



**San Mateo County Behavioral Health and Recovery Services**  
**Mental Health Services Act Innovation Evaluation**  
**Recovery Connection Center Annual Report**  
Fiscal Year 2024-2025



**SAN MATEO COUNTY HEALTH**  
**BEHAVIORAL HEALTH & RECOVERY SERVICES**

# **San Mateo County Behavioral Health and Recovery Services**

## **Mental Health Services Act Innovation Evaluation**

### Recovery Connection Center Annual Report

### Fiscal Year 2024-2025

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

RDA Consulting, 2025



**SAN MATEO COUNTY HEALTH**  
**BEHAVIORAL HEALTH**  
**& RECOVERY SERVICES**



## **Table of Contents**

Acknowledgements	2
Introduction	3
Program Overview	4
Program Implementation & Adaptations	5
Evaluation Overview	6
Evaluation Findings	13
Recommendations	32
Appendices	34



## Acknowledgements



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

Thank you to Voices of Recovery San Mateo County staff for supporting this project and being consistent thought partners throughout this evaluation.

Thank you to SMC BHRS leadership, including Doris Estremera, and the Behavioral Health Advisory Board along with the MHSO Ongoing Planning Council for their commitment to the success of this program. This program would not have been possible without MHSO Innovation funds.

Lastly, an acknowledgement to the RDA team who completed this evaluation: Dina de Veer, Leslie Giglio, Paulina Hatfield, and Sarah Ferrell.



# Introduction

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

The purpose of the Innovation (INN) component of MHSA 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 second fiscal year<sup>1</sup> (FY) of program implementation from July 1, 2024 to June 30, 2025.

## 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.

---

<sup>1</sup> Fiscal year goes from July 1<sup>st</sup> of the previous year to June 30<sup>th</sup> 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 clients, increases services retention, reduces substance use, and decreases criminal justice involvement.<sup>2</sup> Recovery Connection centers around Wellness Recovery Action Plan (WRAP) programming, which includes an eight-week WRAP group that helps clients 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 (VORSMC) 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 clients 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 clients 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 writing resumes, improving computer skills, and connecting clients to job opportunities.
- **Volunteer Opportunities:** Clients have the opportunity 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:** Staff provide 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](#).

---

<sup>2</sup> SAMHSA. Peers Supporting Recovery from Substance Use Disorders.  
[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peers-supporting-recovery-substance-use-disorders-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-substance-use-disorders-2017.pdf)



# Program Implementation & Adaptations

Jul – Oct 2024	Nov 2024 – Jan 2025	Feb – Apr 2025	May – Jun 2025
<ul style="list-style-type: none"> <li>• Outreach team mobilized to increase program awareness</li> <li>• Advisory Group met monthly</li> <li>• Center hosted Grand Opening</li> </ul>	<ul style="list-style-type: none"> <li>• VORSMC began Strategic Planning</li> <li>• Staff were Peer Support Specialist Certified</li> <li>• Staff shifted to in-person work on Fridays</li> <li>• Center launched Spanish WRAP group</li> </ul>	<ul style="list-style-type: none"> <li>• Launched Narcotics Anonymous (NA) groups</li> <li>• Hosted Financial Empowerment Workshops</li> <li>• Strategic Planning Committees formed</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff turnover &amp; hiring</li> <li>• Presented at local organizations</li> <li>• Hosted Juneteenth event</li> <li>• NA groups growing</li> </ul>

**Building Organizational Capacity.** Over the past year, Recovery Connection focused significant time and resources on enhancing organizational and staff capacity to better serve the community. This investment included launching a Strategic Planning process, where VORSMC staff and Board members participated in discussions aimed at establishing goals and creating action plans to define the program's future direction. Furthermore, Recovery Connection leadership prioritized staff development by supporting team members in pursuing various training opportunities, including leadership fellowships, learning communities, and, most notably, the Peer Support Specialist Certification.



**Expanding Community Events and Services.** Recovery Connection continued and expanded community events and services to meet community needs. Recovery Connection added new programs, including a new Spanish WRAP group and NA groups. Outside of regular programming, Recovery Connection also organized various monthly community events, such as Recovery Movie Nights, alongside major events like the formal program grand opening and Recovery Happens Month. Furthermore, Recovery Connection collaborated with other organizations to co-host events, such as events for Cesar Chavez Day and Black History Month.

For a detailed description of program implementation updates, see [Appendix B](#).

# Evaluation Overview



In July 2023, SMC BHRS contracted RDA Consulting, SPC (RDA) to conduct a multi-year evaluation of the Recovery Connection program. The purpose of this evaluation is to: (1) evaluate Recovery Connection implementation processes and outcomes; (2) support continuous program improvement efforts; and (3) 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 VORSMC and SMC BHRS to accomplish several key evaluation activities:



**Developed an Evaluation Plan and Data Collection Tools.** RDA collaborated with VORSMC to create an evaluation plan, serving as a roadmap for the evaluation process. This plan details the learning goals, evaluation questions, proposed methodology, analytic framework, potential limitations, and reporting requirements. Additionally, RDA developed various data collection instruments, including focus group protocols, a client intake form, and client surveys. In the second year of the evaluation, RDA refined the data collection tools based on insights from the prior year.



**Data Collection.** RDA facilitated focus groups and other engagement efforts with key program stakeholders, including Recovery Connection staff, clients, community partners, and WRAP Facilitators. VORSMC administered the client intake form, recovery management plans, and WRAP Seminar applications. In the second year of the evaluation, VORSMC implemented additional tools, such as the client pre-survey, that had been designed in the first year of the evaluation but not yet used.



**Data Analysis.** To inform this report, RDA analyzed the data collected in the second fiscal year of the program. This includes data gathered across all data collection tools. Together, RDA and VORSMC reviewed the findings, during which VORSMC provided RDA with additional insights to help inform data interpretation.

Throughout this partnership, RDA held monthly meetings with VORSMC and SMC BHRS to stay updated on new program developments and share evaluation progress. Collectively, these efforts shape an evaluation designed to answer key questions about how the program is working and the impact it is having on the program clients. The following section outlines the specific evaluation questions guiding this work.

# Evaluation Questions

RDA and VORSMC 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	
<b>Q1</b>	How is the Recovery Connection <b><u>program being implemented</u></b> over time?
	<p><b>Learning Goal</b></p> <p>To assess and improve the implementation of the Recovery Connection program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.</p>
<b>Q2</b>	To what extent does the Recovery Connection program <b><u>increase access to recovery and mental health services and support</u></b> for individuals who were not previously engaged in services?
	<p><b>Learning Goal</b></p> <p>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.</p>
<b>Q3</b>	To what extent do individuals who participate in WRAP and other drop-in recovery center services through the Recovery Connection program <b><u>experience in their long-term recovery</u></b> , including recovery time, number of relapses, mental wellness indicators and economic mobility?
	<p><b>Learning Goal</b></p> <p>To examine the extent to which the Recovery Connection program improves long-term recovery outcomes for clients, with a focus on recovery time, relapse rates, mental wellness, economic mobility, and overall quality of life.</p>
<b>Q4</b>	To what extent does training peer workers, clinicians, and paraprofessionals in WRAP through the Recovery Connection program <b><u>increase capacity in San Mateo County to use WRAP</u></b> with individuals with substance use and mental health challenges?
	<p><b>Learning Goal</b></p> <p>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.</p>

# Methodology

## Data Collection

As part of the initial 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 the second year of the evaluation, data was collected from July 2024 through June 2025.

