnership Funding** - Achieve a minimum $15M CCAH capital commitment for crisis facilities from CCAH ~$815m excess reserves.
4. **HIGH Priority: Expand County-Funded Safety Net (MediCruz)** - Scale MediCruz from 15 to 500+ enrollees - Increase budget from $400K to $7M annually
5. **HIGH Priority: Emergency City Partnership Funding** - Secure $3M annual city contributions
6. **MEDIUM Priority: Revenue Optimization (Accelerated)** - Recover $7M annually in underbilled Medi-Cal services by December 2026

Phase 2 (Years 3-4, 2028-2029) Service Redesign & Adaptation

Four Adaptation Priorities

1. **HIGH Priority: Service Redesign for Uninsured Care** - Use BHSA flexibility to serve 2,000+ uninsured patients annually - Establish sliding-fee schedule based on Federal Poverty Level
2. **MEDIUM Priority: High-Cost Beneficiary Intensive Management** - Deploy Level of Care (LOC) tool immediately - Reduce HCB average annual costs by 25% (from $46K to $35K) - Save $9.4M over 3-year period
3. **CRITICAL Priority: Emergency General Fund Augmentation** - Request $23M cumulative emergency allocation over FY 2026-28 - Phased increases: $5M (FY 2025-26), $8M (FY 2026-27), $10M (FY 2027-28)
4. **MEDIUM Priority: Watsonville Hospital Partnership** - Coordinate care for 500+ uninsured 95076 zip code residents - Reduce hospital uncompensated behavioral health costs by $2M annually

Phase 3 (Years 5-6, 2030-2031)
Long Term Sustainability

Five Sustainability Priorities

1. **High Priority: Crisis Stabilization Expansion** - Reduce out-of-county transfer costs from $23.5M to $12.5M annually - Save $11M annually by 2031
2. **HIGH Priority: State Advocacy for Backfill Funding** - CBHDA statewide coalition - Support Proposition 35 fund redirect to backfill FMAP losses - Target: $10-15M annual state funding by 2030
3. **MEDIUM Priority: Alternative Payer Models** - Negotiate risk-based contracts with commercial insurers and CCAH - Generate $5M annually from alternative payers by 2030 - Reduce Medi-Cal dependency from 90% to 75%
4. **MEDIUM Priority: Crisis Stabilization Expansion** - Convert crisis beds to 24/7 operation and add 8 beds
5. **HIGH Priority: Workforce Retention Under Duress** - Deploy emergency retention bonuses ($5K-$10K) - Maximize BH-CONNECT $1.9B workforce investment - Reduce vacancy rate from 30% to 20% by 2031

Total Funding Requirements
6-Year Overview

- **Year-by-Year Financial Projection (WITH Mitigation)**

Year	Federal Cuts	Mitigation Revenue	Cost Reductions	Emergency GF	Net GF Required	Patients
Baseline 2023-24	$0.0M	$0.0M	$0.0M	$0.0M	**$13.8M**	5,922
Year 1 (2026-27)	-$6.8M	$12.0M	$2.5M	$5.0M	**$6.1M**	5,700
Year 2 (2027-28)	-$14.5M	$15.5M	$4.0M	$8.0M	**$8.8M**	5,100
Year 3 (2028-29)	-$18.2M	$19.5M	$6.0M	$10.0M	**$6.5M**	4,800
Year 4 (2029-30)	-$19.5M	$24.0M	$7.5M	$8.0M	**$1.8M**	4,600
Year 5 (2030-31)	**-$20.1M**	**$27.0M**	**$9.0M**	**$6.0M**	**-$2.1M ✓**	**4,500**
Year 6 (2031-32)	**-$21.5M**	**$28.0M**	**$10.0M**	**$4.0M**	**-$2.7M ✓**	**4,400**

- **By Year 5, the system achieves net General Fund surplus through aggressive emergency measures.**

Immediate Actions Required (November-December 2025)

