

## Reentry, Engagement, New Beginnings, Empowerment, Wellness Path (RENEWPath)

# Local Evaluation Plan (2024-2028)

*Cohort IV Santa Cruz County*

## Project Background

RENEWPath will offer housing and treatment for substance use disorder (SUD) or co-occurring SUD/mental health disorder through “Recovery Residences,” which are sober living environments paired with outpatient treatment services. Treatment will include group and individual counseling, comprehensive care coordination and peer support. These services aim to address SUD challenges, divert individuals with SUD or co-occurring disorders from the criminal legal system, minimize penalties, and offer comprehensive whole person care. This includes individuals with low-level offenses who have a history of being unhoused or unstably housed and are not covered by other funding sources.

RENEWPath advances equity by prioritizing services for overrepresented groups in the criminal legal system, including Latino/a/e/x (Latinx), Black, and Indigenous people. County Behavioral Health (CBH) patient data shows 43% are criminal legal system-involved, with a significant SUD services gap for incarcerated or formerly incarcerated individuals. Over two-thirds of Santa Cruz County adults on probation have court-ordered terms related to substance use, and these individuals are 60% more likely to incur formal probation violations. The Santa Cruz County Sheriff’s Office (Sheriff’s Office) reports that 40% of inmates have been diagnosed with mental illness. A November 2023 voluntary anonymous incarcerated individual needs assessment revealed that nearly half faced housing instability upon release, 18% reported daily alcohol use, and 32% reported daily drug use in the past year. Respondents identified SUD support as the most common priority need. System partners updated the Santa Cruz County Sequential Intercept Mapping (SIM) in 2023. The goal of the SIM is to track and understand existing and missing services across five intercepts. The SIM highlighted an opportunity to build on the current successes of our Probation led CAFES program, which focuses on intercepts zero to two, by emphasizing SUD treatment and housing along all five intercepts. Integral to this project is the collaboration of community-based organizations (CBOs), County Health Services Agency (HSA), Behavioral Health (CBH), Human Services Department-Housing for Health (H4H), Probation, Public Defender’s Office (PDO), District Attorney’s Office (DAO), Superior Courts (Courts), and Sheriff’s Office. Santa Cruz County’s Cohort II and III project, CAFES, has reduced the percentage of individuals convicted of misdemeanors by six percent, felonies by three percent, and those sentenced to jail by nine percent, compared to pre-CAFES participants. The RENEWPath project aims to further reduce recidivism rates and improve social, health, and wellbeing outcomes by addressing SUD or co-occurring disorder treatment and housing needs identified across system partners.

RENEWPath will predominantly focus on individuals who:

- Have charges or convictions related to low-level offenses
- Have a diagnosed SUD or co-occurring disorder
- Are 18 years of age or older
- Are unsheltered or unstably housed

RENEWPath centers equity by prioritizing housing and treatment for persons of color, including Latinx, Black, and Indigenous individuals, who are overrepresented in our local criminal legal system. Although the 18-24 age group

is not overrepresented in the jail and probation system, we are committed to incorporating best practices and training project team members to meet this population's needs.

We anticipate serving approximately 90 individuals annually in Recovery Residences and an additional 250 individuals annually for jail discharge care coordination.

## Overview of RENEWPath Cohort IV (Prop 47 Grant Program)

### Project Roles and Services

The following partners will support RENEWPath in various ways for the duration of the project:

- 1) **County Health Service Agency (HSA) Behavioral Health (CBH):** County Behavioral Health will serve as the lead grant administrator for day-to-day operations. As lead, CBH will implement appropriate data sharing agreements with grant partners and sub-contractors; keep track of hiring for grant funded positions; support the establishment and monitoring of contracts or other service agreements with direct vendors/community-based organizations/non-government agencies. CBH will provide oversight to ensure cohesion across project components of all partners: Public Defender's Office (PDO); District Attorney's Office (DAO); Superior Court (including the Collaborative Court Manager); Law Enforcement; all relevant community-based organizations/non-government agencies. CBH will be responsible for running the monthly Data and Evaluation meeting; work closely with the evaluator and partners to collect and compile required grant reports; support partner efforts to establish workflows aligned with project goals and objectives; provide regular project updates to internal department stakeholders; grant partners, and quarterly updates to the advisory committee.
- 2) **Janus:** Janus will maintain a recovery environment (Recovery Residence) for individuals experiencing substance use disorder and will assist individuals to enroll in substance use disorder treatment, obtain a stable, sober living environment, set employment goals, increase self-sufficiency, and improve quality of life. They will assist individuals to develop coping skills to prevent relapse and to develop a recovery lifestyle characterized by achieving personal growth goals and becoming productive members of the community. They will collect, track and report data as required. Janus will employ 3 FTE counselor/ coordinators to serve as a connector team that assesses Prop 47 participants and refers them to services as indicated. Services include substance use disorder treatment, Recovery Residences and Mental Health treatment as needed.
- 3) **Encompass:** Encompass will maintain a recovery environment (Recovery Residence) for individuals experiencing substance use disorder and will assist individuals to enroll in substance use disorder treatment, obtain a stable, sober living environment, set employment goals, increase self-sufficiency, and improve quality of life. They will assist individuals to develop coping skills to prevent relapse and to develop a recovery lifestyle characterized by achieving personal growth goals and becoming productive members of the community. They will collect, track and report data as required.
- 4) **Criminal Legal System Partners** (Probation Department, Public Defender's Office (PDO), District Attorney's Office (DAO), Superior Court (Courts)): System partners will provide referrals into the RENEWPath program and will participate in care coordination.
- 5) **Sheriff's Office:** The Sheriff's Office deputies working in the main jail will provide direct treatment referrals to RENEWPath participants and will participate in and assist with care coordination and discharge planning.
- 6) **Local External Evaluator:** Applied Survey Research (ASR) will serve as the local project evaluator and will gather and analyze RENEWPath project data, provide technical assistance with data collection, maintain an outcomes dashboard and complete required reports.

