San Mateo County Behavioral Health and Recovery Services

Mental Health Services Act Innovation Evaluation

Recovery Connection Center Annual Report

Fiscal Year 2023–2024

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This report was developed by RDA Consulting under contract with the County of San Mateo Behavioral Health and Recovery Services.

RDA Consulting, 2024

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Acknowledgements

A heartfelt thank you to the program participants, WRAP facilitators, and community partners who offered feedback about their experiences.

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Lastly, an acknowledgement to the RDA team who completed this evaluation: Caroline Calonge, Dina de Veer, Paulina Hatfield, and Vanessa Guerrero.

Introduction

In 2004, California passed Prop 63, the Mental Health Services Act (MHSA). The MHSA aims to expand and transform the public behavioral health system with the values of 1) Recovery, Wellness, and Resiliency; 2) Consumer and Family Driven; 3) Community Collaboration; 4) Cultural Competency; and 5) Integrated Services.

The purpose of the MHSA Innovation (INN) component is to pilot new and emerging behavioral health approaches to address the needs of underserved populations and contribute to learning across the state. MHSA INN funds provide an opportunity for counties to implement innovative behavioral health services and learn about practices that have the potential to transform the behavioral health system.

Pursuant to Welfare and Institutions Code Section 5830, all MHSA INN projects must meet the following requirements:

1. Address one of the following as its primary purpose:

- Increase access to underserved groups.
- Increase the quality of services, including measurable outcomes.
- Promote interagency and community collaboration.
- Increase access to services.

2. Support innovative approaches by doing one of the following:

- Introducing new behavioral health practices or approaches, including, but not limited to, prevention and early intervention.
- Making a change to an existing behavioral health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Introducing a new application to the behavioral health system of a promising community-driven practice or an approach that has been successful in non-behavioral health contexts or settings.

In December 2022, San Mateo County (SMC) Behavioral Health and Recovery Services (BHRS) was awarded a five-year MHSA INN grant from the MHSOAC to implement the Recovery Connection Center ("Recovery Connection"). This report details the first fiscal year[1] (FY) of program implementation from July 1, 2023 to June 30, 2024.

INNOVATION (INN)

INN projects are new, creative mental health practices/approaches that contribute to the learning process in the mental health field. INN projects must be developed in partnership with communities through a process that is inclusive and representative, especially of unserved and underserved, and inappropriately served individuals.

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[1] Fiscal year goes from July 1st of the previous year to June 30th of the following year.

Program Overview

Recovery Connection is a one-stop drop-in center for individuals with substance use challenges and/or mental health challenges. Recovery Connection utilizes a peer-support model and provides linkages to services and resources. According to SAMHSA, a peer-support model improves relationships between providers and participants, increases services retention, reduces substance use, and decreases criminal justice involvement. Recovery Connection centers around Wellness Recovery Action Plan (WRAP) programming, which includes an eight-week WRAP group that helps participants acquire tools to support recovery, build positive social networks, increase self-awareness and accountability, and improve mental health while increasing a sense of hope and purpose. SMC BHRS contracted with Voices of Recovery San Mateo County (VOR SMC) to deliver Recovery Connection program services.

In addition to WRAP groups, Recovery Connection offers the following services:

- **Peer Mentoring and Coaching**. Peers provide one-on-one mentoring and coaching to support participants on their road to recovery. This includes setting goals, developing WRAP plans, finding sober housing, and developing healthy relationships.
- **Linkages to Mental Health, Substance Use, and Other Services**. Staff are trained to identify participants who would benefit from treatment, connecting them to behavioral health services as needed. Staff also provide referrals to outside resources like housing, job training, and basic needs resources.
- **Health and Wellness Classes**. Staff offer classes with discussions on health topics.
- **Job Readiness and Employment Services**. Staff and partners assist with resume writing, improving computer skills, and connecting participants to job opportunities.
- **Volunteer Opportunities**. There are opportunities for participants to volunteer at the Recovery Connection center, such as tabling and setting up for events as well as assisting with WRAP groups and health and wellness classes.
- **WRAP Training**. The center provides ongoing training in WRAP to peers, clinicians, and paraprofessionals to increase the number of certified WRAP providers.

For more information about Recovery Connection, see **Appendix A**.

Program Innovations and Adaptations

Aug - Oct 2023	Nov 2023 - Jan 2024	Feb - Apr 2024	May – Jun 2024
• Program launched • Hired staff • Found a new building • Secured a designer for the building • Hosted first public event at new location	• Fully moved into new building • Onboarded volunteers • Started to deliver services, running groups 3x/week	• Some staff turnover & hiring paused • Trained 10 new advanced-level WRAP facilitators • Launched Advisory Group	• Lift fully installed • Building fully furnished • Started inviting organizations to give presentations

Establishing Program Operations. When the program launched, Recovery Connection leadership set out to assemble a team of passionate staff of recovery coaches, an executive assistant, and outreach workers. Despite some staff turnover, the team continued to grow. The program secured a new building and upon move-in, leadership quickly brought on a designer to furnish the building and worked to enhance accessibility by installing a lift. Establishing program operations set a firm foundation for Recovery Connection to deliver services.

Recovery Connection Center Grand Opening

Launching Community Events and Services. As program operations were being established, Recovery Connection began engaging with and serving the community. The program hosted community events open to the public that brought together the recovery community to learn about resources available, have thoughtful discussion, and socialize with others. Within the walls of the Recovery Connection Center, the program began delivering services, including WRAP groups and trainings. There was an increase in participation over time, with new clients visiting the Center after attending community events. Recovery Connection also launched their Advisory Group, bringing community and client voice into program planning.

For a detailed description of program implementation updates, see **Appendix B**.

Evaluation Overview

In July 2023, SMC BHRS contracted RDA Consulting (RDA) to conduct a multi-year evaluation of the Recovery Connection program. The purpose of this evaluation is to: (1) evaluate Recovery Connection processes (implementation) and outcomes; (2) support continuous program improvement efforts; and (3) satisfy and comply with MHSA INN regulatory requirements, including annual and final evaluation reports to the MHSOAC.

Since starting the evaluation of the Recovery Connection program in July 2023, RDA has worked closely with VOR SMC and SMC BHRS to accomplish several key evaluation activities:

Developed an Evaluation Plan and Data Collection Tools. In partnership with VOR SMC, RDA developed an evaluation plan that is intended to be used as a roadmap throughout the evaluation process. This plan includes learning goals, evaluation questions, the proposed evaluation methodology and analytic framework, potential limitations, and reporting requirements. RDA also developed data collection tools including focus group protocols, a participant intake form, participant surveys, and WRAP surveys.

Data Collection. RDA facilitated focus groups with both Recovery Connection staff as well as participants. RDA solicited feedback from community partners and WRAP facilitators via email and survey. VOR SMC administered the participant intake form, recovery management plans, referrals, WRAP sign-in sheets, and applications. SMC BHRS administered WRAP post-training surveys.

Data Analysis. To inform this report, RDA analyzed the data collected in the first FY of the program. This includes data gathered from the focus groups, intake forms, recovery management plans, referral data, WRAP sign-in sheets, WRAP applications, and WRAP post-training surveys. Together, RDA and VOR SMC made sense of the findings during a virtual data party. During the data party, VOR SMC provided RDA with additional insights to help inform data interpretation.

Throughout this partnership, RDA held monthly meetings with VOR SMC and SMC BHRS to stay updated on the program's progress, discuss any new developments, and share evaluation progress. Collectively, these efforts have laid the groundwork for an evaluation that will help to answer key questions about how the program is working and the impact it is having on the program participants. The following section outlines the specific evaluation questions guiding this work.

Evaluation Questions

RDA and VOR SMC program leadership developed a set of evaluation questions to guide the assessment of the Recovery Connection program. The evaluation questions serve as a framework for assessing the program's implementation, its impact on access and utilization of recovery services, participant outcomes, and program adaptability.

Table 1. Evaluation Questions and Associated Learning Goals

Evaluations Questions and Learning Goals	
Q1	How is the Recovery Connection **program being implemented** over time?
	Leaning Goal To assess and improve the implementation of the Recovery Connection program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.
Q2	To what extent does the Recovery Connection program **increase access to recovery services and mental health services and supports** for individuals who were not previously engaged in services?
	Learning Goal To determine the extent to which the Recovery Connection program enhances access to recovery and mental health services for individuals who were not previously engaged in such services, with a focus on participation, barriers to access, service delivery to underserved populations, and the identification of co-occurring disorders.
Q3	To what extent do individuals who participate in WRAP and other drop-in recovery center services through the Recovery Connection program **experience in their long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?
	Learning Goal To examine the extent to which the Recovery Connection program improves long-term recovery outcomes for participants, with a focus on recovery time, relapse rates, mental wellness, economic mobility, and overall quality of life.
Q4	To what extent does training peer workers, clinicians, and paraprofessionals in WRAP through the Recovery Connection program **increase capacity in San Mateo County to use WRAP** with individuals with substance use and mental health challenges?
	Learning Goal To evaluate the extent to which the Recovery Connection program enhances capacity in San Mateo County for using WRAP with individuals facing substance use and mental health challenges, focusing on the number of trainings, trained individuals, their knowledge and skills, readiness to use WRAP, and satisfaction with training.

Methodology

RDA used a mixed-methods approach in this evaluation, combining both quantitative and qualitative data to provide a holistic view of the program. This method ensured that the evaluation team addressed SMC BHRS and Recovery Connection priorities, answered key evaluation questions, and met MHSA INN reporting requirements.

Data Collection

As part of the evaluation planning process, RDA, SMC BHRS, and Recovery Connection collaborated to identify and discuss qualitative and quantitative data sources that could be used to address the evaluation questions for FY23-24 reporting. Data was collected from July 2023 through October 2024.

Appendix C provides a detailed overview of the learning goals, evaluation questions, the indicators and measures, and the data sources used for this evaluation. Table 2 below outlines specific data sources and collection methods RDA used to gather information for the evaluation, further described in the following sections.