[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	Clients (English)	10	April 2025
Focus Group	Clients (Spanish)	6	April 2025
Focus Group	Staff & WRAP Facilitators	9	April 2025
Interviews	Community Partners	2	April 2025
Client Intake Form	Clients	203	July 2024–June 2025
Recovery Management Plans	Clients	123	July 2025–June 2025
Referrals	Clients	96	Dec 2024–June 2025
WRAP daily evaluation forms	WRAP Participants	501 <sup>3</sup>	July 2025–June 2025
Client pre-surveys	WRAP Participants	115	July 2025–June 2025
WRAP Seminar applications	WRAP Facilitators	64	July 2025–June 2025
WRAP Seminar sign in sheets	WRAP Facilitators	49	July 2025–June 2025
WRAP Seminar post-survey	WRAP Facilitators	38	July 2025–June 2025
WRAP Seminar Observation	WRAP Facilitators	N/A	May 2025

<sup>3</sup> Due to large sample size and data entry constraints/limitations, RDA reviewed a subset of daily evaluation forms

## Quantitative Data

**Client Intake Form, Survey, & Recovery Management Plan.** Recovery Connection program staff provided RDA with data captured in the client intake form, survey, and recovery management plan that are administered to all program clients at intake or once they elect to participate in services. The intake form primarily gathers clients' demographic characteristics and includes a pre-survey with five questions about previous substance use and recovery services and personal hopes for participation in the program. The recovery management plan assesses their satisfaction with specific life domains (e.g., transportation, employment, housing, etc.). Lastly, in the recovery management plan, clients are prompted to elaborate on the life domains they deem most critical, the highest priority, or both.

**Daily Evaluation Forms.** Recovery Connection program staff administer paper copies of Daily Evaluation Forms to clients after participating in a community group. The form gathers information on client satisfaction and feedback, utility of the information provided, and client perceptions related to hope, personal responsibility, and self-advocacy.

**WRAP Seminar Sign-in Sheets, Applications, & Surveys.** Recovery Connection program staff provided RDA with data available from the WRAP seminars, including sign-in sheets, copies of completed seminar applications, and WRAP seminar post-surveys. The sign-in sheets confirm participation/attendance at each seminar. Applications gather contact information and demographic data from those interested in attending a seminar. Lastly, the WRAP seminar post-surveys assess participants' satisfaction with the seminar, as well as rating the seminar's applicability and relevance.

## Qualitative Data Sources

All data collection for the qualitative data sources utilized **convenience sampling**, a sampling method where participants are 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 for the focus groups and interviews to accommodate the evaluation timeline.

**Client Focus Groups.** RDA facilitated two, 90-minute, hybrid focus groups with program clients in English and Spanish. The client focus groups 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. To thank clients for their time and contributions, RDA provided incentives for those that participated in the focus groups in the form of \$25 gift cards to Amazon, Target, or Safeway/Albertsons

**Staff and WRAP Facilitator Focus Group.** RDA also facilitated a 90-minute, hybrid focus group including both staff and WRAP Facilitators (taking into consideration that most staff are WRAP Facilitators). The staff and WRAP Facilitator focus group was structured in two parts. The initial segment concentrated on the experiences of WRAP Facilitators, covering their training, delivery of WRAP workshops at the Center, and WRAP's impact and reach within San Mateo County. The latter half shifted focus to staff, generating discussion on a range of topics. These included the implementation, successes, challenges, and adaptations of the Recovery Connection program; internal and external collaborations; staff support and satisfaction; program responsiveness; perceptions of program access and impact; service adoption and outcomes; and clients' long-term recovery experiences. Incentives were not provided to staff due to MHSA regulations prohibiting incentives for individuals representing an agency in a paid position.

**Community Partner Interviews.** RDA facilitated two Community Partner interviews that were approximately half an hour and virtual. The interview included discussion around partners' experiences collaborating with Recovery Connection and their perspectives on program implementation and impact.

**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.

**WRAP Seminar Observation.** An advanced-level WRAP Facilitator conducted an observation of a WRAP Seminar II training. The observer was provided with a form (created by RDA) to guide their review. The form included a checklist to identify strengths and areas of improvement related to process and management, cultural considerations, and participant engagement and satisfaction. The observer was asked to indicate which areas were done well or needed improvement, with additional space to add specific observed behaviors and feedback.

## 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. For quantitative data, RDA used descriptive statistics to analyze demographic data and survey responses. For qualitative data, RDA conducted thematic analysis to identify recurring themes and key takeaways.

RDA consulted with both BHRS staff and VORSMC leadership to vet the initial findings. Their input, which provided critical context and clarity, was directly integrated into the final findings and this report. This collaborative approach ensured the results accurately reflect the valuable expertise and experience of the Recovery Connection team and program clients.

## Limitations

Despite the following limitations, the data and participant feedback collected indicate many successes and positive outcomes and can help guide Recovery Connection in refining its programming to better serve clients, their support systems, and the broader community moving forward.

**Data Availability.** During the second year of implementation (FY24-25), the program continued to face capacity constraints that affected data collection process. Consequently, some anticipated data for this period is unavailable:

- Referral tracking was not fully implemented until December 2024, which limits the amount of data available.
- Client post-surveys were not yet implemented, making it difficult to assess outcomes.
- Community group (e.g., WRAP Group) sign-in sheets were not included in this year's evaluation to assess group attendance and engagement. The sign-in sheets are completed on paper and there is no internal system/process to enter the sheets virtually. The evaluation team did not have the capacity to enter the information into Excel to analyze the data.

**Selection Bias and Small Sample Size.** With convenience sampling, there is the risk of selection bias because there may be characteristics of specific groups of people that make them more likely compared to others to be interested or motivated to take part in data collection activities. Additionally, the sample sizes for the client focus groups (n=16), the staff and WRAP Facilitator focus group (n=9), and the community partner interviews (n=2) are relatively small. For these reasons, the results may not be representative of nor are generalizable to the whole population.

**Recall, Nonresponse, Self-Report, and Social Desirability Biases.** The evaluation relies heavily on self-reported data from clients and staff, which poses the risk of biases, including

recall bias, nonresponse bias, self-report bias, and social desirability bias. Recall bias is when respondents may not remember certain experiences and may lead to incomplete or inaccurate data. Nonresponse bias is when respondents are unwilling to respond to certain questions. Self-report bias is when respondents unintentionally misrepresent their experiences, either by exaggerating or downplaying them. Social desirability bias is when respondents provide responses they believe are favorable or acceptable, rather than being fully candid. For example, focus group or interview participants may have spoken more positively about the program than they truly felt, especially if they were reluctant to express criticism. All four forms of 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.

# Evaluation Findings

The following sections share key findings in response to each evaluation question: program implementation, access to services, recovery experience, and WRAP capacity in the County. Findings presented are for the second fiscal year of implementation (FY24-25).

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

This section highlights the Recovery Connection program's second year of implementation, showcasing the diverse communities served. It also details key challenges and successes related to implementation of this program. **Overall, the wide range of services provided, in addition to successful external partnership collaboration, ensures that the holistic needs of clients are met.**

Implementation data shows that clients were very satisfied with the services provided by Recovery Connection. Clients value and benefit from the diverse range of services offered at the Center, which are designed to address community needs holistically. Staff also feel supported in their role, despite continued capacity challenges amidst staffing transitions.

# 203

clients served

### Clients Served

#### Clients Served and Demographics

**Recovery Connection serves a diverse group of community members in San Mateo County, with clients representing historically marginalized populations** (Table 3 on next page). In the first year of implementation, the Recovery Connection program served 203 clients.<sup>4</sup> Notably, nearly half of all clients served (45%) were between the ages of 35–54 years old. With relation to gender, clients were evenly split, with 46% self-identifying as female and 45% self-identifying as male. Moreover, the majority of clients also identified as cisgender (93%). **Hispanic, Latino, or Spanish Origin populations comprised the largest racial/ethnic group of clients served** (38%), and White populations were the second largest group (22%). Finally, the **place-based approach of the program is evident**, as 61% of clients served live in South San Mateo County, with 47% in Redwood City specifically, the location of the Recovery Connection Center.<sup>5</sup>

<sup>4</sup> The number of clients is not duplicated and is reflective of all clients who completed an intake form and received services, including WRAP, other support groups, peer mentorship, linkages to other services, etc.