In addition to these services, the Prop 47 Local Advisory Committee (The Community Corrections Partnership) will provide oversight to RENEWPath utilizing workgroups for evaluation oversight and to increase community involvement and project accountability.

These efforts are intended to continue the creation of long-term and system-wide changes in how adults with substance use needs, co-occurring disorders or those who are unhoused, who commit low-level offenses are treated when they interact with the criminal legal system. RENEWPath will continue to emphasize prevention by expanding diversion opportunities to address root causes and accelerated services. It will support the continuum of care centered on a hub or “one stop” model (rather than a fragmented set of services) that was established in Cohort II and III with the CAFES Program and will continue the momentum in shifting the system’s attention from punishment toward a focus on community health and well-being.

## Goals and Objectives

The goals and objectives detailed below are drawn from the workplan submitted with the RENEWPath proposal and approved by BSCC.

### ***Goal 1. Increase opportunities to divert individuals with SUD or co-occurring disorders from the criminal justice system and reduce recidivism.***

Obj. 1.1. Increase access to SUD Residential Continuum and Outpatient Treatment Continuum of care and comprehensive care coordination for underserved criminal justice-involved individuals with SUD or co-occurring disorders.

Activities:

1. Set up agreement with CBO
2. Establish touch points for diversion to SUD treatment and care

Obj. 1.2. Reduce penalties of criminal justice system involvement for program participants.

Activities:

1. Establish touch points for diversion to SUD treatment and care
2. Establish referral mechanisms with Sheriff’s custody staff to RENEWPath

### ***Goal 2. Improve individual and community health and wellbeing***

Obj. 2.1. Improve life outcomes, as defined by participant centered goals, for underserved criminal justice-involved individuals with SUD or co-occurring disorders.

Activities:

1. Execute agreements with CBO partners
2. Receive screening & assessment for co-occurring SUD (Participants)
3. Placement in SLE/Recovery Residences (Participants)
4. Receive comprehensive care coordination and services (Participants)

Obj. 2.2. Achieve individual treatment success as defined by participant centered goals, for underserved criminal justice-involved individuals with SUD or co-occurring disorders.

Activities:

1. Participation in SLE/Recovery Residence
2. Participation in participant identified services

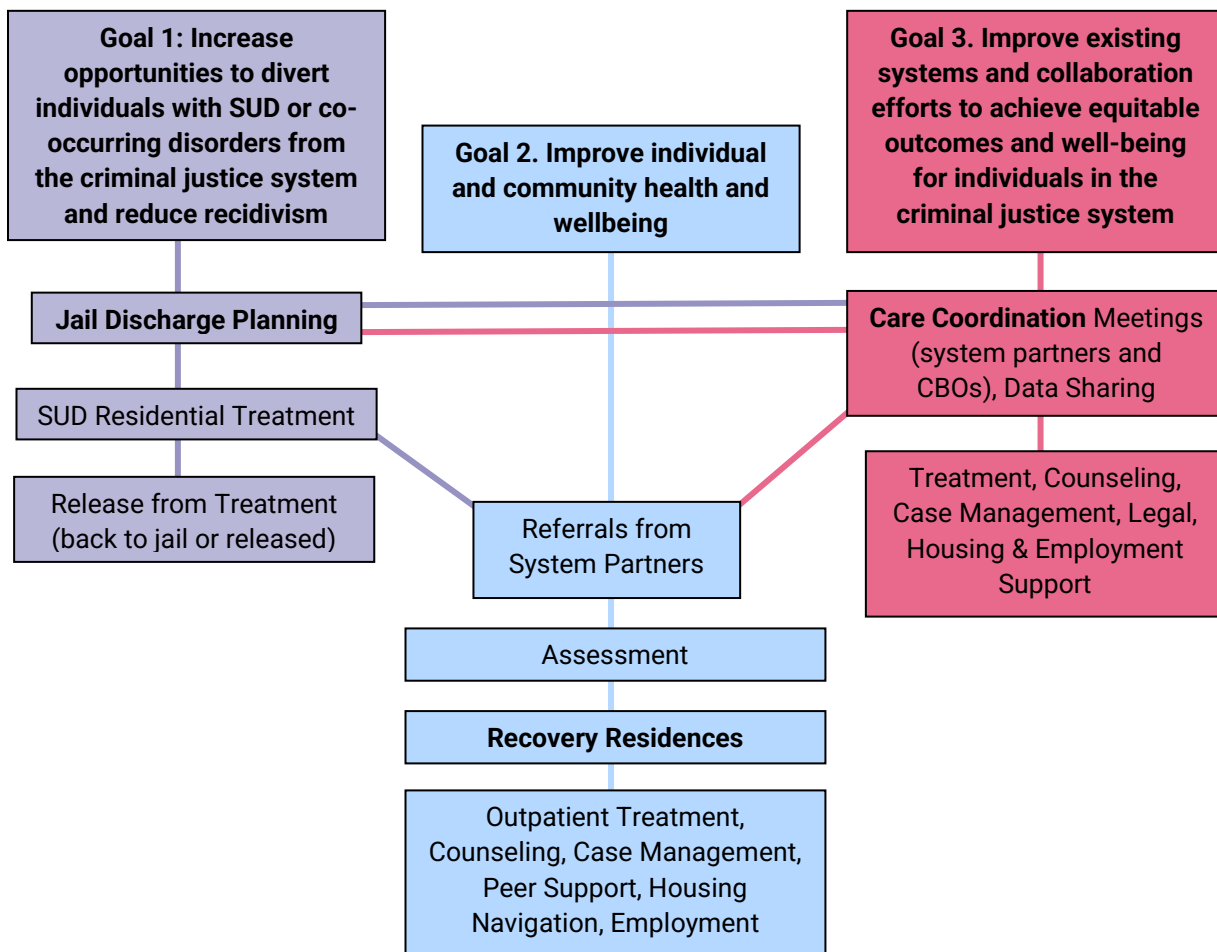
### ***Goal 3. Improve existing systems and collaboration efforts to achieve equitable outcomes and well-being for individuals in the criminal justice system.***

Obj. 3.1. Develop and implement a centralized process that will improve care coordination among system partners and CBO providers to achieve participant outcomes.

