

BCP Fiscal Detail Sheet

BCP Title: Integrated Substance Use Disorder Treatment Program

BR Name: 5225-429-BCP-2019-MR

Budget Request Summary

	FY19					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Personal Services						
Positions - Permanent	0.0	280.2	431.0	431.0	431.0	431.0
Total Positions	0.0	280.2	431.0	431.0	431.0	431.0
Salaries and Wages						
Earnings - Permanent	0	28,306	40,379	40,379	40,379	40,379
Total Salaries and Wages	\$0	\$28,306	\$40,379	\$40,379	\$40,379	\$40,379
Total Staff Benefits	0	13,488	20,507	20,507	20,507	20,507
Total Personal Services	\$0	\$41,794	\$60,886	\$60,886	\$60,886	\$60,886
Operating Expenses and Equipment						
5301 - General Expense	0	550	705	705	705	705
5302 - Printing	0	166	247	247	247	247
5304 - Communications	0	314	460	460	460	460
5306 - Postage	0	80	118	118	118	118
5308 - Insurance	0	10	14	14	14	14
5320 - Travel: In-State	0	2,569	597	597	597	597
5322 - Training	0	89	131	131	131	131
5324 - Facilities Operation	0	1,749	2,051	2,051	2,051	2,051
5326 - Utilities	0	26	37	37	37	37
5340 - Consulting and Professional Services - External	0	107	154	154	154	154
5340 - Consulting and Professional Services - Interdepartmental	0	9,358	59,009	59,009	59,009	59,009
5346 - Information Technology	0	176	156	156	156	156
5368 - Non-Capital Asset Purchases - Equipment	0	1,372	769	769	769	769
539X - Other	0	12,925	36,659	39,483	39,483	39,483
Total Operating Expenses and Equipment	\$0	\$29,491	\$101,107	\$103,931	\$103,931	\$103,931
Total Budget Request	\$0	\$71,285	\$161,993	\$164,817	\$164,817	\$164,817
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	71,285	161,993	164,817	164,817	164,817
Total State Operations Expenditures	\$0	\$71,285	\$161,993	\$164,817	\$164,817	\$164,817

Total All Funds

\$0	\$71,285	\$161,993	\$164,817	\$164,817	\$164,817
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Program Summary

Program Funding

4665 - Ancillary Health Care Services-Adult	0	12,006	35,082	37,906	37,906	37,906
4530010 - General Security	0	9,129	18,258	18,258	18,258	18,258
4540036 - Inmate Employment	0	880	1,525	1,525	1,525	1,525
4590015 - In-Prison Program	0	3,468	55,628	55,628	55,628	55,628
4600036 - Office of Offender Services-Hq Admin	0	618	608	608	608	608
4650012 - Medical Administration-Adult	0	31,235	33,272	33,272	33,272	33,272
4650014 - Medical Other-Adult	0	13,949	17,620	17,620	17,620	17,620
Total All Programs	\$0	\$71,285	\$161,993	\$164,817	\$164,817	\$164,817