<sup>5</sup> Data Source: Client Intake Form

**Table 3. Client Demographics, FY24-25<sup>6,7</sup>**

Category	Count	Percent <sup>8</sup>
<b>Age groups</b>	<b>203</b>	
Under 34	37	18%
35-44	54	27%
45-54	37	18%
55+	40	20%
Unknown/Not Reported	35	17%
<b>Sexual orientation</b>		
Straight	122	60%
LGBQ+ <sup>9</sup>	12	6%
Unknown/Not Reported	69	34%
<b>Gender identity</b>		
Male	91	45%
Female	93	46%
Other <sup>10</sup>	13	6%
Unknown/Not Reported	6	3%
<b>Transgender</b>		
No	189	93%
<b>Race and Ethnicity</b>		
Hispanic/Latinx	78	38%
White	44	22%
Other <sup>11</sup>	45	22%
Black or African American	18	9%
Asian/Pacific Islander	18	9%
<b>Primary Language</b>		
English	103	51%
Spanish	30	15%
Other <sup>12</sup>	35	2%
Unknown/Not Reported	65	32%
<b>City of Residence</b>		
Redwood City	95	47%

<sup>6</sup> Data Source: Client Intake Form

<sup>7</sup> Specific demographic categories marked with an asterisk have been masked to protect client confidentiality when n<11 (this does not apply to “Unknown/Not Reported” because it is not potentially identifying)

<sup>8</sup> Percentages may not add up to 100% due to rounding and the option to select more than one choice for demographic items.

<sup>9</sup> LGBQ+ includes Bisexual, Gay, Lesbian, Other, and Pansexual

<sup>10</sup> Other gender identity includes Nonbinary and Other

<sup>11</sup> Other race/ethnicity includes Indigenous/Alaska Native, Middle Eastern or North African, More than one race, Other, and Unknown/Not Reported

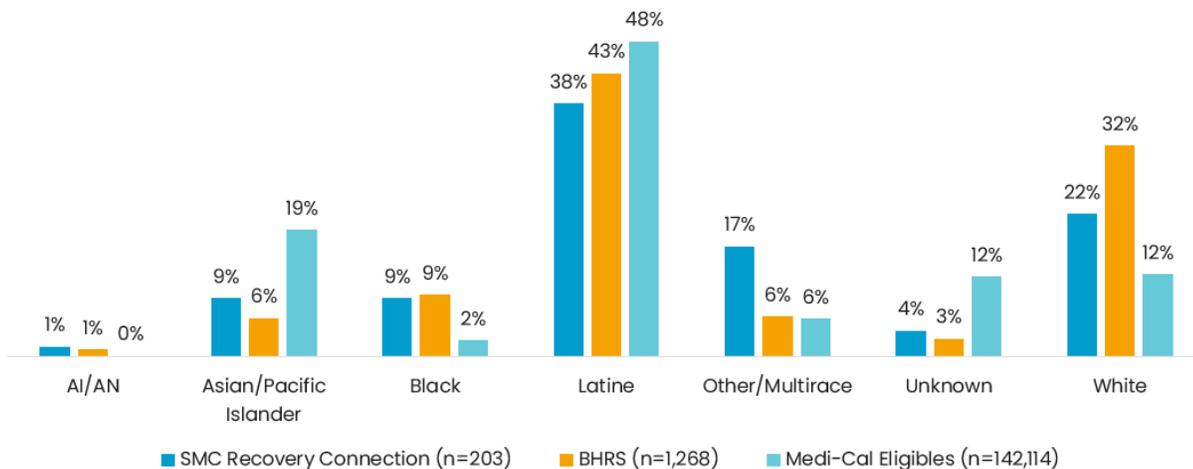
<sup>12</sup> Other primary languages include Other, Mandarin, and Tongan

Category	Count	Percent <sup>8</sup>
Other <sup>13</sup>	55	27%
San Mateo	24	12%
East Palo Alto	17	8%
<b>Part of the County</b>		
North San Mateo County <sup>14</sup>	64	32%
South San Mateo County <sup>15</sup>	123	61%

## Underserved Populations

**The racial/ethnic makeup of Recovery Connection clients is generally comparable to BHRS and Medi-Cal eligibles** (Figure 1). The majority of clients in all three groups—Recovery Connection (38%), BHRS (43%), and Medi-Cal eligibles (48%)—identify as Latinx with a smaller percentage identifying as White (22%, 32% and 12%, respectively). Amongst Recovery Connection and BHRS, the proportions of clients identifying as Asian/Pacific Islander (9% and 6%, respectively) and American Indian (AI)/Alaska Native (AN) (1% for both) are also comparable. However, the Asian/Pacific Islander population makes up a much larger proportion of the Medi-Cal eligible population (19%) compared to Recovery Connection and BHRS clients, suggesting **Asian/Pacific Islanders may be slightly underrepresented in Recovery Connection services**. Conversely, **Black clients are more highly represented in Recovery Connection services compared to Medi-Cal eligibles** (2%).<sup>16</sup>

**Figure 1. County Medi-Cal Penetration Rates, FY24-25**



<sup>13</sup> Other city includes Belmont, Burlingame Daly City, El Granada, Emerald Hills, Foster City, Hillsborough, Hollister, Menlo, Menlo Park, Millbrae, Pacifica, Phoenixville, San Bruno, San Carlos, San Francisco, San Jose, South Gate, South San Francisco, Sunnyvale, Woodside

<sup>14</sup> North San Mateo County includes Belmont, Burlingame, Colma, Daly City, Millbrae, Montara, San Bruno, San Mateo, and South San Francisco

<sup>15</sup> South San Mateo County includes East Palo Alto, Emerald Hills, Menlo Park, Palo Alto, Redwood City, and San Carlos

<sup>16</sup> Data Source: BHRS and Medi-Cal Adult AOD Penetration Rates by Race/Ethnicity FY24-25

## Services Provided

### Client Needs

**Recovery Connection provides a wide range of services and offerings that are responsive to and meet holistic community needs.** At intake, 40% of program clients surveyed reported a substance use challenge, mental health challenge, or both (Table 4).<sup>17</sup> **Meeting holistic community needs is of utmost priority, exemplified by the breadth of services offered at Recovery Connection,** including peer mentoring, health and wellness classes, job readiness and employment services, referrals and connections to resources, and volunteer opportunities. By meeting the social determinants of health needs of clients (e.g. financial classes), while creating spaces for cultivation of agency and joy (e.g. movie nights and talent shows), Recovery Connection affirms their commitment towards cultivating whole person care.

**Table 4. Client Presenting Needs at Intake**

Presenting Need	Number of Clients	Percent of Total Clients Served
Substance use challenges(s)	63	31%
Mental health challenges	10	5%
Both substance use & mental health challenges	7	3%
None of these challenges	15	7%
Unknown/not reported	108	53%
Total	203	100%

<sup>17</sup> Data Source: Client Intake Form

## Services Provided

305

WRAP and other  
support groups

13

community  
events

107

recovery  
management  
plans

94

referrals

**Among all the services provided, the most frequently utilized are WRAP and other support groups.** A total of 161 WRAP groups were provided, along with 92 Health & Wellness groups, 34 Peer Support groups, and 18 Narcotics Anonymous (NA) groups.<sup>18</sup> **Recovery Connection has also been successful in supporting clients' unique recovery journeys through recovery management plans,** with over half of all clients (53%) having at least one plan, and 13 individuals (12%) having two or more plans.<sup>19</sup> **The recovery management plans support the facilitation of referrals and warm handoffs to services,** with a total of 94 referrals made for 58 clients (29% of total).<sup>20</sup> Those who had referrals to outside services received anywhere from one to three referrals. It is important to note that the referral tracking form was first utilized in December 2024 so only six months of referral data is presented here. VORSMC leadership note that the number of referrals is likely much higher as "just about everyone who comes through the door comes in looking for a referral."