## Activities:

1. Recruit & hire staff
2. Recruit set up Advisory Council work groups
3. Leverage existing programs services for care coordination (i.e. ECM, Sobriety Center)
4. Finalize local evaluation plan, begin data collection, analyze & disseminate findings.

## RENEWPath Program Model



## Criteria for Participant Eligibility

RENEWPath was launched to close a gap in diversion opportunities for Santa Cruz County adults who are experiencing first-time involvement with little or no criminal history and who need substance use and other related services that had been inaccessible prior to Prop 47. Additionally, RENEWPath aimed to reduce recidivism and improve the health and wellbeing of those already system involved and not eligible for existing resources. Eligibility for RENEWPath services shall be based on the criminal history, substance use needs, and severity of recent offenses.

## Eligibility for RENEWPath Services

Adults will be eligible for RENEWPath services if they meet any of the following criteria:

1. Anyone cited or arrested for an offense, not eligible for AB 109 funds, and have an identified SUD need.

2. Are eligible for any collaborative court, and not eligible for services via AB 109 funds.
3. Are currently under supervision/monitoring by the Probation Department (pretrial or formal probation) and have an identified SUD need.

Note: Eligible participants may or may not also have housing needs.

#### Recovery Residence (RR) Program Eligibility:

RR participants must be eligible for RENEWPath services as outlined above, be eighteen (18) years or older, a resident of Santa Cruz County and have a substance use disorder diagnosis.

Additional eligibility may be determined through a formal process determined by the proprietor/management of the RR and County Behavioral Health. At a minimum, prospective residents must be willing to comply with and meet the following criteria:

1. Residents must commit to addressing their substance use disorder by being actively enrolled in a Drug Medi-Cal substance use disorder outpatient or intensive outpatient drug treatment provider program.

## Evaluation Methods and Design

### Key Evaluation Questions

ASR's evaluation seeks to answer the following overarching questions related to the design, implementation, and outcomes of the RENEWPath project. As stated above, RENEWPath anticipates serving approximately 115 individuals annually in Recovery Residences and an additional 250 individuals annually for jail discharge care coordination.

#### Design and Implementation: What has the RENEWPath project done?

- 1) When and to what degree did RENEWPath services launch? What circumstances have limited or slowed transition and/or implementation, if any?
- 2) How many people have been deemed eligible for RENEWPath and referred to RENEWPath -funded services? What are their distinguishing characteristics? (e.g., arrest records, pre-filing/pre-conviction, MH and SUD needs, housing and employment status)
- 3) How many participants have participated in each of the services or treatment funded through RENEWPath? (e.g., SLE/recovery residences, diversion to mental health and substance use treatment, counseling, comprehensive care coordination and peer support)
- 4) What kinds of collaboration or partnerships have occurred through RENEWPath, and how have they contributed to its implementation?
- 5) What new or altered policies have been implemented across the county in connection with RENEWPath?

#### Outcomes: How effective was RENEWPath in achieving its goals?

- 1) What changes have occurred for participants in terms of housing, employment, mental health, substance use and other basic needs by the end of RENEWPath services?
- 2) How satisfied are participants with the services they have received?
- 3) What are the key criminal legal system-related outcomes among participants after joining RENEWPath: citations, arrests, and/or convictions?
- 4) What has been the impact of RENEWPath-funded collaboration for staff across the county?
- 5) Did the project contribute to better outcomes for participants than might have been expected without it?
- 6) Did the project improve diversion opportunities for Latinx residents experiencing criminal legal system involvement?

## Design and Evaluation Services

### Creation of a Participant Data Collection System

To answer the evaluation questions listed above, ASR is currently working with Behavioral Health and other primary stakeholders to refine the data collection system to record RENEWPath-funded services, activities and outcomes. ASR will analyze data and report progress in implementation and outcomes throughout the project period.

ASR will confirm or create documentation to establish the data collection methodology behind each measure, along with its source and the office or entity responsible for collecting and transmitting the data. All participants will be required to sign a release of information (ROI) when they agree to join RENEWPath. Each participant will be assigned a unique Participant ID in accordance with BSCC guidelines.

Participant data will be entered by service providers into a Program/Provider Portal or other approved format that includes all required BSCC measures and custom measures detailed in this plan. All participant entries in RENEWPath will be tracked in a centralized database, to be administered by Behavioral Health, and designed to generate report files that integrate participant-level data which can be exported and used for detailed data analysis as well as quarterly files to be submitted to the BSCC. RENEWPath participant data will be captured at each step of the participant's pathway.

RENEWPath and ASR will utilize two evidence-based assessments to track participant progress and outcomes:

1. **The Brief Addiction Monitor (BAM)** is a standardized tool designed to assess and monitor substance use, recovery progress, and treatment outcomes. The BAM evaluates three primary domains related to substance use and recovery:
  1. **Risk Factors** – Substance use frequency, cravings, and triggers
  2. **Protective Factors** – Support systems, coping skills, and engagement in recovery activities
  3. **Use & Consequences** – Impact of substance use on daily life, health, and well-being

As a brief, structured questionnaire, the BAM helps clinicians track changes over time, adjust treatment plans, and facilitate patient-centered discussions on recovery and relapse prevention.
2. **The WHOQOL- BREF (World Health Organization Quality of Life)** is a standardized tool developed by the World Health Organization (WHO) to measure an individual's perception of their well-being and overall quality of life. It is designed to be cross-culturally applicable and assesses various aspects of life that influence well-being in the following four core domains:
  1. Physical Health – Energy levels, mobility, pain, and sleep
  2. Psychological Well-being – Self-esteem, body image, and mental health
  3. Social Relationships – Personal relationships, social support, and sexual activity
  4. Environment – Safety, financial resources, healthcare access, and overall living conditions

The WHOQOL-BREF is used in clinical research, public health, and healthcare settings to assess how diseases, treatments, and social conditions impact individuals' well-being.