Personal Services Details

Salary Information

Positions	Min	Mid	Max	<u>CY</u>	<u>BY</u>	<u>BY+1</u>	<u>BY+2</u>	<u>BY+3</u>	<u>BY+4</u>
1139 - Office Techn (Typing) (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2019)				0.0	3.0	3.0	3.0	3.0	3.0
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01-2019)				0.0	4.0	4.0	4.0	4.0	4.0
4802 - Staff Svcs Mgr III (Eff. 07-01-2019)				0.0	2.0	2.0	2.0	2.0	2.0
5278 - Mgmt Svcs Techn (Eff. 07-01-2019)				0.0	2.0	2.0	2.0	2.0	2.0
5393 - Assoc Govtl Program Analyst (Eff. 01-01-2020)				0.0	25.0	50.0	50.0	50.0	50.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2019)				0.0	17.0	17.0	17.0	17.0	17.0
5731 - Research Data Analyst II (Eff. 01-01-2020)				0.0	1.5	3.0	3.0	3.0	3.0
5734 - Research Data Supvr I (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
5740 - Research Data Mgr (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
5742 - Research Data Spec I (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
5758 - Research Data Spec II (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
5770 - Research Data Spec III (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
7859 - Research Spec IV -Various Studies (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
7979 - Pharmacy Techn (Eff. 01-01-2020)				0.0	4.0	8.0	8.0	8.0	8.0
7981 - Pharmacist II (Eff. 01-01-2020)				0.0	1.0	2.0	2.0	2.0	2.0
7982 - Pharmacist I (Eff. 01-01-2020)				0.0	2.0	4.0	4.0	4.0	4.0
7996 - Pharmacy Svcs Mgr (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
8179 - Nurse Consultant III (Supvr) (Eff. 07-01-2019)				0.0	4.0	4.0	4.0	4.0	4.0
8239 - Receiver's Med Exec (Safety) (Eff. 07-01-2019)				0.0	1.0	1.0	1.0	1.0	1.0
8241 - Receiver's Nurse Exec (Safety) (Eff. 07-01-2019)				0.0	3.0	3.0	3.0	3.0	3.0
8327 - Nursing Consultant - Program Review				0.0	3.0	6.0	6.0	6.0	6.0

	(Eff. 01-01-2020)						
8327	- Nursing Consultant - Program Review (Eff. 07-01-2019)	0.0	6.0	6.0	6.0	6.0	6.0
8336	- Hlth Program Spec II (Eff. 01-01-2020)	0.0	0.5	1.0	1.0	1.0	1.0
8336	- Hlth Program Spec II (Eff. 07-01-2019)	0.0	1.0	1.0	1.0	1.0	1.0
8338	- Hlth Program Spec I (Eff. 01-01-2020)	0.0	0.5	1.0	1.0	1.0	1.0
8338	- Hlth Program Spec I (Eff. 07-01-2019)	0.0	2.0	2.0	2.0	2.0	2.0
9265	- Lab Asst - CF (Eff. 01-01-2020)	0.0	17.5	35.0	35.0	35.0	35.0
9267	- Chief Physician & Surgeon - CF (Eff. 07-01-2019)	0.0	1.0	1.0	1.0	1.0	1.0
9275	- Registered Nurse - CF (Eff. 01-01- 2020)	0.0	16.8	33.6	33.6	33.6	33.6
9275	- Registered Nurse - CF (Eff. 07-01- 2019)	0.0	8.4	8.4	8.4	8.4	8.4
9318	- Supvng Registered Nurse II - CF (Eff. 07-01-2019)	0.0	42.0	42.0	42.0	42.0	42.0
9662	- Corr Officer (Eff. 01-01-2020)	0.0	63.0	126.0	126.0	126.0	126.0
9758	- Staff Psychiatrist (Safety) (Eff. 07-01- 2019)	0.0	8.0	8.0	8.0	8.0	8.0
9774	- Chief Psychiatrist (Eff. 07-01-2019)	0.0	1.0	1.0	1.0	1.0	1.0
9872	- Clinical Soc Worker (Hlth/CF)-Safety (Eff. 01-01-2020)	0.0	11.0	22.0	22.0	22.0	22.0
9872	- Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2019)	0.0	21.0	21.0	21.0	21.0	21.0

Total Positions

0.0 280.2 431.0 431.0 431.0 431.0

Salaries and Wages

	CY	BY	BY+1	BY+2	BY+3	BY+4
1139 - Office Techn (Typing) (Eff. 01-01- 2020)	0	41	82	82	82	82
4800 - Staff Svcs Mgr I (Eff. 07-01-2019)	0	239	239	239	239	239
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01- 2019)	0	349	349	349	349	349
4802 - Staff Svcs Mgr III (Eff. 07-01-2019)	0	202	202	202	202	202
5278 - Mgmt Svcs Techn (Eff. 07-01-2019)	0	82	82	82	82	82
5393 - Assoc Govtl Program Analyst (Eff. 01- 01-2020)	0	1,681	3,362	3,362	3,362	3,362
5393 - Assoc Govtl Program Analyst (Eff. 07- 01-2019)	0	1,143	1,143	1,143	1,143	1,143
5731 - Research Data Analyst II (Eff. 01-01- 2020)	0	106	212	212	212	212
5734 - Research Data Supvr I (Eff. 07-01-	0	80	80	80	80	80