Table 2. Data Sources and Collection Methods

Data Source	Participants	Sample (N)	Collection Timeline
Focus Group	Participants	8	August 2024
Focus Group	Staff	11	August 2024
Survey	WRAP Facilitators	11	October 2024
Email Communications	Community Partners	1	October 2024
Participant Intake Form	Participants	134	July 2023–June 2024
Recovery Management Plans	Participants	70	July 2023–June 2024
Referrals	Participants	22	July 2023–June 2024
WRAP sign in sheets	WRAP Participants	252	July 2023–June 2024
WRAP daily surveys	WRAP Participants	381[2]	January–June 2024
WRAP training applications	WRAP Facilitators	27	July 2023–April 2024
WRAP training sign in sheets	WRAP Facilitators	2	July 2023–April 2024
WRAP training survey	WRAP Facilitators	4	October 2024

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[2] RDA reviewed a subset of six months of daily surveys

Quantitative Data

Participant Intake Form & Recovery Management Plan. Recovery Connection program staff provided RDA with data captured in the participant intake form and recovery management plan that are administered to all program participants at intake or once they elect to participate in services. The intake form primarily gathers participants' demographic characteristics (e.g., race, language, etc.). and the recovery management plan assesses their satisfaction with specific life domains (e.g., transportation, employment, finances, housing, etc.). In addition, in the recovery management plan, participants are prompted to elaborate on the life domains they deem most critical, the highest priority, or both. The data from the intake forms and recovery management plan are inputted into program's database, FAVOR, which can produce reports in the form of Excel spreadsheets. These reports and others capturing data on participant referrals were provided to RDA for this evaluation. In early 2024 (February and March 2024), RDA collaborated with Recovery Connection program leadership to modify this form to meet the needs of the evaluation by including additional demographic questions and questions screening for substance use and co-occurring mental health and substance use needs. The updated intake form was not fully implemented until the end of the fiscal year (May or June 2024). More data from the revised intake form will be available for FY24-25 and will be presented in the next annual report.

Daily Evaluation Forms. Recovery Connection program staff provided RDA with scanned copies of Daily Evaluation Forms completed by program participants. The Daily Evaluation Forms are administered to community group participants after participation in the group and are completed on paper. The form gathers information on participant satisfaction and feedback, utility of the information provided, and participant perceptions related to hope, personal responsibility, and self-advocacy. Similar to the intake form, RDA adapted the existing Daily Evaluation Form in early 2024 to create a pre- and post-survey that include questions related to program engagement, recovery service access, referrals, and perceived outcomes related to recovery and other aspects of wellness (e.g., housing and employment status, income, relationships, etc.). However, the new pre- and post-surveys were not implemented until after FY23-24 and as a result, this data is not available and data from the Daily Evaluation Forms was used for this evaluation. Data from the pre- and post-surveys will be available for the next reporting period (FY24-25).

WRAP Training Sign-in Sheets, Applications, & Surveys. Recovery Connection program staff provided RDA with all data available from the WRAP trainings, including scans of the paper sign-in sheets, copies of completed training applications, and the results of the WRAP Seminar surveys. There is one paper sign-in sheet per training and along with signatures, participants indicate with a check mark whether they attended one or multiple

days of training. The sign-in sheets also include information on the training itself, such as the date, duration of the training, name of facilitators, and the level of the training. The application is administered to all individuals interested in participating in WRAP training via the online platform Survey Monkey. The application gathers participant contact information and some demographic data, including race/ethnicity and primary language. In addition, the application confirms the training commitment, assesses training interests and expected benefits, and asks participants to report if they identify as a person with lived experience or if they are a family member of someone with lived experience. Lastly, the WRAP training survey is administered after the training via Survey Monkey by SMC BHRS to capture a data related to participants' experiences and insights, such as satisfaction, applicability and relevance of the training, and supports needed to apply learnings. Participants are also asked to share the specific aspects of the training that were most useful and suggestions for training improvement.

Qualitative Data Sources

All data collection for the qualitative data sources utilized **convenience sampling**. Convenience sampling is a sampling method where participants are selected or included in the sample because they are readily accessible or available to participate. Through this approach, RDA relied on Recovery Connection program leadership to identify potential participants to invite for the focus groups rather than employing a more randomized approach. Convenience sampling was ideal to accommodate the timeline of the evaluation and reduce barriers or restrictions to participating.

Focus Groups. RDA facilitated two focus groups, one with program participants and one with staff. Each focus group was tailored to gather unique insights from each group based on their position within the context of the Recovery Connection program. To ensure that questions were appropriately tailored for each group, RDA developed both focus group protocols with input from Recovery Connection program leadership who also helped with scheduling and coordinating the focus groups. The program participant focus group was approximately one-hour and in-person at the Recovery Connection Center. To thank participants for their time and contributions, RDA provided incentives for those that participated in the focus group in the form of $25 gift cards to Amazon and Target. The staff focus group was also one-hour but was facilitated virtually where RDA attended via Zoom and Recovery Connection staff attended together by streaming the Zoom call at the Recovery Connection Center. Incentives were not provided to staff due to MHSA regulations prohibiting incentives for individuals representing an agency in a paid position.

The participant focus group involved discussions of program access, engagement, and impact; program satisfaction and perceived responsiveness; mental health and recovery/long-term recovery service access; as well as the nature of outcomes

experienced, including those related to housing status, employment status, income, family and peer relationships, criminal legal system involvement, quality of life, social support, and sense of belonging.

The staff focus group included discussions of Recovery Connection program implementation, successes, challenges, and adaptations; internal and external collaborations; staff support and satisfaction; program responsivity; perceptions of program access and impact; service adoption and outcomes; and participants' long-term recovery experiences.

WRAP Facilitator Survey. RDA solicited feedback from WRAP facilitators via a survey on Google Forms after attempting to schedule a focus group. The survey included six questions that were all open-ended (requiring text responses) and the survey was voluntary and anonymous. The survey was available for five days and was sent to all WRAP facilitators whose contact information was shared by Recovery Connection program leadership. In the survey, participants were asked to describe how they got involved with VORSMC, their experience becoming a WRAP facilitator and providing WRAP workshops, any supports needed, and their perceptions on WRAP impacts in the community. Through these questions, RDA was hoping to gain insight into the processes, satisfaction, and outcomes of WRAP trainings and workshops. Similar to the staff focus group, incentives were not provided to WRAP facilitators who participated in the survey because most facilitators were also program staff. This was done to comply with MHSA regulations prohibiting incentives for individuals representing an agency in a paid position

Community Partner Email Communications. RDA solicited feedback from community partners via email after attempting to schedule a focus group. The names and contact information of community partners were originally provided by Recovery Connection leadership staff to RDA for the purposes of the focus group and the same individuals were then contacted to provide feedback asynchronously. When outreaching to community partners via email, RDA sent a list of three questions for them to respond to. The questions ask partners to describe their organization's relationship with Recovery Connection, how they collaborate, and where they see strengths or areas for improvement related to implementation, collaboration, and impact. Community partners were asked to respond directly to RDA via email with their responses. Responding to the questions was voluntary and RDA encouraged community partners to provide as much or as little feedback as they would like.

Evaluation Meeting Documentation. RDA utilized monthly evaluation meetings with Recovery Connection program leadership as an opportunity to make additional observations of the Recovery Connection program. The documentation of these meetings

allowed RDA to document how the program was being implemented over time and to what extent the program was identifying needs and best practices to support clients. RDA documented these additional observations through meeting notes. RDA used a portion of these meetings to gather program updates from Recovery Connection program leadership which yielded information on program implementation, its successes, challenges, adaptations, as well as best practices and lessons learned. These meetings were held virtually for up to one hour. While RDA captured meeting notes monthly, analysis of the program updates from the notes took place after the end of the fiscal year to be included in this report.

Data Analysis

RDA conducted a mixed-methods evaluation using qualitative and quantitative analysis techniques, triangulating findings from multiple data sources and types to produce a more robust set of findings.

Different analytic approaches were used to analyze the quantitative and qualitative data. To assess measures from the quantitative data sources listed above, RDA used Stata to calculate descriptive statistics such as basic frequencies and averages for survey and service log data. Data gathered from the qualitative data sources were analyzed using a systematic approach. RDA transcribed, reviewed, and thematically analyzed responses to identify recurring themes and key takeaways.

To further bolster the findings, RDA took a collaborative approach by hosting a virtual data party with the Recovery Connection team. This data party provided a platform to present the initial findings, encouraging open discussion and feedback. Recovery Connection staff shared their perspectives, offered additional context, and ensured that the interpretations were both accurate and culturally appropriate. Moreover, the data party revealed data issues that were quickly and easily resolved with collaboration among RDA, Recovery Connection leadership staff, and SMC BHRS. These discussions were crucial, as they not only validated the findings but also added depth and nuance to the analysis. The insights gathered from this engagement were directly incorporated into the final findings and this report, ensuring that the results were reflective of the Recovery Connection team's and program participants' expertise and experience.

Limitations

Data Accessibility Challenges. Due to the program being in the initial implementation phase during the reporting period, there were some process changes and capacity constraints that impacted data availability. Throughout the first year of implementation, Recovery Connection continued to utilize forms and surveys from existing VORSMC programming. The process to update those tools to align with the evaluation questions and

MHSA requirements and to then subsequently implement them took longer than expected and did not take place until after the FY23-24 reporting period. As a result, certain data that was anticipated for FY23-24 is not available but will be in the next evaluation report (FY24-25). Most notably, pre- and post-surveys were not yet implemented, making it difficult to assess outcomes.

Selection Bias and Small Sample Size. With Convenience Sampling, there is the risk of selection bias because there is an opportunity for self-selection or the choice to opt into data collection activities. When this occurs, specific groups of people may be more interested or motivated to take part in data collection activities, such as surveys, focus groups, etc., than others. As a result, not every individual invited to participate in data collection activities chose to engage and that reduced our overall number of participants, especially when trying to engage community partners. This can lead to results that are not representative of the whole population and are not generalizable.

Recall Bias and Nonresponse Bias. In addition to selection bias, there is also risk of recall bias and nonresponse bias as data is being gathered. Because the evaluation relies heavily on self-reported data from participants and staff, respondents may not recall certain experiences, or they are unwilling or unwilling to respond to certain questions. Recall bias may lead to incomplete or inaccurate data and nonresponse bias can reduce the generalizability of the results because there may be something unique or different about those who do or do not respond to certain questions.