The participant implementation and outcome data will be used to conduct analyses to determine the overall success of RENEWPath in routing participants to appropriate services and preventing participants from recidivating (see Outcomes Analysis section). In the final evaluation report, ASR will provide descriptive statistics and themes/content analysis of evaluation data collected during the RENEWPath project.

### Participant Evaluation Surveys and Partner Interviews

In addition to the quantitative data collected from case management records, WHOQOL and BAM assessments and any additional surveys, ASR will conduct yearly participant surveys and partner interviews at the end of the contract period. Participant surveys will gather data associated with challenges, needs and participant outcomes



related to project participation. ASR will also gather feedback/input about how the project is working and identify areas for improvement. At the end of the contract period, ASR will conduct interviews with system partners and providers to explore, evaluate and document the impact of the project.

### Data Dashboards and Reports

ASR will collect and report on the progress of RENEWPath implementation and outcomes via dashboard reports on key measures and summary reports of participant surveys and interview findings. The precise schedule for these reports will be set in coordination with other key RENEWPath events and deadlines, such as mandated quarterly reports to BSCC, periodic Prop 47 Advisory Committee meetings and the required BSCC interim and final evaluation reports. Each year, ASR will also complete a year-end Outcomes Assessment and Review that will highlight milestones to date and progress on process and outcome measures.

### Process and Outcome Measures

ASR will collect and report on the following process measures to answer the key evaluation questions related to RENEWPath implementation.

PROCESS MEASURE (HOW MUCH/HOW WELL)	SOURCE	REPORTING INTERVAL
1. Number of participants completing ASR Recovery Residence satisfaction survey	ASR participant survey (TBD)	TBD
<b>JAIL DISCHARGE PLANNING</b>		
2. Number of individuals discharged to treatment from the jail through care coordination	Jail records	Quarterly
3. Number of participants discharged from jail to treatment, by <ul style="list-style-type: none"> <li>• Primary offense</li> <li>• Demographics (age, gender, race/ethnicity, language spoken, location (South or North County))</li> <li>• Housing status (housing hierarchy TBD)</li> </ul>	Records management system, ASR tracking tool	Quarterly
4. Number of jail-discharged participants referred to Recovery Residences when released from treatment	Records management system, ASR tracking tool	Quarterly
<b>RECOVERY RESIDENCES</b>		
5. Number of unduplicated participants referred to Recovery Residences, by referral source	Records management system, ASR tracking tool	Quarterly
6. Number of unduplicated participants authorized to RENEWPath, by <ul style="list-style-type: none"> <li>• Referral source</li> <li>• Primary offense</li> <li>• Demographics (age, gender, race/ethnicity, language spoken, location (South or North County))</li> <li>• Housing status (housing hierarchy TBD)</li> </ul>	Records management system, ASR tracking tool	Quarterly
7. Number of occurrences of eligibility screening (RC4 form)	Records management system, ASR tracking tool	Quarterly
8. Number of unduplicated participants screened for eligibility (RC4 form)	Records management system, ASR tracking tool	Quarterly

9. Average length of stay (days) in Recovery Residence (entry to exit)	Records management system, ASR tracking tool	Quarterly
10. Number of participants accessing services and support, by type <ul style="list-style-type: none"> <li>• Comprehensive care coordination</li> <li>• Housing navigation support</li> <li>• Employment support</li> <li>• Peer support</li> </ul>	Records management system, ASR tracking tool	Quarterly
11. Number of participants enrolled in treatment, by type <ul style="list-style-type: none"> <li>• Residential SUD treatment</li> <li>• Outpatient SUD treatment</li> <li>• Intensive outpatient SUD treatment</li> <li>• Referral to outpatient MH treatment</li> <li>• Narcotic Treatment</li> <li>• MAT</li> </ul>	Records management system, ASR tracking tool	Quarterly
12. Number of participants referred to health care, by type (medical care, dental care)	Records management system, ASR tracking tool	Quarterly
13. Number of participants reaching at least one self-identified goal, by program completion	Records management system, ASR tracking tool	Quarterly
14. Number of participants reporting substance use within 30 days of program entry (Q4, 5, 6, & 7A-G <a href="#">BAM Scoring Clinical Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
15. Number of participants reporting substance use within 30 days of program exit (Q4, 5, 6, & 7A-G <a href="#">BAM Scoring Clinical Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
16. Number of participants completing World Health Organization Quality of Life Assessment (# at program entry and # at program exit) <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
17. Number of participants completing the Brief Addiction Monitoring (BAM) Assessment (# at program entry and # at program exit) <a href="#">BAM Scoring Clinical Guidelines_01-04-2011</a>	Records management system, ASR tracking tool	Quarterly
<b>IMPROVED CARE COORDINATION</b>		
18. Number of MOUs in place between system partners and CBO providers	BH	Upon completion
19. Number of care coordination meetings held between system partners and CBO providers	BH care coordination meeting monitoring tool	Quarterly
20. Participation in centralized care coordination meetings, by agency and frequency of attendance	BH care coordination meeting monitoring tool	Quarterly