	2019)						
5740	- Research Data Mgr (Eff. 07-01-2019)	0	101	101	101	101	101
5742	- Research Data Spec I (Eff. 01-01-2020)	0	74	148	148	148	148
5758	- Research Data Spec II (Eff. 01-01-2020)	0	81	162	162	162	162
5770	- Research Data Spec III (Eff. 01-01-2020)	0	94	188	188	188	188
7859	- Research Spec IV -Various Studies (Eff. 01-01-2020)	0	136	272	272	272	272
7979	- Pharmacy Techn (Eff. 01-01-2020)	0	183	366	366	366	366
7981	- Pharmacist II (Eff. 01-01-2020)	0	146	292	292	292	292
7982	- Pharmacist I (Eff. 01-01-2020)	0	264	528	528	528	528
7996	- Pharmacy Svcs Mgr (Eff. 07-01-2019)	0	153	153	153	153	153
8179	- Nurse Consultant III (Supvr) (Eff. 07-01-2019)	0	577	577	577	577	577
8239	- Receiver's Med Exec (Safety) (Eff. 07-01-2019)	0	361	361	361	361	361
8241	- Receiver's Nurse Exec (Safety) (Eff. 07-01-2019)	0	586	586	586	586	586
8327	- Nursing Consultant - Program Review (Eff. 01-01-2020)	0	426	852	852	852	852
8327	- Nursing Consultant - Program Review (Eff. 07-01-2019)	0	852	852	852	852	852
8336	- Hlth Program Spec II (Eff. 01-01-2020)	0	41	82	82	82	82
8336	- Hlth Program Spec II (Eff. 07-01-2019)	0	81	81	81	81	81
8338	- Hlth Program Spec I (Eff. 01-01-2020)	0	37	74	74	74	74
8338	- Hlth Program Spec I (Eff. 07-01-2019)	0	148	148	148	148	148
9265	- Lab Asst - CF (Eff. 01-01-2020)	0	629	1,258	1,258	1,258	1,258
9267	- Chief Physician & Surgeon - CF (Eff. 07-01-2019)	0	278	278	278	278	278
9275	- Registered Nurse - CF (Eff. 01-01-2020)	0	1,936	3,872	3,872	3,872	3,872
9275	- Registered Nurse - CF (Eff. 07-01-2019)	0	968	968	968	968	968
9318	- Supvng Registered Nurse II - CF (Eff. 07-01-2019)	0	5,469	5,469	5,469	5,469	5,469
9662	- Corr Officer (Eff. 01-01-2020)	0	5,185	10,370	10,370	10,370	10,370
9758	- Staff Psychiatrist (Safety) (Eff. 07-01-2019)	0	2,308	2,308	2,308	2,308	2,308
9774	- Chief Psychiatrist (Eff. 07-01-2019)	0	322	322	322	322	322

9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 01-01-2020)	0	1,013	2,026	2,026	2,026	2,026
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2019)	0	1,934	1,934	1,934	1,934	1,934
Total Salaries and Wages	\$0	\$28,306	\$40,379	\$40,379	\$40,379	\$40,379
Staff Benefits						
5150450 - Medicare Taxation	0	410	585	585	585	585
5150500 - OASDI	0	418	623	623	623	623
5150600 - Retirement - General	0	7,258	11,059	11,059	11,059	11,059
5150800 - Workers' Compensation	0	928	1,361	1,361	1,361	1,361
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	511	812	812	812	812
5150900 - Staff Benefits - Other	0	3,963	6,067	6,067	6,067	6,067
Total Staff Benefits	\$0	\$13,488	\$20,507	\$20,507	\$20,507	\$20,507
Total Personal Services	\$0	\$41,794	\$60,886	\$60,886	\$60,886	\$60,886

Analysis of Problem

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) and the California Correctional Health Care Services (CCHCS) request \$71.3 million General Fund and 280.2 positions in 2019-20, \$161.9 million General Fund and an additional 150.8 positions in 2020-21 (for a total of 431.0 positions ongoing), and \$164.8 million General Fund in 2021-22 and ongoing for the Integrated Substance Use Disorder Treatment Program (ISUDTP).