Self-Report Bias and Social Desirability Bias. Participants may unintentionally misrepresent their experiences, either by exaggerating or downplaying them. Respondents might also have felt the need to provide responses they believed were more favorable or acceptable, rather than being fully candid. For example, some participants may have spoken more positively about the program than they truly felt, especially if they were reluctant to express criticism.

Despite these limitations, the feedback collected can help guide Recovery Connection in refining its programming to better serve youth, their families, and the broader community moving forward.

Evaluation Findings

The following sections share key findings in response to each evaluation question: program implementation, impact on access to services, impact on recovery, and impact WRAP capacity in the County. Findings presented are for the first fiscal year of implementation (FY23-24) and should be interpreted as the baseline.

Q1. How is the Recovery Connection program being implemented over time?

This section highlights the Recovery Connection program's first year of implementation, showcasing its depth of services provided and high levels of client satisfaction. It also details key challenges and successes related to implementing this new program.

Overall, clients were very satisfied with the services provided by Recovery Connection. The new location has allowed the program to serve more people and connect with new organizations. However, as the number of participants has increased, staff capacity has become more limited.

Clients Served

Participants Served and Demographics

In the first year of implementation, the Recovery Connection program served 134 participants. All were cisgender (123 of 123), most primarily speak English (50 of 65), and more than half live in the southern half of San Mateo County (69 of 119). Participants were otherwise quite diverse, with varying representation from a range of age groups, sexual orientations, gender identities, races, and ethnicities (Table 3).

134

clients served
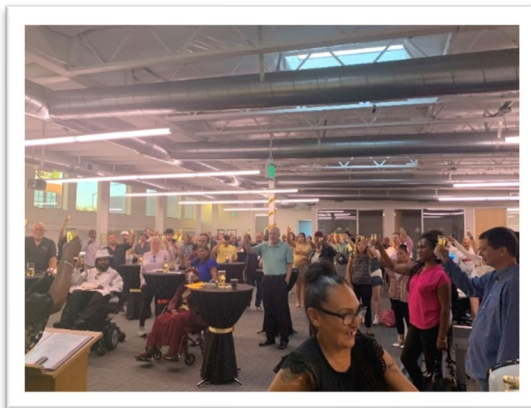
Staff and participants enjoying events at the Recovery Connection Center

Table 3. Participant Demographics, FY23–24[3,4]

Category[5]	Count	Percent[6]
Age groups	**97**	
Under 34	28	29%
35–44	33	34%
45–54	14	14%
55+	22	23%
Sexual orientation	*	
Straight	65	*
LGBQ+[7]	*	*
Gender identity	*	
Male	65	*
Female	57	*
Other[8]	*	*
Transgender	**123**	
No	123	100%
Race and Ethnicity	**126**	
Hispanic, Latino, or Spanish Origin	38	30%
White	34	27%
Other[9]	35	28%
Black or African American	12	10%
Asian/Pacific Islander	12	10%
Primary Language	**65**	
English	50	77%
Other[10]	15	23%
City of Residence	**129**	
Redwood City	50	39%
Other[11]	26	20%
Belmont	20	16%
San Mateo	14	11%

[3] Data Source: Participant Intake Form

[4] Items marked with an asterisk have been masked to protect client confidentiality when n<11

[5] Sex assigned at birth and disability status were added to the intake form at the end of June 2024. Data will be available during subsequent reporting periods.

[6] Percentages may not add up to 100% due to rounding and the option to select more than one choice for demographic items.

[7] LGBQ+ includes Bisexual, Gay, Lesbian, Other, and Pansexual

[8] Other gender identity includes Nonbinary and Other

[9] Other race includes Indigenous/Alaska Native, Middle Eastern or North African, and Other

[10] Other primary languages include Other, Spanish, and Tongan

[11] Other city includes Burlingame, Castro Valley, Colma, Daly City, Emerald Hills, Fremont, Gilroy, Meadow Vista, Menlo Park, Millbrae, Milpitas, Montara, Newark, Oakland, Pacifica, Palo Alto, San Bruno, San Carlos, San Francisco, San Jose, and South San Francisco

Category[5]	Count	Percent[6]
East Palo Alto	13	10%
Part of the County	**119**	
North San Mateo County[12]	50	42%
South San Mateo County[13]	69	58%

Most participants were referred to Recovery Connection by a treatment program or a specific individual. Since some WRAP groups are held directly at treatment centers, many participants are first introduced to the program while in treatment.
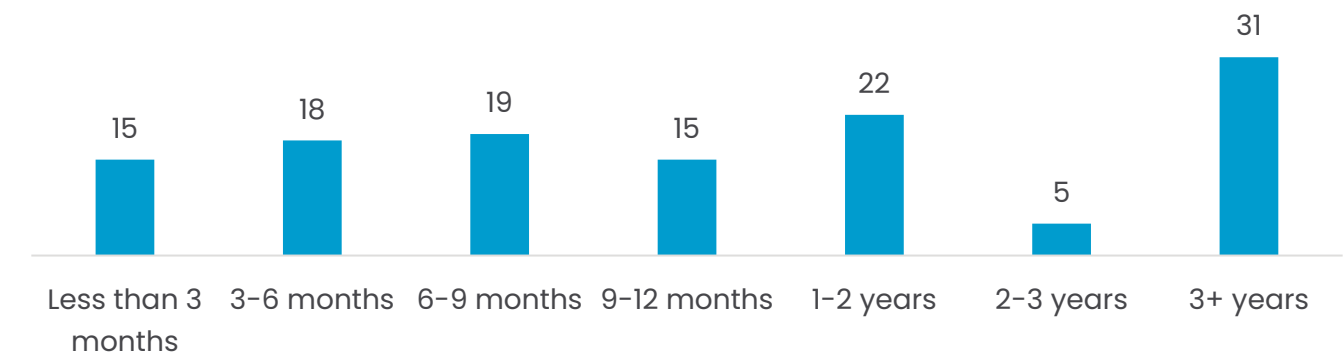
Table 4. Participant Referral Source, FY23–24[14]

Referral source	Count
SUD treatment program	17
Specific individual	12
Self or walk-in	5
Friend	2
Other[15]	2
VORSMC staff and programs	2
TOTAL	**40**

Intake Date

Some participants are new, but many have been participating for years. Around a quarter of participants started the program less than 6 months (33 of 125), while almost half have been participating since before Recovery Connection started last year (58 of 125).

Figure 1. Length of Time from When Participant Started the Program, FY23–24, N=125[16]

Less than 3 months	3-6 months	6-9 months	9-12 months	1-2 years	2-3 years	3+ years
15	18	19	15	22	5	31

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[12] North San Mateo County includes Belmont, Burlingame, Colma, Daly City, Millbrae, Montara, San Bruno, San Mateo, and South San Francisco

[13] South San Mateo County includes East Palo Alto, Emerald Hills, Menlo Park, Palo Alto, Redwood City, and San Carlos

[14] Data Source: Referrals

[15] Other referral source includes self , friend, VORSMC staff and programs, justice-related referrals, or a residential program
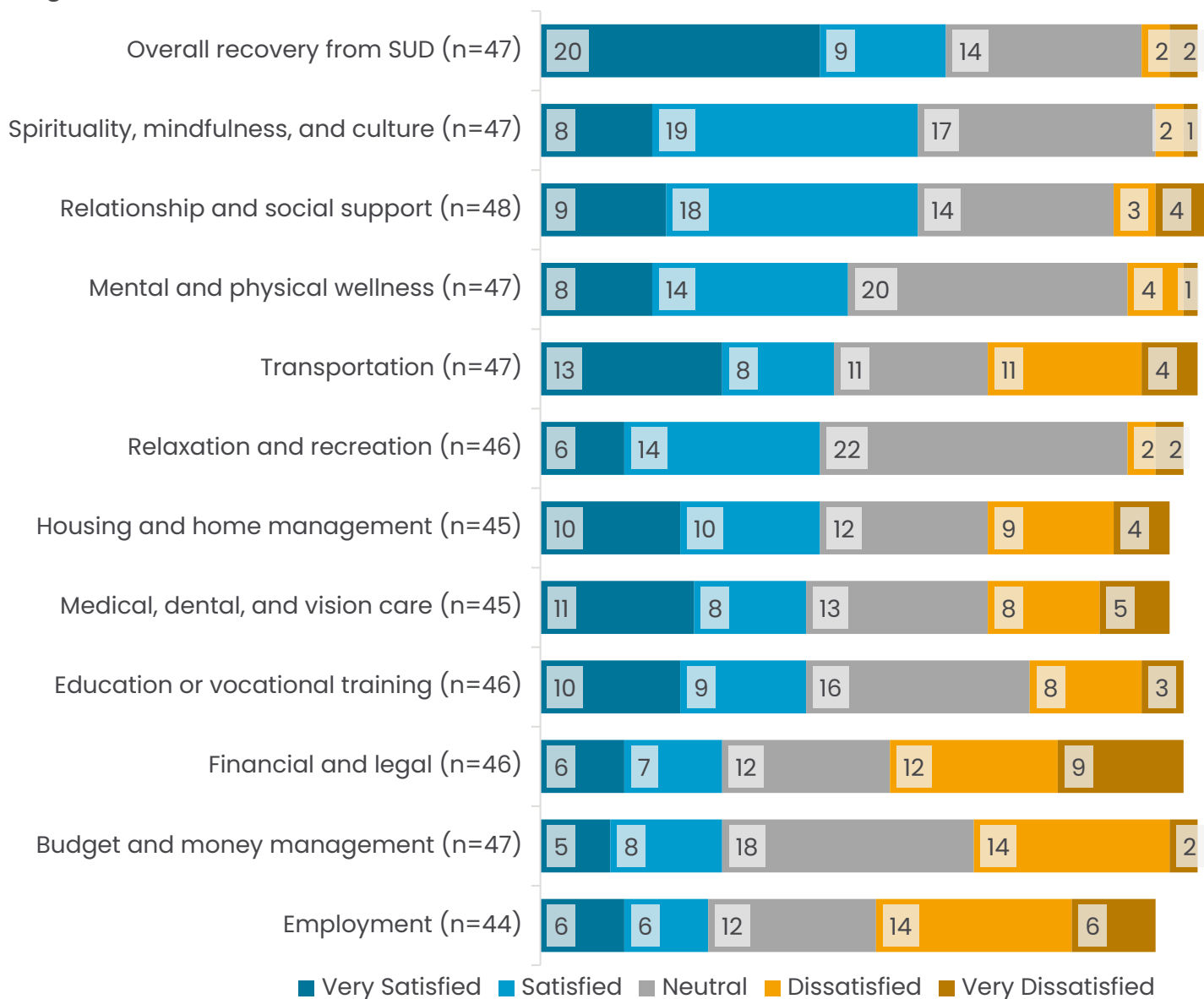
[16] Data Source: Participant Intake Form

Client Needs at Intake

Most participants enter the program seeking services for behavioral health challenges.[17]

At intake, most participants were satisfied with their overall recovery from SUD (29 of 47); spirituality, mindfulness, and culture (27 of 47); and relationships and social support (27 of 48). Some were satisfied with their mental and physical wellness (22 of 27); transportation (21 of 47); recreation and relaxation (20 of 46); housing and home management (20 of 45); medical, dental, and vision care (19 of 45); and education or vocational training (19 of 46). Fewer were satisfied with their financial and legal situation (13 of 46), budget and money management (13 of 47), and employment (12 of 44).