OUTCOME MEASURE (IS ANYONE BETTER OFF)	SOURCE	REPORTING INTERVAL
Short Term		



1. Percentage of participants who are Latinx	Records management system, ASR tracking tool	Quarterly
2. Percentage of participants who completed at least one self-identified goal by program completion	Records management system, ASR tracking tool	Quarterly
3. Percentage of Recovery Residence participants reporting satisfaction with the program	ASR Participant Survey (TBD)	TBD
4. Percentage of Recovery Residence participants reporting positive outcomes as a result of participation, by type of positive outcome (TBD)	ASR Participant Survey (TBD)	TBD
<b>JAIL DISCHARGE PLANNING</b>		
5. Increase in discharge planning for individuals released from custody after-hours (after 5pm, M-F, weekends)	Jail records, after hours coordinator, BH care coordination meeting monitoring tool	Quarterly
6. Reduction in the monthly average of people in custody on 'releasable to programs' list	Jail records, care coordination meetings	Quarterly
7. Percentage of jail-discharged participants referred to Recovery Residences when released from treatment	Records management system, ASR tracking tool	Quarterly
<b>RECOVERY RESIDENCES</b>		
8. Percentage of participants reporting increased utilization of strategies to reduce substance use, by strategy (entry and exit) (Q10, 12, 13 <a href="#">BAM_Scoring_Clinical_Guidelines_01-04-2011</a> ): <ul style="list-style-type: none"> <li>• Attending self-help meetings like AA or NA</li> <li>• Using religion or spirituality</li> <li>• Spending much of their time at work, school or doing volunteer work</li> </ul>	Records management system, ASR tracking tool	Quarterly
9. Percentage of participants reporting substance use in the past 30 days (entry and exit) (Q4, 5, 6, & 7A-G <a href="#">BAM_Scoring_Clinical_Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
10. Percentage of participants reporting confidence that they can avoid substance use in the next 30 days (entry and exit) (Q9 <a href="#">BAM_Scoring_Clinical_Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
11. Percentage of participants who completed treatment, by type <ul style="list-style-type: none"> <li>• Residential SUD treatment</li> <li>• Outpatient SUD treatment</li> <li>• Intensive outpatient SUD treatment</li> <li>• Referral to outpatient MH treatment</li> <li>• Narcotic Treatment</li> <li>• MAT</li> </ul>	Records management system, ASR tracking tool	Quarterly

12. Percentage of participants reporting improved quality of life <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
13. Percentage of participants reporting improved satisfaction with their health <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
14. Percentage of participants referred to health care, by type (medical care, dental care)	Records management system, ASR tracking tool	Quarterly
15. Percentage of participants reporting decreased frequency of negative feelings <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
16. Percentage of participants reporting increased feelings of safety in their daily life <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
17. Percentage of participants reporting improvement in the health of their physical environment <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
18. Percentage of participants reporting increased satisfaction with their ability to perform daily living activities <a href="#">english_whoqol_bref</a>	Records management system, ASR tracking tool	Quarterly
19. Percentage of participants with improved housing status (housing hierarchy TBD)	Records management system, ASR tracking tool	Quarterly
20. Percentage of participants maintaining or acquiring new jobs	Records management system, ASR tracking tool	Quarterly
21. Percentage of participants reporting having enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents (entry and exit) (Q14 <a href="#">BAM_Scoring_Clinical_Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
22. Percentage of participants reporting having contact or spending time with family members or friends in the past 30 days who are supportive of their recovery (entry and exit) (Q16 <a href="#">BAM_Scoring_Clinical_Guidelines_01-04-2011</a> )	Records management system, ASR tracking tool	Quarterly
<b>IMPROVED CARE COORDINATION</b>		
23. System partners and CBO providers report improved communication and collaboration related to care coordination	All RENEWPath partners (interviews)	End of Project
24. System partners and CBO providers report improved data sharing related to care coordination	All RENEWPath partners (interviews)	End of Project
<b>Long Term</b>		
1. Reduction in Recidivism: Percentage of participants with additional criminal legal system involvement after joining RENEWPATH (using local and BSCC definitions) (compared to comparison group) Indicators: a) Arrests and citations b) Misdemeanor bookings and convictions c) Felony bookings and convictions	Sheriff's Office, District Attorney, Superior Court	End of Project

2. Reduction in probation violations	Probation Department/End of project analysis	End of Project
3. Reduction in jail bed days	Jail records	End of Project
4. Improved system of care coordination	All RENEWPath partners (interviews)	End of Project

## Successful Project Completion

Overall, RENEWPath participants will be considered to have successfully completed the project components if they achieve any of the following outcomes:

1. Recovery Residences: Completion of length of stay (3 months) and/or completion of self-identified goals.
2. SUD Treatment: – Completion of participant’s self-identified goals for their SUD treatment plan.

## Analysis of the Long-Term Effect of RENEWPath on Recidivism

If the treatment and services carried out through the RENEWPath project are successful, then it is expected that the number of participants with additional criminal legal system involvement or who enter the criminal legal system will decline. Rather than entering or remaining in the criminal legal system, such individuals would achieve greater health and well-being through a combination of substance use treatment, housing, employment navigation, and/or other related supports for their individual needs.

To estimate the overall net effect of RENEWPath on countywide shifts in recidivism and entry into the criminal legal system, ASR will compare criminal legal system outcomes of RENEWPath-eligible individuals between 2025 and 2028 with those of a similar number of individuals arraigned prior to 2025. These pre-RENEWPath individuals are assumed to have had fewer resources accessible to them than those whose cases began after RENEWPath was launched and thus, according to the logic behind RENEWPath, posed a greater risk of re-offending.

The validity of this comparison may be weakened by the presence of non-RENEWPath related developments during the grant period that affect who becomes involved in the criminal legal system and how their cases are handled. Not all these concurrent developments may be fully accounted for as they are happening during the project; some may not be visible until after the grant ends. However, the evaluation will highlight and seek to account for any factors outside of RENEWPath that could potentially impact the completion of services and recidivism rates during the grant period. The analysis will also apply statistical methods to control for differences in the pre- and post-RENEWPATH sample populations that may predict recidivism.

With those caveats in mind, this evaluation will compare individuals with similar sets of offenses and criminal histories prior to and after RENEWPath services launched and will infer the effect of those services based on changes in criminal legal system involvement.