Critical Deadlines – Next 6 Weeks

1. **Board of Supervisors Emergency Session (Deadline: December 31, 2025)** - ✓ $5M emergency General Fund allocation for FY 2025-26 - ✓ MediCruz expansion authorization ($6.6M increase) - ✓ City funding request authorization - ✓ Work Requirement Support Office hiring authorization (3 FTE)
2. **CCAH Board Presentation (Deadline: December 31, 2025)** - ✓ $15M emergency capital commitment request
3. **City Council Presentations (Deadline: January 31, 2026)** - ✓ Santa Cruz, Watsonville, Capitola, Scotts Valley - ✓ Request phased contributions: $1M Year 1, $2M Year 2, $3M Year 3+
4. **Operational Launch (Deadline: March 1, 2026)** - ✓ Work requirement navigation office operational

Critical Risk Assessment

Five Major Implementation Risks

Risk	Probability	Impact	Consequence
Board rejects emergency funding	20-30%	Catastrophic	System collapse inevitable
CCAH declines $15M investment	30-40%	Severe	Crisis stabilization delayed
Cities reject funding requests	50-60%	Significant	$3M annual shortfall
Work requirements exceed projections	40-50%	Severe	1,200+ patients lost (vs. 890)
State fails to backfill FMAP losses	60-70%	Moderate	Long-term sustainability threatened

Contingency Planning: Each risk has mitigation strategies and fallback positions documented in full strategic plan.

Geographic & Equity Impact
95076 Zip Code (Watsonville)

- **Disproportionate Impact on Watsonville Community**
- **Current Crisis Indicators:** - **40%** of all county out-of-county psychiatric transfers originate in Watsonville - **31st percentile** Healthy Places Index (county average: 57th percentile) - **Mental Health Index rank 5** - "High Need" designation - **280 refugee/asylum patients** at risk ($1.2M loss) - concentrated in 95076 - **Watsonville Community Hospital** running on "razor-thin margins"
- **Targeted Response:** - Watsonville Hospital partnership serving 500+ uninsured residents - MediCruz expansion prioritizing South County - 25% increase in Spanish-speaking staff recruitment
- **Equity imperative drives city funding requests and service redesign priorities.**

Mitigation Strategy Summary
$145M Over 6 Years

Four-Pillar Approach Offsetting $129M Federal Cuts

- **1. Enhanced Cost Reductions** - Out-of-county transfer prevention ($12.5M annually by 2031)- $40M total - High-Cost Beneficiary management (25% reduction)
- **2. Emergency Local Funding** - $28M total - City contributions: $3M annually (phased) - CCAH capital investment: $15M - Emergency General Fund augmentation: $23M over 3 years
- **3. Accelerated Revenue Optimization** - $42M total - Underbilling recovery: $7M annually - Productivity dashboard implementation - Provider Medi-Cal enrollment maximization
- **4. County-Funded Safety Net (MediCruz)** - $35M total - Expansion from 15 to 500+ enrollees - Sliding-scale uninsured services - Hospital partnership cost-sharing
- **Total mitigation exceeds federal cuts, enabling net surplus by Year 5.**

Key Recommendations

Eight Priority Actions for Board Approval (1-4)

1. **Approve emergency General Fund allocation** ($23M over 3 years)

   Phased: $5M (FY 25-26), $8M (FY 26-27), $10M (FY 27-28)

2. **Expand MediCruz county program** from 15 to 500+ enrollees

   Budget increase from $400K to $7M annually, over 6 years.

3. **Establish Work Requirements Support Office** (3 FTE by March 2026)

   Prevent 490 patient disenrollments through navigation services

4. **Secure CCAH $15M capital commitment**

   Crisis stabilization facility expansion and workforce development using funds from the ~$815M excess reserves.