Figure 2. Client Needs at Intake, FY23–24[18]

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Overall recovery from SUD (n=47)	20	9	14	2	2
Spirituality, mindfulness, and culture (n=47)	8	19	17	2	1
Relationship and social support (n=48)	9	18	14	3	4
Mental and physical wellness (n=47)	8	14	20	4	1
Transportation (n=47)	13	8	11	11	4
Relaxation and recreation (n=46)	6	14	22	2	2
Housing and home management (n=45)	10	10	12	9	4
Medical, dental, and vision care (n=45)	11	8	13	8	5
Education or vocational training (n=46)	10	9	16	8	3
Financial and legal (n=46)	6	7	12	12	9
Budget and money management (n=47)	5	8	18	14	2
Employment (n=44)	6	6	12	14	6

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[17] The presence of a mental health and/or substance use challenge was added to the intake form at the end of June 2024. Data will be available during subsequent reporting periods.

[18] Data Source: Participant Intake Form

Services Provided

252

WRAP and other support groups

7

events

70

recovery management plans

22

referrals

Recovery Connection held a total of 252 WRAP groups and other support groups for 162 participants. Staff held most groups in English (234 of 252) and some in Spanish (18 of 252). Once the program moved to their new location, all groups were in-person or hybrid (190 of 252); pre-move, groups were held virtually on Zoom (62 of 252).

Voices of Recovery hosted 7 events at the Recovery Connection Center. These events ranged from financial wellness workshops, holiday events, community planning meetings, and a meditation workshop. These events reached a total of 140 community members.[19]

Recovery Thanksgiving Event

Staff worked with participants to develop 70 recovery management plans. Over a third of participants had a recovery management plan on file (50 of 134). Most participants had only one plan (37 of 50), but some had between two and four plans (13 of 50).

Staff provided at least 22 referrals to behavioral health and social service programs. There were five participants who received between one and three referrals. However, staff noted that not all referrals are consistently tracked in the FAVOR database. This is likely an underestimate of the number of referrals and number of participants who received referrals.

WRAP Training

The Recovery Connection program held five WRAP facilitator trainings in FY23-24. Two of these trainings were Seminar I trainings and three were Seminar II trainings.

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[19] Since community members could attend multiple events, this is a duplicated count.
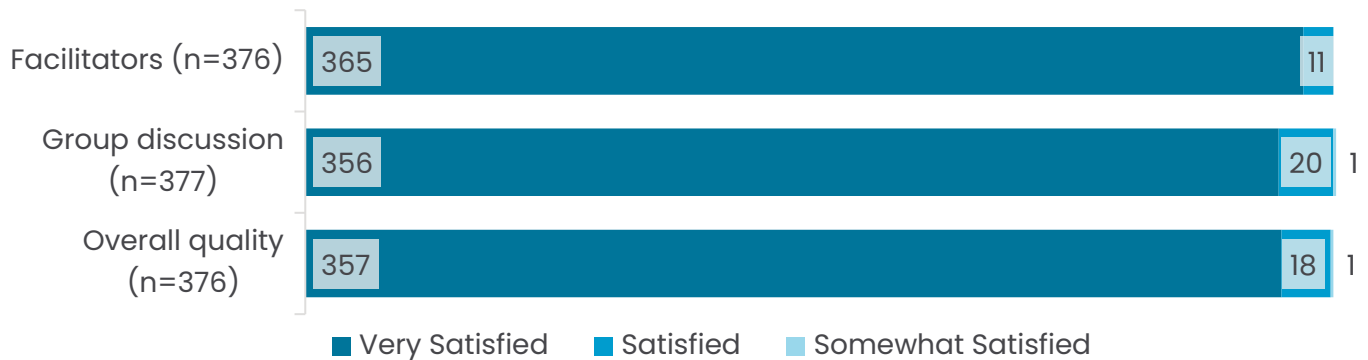
Over 29 people attended the WRAP facilitator trainings, adding WRAP capacity to San Mateo County.[20] Of the attendees with demographics on-file, nearly all identified as a person with lived experience as a consumer of San Mateo County Behavioral Health services or as a family member of a consumer (25 of 26). Almost half of applicants reported Redwood City as their city of residence (12 of 26). Race or ethnicity and primary language was unknown for a majority of applicants (19 of 26), and applications for trainings taking place before April 2024 did not ask about race/ethnicity or language.

Client Satisfaction

100%

of clients were satisfied

Of participants whose daily evaluations were in the subset that RDA analyzed, **100% of clients were satisfied with the overall quality of the sessions, group discussions, and facilitators (376 of 376)**. All shared that they expect to use the information gained by the support group (377 of 377) and that they would recommend it to another person (378 of 378).

Figure 3. Participant Satisfaction, FY23-24[21]

	Very Satisfied	Satisfied	Somewhat Satisfied
Facilitators (n=376)	365		11
Group discussion (n=377)	356	20	1
Overall quality (n=376)	357	18	1

Clients are very satisfied with Recovery Connection services. Participants expressed feeling welcomed and respected by staff when they come to the center. They mentioned a spirit of trust and openness with staff and other participants. Because of how welcome they feel, they look forward to coming to WRAP groups and choose to come back time after time.

"I feel I come here, and I feel okay without judgment. I was anxious at first, but they really embraced me, and I look forward to coming."
- Program Participant

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[20] Two out of the five trainings in FY23-24 did not have applications available (VOR could not locate), and three out of the five trainings in FY23-24 did not have sign-in sheets available to confirm attendance (VOR could not locate). This has resulted in a likely undercount of WRAP training participants.
[21] Data Source: WRAP Daily Surveys

Program Implementation Strengths

One of the biggest successes of implementation was finding and moving to a new, larger location. The new building has increased program participation and provides enough space to carry out programming, such as staff meeting with clients one-on-one, hosting presentations with community partners, and facilitating WRAP groups in-person. Staff reported more participants walking into the center due to its central location. Staff have also been able to make modifications at the new location, including adding a lift, to make the space more accessible for participants with disabilities.

Program staff noted that there has been an increase in partnerships since launching the program and there are now more opportunities to collaborate with community partners. Through collaboration, there is a bi-directional relationship between Recovery Connection and its partners by supporting one another and clients in different ways. For example, VOR engages and provides services to clients of community partners, such as WRAP groups and offering them volunteer opportunities. In addition, VOR has hosted focus and other types of groups for partners in Recovery Connection's new space. Similarly, partners support VOR by promoting VOR services and events, and partners have come to VOR to do presentations for staff and participants.

"We're a big family here and we work through differences. I feel comfortable speaking up and sharing my opinion. At the end of the day, I'm here to support everyone. People are here to support each other with any circumstance that arises." – Program Staff

Staff expressed feeling very supported while working at Recovery Connection. Staff shared that Recovery Connection fosters a supportive working environment, where staff feel comfortable to be themselves and are very collaborative. Staff have professional development opportunities through Recovery Connection and feel they have grown professionally. Many staff started out as clients, then began volunteering, after which they were hired full time. Additionally, staff appreciate that leadership has an "open door" policy and is always open to providing support. Finally, staff shared that the improved operation supports, like new policies and the creation of committees, has improved processes and infrastructure at the program.

Program Implementation Opportunities for Growth

It has been challenging to accommodate the needs of new and existing clients as the program grows. Staff noted that there's a "new crowd of people with new needs," including

clients who are unhoused. In addition, staff expressed challenges figuring out how to appropriately adapt to the changing needs.

"[There are] more people than we've ever had before, [it's] challenging to figure out what's best for us." – Program Staff

As the program has grown, staff capacity has gotten more limited. Staff shared that it has been challenging to balance all the work as the number of participants increased and the scope of services expanded. Some participants shared that it has been more difficult to meet people and learn how things worked at VOR. Participants also shared that as the program has gotten busier, fewer people are getting a one-on-one, personalized welcome and orientation to the program. Overall, staff expressed a need for additional funding to meet the growing needs of clients.

Q2. To what extent does the Recovery Connection program increase access to recovery services and mental health services and supports for individuals who were not previously engaged in services?

This section describes how the Recovery Connection program impacted access to behavioral health resources. This includes participant access to behavioral health services prior to participating in the program, participant engagement in recovery services through the program, and the extent to which participants were able to access behavioral health services outside of Recovery Connection.

While many participants were previously engaged in behavioral health services before entering the program, several participants shared that Recovery Connection fills a gap in their existing services. Additionally, staff have been able to provide referrals to behavioral health services to participants who were not previously engaged in recovery services.

Access to Behavioral Health Services Pre-Program
Some participants learn about Recovery Connection while receiving services in the County, suggesting that some participants are accessing recovery and mental health services prior to being in the program. When asked to describe how they first heard about Recovery Connection, several participants reported being involved in different programs, such as outpatient services at places like StarVista and treatment programs including Our Common Ground and Serenity House, before visiting Recovery Connection.