The RENEWPath/treatment group will consist of adults who meet the following eligibility criteria for between 2025 – 2028:

Adults will be eligible for RENEWPath services if they meet any of the following criteria:

1. Anyone cited or arrested for an offense, not eligible for AB 109 funds, and have an identified SUD need (with or without a housing need).
2. Are eligible for any collaborative court, and not eligible for services via AB 109 funds.

3. Are currently under supervision/monitoring by the Probation Department (pretrial or formal probation) and have an identified SUD need (with or without a housing need).

The pre-RENEWPath comparison group will consist of adults with similar eligibility components for 2022 – 2024.

Outcome Measures to be analyzed for participant and comparison groups:

1. Percentage booked on misdemeanor charges within one year of their initial offense in the agreed upon timeframe. (Data from Probation)
2. Percentage booked on felony charges within one year of their initial offense in the agreed upon timeframe. (Data from Probation)
3. Percentage convicted of a misdemeanor offense within one year of their initial offense in the agreed upon timeframe. (Data from Probation)
4. Percentage convicted of a felony within one year of their initial offense in the agreed upon timeframe. (Data from Probation)
5. Percentage sentenced to custody time within one year of their initial offense in the agreed upon timeframe. (Data from Probation)
6. Average number of jail bed days within six months of their initial offense in the agreed upon timeframe.

The analysis is intended to assess the overall net effect of RENEWPath on recidivism for people with low-level offenses, little to no prior criminal history, and those underserved by existing resources yet involved in the criminal legal system. The specific effects of each type of RENEWPath-based intervention may be difficult to estimate because RENEWPath is a blend of services and additional resources to enhance services that existed prior to RENEWPath (i.e., substance use treatment, case management), and participants may participate in multiple RENEWPath-funded services.

## RENEWPATH Logic Model

INPUTS	ACTIVITIES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
Health Service Agency - Behavioral Health Other SC County: Probation Department District Attorney's Office Sheriff's Office Superior Court Public Defender's Office Janus Encompass Applied Survey Research Prop 47 Local Advisory Committee (CCP & Workgroups)	<b>JAIL DISCHARGE PLANNING</b> <ul style="list-style-type: none"> <li>Discharge planning by jail personnel to treatment or other programs</li> <li>Jail-discharged treatment participants referred to Recovery Residences upon treatment completion</li> </ul> <b>RECOVERY RESIDENCE TREATMENT &amp; SUPPORT SERVICES</b> <ul style="list-style-type: none"> <li>Referral to Recovery Residences</li> <li>Behavioral health screening and assessments</li> <li>Referrals to SUD treatment and MH counseling</li> <li>Case management and support services, including peer support, housing navigation, employment support</li> </ul> <b>CARE COORDINATION SYSTEM STRENGTHENING</b> <ul style="list-style-type: none"> <li>Participant data sharing between system partners and CBO providers</li> <li>Recruit additional Advisory members.</li> </ul>	<b>JAIL DISCHARGE PLANNING</b> <ul style="list-style-type: none"> <li>Reduction in people in custody on 'releasable to programs' list</li> <li>Increase in after-hours discharge planning from the jail</li> </ul> <b>RECOVERY RESIDENCE TREATMENT &amp; SUPPORT SERVICES</b> <ul style="list-style-type: none"> <li>Participants establish and complete SUD treatment goals</li> <li>Participants linked to support services, including mental health, housing and employment support</li> <li>Participants have improved health and wellbeing</li> <li>Participants utilize strategies and support structure to maintain sobriety</li> </ul> <b>CARE COORDINATION SYSTEM STRENGTHENING</b> <ul style="list-style-type: none"> <li>Improved collaboration and communication between system partners regarding care coordination</li> <li>Fewer jail bed days for RENEWPath participants</li> </ul>	<ul style="list-style-type: none"> <li>Reduced recidivism</li> <li>Improved outcomes for all residents experiencing criminal legal system involvement (SUD, MH, housing, employment)</li> <li>Fewer individuals with MH/SUD needs entering criminal legal system</li> <li>Improved system of care coordination</li> </ul>

## ABOUT THE RESEARCHER

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by creating meaningful evaluative and assessment data, facilitating information-based planning, and developing custom strategies. ASR has more than 40 years of experience working with public and private agencies, health and human service organizations, city and county offices, school districts, institutions of higher learning, and charitable foundations. Through community assessments, program evaluations, and related studies, ASR provides the information that communities need for effective strategic planning and community interventions.

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## Appendix A – Assessment Tools:

The Brief Addiction Monitor (BAM)

The WHOQOL- BREF (World Health Organization Quality of Life)



**Brief Addiction Monitor (BAM) With Scoring & Clinical Guidelines**  
**DRAFT 11/02/2009**

**Participant ID:** \_\_\_\_\_  
**Interviewer ID (Clinician Initials):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Method of Administration:**

☐ Clinician Interview                      ☐ Self Report                      ☐ Phone

**Time Started:** \_\_\_\_\_ : \_\_\_\_\_

**Instructions**

*This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible.*

**1. In the past 30 days, would you say your physical health has been?**

- ☐ Excellent (0)
- ☐ Very Good (1)
- ☐ Good (2)
- ☐ Fair (3)
- ☐ Poor (4)

**2. In the past 30 days, how many nights did you have trouble falling asleep or staying asleep?**

- ☐ 0 (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**3. In the past 30 days, how many days have you felt depressed, anxious, angry or very upset throughout most of the day?**

- ☐ 0 (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**4. In the past 30 days, how many days did you drink ANY alcohol?**

- ☐ 0 (Skip to #6) (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**5. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)?** [One drink is considered one shot of hard liquor (1.5 oz.) or 12- ounce can/bottle of beer or 5 ounce glass of wine.]