B. Background/History

Preface

CDCR and CCHCS programs worked collaboratively to develop an ISUDTP to address the needs of inmates suffering from substance use disorders, covering their entire time in prison from entry to release. The request in this proposal addresses the needs for the impacted programs within CDCR and CCHCS that would allow for a statewide implementation of ISUDTP. The Division of Rehabilitative Programs (DRP) and the Division of Nursing Services (DNS) will facilitate a bulk of the program, but all programs (Medical Services, Division of Adult Parole Operations [DAPO], Nursing Services, Division of Adult Institutions [DAI], and DRP) participated in the discussion and identified resources needed. A holistic ISUDTP is critical to the success of the program and in providing appropriate treatment to inmates in need of care.

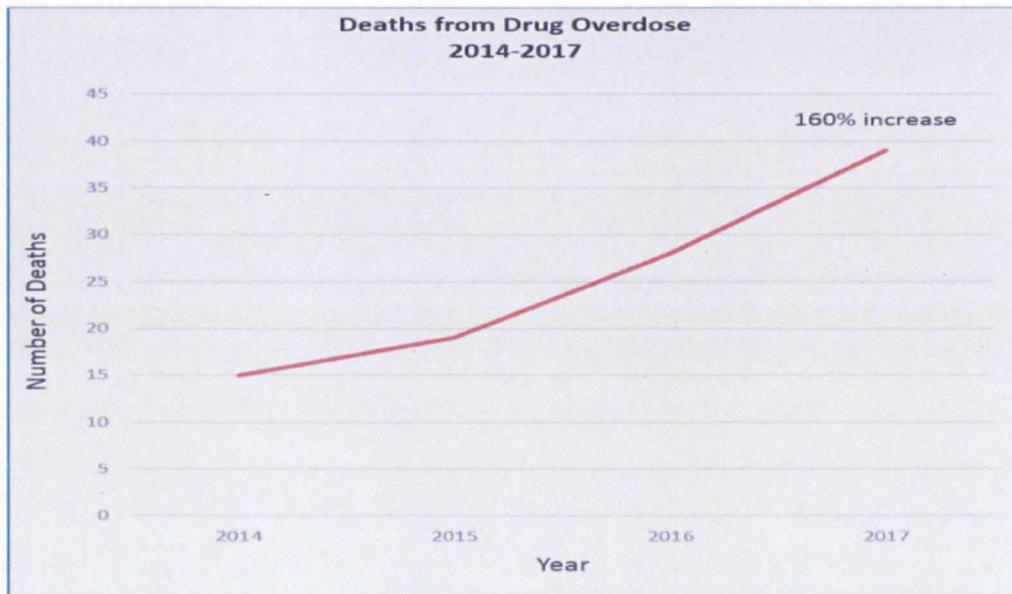
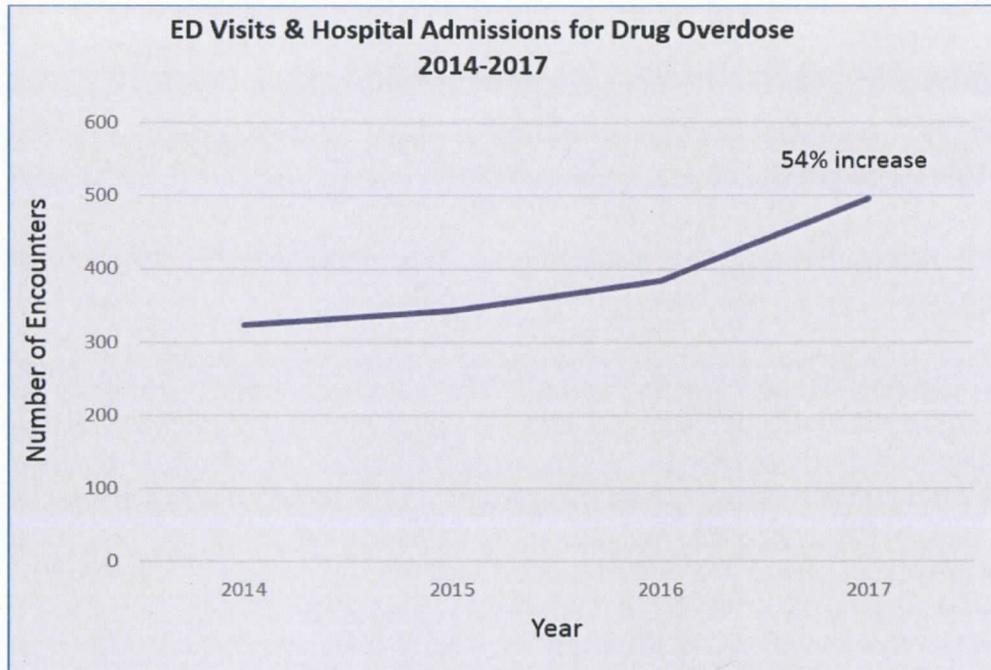
CDCR and CCHCS brought together stakeholders for input into the program and process for treating inmates with Substance Use Disorder (SUD). The integrated approach is appropriate since various programs have responsibility over the many components of the process. Each component of the program is critical to the success of ISUDTP and the recovery of the patients. CDCR and CCHCS understand this is a national issue and the prevalence of SUD within the correctional system is much higher than the average population.