---

*"A lot of places only do one thing, but this place does it all. You can have everything in one place, recovery, mentor[ship], food support, referrals, etc. You have everything at once." – Client*

---

## Service Strengths

In addition to existing services, **staff highlight the successful design and implementation of new programs and events this past year,** such as Spanish WRAP groups, NA groups, and Recovery Movie Nights/meetups, demonstrating staff flexibility and responsiveness to community needs and feedback.

---

<sup>18</sup> Data Source: Group Attendance Report

<sup>19</sup> Data Source: Recovery Management Plans

<sup>20</sup> Data Source: Referral Data

---

*“Something that has been working here – being able to implement other programs and events...[the] community asks for different things.”*

*–Staff member*

---

## Community Reach

### Referrals

**Recovery Connection is a widely recognized and trusted organization within the community and among partners** with nearly 20% of referrals to Recovery Connection coming from friends and individuals (Table 5). Additionally, substance use disorder (SUD) treatment programs serve as a primary source of referrals (12%), showcasing **strong, mutually beneficial community-based partnerships**. Overall, the network of support among local organizations and county partners helps build community awareness of the services offered at Recovery Connection which may facilitate additional referral pathways.

**Table 5. Client Referral Source, FY24-25<sup>21</sup>**

Referral Source	Count	Percent
SUD treatment program	25	12%
Friend	24	12%
VORSMC staff and programs	18	9%
Specific individual	15	7%
Self or walk-in	7	4%
Other <sup>22</sup>	7	4%
Total	203	100%

### Partner Collaboration

**Over time, VORSMC built strong partnerships among local community organizations and county partners to strengthen and increase service offerings.** Through relationship building and close communication, VORSMC collaborates with partners to plan events, coordinate client referrals, and facilitate presentations that increase awareness of Recovery Connection

---

<sup>21</sup> Data Source: Referrals

<sup>22</sup> Other referral source includes BHRS, justice-related referrals, social service provider, or unknown/not reported

and available services. While community partners are generally satisfied with their collaborations, they described opportunities for Recovery Connection to continue forming new collaborations as well as strengthening existing support from the County and Board.

---

*“[Collaboration with Recovery Connection] has changed over time- in a positive way...[I] oftentimes send people to Voices or tell people about Voices; being a child of parents in addiction, it was a place and space that’s safe for folks.” – Community Partner*

---

## Staff Support

### Strengths and Challenges

**Recovery Connection fosters a collaborative environment for staff within an accessible and safe setting, despite ongoing challenges with staff turnover and capacity constraints.**

Staff affirmed that the supportive and safe environment crafted through Recovery Connection encourages collaboration. A specific point of appreciation is the open workspace, which facilitates easy communication and teamwork. Furthermore, staff appreciate the professional growth opportunities offered, alongside workshops and other spaces that promote personal well-being and growth.

While staff feel supported both personally and professionally, staff turnover impacts their capacity to balance workload related responsibilities. Additionally, staff expressed that their ideas are not always implemented or not as quickly as they would like, due to time constraints and staffing capacity, which inhibits staff collaboration.

---

*“...clients come in crisis- they’re our priority, but we also have other work deadlines; [it’s hard to balance that].” – Staff member*

---

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

This section describes how the Recovery Connection program impacts access to behavioral health resources. It details client access to behavioral health services pre and post program as well as the extent to which client engagement and accessibility is addressed by Recovery Connection. **Overall, Recovery Connection supports client engagement in behavioral health services available within the Center, as well as external services.**

Participation in Recovery Connection increases client engagement in services, particularly for those previously unengaged. The program achieves this by providing referrals to external services, offering accessible service modalities internally, maintaining a welcoming environment, and delivering linguistically and culturally appropriate services that reduce barriers to access.

### Access to Behavioral Health Services Pre-Program

**Upon intake, new Recovery Connection clients are not accessing other behavioral health services. Over two-thirds of clients (69% of 115) reported not being previously connected to services before Recovery Connection and an additional two-thirds (64% of 107) reported that they would unlikely have accessed services outside of Recovery Connection.** Furthermore, the majority of clients (86% of 106) noted that they were not previously on a waitlist to get into a long-term recovery treatment center.<sup>23</sup> This may suggest that clients either had not sought out such services before Recovery Connection or were already participating in a substance use treatment program at the time of intake.

### Access to Behavioral Health Services Post-Program

**Referrals to external services are provided to program clients, facilitating connections beyond Recovery Connection. A total of 94 referrals were provided for 58 program clients** (Table 6 on the next page). Of those 94 referrals, there were 43 Mental Health and Substance Use-specific referrals for 33 clients. Substance use referrals included 12-step groups, information/ education on recovery, peer support, SUD treatment, sober housing, and sober social events. There were also 49 'Other' referrals for 29 clients, most of which were focused on support for addressing the social determinants of health (e.g., employment, financial services, healthcare navigation, transportation, volunteering opportunities, exercise/nutrition

---

<sup>23</sup> Data Source: Client Pre-Survey

services, and legal referrals). The wide range of referrals facilitate continuity of care and support client long-term recovery and healing beyond their involvement with Recovery Connection.

**Table 6. Client Referral Types, FY24-25, N=58**

Referral Type	Count
Other	49
Substance Use	42
Mental Health <sup>24</sup>	1
<b>TOTAL</b>	<b>94</b>

**Program Engagement and Accessibility**

**Offering linguistically appropriate services is reflective of Recovery Connection’s commitment to culturally responsive care.** Prior to joining Recovery Connection, clients expressed that language barriers and lack of Spanish-speaking providers prevented them from accessing timely and linguistically appropriate care. **Recovery Connection began to address these barriers and promote access to linguistically appropriate services by offering services in Spanish** for 19 of 161 WRAP groups were offered in Spanish. However, to better serve the Spanish-speaking community, which constitutes the largest non-English speaking group and represents 15% of all clients, VORSMC needs to increase the number of Spanish-speaking WRAP Facilitators.

---

*“[Describing experience prior to Recovery Connection] Yes, it’s difficult to receive services because there is a language barrier. I had to wait a long time waiting for a therapist that spoke Spanish; it took about three months to get connected.” – Client*

---

**The accessibility of the physical space, flexibility around hours of operation, and diverse service modalities foster an environment that minimizes barriers to access.** The central location of the center, the spacious and clean environment, and the open design/set-up of the physical space eases accessibility for in-person participation. In addition, the flexible hybrid model ensures that clients can join via Zoom if they are unable to attend in person or if they live further away. Additionally, clients shared that the flexible schedule and hours of operation maximize program engagement, though they also shared that they would

---

<sup>24</sup> Referral tracking was implemented in December 2024, indicating that six months of data was not captured through the referral data captured here. VORSMC leadership note that mental health referral numbers are likely much higher than reflected.

appreciate services to be available on weekends and in the early morning. Clients also shared additional ideas for improving accessibility, including offering childcare services and minimizing external disruptions (e.g. noise). For those who join in-person, the cleanliness of the physical space and availability of food, contribute to a welcoming environment and community space.

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 client outcomes related to substance use, social support, quality of life, and others. **Overall, the Recovery Connection program has positively impacted clients' recovery and well-being, but clients still need more support in other areas that are affecting their quality of life.**

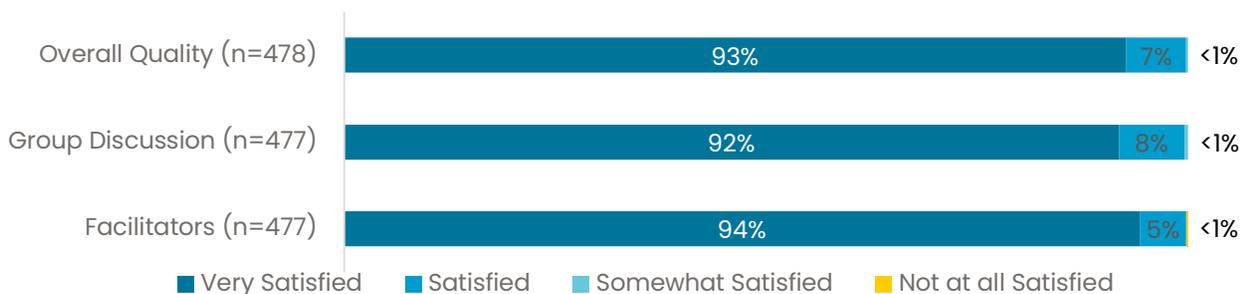
Recovery Connection clients are highly satisfied with the WRAP groups and report that the program provides effective tools for recovery and empowerment. A significant need for clients is social connection, both upon entry and throughout the program. While clients report high satisfaction with personal well-being, their satisfaction is lower in key areas, such as transportation, budget management, education, employment, housing, and personal financial and legal situations.