Key Recommendations

Eight Priority Actions for Board Approval (5-8)

5. **Execute city funding partnerships** ($3M annually)
   Present equity framework to Santa Cruz, Watsonville, Capitola, Scotts Valley
6. **Deploy High-Cost Beneficiary management** (reduce costs 25%)
   Implement Level of Care tool with HSA-CCAH-Sheriff-hospitals coordination
7. **Advocate for state Proposition 35 FMAP backfill**
   Join CBHDA coalition; target $10-15M annual state funding
8. **Implement workforce retention strategies** (BH-CONNECT grants)
   Emergency retention bonuses; salary adjustments; bilingual recruitment

Conclusion
Emergency Action is Needed

- **Without Mitigation:** - 2,250 patients lose services (38% reduction) - $35M+ General Fund burden annually - Service capacity drops to 62% - Workforce exodus accelerates to 40%+ vacancies - Risk of federal SAMHSA grants and DHCS certification loss
- **With Mitigation:** - 1,522 patients lose services (26% reduction) - **728 patients saved** - Net General Fund **surplus** by Year 5 - Service capacity stabilizes at 74% - Workforce vacancies reduced to 20% - System achieves “new normal” sustainability
- **Timeline is Critical:** Federal cuts begin January 1, 2026 – just 6 weeks away
- **Next Step:** Emergency Board of Supervisors session by **December 15, 2025**

Sources for this report

- **County Behavioral Health Strategic Planning Document:** The official county report outlining mental health and substance use disorder service gaps, stakeholder recommendations, and future funding models.

- **County Proposed Budget for 2025-26:** Details expected staffing and funding changes in the Behavioral Health and related health divisions, including impacts of state and federal policy changes and new infrastructure priorities.

- **Behavioral Health Services Act (BHSA) Policy Manual:** State administrative guidelines for planning, funding, reporting, and outcome measurement under the reformed MHSA program starting in 2026.

- **BHSA Integrated Plan Template:** The required state standard form counties must use to submit their multi-year behavioral health strategies, budget projections, and compliance plans.

- **Grand Jury Reports (2024 and 2025):** Independent oversight documents analyzing county spending, program outcomes, system gaps, and recommendations for health, housing, and social services improvements.

Sources for this report

- **Criminal Justice Council Annual Reports:** Data and analysis documenting justice-involved populations and the effectiveness of behavioral health interventions linked to public safety.
- **Central California Alliance for Health (CCAH) Finance Committee Report:** Regional managed care organization's fiscal overview, including reserve funds and investment strategies relevant to county behavioral health partnerships.
- **Mental Health Outcome Measure Workbooks:** State technical guides and spreadsheets describing how counties should collect, measure, and report behavioral health quality indicators.
- **Strategic Plan Survey Document:** The county's outreach tool for gathering public input on priorities for the next strategic plan cycle, including mental health and equity topics.
- **Santa Cruz County Homeless Services & Coordination Report:** Summary of local strategies, progress, and partnerships on housing and health supports for unhoused residents.
- **Santa Cruz County Strategic Plan 2026-2032:** A multi-year countywide plan covering priorities in health, housing, safety, equity, and government services for 2026-2032.

DATA NOTEBOOK 2025

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

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

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

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

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

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

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

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

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

https://www.surveymonkey.com/r/data-notebook2025

Table of Contents

CBHPC 2025 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

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

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

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

- To help local boards meet their legal mandates[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.

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

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local boards who completed their Data Notebooks. These reports feature prominently on the 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].

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

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

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

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

[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Behavioral Health Boards and Commissions website.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.
[4] Wellness and Recovery Centers: An Evolution of Essential Community Resources. Published 2011 by the California Behavioral Health Planning Council.

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

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

Defining Wellness and Recovery Centers

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

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

2025 Data Notebook Survey Questions

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

1. **What is the name of your county?** *Santa Cruz County*
2. **How many Wellness Centers are there in your county?** *Two*
3. **Does your county also currently operate a Clubhouse Model program?** *No*

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

Section 1: Program Operations

4. **Name of Center/Program** *Volunteer Center of Santa Cruz County – Mariposa Wellness Center Program*
5. **Address (Text Response)** 10 Carr St. Watsonville, CA
6. **Is the program operated by the county?** *No*
7. **Is the program a non-profit organization?** *Yes*
8. **Is the program part of another organization?** *No*
9. **Does the program receive any issues or stigma from the surrounding community, i.e. "NIMBYism"?** *No*
10. **Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information.**
    a. Shawn Peterson, Director of Impact and Programs

       shawn@scvolunteercenter.org

       (831) 251-5699

Section 2: Management of the Program:

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

12. **Are the participants engaged in the management and design of the program?** *Yes*
13. **Will the program assist participants' inclusion in community planning activities, such as the integrated plan for the behavioral health department?** *Yes*

Section 3: Program Model

14. **Is the program based on the recovery model?** *Yes*
15. **Is the program drop-in?** *Yes*
16. **Please indicate who is welcome at your center** *(check all that apply):*
    a. **Persons who identify mental health needs**
    b. **Persons who identify substance use disorders needs**
    ~~c. Persons who do not identify with either category~~
    ~~d. Other *(text box)*~~
17. **Does your program follow a specific model? If yes, what is the name of the model?** *Yes, the program is founded on the Recovery Model and utilized IPS Supported Employment, Illness Management & Recovery (IMR) and Integrated Dual-Disorder Treatment (IDDT).*

Section 4: Program Finances

18. **Which of the following funding sources are used for program operations?** *Please check all that apply.*
    a. **County**
    b. **MediCal**
    ~~c. BHSA~~
    ~~d. Grants~~
    ~~e. Other *(text response)*~~
19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?** *Yes, the Volunteer Center of Santa Cruz County.*

Section 5: Program Staffing

20. **Do the supervisors of the program have lived experience?** *Yes*
21. **Does the program utilize volunteers with lived experience from your membership?** *Yes*
22. **Does the program utilize other volunteers, such as family members of people with lived experience?** *Yes*
23. **Does the program employ certified peer support specialists?** *Yes*

24. **If you answered "Yes" to question 22, are the peer support specialists the program employs billing Medi-Cal for their services?** *Yes*
25. **Please list other categories of people working in the program:** *Mental Health Specialist, Peer Specialist, Employment Specialist & LCSW.*

Section 6: Activities and Supports

26. **Does the program have guidelines or a code of conduct that participants must agree to?** *Yes*
27. **Does the center offer support or activity focused groups? If yes, what are some of the topics?** *Yes, the center offers an array of support and activity focused groups including Illness Management & Recovery (IMR), Integrated Dual-Disorder Treatment (IDDT), Independent & Coping Skill Building, Meal Prep & Cooking, Gardening and Physical Activity Groups.*
28. **Does the center have a set schedule of groups and activities?** *Yes*
29. **Is there a list of activities provided to participants by staff?** *Yes*
30. **Does the center offer activities in different languages? If yes, what languages?** *Yes, we have bilingual English/Spanish staff, groups and materials. The Center also have access to translators of non-english/Spanish speakers.*
31. **What personal supports does the center offer to participants?** *Please check all that apply:*

    ~~a. Showers~~
    b. Meals
    c. Snacks
    ~~d. Laundry services~~
    e. Clothing closet
    ~~f. Personal grooming~~
    g. Personal products / toiletries
    h. Food Distribution
32. **Are transportation services or support provided to participants?** *Yes*
33. **Is there a licensed clinician at the center?** *Yes*
34. **Do you provide medication management support? If yes, please describe the services.** *No*

Section 7: Participant Referrals

35. **Does the program accept drop-in participants?** *Yes*
36. **Does the program receive referrals from the county?** *Yes*

37. **Does the program receive referrals from other organizations? If yes, please list some of those organizations.** *Yes, Encompass Community Services & Front St. Inc.*

Section 8: Other Information

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

39. **If possible, please describe one brief success story from/about the program.** *Participant J. is a Spanish speaker with a long history of involvement in the criminal justice system and acute locked-care. J. also experienced significant challenges with co-occurring mental health/substance abuse challenges. J. became an active participant in the Mariposa Wellness Center program and graduated the IDDT Co-Occurring 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. received 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.*

Post-Survey Questionnaire

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

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

    Jane Batoon-Kurovski

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    (831) 454-4611
4. **Please provide contact information for your board's presiding officer** (chair, etc.)

    Xaloc Cabanes

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5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**

    N/A