Program Engagement

Penetration Rates
Recovery Connection serves a diverse group of community members in San Mateo County, with participants representing historically underserved populations. As displayed in Figure 4, the racial and ethnic makeup of Recovery Connection participants is generally similar to that of BHRS. Similar to Recovery Connection, most clients served by BHRS (28%) and those eligible for Medi-Cal (41%) identify as Latinx and a slightly smaller portion identify as White (22% and 13%, respectively). In addition, Recovery Connection and BHRS serve very similar proportions of clients identifying as Asian/Pacific Islander (9% and 8%, respectively) but this population represents a much larger portion of Medi-Cal eligibles (20%), doubling what we see for both Recovery Connection and BHRS. Lastly, Recovery Connection serves a slightly larger population of clients who identify as Black or African American (9%) than BHRS (5%), as well as Medi-Cal eligibles (3%), but is still aligned with

overall trends. **Both Recovery Connection and BHRS are under-serving the Asian or Pacific Islander population as well as the Latinx population, while over-serving the White population.** This may be, in part, due to the limited number of bilingual staff and services offered in languages other than English at Recovery Connection.

*Figure 4. County Medi-Cal Penetration Rates*, FY23-24[22,23]

Legend:
- Recovery Connection (n=126)
- BHRS (n=15,214)
- MediCal Eligibles (n=109,365)
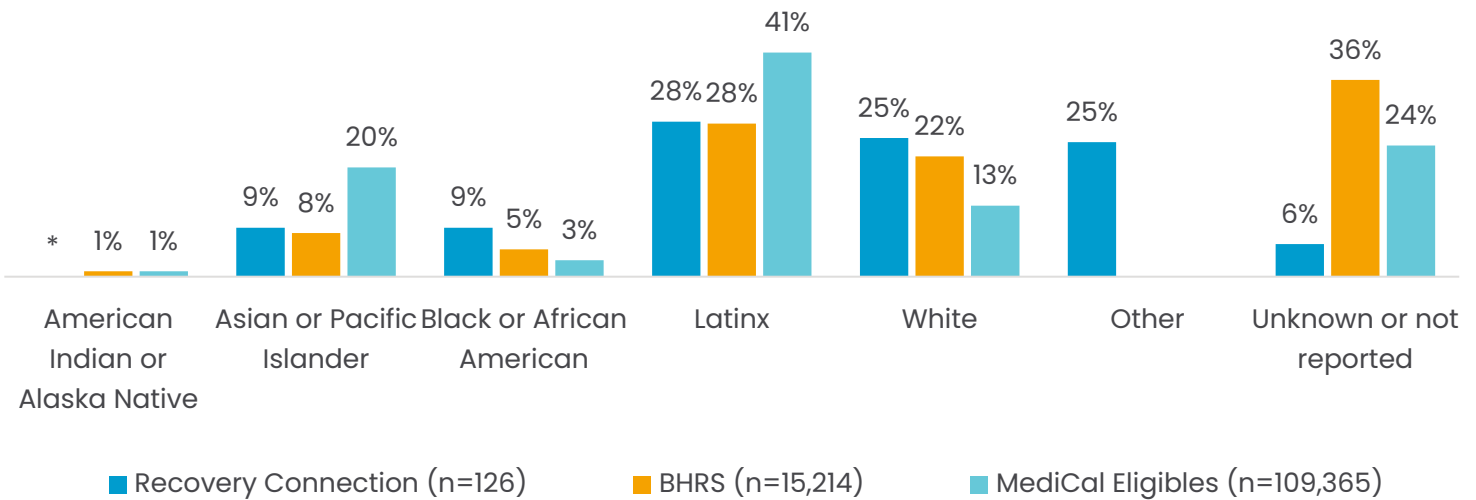
Participant Engagement

162

participants attended WRAP and other support groups

There were 162 individuals who attended Recovery Connection WRAP and other support groups. Most participants attended less than once a month (115 of 162). However, many participants attended at least 12 WRAP groups (47 of 116), with some attending more than 50 WRAP groups (16 of 116). This shows how many participants choose to keep coming back to Recovery Connection again and again.

Figure 5. WRAP and Support Group Attendance, FY23-24, N=162[24]

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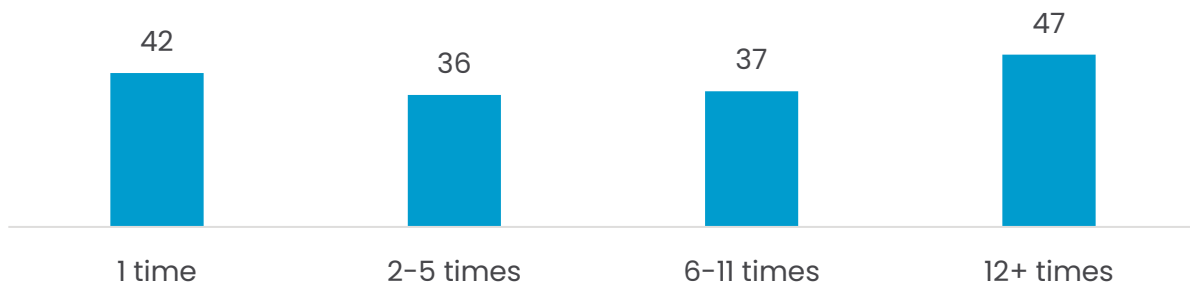
[22] Data Source: BHRS Adult Medi-Cal Penetration Rate by Race, FY23-24. Retrieved from https://performance.smcgov.org/
[23] Items marked with an asterisk have been masked to protect client confidentiality when n<11
[24] Data Source: WRAP Sign-In Sheets

The program culture, physical space, accessibility, and peer-led programming promote active and continued participation. Participants return to Recovery Connection time after time because of the accepting, warm environment that makes them feel welcomed and that they belong. A key contributor to this culture at Recovery Connection is the program staff, who participants describe as approachable and supportive. The new location offers more space and opportunity for participants to connect with staff and others, fostering social connection and relationship building.

> *"[I] came once a week, then twice a week, and they started to become my family. They showed up. It felt good to know someone was there for me."*
> *-Program Participant*

There are multiple drivers of engagement related to how Recovery Connection structures and delivers their services. Firstly, there is a focus on peer-led programming that resonates well with participants. WRAP facilitators noted that participants are drawn to the peer-to-peer format of groups and the diversity of facilitators available at Recovery Connection. This allows participants to engage with facilitators that they connect with the most and may align with their own identities and experiences. Lastly, participants engage highly with services because they are accessible. For example, there is a lift available for participants with physical disabilities, the WRAP groups are free, and the new building is in a central location that is walkable from other services and organizations nearby.

> *"People that come to WRAP do so because it is in a fantastic location…People also come to WRAP groups for a free space to feel like they can speak on anything and just to check in." – WRAP Facilitator*
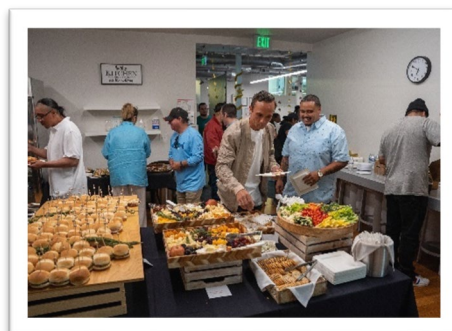
Staff and participants celebrating the Grand Opening of the Recovery Connection Center

Participants, staff, and WRAP facilitators all voiced recommendations on how Recovery Connection can enhance accessibility and strengthen the delivery of WRAP groups to increase engagement. One of the primary areas for improvement noted by participants and staff was linguistic accessibility of services. Particularly, participants and staff noted there is a lack of services available in Spanish. Notably, Recovery Connect program leadership have since communicated recent hiring efforts focused on recruiting more Spanish-speaking staff.

In addition to hiring more Spanish-speaking staff, participants feel there is a need to implement additional supports and resources to enhance accessibility and engagement, such as:

- Hosting groups more days per week
- Implementing an in-house hotline or crisis line
- Offering transportation to and from the Center
- Improving procedures when someone visits the Center by providing a more in-depth program overview & welcome to new participants
- Offering childcare during groups
- Promoting WRAP groups to more individuals and organizations

When asked about their experience providing WRAP workshops and what resources would be supportive, WRAP facilitators voiced needs around upgrading technology and implementing additional facilitation supports. Namely, WRAP facilitators recommend that Recovery Connection update technology available for hybrid WRAP groups to better support those joining virtually. Facilitators also expressed other ways WRAP groups can be improved to increase engagement, such as adding new topics (e.g., finances, spirituality, parenting, etc.) and creating presentation slides to enhance visual learning. For WRAP facilitators specifically, they expressed a need for more support from program staff and leadership on administering paperwork and forms to WRAP group participants. Program leadership have since discussed the idea of developing an in-house training for WRAP Facilitators on how to administer the paperwork, which fields are required, and how to effectively help participants in filling out the forms to reduce administrative burden and enhance accessibility.

Access to Behavioral Health Services Post-Program
Recovery Connection provides referrals to participants for services and resources across the county, including recovery and mental health resources. In FY23-24, there were 22 recorded referrals across five participants. Four of those referrals on file were for substance use and mental health services, including peer support, sober social events, and 12-step groups. For the first year of program implementation, referral documentation was not yet

integrated into existing processes. Referrals are a natural byproduct of Recovery Connection services, especially peer mentoring. Recovery Connection leadership agree that this is an area for improvement and plan to provide the guidance and support needed to help staff track referrals in the future.

Table 5. Participant Referral Types, FY23–24, N=5[25]

Referral Type		Count
Other		18
Substance Use		3
Mental Health		1
	TOTAL	22

Q3. To what extent do individuals who participate in WRAP and other drop-in recovery center services through the Recovery Connection program experience in their long-term recovery, including recovery time, number of relapses, mental wellness indicators and economic mobility?

This section describes participant outcomes related to substance use, social support, and others, and what program and service aspects of Recovery Connection influence these outcomes.

Overall, the program has had a positive impact on participants' recovery, their sense of social support, and quality of life. Participants could still use additional support with their financial and legal situations, budget and money management, employment, and education and vocational training.

Substance Use

Participants report satisfaction with their recovery from SUD, with some participants maintaining or increasing in satisfaction overtime. For participants with more than one recovery management plan, most were satisfied or very satisfied with their recovery at the time of their most recent recovery management plan (9 of 11) (Figure 6).