### Client Satisfaction

**99%**  
of clients were  
satisfied

**Recovery Connection clients express high satisfaction with the WRAP groups and find the information provided to be useful.** Nearly all WRAP group participants (>99%) report being satisfied or very satisfied with the overall quality of the group (477 of 478), the discussion (475 of 477), and the facilitators (475 of 477) (Figure 2).

**Figure 2. WRAP Group Satisfaction, FY24-25<sup>25</sup>**



<sup>25</sup> Data Source: WRAP Daily Evaluations

In addition, **100% of clients shared they expect to use the information gained by the group and would recommend the group to another person**, further displaying client satisfaction (492 of 492).

**Clients appreciate the supportive, welcoming environment** at Recovery Connection and value the opportunity to connect with and get to know other clients through WRAP groups and events like Recovery Movie Nights. Moreover, **there is a feeling of trust and respect that makes clients feel comfortable** at Recovery Connection and in their groups.

---

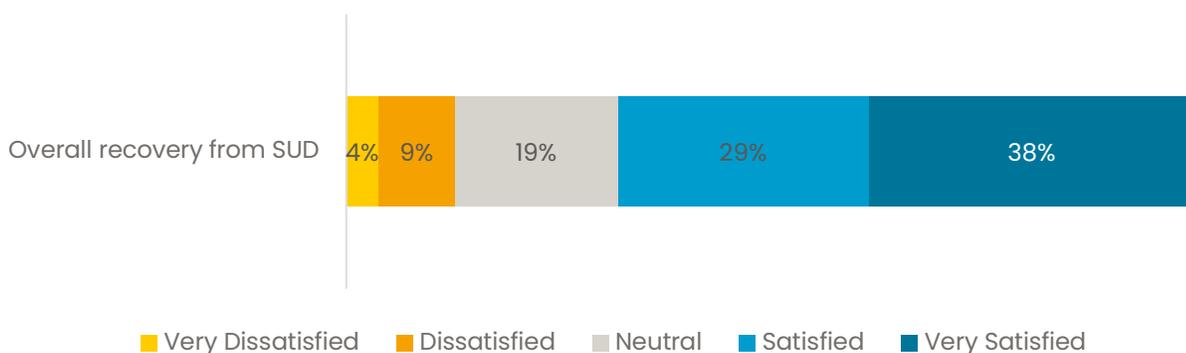
*"I feel like I can trust them, I feel very welcomed... everyone respects each other's culture and traditions. It is a safe space to share our experiences..."*  
– Client

---

### Substance Use

**Recovery Connection provides effective tools to help clients maintain or progress to the next stage of their recovery, and clients feel empowered to create positive change in their own life. At intake, two-thirds of clients (67%) reported being satisfied or very satisfied with their overall recovery from substance use (n=78)** (Figure 3). With a substantial portion of clients satisfied with their recovery when they enter the program, Recovery Connection serves as a place where clients can continue their recovery journey and feel supported as they maintain sobriety.

**Figure 3. Overall Recovery from SUD Satisfaction at Intake, FY24-25, N=78<sup>26</sup>**



This sentiment seems to hold true through a client's engagement with Recovery Connection. Of those with two or more recovery management plans (n=10), **over half (n=7) reported being satisfied or very satisfied with their overall recovery at the time of their most recent**

<sup>26</sup> Data Source: Recovery Management Plans

**Plan.** Of these clients, three out of 10 reported increased satisfaction from their first to last plan, five stayed the same, and two decreased satisfaction.

**Recovery Connection supports client recovery by providing a supportive, safe environment for people to visit at any stage of their recovery journey.** Program staff and partners described how clients have thanked them for providing information and how happy they are maintaining sobriety. Client testimonials underscore the life-saving contributions of Recovery Connection in clients' recovery wellness, and overall life-saving impact.

---

*"It saved my life for the second time." - Client*

*"It changed my life. It helped me. If I didn't come here, I might not be here."  
- Client*

---

At Recovery Connection, **clients are also offered tools and resources, such as WRAP, that positively contribute to one's recovery.** Program staff believe that WRAP is a tool for self-discovery and have seen clients' positive growth in their recovery and wellness progress. **Nearly all clients report feelings of empowerment,** including that they have hope that things will get better (488 of 491), they know how to take personal responsibility for their own wellness (483 of 490) and know how to advocate for themselves (472 of 482) (Figure 4).

**Figure 4. Impact of WRAP and Other Support Groups, FY24-25<sup>27</sup>**



### Social Support

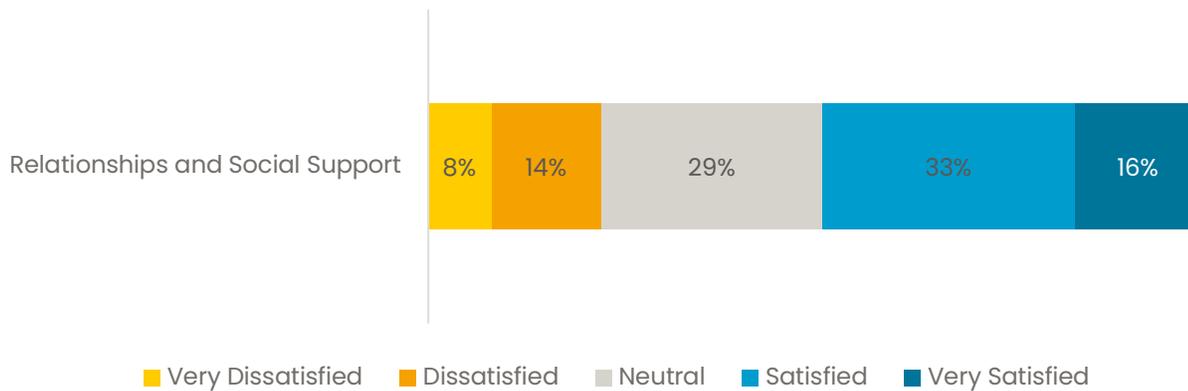
**Social connection is one of the greatest needs among clients upon entry and may persist during program engagement.** Only half (49%) of clients reported being satisfied or very

---

<sup>27</sup> Data Source: WRAP Daily Evaluations

satisfied with their relationships and social support at intake (n=98), revealing that **half of clients were less than satisfied or dissatisfied with their current level of social support at the time of entering Recovery Connection** (Figure 5).

**Figure 5. Relationships and Social Support Satisfaction at Intake, FY24-25, N=98<sup>28</sup>**



A similar pattern persisted through program engagement. Of those with two or more recovery management plans (n=12), **half (n=6) were satisfied or very satisfied with their relationships and social support at the time of their most recent Plan**. Of these clients, four out of 12 increased satisfaction from the first to last Plan, six stayed the same, and two decreased satisfaction.

**Although level of satisfaction remained the same from intake to final Plans, Recovery Connection is working to increase social support at the Center** by opening up events to loved ones of clients to strengthen existing support systems. Moreover, clients likened their experience at the Center as being among family and friends.