- ☐ 0 (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**6. In the past 30 days, how many days did you use any illegal/street drugs or abuse any prescription medications?**

- ☐ 0 (Skip to #8) (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**7. In the past 30 days, how many days did you use any of the following drugs:**

**7A. Marijuana (cannabis, pot, weed)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7B. Sedatives/Tranquilizers (e.g., “benzos”, Valium, Xanax, Ativan, Ambien, “barbs”, Phenobarbital, downers, etc.)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7C. Cocaine/Crack?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7D. Other Stimulants (e.g., amphetamine, methamphetamine, Dexedrine, Ritalin, Adderall, "speed", "crystal meth", "ice", etc.)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7E. Opiates (e.g., Heroin, Morphine, Dilaudid, Demerol, Oxycontin, oxy, codeine (Tylenol 2,3,4), Percocet, Vicodin, Fentanyl, etc.)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7F. Inhalants (glues/adhesives, nail polish remover, paint thinner, etc.)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**7G. Other drugs (steroids, non-prescription sleep/diet pills, Benadryl, Ephedra, other over-the-counter/unknown medications)?**

- ☐ 0
- ☐ 1-3
- ☐ 4-8
- ☐ 9-15
- ☐ 16-30

**8. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?**

- ☐ Not at all (0)
- ☐ Slightly (1)
- ☐ Moderately (2)
- ☐ Considerably (3)
- ☐ Extremely (4)

- 9. How confident are you in your ability to be completely abstinent (clean) from alcohol and drugs in the next 30 days?**
- ☐ Not at all (0)
  - ☐ Slightly (1)
  - ☐ Moderately (2)
  - ☐ Considerably (3)
  - ☐ Extremely (4)
- 10. In the past 30 days, how many days did you attend self-help meetings like AA or NA to support your recovery?**
- ☐ 0 (0)
  - ☐ 1-3 (1)
  - ☐ 4-8 (2)
  - ☐ 9-15 (3)
  - ☐ 16-30 (4)
- 11. In the past 30 days, how many days were you in any situations or with any people that might put you at an increased risk for using alcohol or drugs (i.e., around risky “people, places or things”)?**
- ☐ 0 (0)
  - ☐ 1-3 (1)
  - ☐ 4-8 (2)
  - ☐ 9-15 (3)
  - ☐ 16-30 (4)
- 12. Does your religion or spirituality help support your recovery?**
- ☐ Not at all (0)
  - ☐ Slightly (1)
  - ☐ Moderately (2)
  - ☐ Considerably (3)
  - ☐ Extremely (4)
- 13. In the past 30 days, how many days did you spend much of the time at work, school, or doing volunteer work?**
- ☐ 0 (0)
  - ☐ 1-3 (1)
  - ☐ 4-8 (2)
  - ☐ 9-15 (3)
  - ☐ 16-30 (4)

**14. Do you have enough income (from legal sources) to pay for necessities such as housing, transportation, food and clothing for yourself and your dependents?**

- ☐ No (0)
- ☐ Yes (4)

**15. In the past 30 days, how much have you been bothered by arguments or problems getting along with any family members or friends?**

- ☐ Not at all (0)
- ☐ Slightly (1)
- ☐ Moderately (2)
- ☐ Considerably (3)
- ☐ Extremely (4)

**16. In the past 30 days, how many days were you in contact or spent time with any family members or friends who are supportive of your recovery?**

- ☐ 0 (0)
- ☐ 1-3 (1)
- ☐ 4-8 (2)
- ☐ 9-15 (3)
- ☐ 16-30 (4)

**17. How satisfied are you with your progress toward achieving your recovery goals?**

- ☐ Not at all (4)
- ☐ Slightly (3)
- ☐ Moderately (2)
- ☐ Considerably (1)
- ☐ Extremely (0)

**Time Finished:** \_\_\_\_:\_\_\_\_

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**Specific items to attend to, and suggested referrals, include:**

- #1 (health), if scored 3 or 4, refer to primary care
- #3 (mood), if scored 2, 3, or 4, proceed to further assessment and address within SUD specialty care or refer to mental health clinic if indicated
- #5,6,7 (heavy alcohol use, any drug use, specific drug use), if any scored 1 or higher, discuss with patient and consider adjusting treatment (e.g., higher level of care or changing modality)
- #8 (craving), if scored 3 or 4, consider medication such as Naltrexone
- #14 (adequate income), if scored 0, refer to case management
- #16 (social support), if scored 0, 1, or 2 consider adding network support
- #17 (satisfaction with progress), if scored 3 or 4, discuss modifying or supplementing treatment

**Note: Examining scores from individual items as described above is the most clinically relevant use of this measure. Summary scores are more useful for aggregating across patients. Aggregate scoring, or subscale scoring, is supplementary and very preliminary, based on clinical judgment rather than empirical data.**

Preliminary Subscale Scoring information

Sum of Items 4, 5, & 6 = Use (Scores range from 0 to 12 with higher scores meaning more Use)

Sum of Items 1, 2, 3, 8, 11, & 15 = Risk factors (Scores range from 0 to 24 with higher scores meaning more Risk)

Sum of Items 9, 10, 12, 13, 14, & 16 = Protective factors (Scores range from 0 to 24 with higher scores meaning more Protection)

Number in ( ) is points for each response

\*Item 7 (7A-7G) are not scored as part of the subscales but provide elaboration for item 6.

\*Item 17 can be used as an overall assessment of treatment progress, but is not scored on any of the specific subscales.