***Figure 6. Overall Recovery from SUD Satisfaction**, FY23-24, N=11[26]*
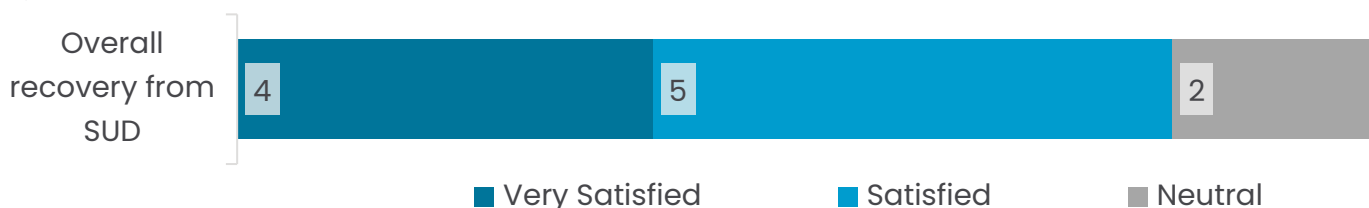
For participants who rated this domain on their first and most recent recovery management plan, some increased their satisfaction with their recovery from SUD (4 of 11), some reported the same level of satisfaction (5 of 11), and fewer reported a decrease in satisfaction (2 of 11).

Recovery Connection has a very positive influence on participant recovery by instituting a sense of accountability, being a safe space to go when in crisis, and providing new, unique tools and approaches to recovery. Participants like that Recovery Connection

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[26] Data Source: Participant Survey

provides a sense of accountability, knowing that they have somewhere to go and that they should not use substances before arriving at the Center. Nevertheless, participants see Recovery Connection as a safe place to go to if they do relapse and need support. Participants appreciate that Recovery Connection staff are welcoming and accepting, never shaming people if they make mistakes but rather embrace them. Lastly, participants identify that Recovery Connection offers new, unique tools and approaches to recovery that are different from other, traditional programs and interventions, such as Alcoholics Anonymous (AA). Particularly, participants appreciate that Recovery Connection bridges substance use with mental health, acknowledging that both are interconnected.

"Here, addiction bridges mental health, which 12 steps doesn't do for me."
- Program Participant

WRAP facilitators also talked about the program's impact on substance use, describing that WRAP trainings and workshops have a positive impact on the community by supporting recovery, encouraging introspection, and meeting unmet needs in these areas. Through WRAP trainings and workshops, people receive positive support, build confidence, increase knowledge on forms of recovery, and have an opportunity to improve their lives.

"WRAP fixes and fills the cracks in the sidewalks we often just step over. Metaphor for what other similar programs do not address. Or do so in a less 'planning' type of way which works for a lot of the participants that I have come across."
- WRAP Facilitator

"WRAP is an effective program and is changing lives for the better."
- WRAP Facilitator

Social Support
Most program participants have high satisfaction with their relationships and the level of social support received and some experienced increased satisfaction overtime. For participants with more than one recovery management plan, over half were satisfied or very satisfied with their relationships and social support at the time of their most recent recovery management plan (6 of 11) (Figure 7).

Figure 7. Relationship and Social Support Satisfaction, FY23-24, N=11[27]

Of participants who rated this domain on their first and most recent recovery management plan, more than half increased their satisfaction with their relationships and social support (6 of 11), some reported the same level of satisfaction (3 of 11), and fewer reported a decrease in satisfaction (2 of 11).

Participant satisfaction with the level of social support they experience is influenced by Recovery Connection's culture of acceptance and the physical space available to connect with others regularly. Program participants and staff both expressed that Recovery Connection fosters a sense of belonging by encouraging connection and establishing a culture where participants feel welcomed and accepted. Notably, the new location bolsters this sense of belonging by creating a physical space where participants can be in community with one another. Participants see Recovery Connection as a family, they feel open to talking to others, and are eager to meet others and learn their stories. Participants and staff also note that social connection extends beyond the walls of the Center and many participants will see each other outside of the program.

"Having this space makes it a more inviting place to come and hang out…people know that there will be a bunch of people here willing to talk with them. The space has all these separate rooms so we can talk one-on-one, can go outside with them. A lot of people will come here at 3:00 and stay here until 7:30. Participants get a lot out of groups and get a lot out of connecting with people outside of the groups." – Program Staff

Other Outcomes

An aspect of Recovery Connection that is impacting client outcomes and contributing to growth in client wellness is linkage to resources. In FY23-24, there were 18 recorded referrals on file across three participants for other services outside of mental health and recovery services. About a third of referrals were for legal services (5 of 18), slightly fewer were for housing services (4 of 18), and a few were for employment/financial services (3 of

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[27] Data Source: Participant Survey

18). A third of referrals were identified as "Other" and included referrals to services that assist with food, healthcare navigation, insurance, transportation, among others (6 of 18).

Table 6. Other Referral Types, FY23–24, N=18[28]

Other Referral Type	Count
Legal	5
Housing	4
Employment/Financial Services	3
Other	6
TOTAL	**18**

For outcomes related to legal support, housing, employment, and finances, there were mixed feelings and varying levels of satisfaction among participants, however there was more consistent satisfaction around overall quality of life. For outcomes related to legal support, housing, employment, and finances, less than half of participants with more than one recovery management plan were satisfied with these areas at the time of their most recent recovery management plan (Figure 8). When comparing their initial and most recent recovery management plans, there was almost an even split amongst those that increased, decreased, or maintained their level of satisfaction in these areas. When assessing indicators related to quality of life, such as mindfulness and mental and physical wellness, participants expressed higher levels of satisfaction that were mostly sustained overtime across all indicators in this domain.

Figure 8. Housing, Employment, and Financial Satisfaction, FY23–24[29]

Housing and Home Management

For participants with more than one recovery management plan, less than half were satisfied or very satisfied with their housing and home management at the time of their most recent recovery management plan (5 of 11). For participants who rated this domain on their first and most recent recovery management plan, some increased their satisfaction with their housing and home management (3 of 10), some reported the same level of satisfaction (3 of 10), and a similar proportion reported a decrease in satisfaction (4 of 10).

Financial and Legal

For participants with more than one recovery management plan, less than a third (3 of 10) were satisfied or very satisfied with their financial and legal situation at the time of their most recent recovery management plan. For participants who rated this domain on their first and most recent recovery management plan, some increased their satisfaction with their financial and legal situation (3 of 9), a similar proportion reported the same level of satisfaction (4 of 9), and a couple reported a decrease in satisfaction (2 of 9).

Employment

For participants with more than one recovery management plan, less than half were satisfied or very satisfied with their employment at the time of their most recent recovery management plan (4 of 10). For participants who rated this domain on their first and most recent recovery management plan, a third increased their satisfaction with their employment (3 of 9), a third reported the same level of satisfaction (3 of 9), and another third reported a decrease in satisfaction (3 of 9).

Recovery Connection provides opportunities and pathways to employment for participants engaging in the program. Firstly, program staff and participants both spoke of the opportunity to volunteer at Recovery Connection, one of the program's many service offerings. Staff and participants went on to say that many volunteers are hired and given paid positions, such as recovery coaches, and this is true for many of the current staff members who started as volunteers initially. However, staff also noted that the program is not able to hire everybody who volunteers. Fortunately, Recovery Connection has many partnerships across the county and knows of places where volunteers can find work.

"[I] started as a volunteer and [was] able to get hired on…nice path for training. Amazing that an organization functions in that way." – Program Staff

Quality of Life

Overall, participants expressed high levels of satisfaction around most quality of life indicators, but indicators related to social factors and skills (e.g., transportation, budget management, and education) brought about mixed feelings and lower satisfaction.

Recovery management plans assessed satisfaction across quality of life indicators such as spirituality, mindfulness, recreation, and mental and physical wellness, as well as social factors like transportation, money management, and education. As displayed in Figure 9, for participants with more than one recovery management plan, more than half were satisfied or very satisfied with their spirituality, mindfulness, and culture (7 of 11) and mental and physical wellness (7 of 11). Approximately half were satisfied or very satisfied with their relaxation and recreation (5 of 11) and medical, dental, and vision care (5 of 11). A smaller number of participants were satisfied with their transportation (4 of 11), budget and money management (4 of 11), and education or vocational training (3 of 11).

Figure 9. Indicators of Quality of Life Satisfaction, FY23–24, N=11[30]
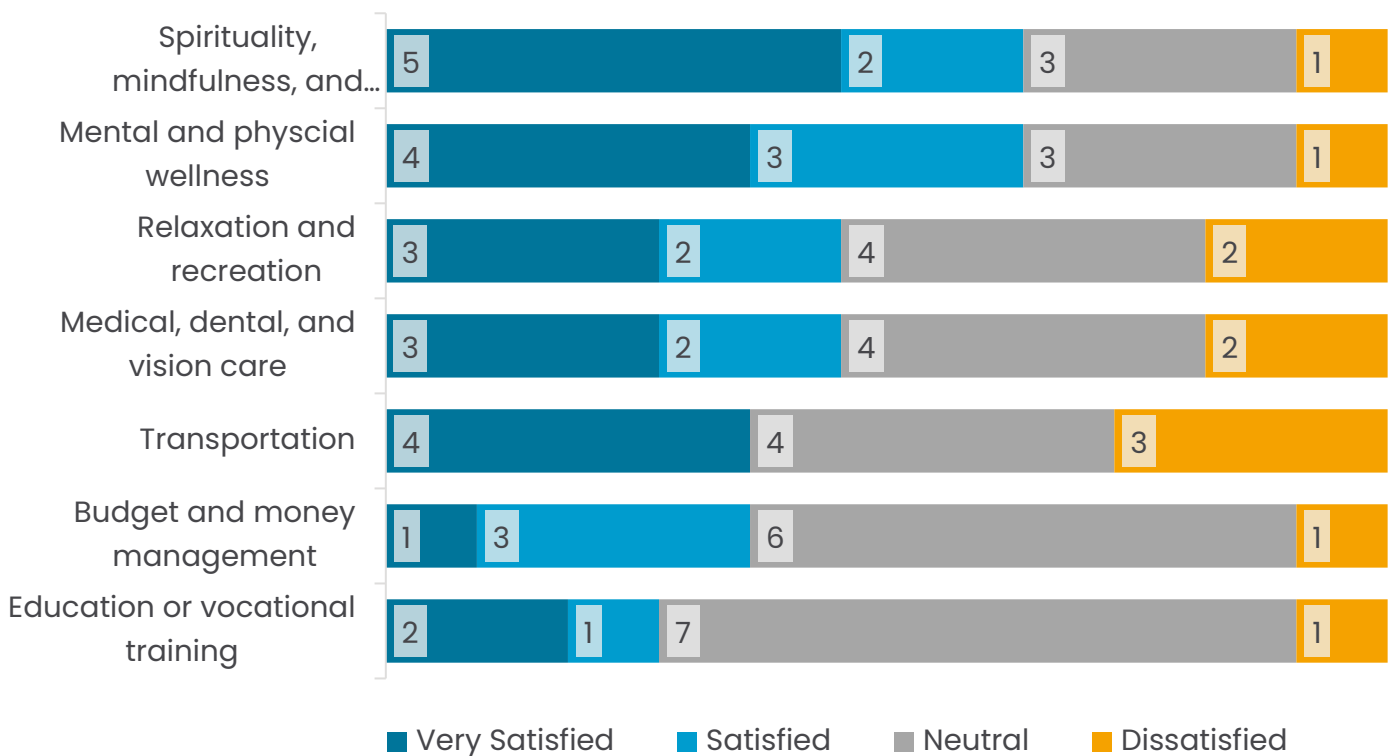
For participants who rated all aspects of this domain on their first and most recent recovery management plan, most increased their satisfaction with their quality of life (5 out of 8), while a few reported the same or decreased satisfaction (3 of 8).

