



## California Behavioral Health Planning Council (CBHPC) 2025 Data Notebook

Focus area: Wellness and Recovery Centers in California's Public Behavioral Health System

Question	Response
1. What is the name of your county?	San Diego County
2. How many Wellness Centers are there in your county?	0
3. Does your county also currently operate a Clubhouse Model program?	Yes

## **INSTRUCTIONS:**

For the following questions, please select <u>one</u> 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 applicable, not known and/or 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	The Meeting Place
5.	Address	2553 State St, San Diego, CA 92101
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.	Kendra Mackey, Behavioral Health Program Coordinator Kendra.Mackey@sdcounty.ca.gov
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
1	Yes
15. Is the program drop-in?	165
16. Please indicate who is welcome at your center.	a. Persons who identify mental health needs
16. Please indicate who is welcome at	

	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 community through participation in social and recreational 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 employment and housing navigation.
Section 4: Program Finances	
18. Which of the following funding sources are used for program operations?  a. County b. MediCal c. BHSA d. Grants e. Other  19. Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?	c. BHSA  No
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?	No
22. Does the program utilize other volunteers, such as family members of people with lived experience?	No
23. Does the program employ certified peer support specialists?	No

24. If you answered "Yes" to question 22, are the peer support specialists the program employs billing Medi- Cal for their services?  25. Please list other categories of people working in the program:	Clubhouse Generalist     Peer Support Specialist     Supplemental Security Income (SSI)     Advocate     Job Developer
Section 6: Acti	vities 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, unit meetings are held to organize the work of running the clubhouse. Members are engaged in events both recreational/social and in tasks of operating the clubhouse.
28. Does the center have a set schedule of groups and activities?	Yes, daily structure is based on Work Ordered Day as part of the clubhouse model.
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?	No, but interpreters are accessed if needed.
31. What personal supports does the	b. Meals
center offer to participants?  a. Showers	c. Snacks
b. Meals c. Snacks d. Laundry services e. Clothing closet f. Personal grooming g. Personal products / toiletries h. Other (text response)	h. Supports with community resources
32. Are transportation services or support provided to participants?	Yes

33. Is there a licensed clinician at the center?	No	
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, from mental health clinical staff within the system of care (SOC).	
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.	A member was hired at Sea World! Her position is Seasonal Sales Ambassador. The various tasks she will be working on include greeting guests, and conducting cashless transactions when guests buy merchandise. Now partially thanks to <i>The Meeting Place</i> and all their help, she is confident and wants people to learn from her and not give up. She is very proud of herself. As she should be!	
Post-Survey Questionnaire		
What process was used to complete this Data Notebook?     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.	

	<ul> <li>c. Data Notebook placed on agenda and discussed at board meeting.</li> <li>d. BH board work group or temporary ad hoc committee worked on it.</li> <li>e. BH board partnered with county staff or director.</li> <li>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.</li> <li>g. Other (please specify)</li> </ul>	
2.	Does your board have designated staff to support your activities?  a. Yes (if yes, please provide their job classification)  b. No	Yes, Administrative Analyst I, Administrative Analyst III, Asst Medical Services Administrator, Behavioral Health Program Coordinator
3	Please provide contact information	Maria Molina Melendez
<b>J.</b>	for this staff member or board liaison.	Maria.Molina-Melendez@sdcounty.ca.gov
1	Please provide contact information	Robin Sales
4.	•	rsales728@gmail.com
	for your board's presiding officer (chair, etc.)	13ale37 20(@gmail.com
5.	Do you have any feedback or	None
	recommendations to improve the	
	Data Notebook for next year?	