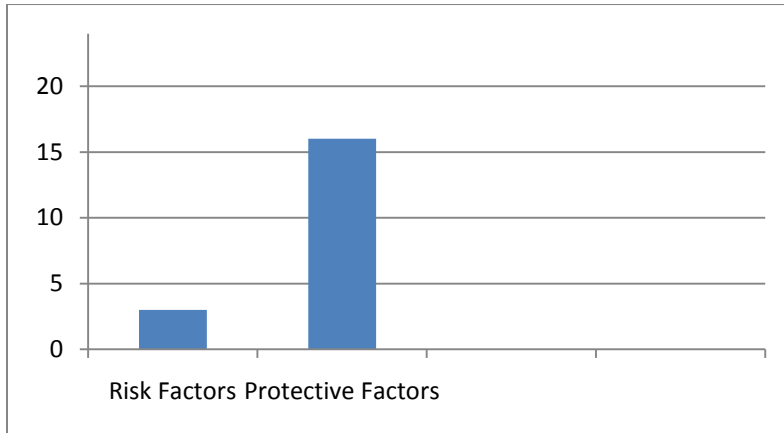
Clinical guidelines:

**The three subscales include:**

- **Use:** If a patient scores a 1 or greater, it calls for further examination and clinical attention, e.g. consider addition of pharmacotherapy or higher level of care, add motivational interviewing.
  - Any alcohol use (item #4)
  - Heavy alcohol use (item #5)
  - Any drug use (item #6)
- **Risk Factors:** If a patient scores a 12 or greater, it calls for further examination and clinical attention, e.g. refer for medical or mental health consultation, add CBT or relapse prevention skills training.
  - Cravings (item #8)
  - Physical Health (item #1)
  - Sleep (item #2)
  - Mood (item #3)
  - Risky situations (item #11)
  - Family/social problems (item #15)
- **Protective Factors:** If a patient scores a 12 or below, it calls for further examination and clinical attention, e.g. treatment plan might include building sober support networks, 12 step facilitation, or work with a case manager for work or income assistance.
  - Self-efficacy (item #9)
  - Self-help behaviors (item #10)
  - Religion/spirituality (item #12)
  - Work/school participation (item #13)
  - Adequate Income (item #14)
  - Sober support (item #16)

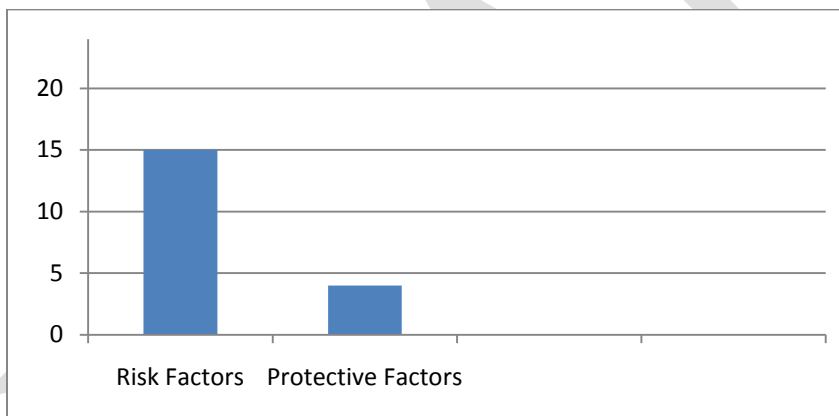
Notes:

- It is important to compare most recent BAM scores with prior BAM scores to assess changes in functioning and risk status.
  - The goal is to see sizeable changes on each scale with each administration of the BAM.
- It is important to take into consideration the relative scores on risk and protective factors:
  - *If protective factor score is greater than risk factor score, the patient is less at risk for use.*



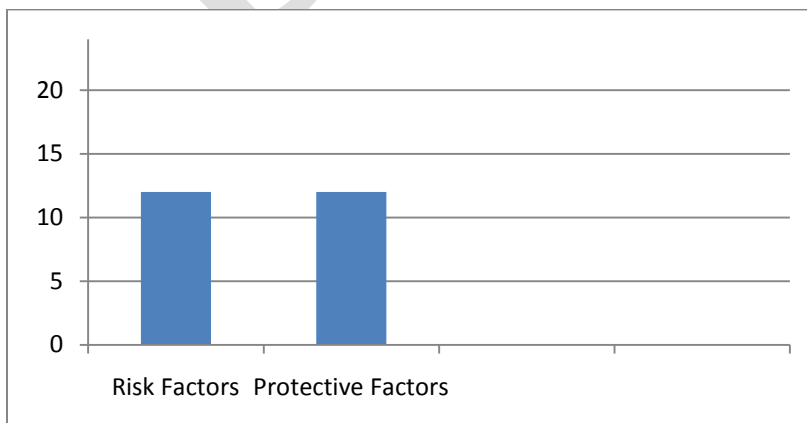
Beneficial Risk/Protective Ratio 1

- *If risk factor score is greater than protective factor score, the patient is more at risk for use.*



Harmful Risk/Protective Factor Ratio 1

- *If risk factor score is equal to protective factor score, the patient is at risk for use and a focus of treatment should be to shift the balance to building protective factors and coping with risk factors.*



Balanced scores=work on shifting 1



## THE WHOQOL-BREF

### ABOUT YOU

I.D. number

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Before you begin we would like to ask you to answer a few general questions about yourself: by circling the correct answer or by filling in the space provided.

What is your **gender**?

Male

Female

What is your **date of birth**?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day / Month / Year

What is the highest **education** you received?

None at all

Primary school

Secondary school

Tertiary

What is your **marital status**?

Single

Separated

Married

Divorced

Living as married

Widowed

Are you currently **ill**?

Yes

No

If something is wrong with your health what do you think it is? \_\_\_\_\_

### Instructions

This assessment asks how you feel about your quality of life, health, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last two weeks**. For example, thinking about the last two weeks, a question might ask:

		Not at all	Not much	Moderately	A great deal	Completely
	Do you get the kind of support from others that you need?	1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others as follows.

		Not at all	Not much	Moderately	A great deal	Completely
	Do you get the kind of support from others that you need?	1	2	3	4	5

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

### THE WHOQOL-BREF

		Very poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5 (F4.1)	How much do you enjoy life?	1	2	3	4	5
6 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your	1	2	3	4	5

(F18.1)	needs?					
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form?.....

How long did it take to fill this form out?.....