Satisfaction and improvements in quality of life seen through the Recovery Management Plans were consistent with what was expressed by program participants in the focus group and through the WRAP daily surveys. Participants highlighted that through participation in Recovery Connection, they have experienced a greater sense of purpose and hope, with one program participant saying, *"[The program] installed hope and life in me. [I] feel like I am living life."* Similar sentiments were expressed through the WRAP Daily Surveys.

Figure 10. Impact of WRAP and Other Support Groups, FY23-24[31]

I have hope that things will get better (n=378)	I know how to take personal responsibility for my own wellness (n=377)	I know how to advocate for myself (n=376)
100%	99%	99%

Q4. To what extent does training peer workers, clinicians, and paraprofessionals in WRAP through the Recovery Connection program increase capacity in San Mateo County to use WRAP with individuals with substance use and mental health challenges?

This section describes the implementation and impact of the WRAP Seminars facilitated by the Recovery Connection program. Implementation of the Seminars is understood through trainee satisfaction, barriers and facilitators to attending the training, and resources and support most helpful to trainees.

Individuals who participated in the WRAP training were satisfied with the training, found it to be accessible, and felt like they had enough resources and support from the program. Trainees increased their understanding of the material and improved confidence in their skills, increasing the likelihood that they would apply what they learned in their work.

Training Implementation

Satisfaction

Overall, trainees were satisfied with the process to become certified WRAP facilitators and found the training to be enjoyable, engaging, and informative. Trainees enjoyed the training and especially appreciated that the training was engaging, offering ample space for trainees to "role play" scenarios and practice skills, such public speaking. Many trainees noted that the experiential nature of the training was most helpful for them, and some expressed a desire for additional interactive training components, such as more opportunities to practice facilitating and more breakout sessions. Trainees felt the training provided a large amount of information in a way that was understandable and straightforward, and, according to the WRAP training survey, all respondents found the instructors to be "Extremely" or "Very" knowledgeable on the topic (8 of 8).

Seminar I – Develop Your Own WRAP Facilitators, Staff, Volunteers, and Trainees

Trainees shared that the training was motivational, applicable to their practice, and affirming of their identities and experiences. According to the WRAP training survey, all respondents found the training to be "Extremely" or "Very" applicable to their practice (8 of 8), and most felt the training did "Extremely" or "Very" well in addressing needs related to working in a multicultural context and agreed that their identity, culture, and experiences were affirmed by this training (6 of 7).

"The seminars were very good & provided lots of information about WRAP."

"Being trained as a facilitator was motivational."

- WRAP Facilitators

Accessibility

The unique pathways to becoming a WRAP facilitator as well as the shortened training duration and in-person format all positively influenced training attendance. Trainees reported hearing about VORSMC through various channels, such as existing WRAP facilitators, family members, treatment facilities, community partners/organizations, and events. After hearing about VORSMC, trainees typically become involved through volunteering, regularly attending WRAP groups, sitting on committees, and/or becoming full-time staff, before deciding to be trained as a WRAP facilitator. Having multiple avenues in which someone can learn of and decide to become a facilitator speaks to the accessibility of WRAP trainings and that there is not just one way to become a facilitator.

Most facilitators are trained in less than two weeks, and trainees noted that the process has shortened over time, especially after the COVID-19 pandemic. Currently, Seminar I is a two- or three-day training and Seminar II for Advanced Level WRAP Facilitators is three- or five-days. The duration is dependent on the number of trainees, with more trainees requiring more time to get through the material and practice skills. Trainees made multiple remarks that the training experience is simple and easy to follow along. Most WRAP training survey respondents reported that their training was in person (6 of 7), and they preferred it that way. This indicates that the training format matched most participant preferences.

"At this time, I think our process has improved and we can train staff more quickly than we did after returning from the COVID lockdown."
- WRAP Facilitator

Resources and Support

Trainees receive ample support throughout their training experience from VORSMC, the training facilitators, and other staff members. More specifically, trainees expressed appreciation for the support provided by the VORSMC Facilitator Support Group, as well as the workbook and binder provided to them upon starting the training. In addition, some trainees felt supported by being given the opportunity to scribe at a WRAP group before facilitating their own, which allowed them to ease into WRAP facilitation. Through the WRAP training survey, when asked what support they might need to apply what they learned moving forward, most respondents indicated they might need hands-on practical experience (6 of 7), and a smaller portion expressed a need for support from their supervisor and/or additional resources or materials on the topic (4 of 7).

Impact of Training

Through the training, trainees increased their understanding of the material and gained a heightened sense of confidence in their skills, increasing the likelihood that they would apply what they learned in their work. As mentioned earlier, the training provides a large amount of information about WRAP and many trainees affirmed this by self-reporting increased knowledge and understanding on the topic. Many trainees linked knowledge with confidence, noting that their increased understanding fosters confidence. Specifically, many trainees noted building confidence in public speaking and all WRAP training survey respondents reported feeling more confidence in their ability to create change in their community or workplace (7 of 7). All WRAP training survey respondents also reported that they are likely to apply something they learned in the training in their thinking, behavior, or practice (7 of 7), and multiple participants plan to facilitate WRAP groups at their jobs and/or will encourage their clients to set up their own WRAP. In addition, some participants indicated that they would apply communication skills and techniques learned from the training, such as reflective listening.

"[The] training was helpful to give me the confidence I needed for public speaking and engaging with community members."

"The training to become a facilitator has allowed me the opportunity to learn and to understand the material at a level which I can feel confident."

-WRAP Facilitators

Recommendations

Based on the lessons learned from the first year of Recovery Connection implementation, RDA has made recommendations that can help improve participant outcomes and program impact.

- **Enhance data collection processes.** Data collection processes can be strengthened to better capture program outcomes and impact. To do this, the updated data collection tools created in FY23-24 should be fully implemented in FY24-25 to gather the data needed to answer the evaluation questions and meet MHSA requirements. Data should be captured on client participation in recovery and mental health services before Recovery Connection. This data will provide insight into the accessibility of services before and after program engagement. Additionally, consistent tracking of referrals would enhance client outcomes and reporting.
- **Implement additional support and resources to enhance accessibility.** Program stakeholders voiced accessibility needs. Notably, there is a need for more Spanish-speaking staff to better serve participants whose primary language is Spanish. Other strategies to enhance accessibility include hosting WRAP groups more frequently and providing services, such as childcare and transportation, to support in-person participation. WRAP groups would also benefit from improved technology to better engage those participating virtually, as well as instituting more visual aids.
- **Continue to provide WRAP facilitation support.** WRAP facilitators experience a great amount of support throughout their training experience. As an integral part of developing strong facilitators, Recovery Connection should continue to implement resources and processes that further support facilitators beyond the training process. Notably, there is a need among facilitators for more support in administering paperwork/forms to WRAP participants. Hosting in-house training on this process has been voiced by program leadership as a potential way to meet this need.
- **Continue to leverage the new location.** The new building was the most notable strength of the program in its first year of implementation. Moving forward, Recovery Connection should continue to intentionally use the space to increase participation, as well as foster relationships with community partners by inviting them to use the space and encouraging their clients to visit the Center. There may be value in establishing satellite offices in other parts of the county to increase accessibility and participation.

All the above recommendations would benefit from additional funding. Recovery Connection should continue to seek additional funding that can support program growth and sustainability. This would support the program in instituting the above recommendations and enhancing existing program services, such as hiring more volunteers and bolstering community-wide events.

Appendices

Appendix A. Program Design

Access to Services

To ensure that Recovery Connection services are easily accessible to the community, the organization has strategically chosen a central location in Redwood City, situated between East Palo Alto and Belmont. This location was carefully selected for its convenience, particularly in terms of public transportation options, with a special focus on accessibility during non-traditional hours. The center's operational hours are from approximately 9am to 7:30pm, Monday through Friday, as many individuals seek support beyond regular business hours.

Moreover, Recovery Connection is committed to staying closely attuned to the evolving needs of the community it serves. Annual focus groups and surveys with program participants will be conducted to gauge the effectiveness of the current operating hours in meeting their requirements. If it is found that extended evening and weekend hours would better cater to the population's needs, the organization is prepared to adjust its schedule accordingly.

Additionally, the center is dedicated to fostering collaboration within the community. It will actively partner with local organizations and existing substance use treatment providers to promote awareness of its drop-in center services and reach out to potential participants. This collaborative approach underscores Recovery Connection's commitment to ensuring its services are both accessible and responsive to the dynamic needs of the community it serves.

