

2025 Data Notebook Survey Questions

1. What is the name of your county? *(Drop down menu)*
El Dorado
2. How many Wellness Centers are there in your county? *(Numerical response)*
3
3. Does your county also currently operate a Clubhouse Model program?
Yes

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

Section 1: Program Operations

4. Name of Center/Program *(Text Response)*
West Slope Wellness Center
5. Address *(Text Response)*
768 Pleasant Valley Rd., Diamond Springs, CA 95619
6. Is the program operated by the county?
Yes
7. Is the program a non-profit organization?
No
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. *(Text Response)*
Christianne Kernes, LMFT, Deputy Director of Behavioral Health (530) 573-7956

Section 2: Management of the Program:

11. Does the program have a Board of Directors?
No
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*):

- ☒ Persons who identify mental health needs
- ☒ Persons who identify substance use disorders needs
- ☒ Persons who do not identify with either category
- Other (*text box*)

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

Yes, Recovery Model

Section 4: Program Finances

18. Which of the following funding sources are used for program operations?

Please check all that apply.

- County
- ☒ MediCal
- BHSA
- Grants
- ☒ Other (*text response*) MHSA

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

No

Section 5: Program Staffing

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

No

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

No

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?

No

24. If you answered "Yes" to question 23, are the peer support specialists the program employs billing Medi-Cal for their services?

No

25. Please list other categories of people working in the program: *(Text Response)*

Full Time & Extra Help Mental Health Workers, Mental Health Aides

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: Walking, Current Events, Communication, Music, Art, Health & Wellness, Band, Sports Activities, Diversion, Men's & Women's, T-Skills Yoga & Meditation, Shopping, Gardening, Cooking, Exercise, Outings, Social Activities, dialectical behavior therapy, conflict resolution, co-concurring process group, healthy healing

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: Translation services available upon request

31. What personal supports does the center offer to participants? *Please check all that apply:*

- Showers
- ☒ Meals
- ☒ Snacks
- Laundry services
- ☒ Clothing closet
- ☒ Personal grooming
- ☒ Personal products / toiletries
- ☒ Other (text response) Cooking classes

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.

Yes: Outpatient Clinic operations, adjacent to the Wellness Center

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: El Dorado Community Health Center, El Dorado County Psychiatric Health Facility, Marshall Medical Center

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.

(Large text box)

One of our current WC program participants has made a huge turnaround. This gentleman suffers from severe schizophrenia. He came to our Wellness Center program after being referred for Specialty Mental Health Services, through Conservatorship. He was initially placed in an In-Patient Psychiatric Facility. He transitioned to a Mental Health Rehabilitation Center, then to a Social Rehabilitation Facility. Now he is residing at a Transitional-House, which is the least restrictive setting within our System of Care. He is slated to move into Independent Housing. This client is regularly volunteering at the Wellness Center; cooking there twice per week. Additionally, he has had a huge breakthrough recently while participating in one of the Wellness Center program walking groups. Normally he has worn -on his person, a large coat and backpack, even in high temperature weather. He said felt he could not remove his coat or backpack because of the voices he was hearing. But just the other day he asked our staff member to take these items and keep them in the van during his walk, for the first time. In his own words, he said "I'm okay now".

40.

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)*

☒ BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.

• BH board completed the majority of the Data Notebook.

☒ Data Notebook placed on agenda and discussed at board meeting.

☒ BH board work group or temporary ad hoc committee worked on it.

☒ BH board partnered with county staff or director.

☒ 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.

a. Other (please specify)

2. Does your board have designated staff to support your activities?

Yes: Program Manager

3. Please provide contact information for this staff member or board liaison.

Meredith Zanardi, meredith.zanardi@edcgov.us, (530) 621-6340

4. Please provide contact information for your board's presiding officer (chair, etc.)

James Abram, EDC Behavioral Health Commission Chair, jimabram@comcast.net, 530-306-3897

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

In light of how things are changing towards BHSA, how are programs being adapted and relationships with providers being built to navigate that change.

Data notebook didn't allow for more programs and therefore is incomplete in representing the system as a whole.