---

*“Every time I come it’s good. [I] see people I haven’t met before, always friendly...It’s like being friends” - Client*

---

## Other Outcomes

### Quality of Life

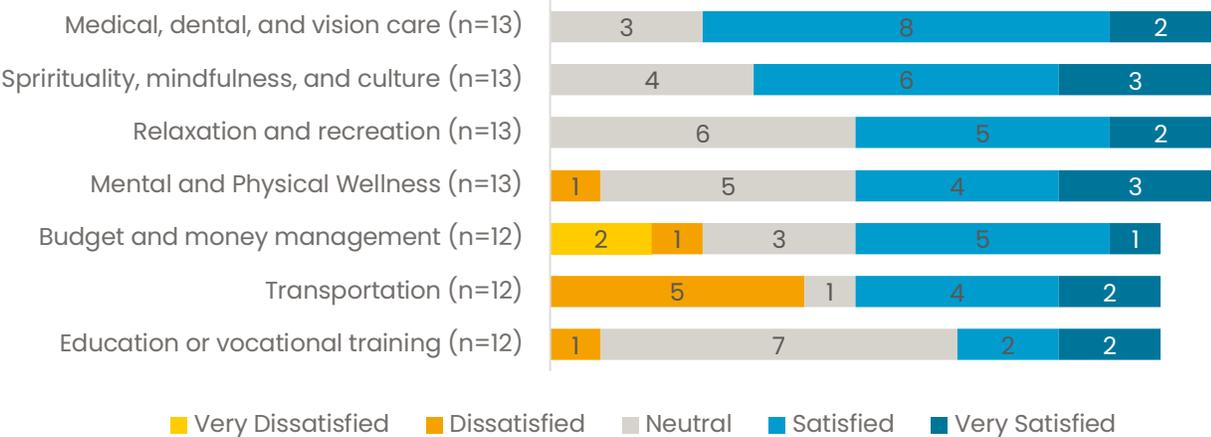
**Clients reported high satisfaction with most quality of life indicators, especially personal well-being. However, satisfaction was mixed and lower for indicators related to transportation, budget management, and education, which are areas crucial for accessing opportunities, building economic mobility, and achieving independence.** Recovery management plans assessed satisfaction across quality of life indicators, such as

<sup>28</sup> Data Source: Recovery Management Plans

spirituality, mindfulness, recreation, and mental and physical wellness, as well as social determinant of health factors like transportation, money management, and education. As displayed in Figure 6, for clients with more than one recovery management plan, **more than half of clients were satisfied with medical, dental, and vision care (10 of 13); spirituality, mindfulness, and culture (9 of 13); relaxation and recreation (7 of 13); and mental and physical wellness (7 of 13)**, demonstrating satisfaction with areas of personal wellbeing. However, there were comparatively more **mixed feelings around the social determinants of health indicators, such as budget and money management (6 of 12), transportation (6 of 12), and education or vocational training (4 of 12).**

Recovery Connection staff and leadership are aware of these needs among clients **and have begun to implement new financial classes for clients**, such as learning to improve credit, hearing about challenges with transportation (specifically medical lifts) and budget management. Recovery Connection staff have also heard about clients’ needs for transportation, especially medical lifts, though they have expressed challenges in identifying how to address these needs.

**Figure 6. Indicators of Quality of Life Satisfaction at Most Recent Plan, FY24–25<sup>29</sup>**



For clients 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 (7 of 10)**, while a few reported the same or decreased satisfaction (3 of 10).

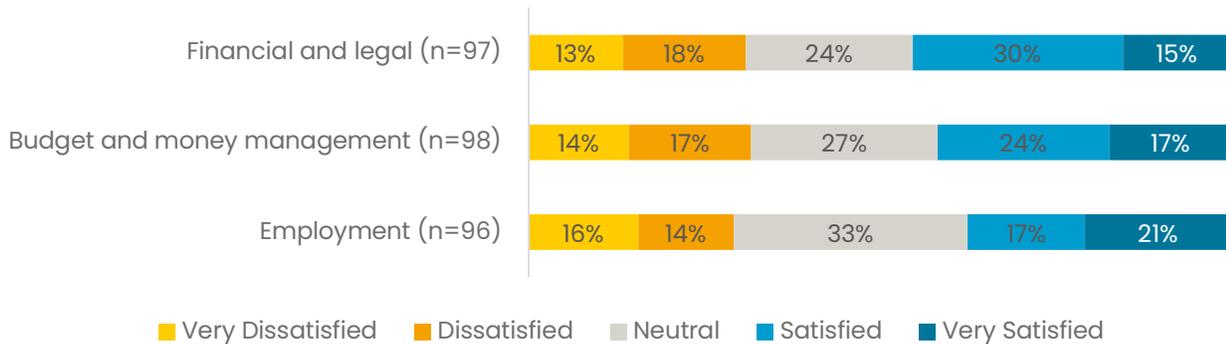
**Housing, Finances, and Employment**

**Clients consistently expressed mixed feelings and low satisfaction regarding their employment, housing, and personal financial and legal situation during their initial intake through the duration of their engagement.**

<sup>29</sup> Data Source: Recovery Management Plans

At intake, about half were satisfied with the area of housing and home management (52%, n=100), but less than half were satisfied with their financial and legal situation (45%, n=97) and only about one-third were satisfied with their employment (38%, n=96) (Figure 7). Notably, employment was the lowest-ranked domain at intake.

**Figure 7. Recovery Life Domains at Intake, FY24-25<sup>30</sup>**



At the time of their most recent recovery management plan, clients continued to express low satisfaction with outcomes related to housing, employment, legal support, and finances, **with fewer than half of clients reporting satisfaction with these areas.**

Recovery Connection's leadership and staff recognize that clients face significant challenges related to employment, finances, and housing. The high cost of living is a particular concern, with some clients remaining in sober living facilities because they cannot afford independent housing.

To address clients' employment needs, **Recovery Connection already offers job readiness and employment services.** This programming includes staff and partners helping clients with resume writing, improving computer skills, and connecting them to available job openings.

Furthermore, **Recovery Connection has launched new financial classes and is actively seeking more ways to integrate this crucial supportive programming into the Center** to assist clients facing financial challenges.

<sup>30</sup> Data Source: Recovery Management Plans

## 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. **Overall, the WRAP seminars are effective and lead to increased understanding of WRAP and confidence in skills.**

Individuals who participated in the WRAP Seminars (“participants”) were satisfied with the training and the information provided. By creating an accessible, supportive atmosphere and utilizing experienced WRAP Facilitators to lead the Seminars, participants increased their understanding of the material and experienced improved confidence in their skills, such as public speaking.

### Training Implementation

**49**  
of individuals  
trained

**6**  
Seminars

**Recovery Connection conducted six Seminars in FY24–25, training 49 individuals from diverse backgrounds in WRAP.** Four of the six seminars were Seminar I (learning to how make a WRAP) and two were Seminar II (learning how to become a WRAP Facilitator). More than half of seminar participants (57%) identified as a consumer of San Mateo County Behavioral Health services or as a family member of a consumer (26 of 46). The majority of clients identified as Hispanic/Latinx or White (22 of 36), female (26 of 36), heterosexual/straight (28 of 36), and 25–55 years old (19 of 36). Most reported their primary language as English (30 of 36) and over half (53%) of applicants reported Redwood City, South San Francisco, or San Mateo as their city of residence (26 of 49).<sup>31,32</sup>

### Satisfaction and Accessibility

**Participant satisfaction is high, largely due to the support provided, the positive group dynamic, and the comprehensive nature of the training and its trainers. However, challenges exist around language accessibility and scheduling.**

<sup>31</sup> Data Source: Seminar Applications

<sup>32</sup> Seminar I in July 2024 did not use the updated application form asking for demographics (n=11). In addition, for the other Seminars with the updated application form, some participants answered some but not all demographic questions.

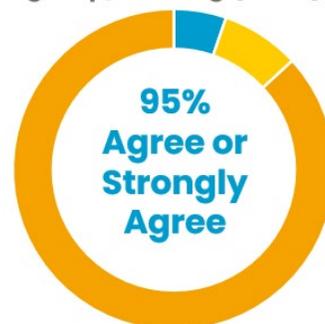
**Almost all (95%) participants reported that they were satisfied with the training** (Figure 8).<sup>33</sup> Participants expressed appreciation for the seminar’s thoroughness, the trainers’ expertise, the positive group atmosphere, and the level of support offered by Recovery Connection.