Assessment and Service Planning

When individuals visit Recovery Connection, they are extended an invitation to attend an informative session led by a peer coach. This session is designed to acquaint them with the center and its comprehensive range of services. Once a decision to engage with the program is made, participants are guided through the completion of an intake form, which includes the development of a personalized recovery management plan. The intake form serves as a vital tool in this process, as it prompts individuals to provide information about their substance use and includes a straightforward co-occurring screening component. This screening helps facilitate appropriate referrals and seamless transitions to other services, all while ensuring compliance with the MHSA Substance Use Disorder (SUD) reporting requirements. Subsequently, the recovery management plan is carefully crafted to determine the specific services that best suit everyone's unique needs and preferences.

These services may encompass various aspects such as mentoring and job skill development. All participants begin their services with a WRAP group, which also help inform additional services that would further meet their needs. This initial step not only fosters personal growth but also assists in identifying additional services that align with their unique needs.

If it is determined that a participant would benefit from services beyond the scope of what Recovery Connection offers, Recovery Connection staff assist with making these referrals and establishing essential connections. This holistic approach underscores Recovery Connection's commitment to ensuring that everyone receives the comprehensive care and support they need on their path to recovery.

Program Staff and Advisory Group

The Recovery Connection program consists of a diverse team of professionals, including a program manager (to be filled), four full-time peer staff, four full-time outreach staff, and one full-time administrative staff. A brief description of program staff's roles is below:

- **Program Manager** (once filled) will design, develop, and oversee program implementation, as well as manage day-to-day operations. In addition, the Program Manager will provide supervision and guidance to program staff.[32]
- **Peer Staff**, including peer support specialists, are actively engaged in delivering direct services to program participants such as facilitating WRAP workshops, offering guidance on job readiness and employment opportunities, providing housing referrals, conducting health and wellness classes, and identifying volunteer opportunities.
- **Outreach Staff** lead outreach efforts aimed at reaching the program's target populations.
- **Administrative Staff**, including leadership staff and an executive assistant, ensure a smooth intake process and support administrative tasks as well as data collection.

In the early stages of program initiation, a small and diverse **advisory group** was formed, consisting of program participants, family members, and esteemed community leaders. This advisory group also includes representatives from partner agencies who share a vested interest in the program's success. The primary purpose of this advisory group is to actively shape all facets of the Recovery Connection program. They contribute their insights and expertise to influence the program's structure, service offerings, outreach strategies, evaluation processes, and the dissemination of innovative findings. Stakeholders maintain

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[32] A Program Manager will be hired in the future once funds are secured for this position. The Executive Director will carry out the roles of the Program Manager in the interim.

an ongoing and pivotal role in guiding the continuous development and evolution of this program, ensuring that it remains responsive to the needs of the community it serves.

Target Population

The Recovery Connection program is open to all people over the age of 18 who are experiencing a substance use challenge or co-occurring substance use and mental health challenges. Recovery Connection accepts people at all stages of recovery, and, unlike the RCC model, participants do not need to be clean and sober to receive services. Annually, the program aims to serve 200 to 300 new participants, for a total of 940 to 1,110 participants through WRAP and health and wellness groups.

Compared to the population at large, communities that are historically marginalized are often underserved and do not have equitable access to substance use supports. In response to this, the Recovery Connection program specifically seeks to reach individuals in the Latinx community, particularly immigrants whose second language is English and are very low- to low-income, male, under- or unemployed, and involved in the justice system. The program also seeks to reach other populations that are historically underserved, including Asian/Pacific Islander, African American, low-income, LGBTQIA+, unhoused, chronically unemployed, and justice-involved populations.

Appendix B. Program Implementation Updates

Month/Year	Recovery Connection Implementation Updates
Aug 2023	• Recovery Connection launched the program • Recovery Connection and RDA completed the first evaluation planning session
Sep 2023	• Recovery Connection hired two peer staff who were slated to go through a training process to become facilitators and assist in outreach • Recovery Connection hired an Executive Assistant • Recovery Connection found a building but there were some accessibility concerns • Recovery Connection in the discovery phase of convening a project advisory group • Recovery Connection and RDA completed the second evaluation planning session
Oct 2023	• Recovery Connection moved into the new building • Recovery Connection worked on securing a designer for the building as well as addressing other infrastructure needs, such as security, signage, internet, computers, etc. • Recovery Connection had their "soft" opening at the new building but are planning a larger grand opening in 2024 • Recovery Connection hosted a Halloween event in the new building • Recovery Connection and RDA completed the third evaluation planning session this month • Recovery Connection identified community members and other stakeholders for the advisory board. In October 2023, RDA engaged in discussions and shared a resource guide with Recovery Connection to help support the development of their advisory group.
Nov 2023	• Recovery Connection hired two outreach workers that are also certified WRAP facilitators • Recovery Connection was fully moved into the new building • The building was furnished for staff work and Recovery Connection continued searching for a designer • RDA completed the evaluation plan and shared it with Recovery Connection
Dec 2023	N/A – meeting canceled
Jan 2024	• Recovery Connection started major renovations to the building and plans to have a lift installed • Recovery Connection got their signage installed and are still looking to secure a designer

	• Recovery Connection running hybrid groups out of the new building three times per week • The drop-in space is now open at Recovery Connection's new building • Recovery Connection starting to get a lot of volunteers
Feb 2024	• Recovery Connection working with designers to design and furnish building • Program participation increased tremendously, especially after installing signage outside of the building • Recovery Connection interviewing for the Program Manager role • Recovery Connection began planning for the Advisory Group and RDA provided technical assistance
Mar 2024	• Hiring for a Program Manager was paused due to a shift in funding • Staff member left and Recovery Connection working to hire two more people for the position • Recovery Connection planning for more community events, such as a Cesar Chavez event and an open mic • Recovery Connection trained 10 new advanced-level WRAP facilitators • Three staff in the process of becoming certified peer specialists
Apr 2024	• Recovery Connection hosted the first Advisory Group meeting in-person at the Center with eight attendees (not including Recovery Connection program leadership and RDA) (with hybrid option available)
May 2024	• Recovery Connection hosted the second Advisory Group meeting in-person at the Center with eight attendees (not including Recovery Connection program leadership and RDA) (with hybrid option available)
Jun 2024	• The lift was installed at the Recovery Connection Center • Recovery Connection outreach workers are shadowing an outreach team from Life Moves to get a better understanding of what it is like to be out in the field • Recovery Connection hosted and participated in community events, such as San Mateo Pride and Juneteenth • Recovery Connection started creating new MOUs to invite other organizations to come to the Center and give presentations (e.g., NAMI, East Palo Alto Legal) • Recovery Connection Planning a recovery movie night open to the public (community-wide event) • Recovery Connection planning to hire another staff person who speaks Spanish

Appendix C. Learning Goals, Evaluation Questions, Data Indicators and Measures, and Data Sources

LEARNING GOAL	PROCESS EVALUATION		
	Evaluation Question	**Data Measures**	**Data Sources**
To assess and improve the implementation of the Recovery Connection program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.	How is the Recovery Connection program being **implemented over time**?	• Successes and/or challenges to implementation • Adaptations to implementation in response to participant needs • Demographics of participants served • Total number of participants served • Total, count, and type of services provided • Collaboration • Staff support • Program elements that contributed to participant engagement	• Participant intake forms • Participant surveys • Participant focus groups and/or interviews • Staff focus groups and/or interviews • Evaluation meeting notes • Training survey

		• Program elements that contributed to participant perceived outcomes • Participant experience in accessing long-term recovery services • Average wait time for participants to get into a long-term recovery treatment center • Total and count of participants who drop out before entering a long-term recovery treatment center • Type and count of trainings held • Total and count of people trained • Types and demographics of people trained	
To determine the extent to which the Recovery Connection program enhances access to recovery and mental health services for individuals who were not previously engaged in such services, with a focus on participation, barriers to access, service delivery to underserved	**OUTCOME EVALUATION**		
	To what extent does the Recovery Connection program **increase access** to recovery services and mental health services and supports for individuals	• Count and proportion of participants who were not previously connected to substance use treatment or services • Count and proportion of participants who report they would be unlikely to have	• Participant intake forms • Participant surveys • Participant focus groups and/or interviews • Staff focus groups and/or interviews

populations, and the identification of co-occurring disorders.	who were not previously engaged in services?	accessed services outside of the drop-in center • Count and proportion of participants from underserved populations compared to County-reported penetration rates by race/ethnicity • Level of participants' engagement in services • Type, count, and proportion of referrals to mental health and recovery services	
To examine the extent to which the Recovery Connection program improves long-term recovery outcomes for participants, with a focus on recovery time, relapse rates, mental wellness, economic mobility, and overall quality of life.	To what extent do individuals who participate in WRAP and other drop-in recovery center services through the Recovery Connection program experience in their **long-term recovery**, including recovery time, number of relapses, mental wellness indicators and economic mobility?	• Length of time in recovery compared to previous lengths of recovery time, with goal of 60% increasing their length of recovery • Proportion of participant use of Alcohol and Other Drugs (AOD), with goal of 60% reducing AOD use • Changes (reported as proportions) in housing status, employment status, income, family and peer relationships, with goals of 65% reducing their involvement with the criminal	• Participant intake forms • Participant surveys • Participant focus groups and/or interviews • Staff focus groups and/or interviews

		justice system and 65% increasing their housing stability	
		• Proportion of participants who experience improved quality of life, with goal of 65% improving their quality of life	
		• Level of social support received by participants	
		• Type of social connections	
		• Count and proportion of participants who develop a sense of belonging	
		• Type, count, and proportion of referrals made to other services (e.g., basic needs)	
		• Level of satisfaction with program services	
To evaluate the extent to which the Recovery Connection program enhances capacity in San Mateo County for using WRAP with individuals facing substance use and mental health challenges, focusing on the number of trainings, trained individuals, their knowledge and skills, readiness to use WRAP, and satisfaction with training.	To what extent does training peer workers, clinicians, and paraprofessionals in WRAP through the Recovery Connection program **increase capacity** in San Mateo County to use WRAP with individuals with substance use and	• Proportion of trainees reporting increased knowledge and skills in WRAP • Proportion of trainees reporting likelihood of using WRAP with clients • Trainees' level of satisfaction with training • Type and count of barriers to attending training	• Training survey • Staff/trainer interviews • Community partner/trainee interviews

	mental health challenges?	• Type and count of facilitators to attending training • Type of trainer resources and support	