**Trainers demonstrate a clear commitment to providing a supportive, positive, and accessible learning environment for participants.** They begin by preparing the room, ensuring it is quiet and conducive to both learning and interaction, and setting up necessary provisions like food, water, and printed materials. Throughout the seminar, trainers maintain fidelity to the evidence-based curriculum while employing diverse engagement strategies, including group reading, practical exercises, and direct curriculum delivery. Furthermore, trainers show flexibility by adjusting the schedule and break times as needed to accommodate participants’ needs and preferences.<sup>34</sup>

While overall satisfaction is high and the delivery of the Seminars is well executed, both participants and Recovery Connection staff identified scheduling and language barriers as obstacles to seminar participation. Seminars are currently offered during standard business hours and in English. Instead, **multiple clients and staff suggested offering weekend seminars and increasing language accessibility**, particularly for Spanish speakers.

**Figure 8. Participant Satisfaction, FY24–25, N=38**

I am satisfied with this group/training (n=38)



---

*“The only services I receive are the WRAP group. They have asked me if I wanted to participate in classes to be a facilitator, but I can’t because the classes are two-days and the other is three-days. I can’t attend because I work.” – Client*

---

## Seminar Impact

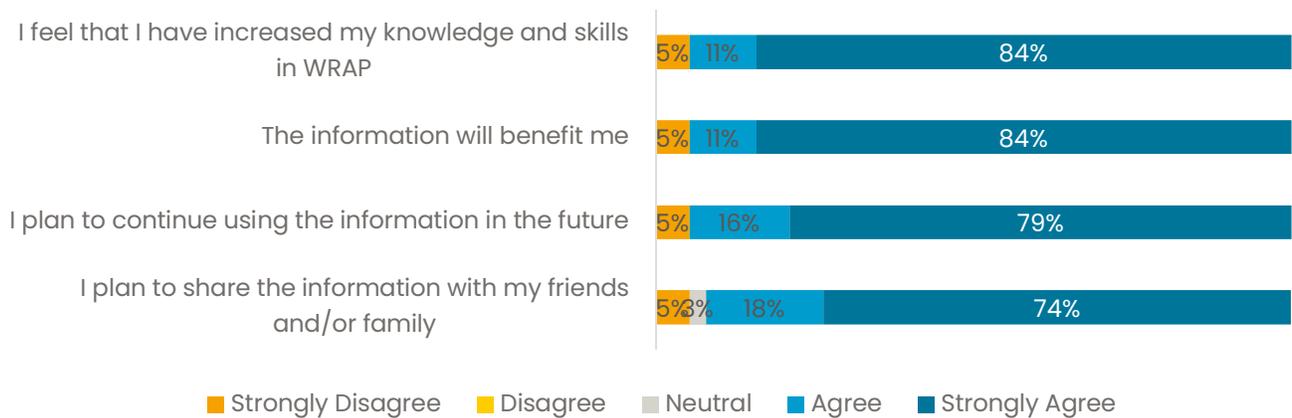
**The information provided effectively enhances participants’ WRAP knowledge and skills.**

As displayed in Figure 9 on the next page, 95% (36 of 38) of participants indicated an increase in their WRAP knowledge and skills, felt the seminar information would be personally beneficial, and plan to continue using the information in the future. Nine in ten (92%) also expressed their intent to share the learned information with friends and family (35 of 38).

<sup>33</sup> Data Source: Seminar Post Test

<sup>34</sup> Data Source: Seminar II Observation

**Figure 9. WRAP Seminar Post-Survey Outcomes, FY24-25, N=38<sup>35</sup>**



Seminars and the information provided are effective at increasing WRAP knowledge and skills because the **trainers are experienced in leading WRAP groups**. Seminar trainers go beyond the curriculum, supplementing it with additional information and useful, real-world examples. Furthermore, **trainers boost participant understanding and confidence by modeling the skills discussed in the curriculum** before participants practice the skills themselves.<sup>36</sup>

In addition to the utility of the information provided and the increase in knowledge, the **WRAP seminars increase participant comfort with public speaking**, even for those who reported experiencing great discomfort with public speaking prior to attending the seminar.

---

*“I couldn’t tell you three years ago that I would be speaking in front of people...since taking the class and having opportunities as I move forward, it’s given me hope - hope to continue to grow.” – WRAP Facilitator*

---

<sup>35</sup> Data Source: Seminar Post Test

<sup>36</sup> Data Source: Seminar II Observation

# 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 and management processes.** Data collection processes can be further strengthened to better capture program outcomes and impact:
  - **Full implementation of data collection tools.** Any remaining data collection tools created in FY23–24 should be fully implemented in FY25–26, such as the client post survey.
  - **Consistent tracking of referrals.** Data should be consistently captured on client referrals *into* Recovery Connection and *external* referrals to outside services. To support this, Recovery Connection leadership recommends re-training staff in collecting this information from clients and inputting it into the program’s data system, FAVOR.
  - **Client Survey Completion.** To increase survey completion and minimize "unknown/not reported" responses, staff administering the surveys should inform clients that their answers will be kept confidential, clearly explain the survey’s goals and how feedback will be utilized, and be available to answer any questions clients may have about unclear or confusing parts of the survey.
  - **Data Entry.** Data collected via paper survey/form should be entered into an online platform, such as Excel, to support evaluation activities. Recovery Connection leadership suggested tasking volunteers with data entry when they are available.
- **Expand external referral pipeline and internal programming.** Along with the continued cultivation and expansion of external partnerships, Recovery Connection should prioritize external referrals to ensure holistic, long-term needs of participants are met. To do this, staff should continue to maintain partnerships and continue learning about available resources to address client needs related to transportation, education, housing, etc. Furthermore, internal programming should continue to be expanded beyond current offerings (e.g., financial literacy) to address other client social needs, such as education and employment.
- **Continue to reduce barriers to service accessibility.** Recovery Connection should prioritize hiring Spanish-speaking staff and WRAP Facilitators to ensure service continuity and meet the community's need for linguistically appropriate care. In addition, the program should aim to increase engagement with the Asian/Pacific Islander community, which is currently slightly underrepresented in services. This can be achieved through targeted outreach, increased language offerings (e.g., Tagalog),

and efforts to build greater community trust. Lastly, Recovery Connection should expand program hours to include weekends and offer childcare services to further increase program accessibility.

- **Address staff turnover.** Recovery Connection needs to prioritize the hiring of new staff to address internal capacity gaps due to staff turnover and to improve oversight and coordination across the program, including better leveraging the volunteer program to support staff tasks. Finally, to mitigate the impact of future staffing changes, current staff roles and responsibilities must be thoroughly documented and maintained.
- **Incorporate a variety of learning modalities in WRAP groups.** WRAP groups should incorporate a wider variety of learning techniques, styles, and interactive activities to support in-person and virtual learning. Regular support and training for new and existing WRAP Facilitators -- such as refreshers on recovery topics, facilitation strategies, and technology best practices -- would further support successful facilitation of WRAP groups.

**All the above recommendations would benefit from additional funding.** Recovery Connection should continue to seek additional funding from the county that can support program growth and sustainability. Additional funding would support the program in instituting the above recommendations and enhancing existing program services.

# 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 clients 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 clients. 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, clients 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 MHSR 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 clients 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 client 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.<sup>37</sup>
- **Peer Staff**, including peer support specialists, are actively engaged in delivering direct services to program clients 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 clients, 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 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.

---

<sup>37</sup> 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.

## **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, clients do not need to be clean and sober to receive services. Annually, the program aims to serve 200 to 300 new clients, for a total of 940 to 1,110 clients 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
<b>Jul 2024</b>	<ul style="list-style-type: none"> <li>Invited Residential Treatment partners to Recovery Movie Night/Meet up</li> <li>Outreach team mobilized to increase program awareness among clients and other local organizations</li> </ul>
<b>Aug 2024</b>	<ul style="list-style-type: none"> <li>Advisory Group continued to meet</li> <li>Began preparing for Strategic Planning efforts by searching for an external consultant</li> </ul>
<b>Sep 2024</b>	<ul style="list-style-type: none"> <li>Hosted Recovery Happens Month and events, including a candle-light vigil, a brunch/walk for hope, picnic, and recovery dance</li> <li>Hosted the program Grand Opening with representation from key partners, such as the Matthew Perry Foundation, Kaiser, and the county</li> <li>VORSMC received SAMHSA grant to facilitate WRAP groups with Women’s Recovery Association through HealthRIGHT 360</li> </ul>
<b>Oct 2024</b>	N/A – RDA + VORSMC meeting canceled
<b>Nov 2024</b>	<ul style="list-style-type: none"> <li>Facilitated two WRAP Seminars</li> <li>Two staff transitioned/left, and one part-time position was hired</li> <li>Carried out Strategic Planning efforts</li> <li>Some staff became Peer Support Specialist Certified</li> <li>Advisory Group participation not consistent and difficult to retain members for various reasons (e.g., members wanting a stipend in exchange for participation)</li> </ul>
<b>Dec 2024</b>	<ul style="list-style-type: none"> <li>Initial Strategic Planning Efforts completed (included facilitated meetings with staff and Board members to set goals and create action plans)</li> <li>Hosted Toy Giveaway</li> </ul>
<b>Jan 2025</b>	<ul style="list-style-type: none"> <li>All staff were required to be in-person on Fridays to expand programming (programming now offered five days per week)</li> <li>Launched Spanish WRAP group</li> <li>Staff members pursued training opportunities, such as learning communities and a leadership fellowship</li> </ul>

<b>Feb 2025</b>	<ul style="list-style-type: none"> <li>• Reached out to other organizations to provide presentation about Recovery Connection to increase program awareness</li> <li>• Launched NA groups</li> <li>• Began forming committees to carry out the Strategic Plan</li> <li>• Hosted a WRAP Seminar II</li> </ul>
<b>Mar 2025</b>	<ul style="list-style-type: none"> <li>• Hosted four-part series of Financial Empowerment Workshops</li> <li>• Partnered with ALAS and the African American Community Initiative to host events for Cesar Chavez Day and Black History Month</li> </ul>
<b>Apr 2025</b>	<ul style="list-style-type: none"> <li>• Hosted a Recovery Movie Night/Meet up</li> <li>• Two Recovery Coaches transitioned/left</li> </ul>
<b>May 2025</b>	<ul style="list-style-type: none"> <li>• Executive Assistant transitioned/left</li> <li>• Hosted a WRAP Seminar I</li> <li>• NA group has grown/expanded</li> <li>• Hired a new Recovery Coach</li> <li>• Began hiring process for Grant Writer Position</li> </ul>
<b>Jun 2025</b>	<ul style="list-style-type: none"> <li>• Hosted Juneteeth Event</li> </ul> <p><i>*There are not many updates for the month of June. The regular meeting between RDA and VORSMC was repurposed for County Behavioral Health Services Act (BHSA) planning needs.</i></p>

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

LEARNING GOAL	PROCESS EVALUATION		
<p><b>To assess and improve the implementation of the Recovery Connection program to ensure it effectively meets participant needs, fosters collaboration, and delivers quality services.</b></p>	Evaluation Question	Data Measures	Data Sources
	<p>How is the Recovery Connection program being <b>implemented over time</b>?</p>	<ul style="list-style-type: none"> <li>● Successes and/or challenges to implementation</li> <li>● Adaptations to implementation in response to participant needs</li> <li>● Demographics of clients served</li> <li>● Total number of clients served</li> <li>● Total, count, and type of services provided</li> <li>● Collaboration</li> <li>● Staff support</li> <li>● Program elements that contributed to participant engagement</li> <li>● Program elements that contributed to participant perceived outcomes</li> </ul>	<ul style="list-style-type: none"> <li>● Participant intake forms</li> <li>● Participant surveys</li> <li>● Participant focus groups and/or interviews</li> <li>● Staff focus groups and/or interviews</li> <li>● Evaluation meeting notes</li> <li>● Training survey</li> </ul>

		<ul style="list-style-type: none"> <li>● Participant experience in accessing long-term recovery services</li> <li>● Average wait time for clients to get into a long-term recovery treatment center</li> <li>● Total and count of clients who drop out before entering a long-term recovery treatment center</li> <li>● Type and count of trainings held</li> <li>● Total and count of people trained</li> <li>● Types and demographics of people trained</li> </ul>	
<p><b>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.</b></p>	<b>OUTCOME EVALUATION</b>		
	<p>To what extent does the Recovery Connection program <b>increase access</b> to recovery and mental health services and support for individuals who were not previously engaged in services?</p>	<ul style="list-style-type: none"> <li>● Count and proportion of clients who were not previously connected to substance use treatment or services</li> <li>● Count and proportion of clients who report they would be unlikely to have accessed services outside of the drop-in center</li> <li>● Count and proportion of clients from underserved populations compared to County-reported</li> </ul>	<ul style="list-style-type: none"> <li>● Participant intake forms</li> <li>● Participant surveys</li> <li>● Participant focus groups and/or interviews</li> <li>● Staff focus groups and/or interviews</li> </ul>

		<p>penetration rates by race/ethnicity</p> <ul style="list-style-type: none"> <li>● Level of clients' engagement in services</li> <li>● Type, count, and proportion of referrals to mental health and recovery services</li> </ul>	
<p><b>To examine the extent to which the Recovery Connection program improves long-term recovery outcomes for clients, with a focus on recovery time, relapse rates, mental wellness, economic mobility, and overall quality of life.</b></p>	<p>To what extent do individuals who participate in WRAP and other drop-in recovery center services through the Recovery Connection program experience in their <b>long-term recovery</b>, including recovery time, number of relapses, mental wellness indicators and economic mobility?</p>	<ul style="list-style-type: none"> <li>● Length of time in recovery compared to previous lengths of recovery time, with goal of 60% increasing their length of recovery</li> <li>● Proportion of participant use of Alcohol and Other Drugs (AOD), with goal of 60% reducing AOD use</li> <li>● Changes (reported as proportions) in housing status, employment status, income, family and peer relationships, with goals of 65% reducing their involvement with the criminal justice system and 65% increasing their housing stability</li> <li>● Proportion of clients who experience improved quality of life, with goal of 65% improving their quality of life</li> </ul>	<ul style="list-style-type: none"> <li>● Participant intake forms</li> <li>● Participant surveys</li> <li>● Participant focus groups and/or interviews</li> <li>● Staff focus groups and/or interviews</li> </ul>

		<ul style="list-style-type: none"> <li>● Level of social support received by clients</li> <li>● Type of social connections</li> <li>● Count and proportion of clients who develop a sense of belonging</li> <li>● Type, count, and proportion of referrals made to other services (e.g., basic needs)</li> <li>● Level of satisfaction with program services</li> </ul>	
<p><b>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.</b></p>	<p>To what extent does training peer workers, clinicians, and paraprofessionals in WRAP through the Recovery Connection program <b>increase capacity</b> in San Mateo County to use WRAP with individuals with substance use and mental health challenges?</p>	<ul style="list-style-type: none"> <li>● Proportion of trainees reporting increased knowledge and skills in WRAP</li> <li>● Proportion of trainees reporting likelihood of using WRAP with clients</li> <li>● Trainees' level of satisfaction with training</li> <li>● Type and count of barriers to attending training</li> <li>● Type and count of facilitators to attending training</li> <li>● Type of trainer resources and support</li> </ul>	<ul style="list-style-type: none"> <li>● Training survey</li> <li>● Staff/trainer interviews</li> <li>● Community partner/trainee interviews</li> </ul>