The estimated prevalence for SUD including but not limited to alcohol, opioids, and methamphetamines among CDCR's population is approximately 70 percent, or 86,800 patients. Opioid Use Disorder (OUD) has become a national epidemic which has claimed record numbers of overdose-related deaths each year, a total that exceeded 72,000 deaths in 2017.¹ Within CDCR institutions, the rate of overdose-related deaths has been consistently higher than in other U.S. prisons, reaching a record of 30 per 100,000 patients in 2017. Patients with OUD utilize acute care settings at a disproportionately higher rate, incur more costs with hospital admissions due to non-fatal overdoses, experience other SUD related conditions such as osteomyelitis and endocarditis, and are more likely to be re-admitted after discharge than other patients. Between 2014 and 2017, CDCR experienced a 54 percent increase in Emergency Department (ED) transports and hospitalizations related to drug overdoses, and two-and-a-half times more overdose deaths (Figure 1). In the last year since this analysis, the trend for ED visits and hospitalizations have increased an additional 30 percent. Moreover, patients with SUD are about 45 times more likely to die of a fatal overdose within two weeks of leaving CDCR compared with their age-matched controls in the community².

¹ <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>.

² <https://sph.unc.edu/sph-news/former-inmates-at-high-risk-for-opioid-overdose-following-prison-release/>

Figure 1: CDCR/CCHCS Overdose Trends



SUD is characterized by predictable behavioral manifestations, including impaired control of drug use, social impairment involving interactions and relationships with others, persistent drug use despite risk of life threatening harms, and a dysfunctional emotional response. Similar to other chronic diseases, SUD involves cycles of relapse and remission. Without treatment or engagement in recovery activities, SUD is progressive and can be fatal.³ However, like other chronic diseases, SUD can be treated. Treatment usually involves long-term medical and/or behavior modification treatments, and treatment efficacy is similar to treatments for other chronic diseases like high blood pressure and diabetes. Concurrent

³ Florence CS, Zhou C, Luo F, Xu L. (2013). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, *Med Care*. 2016;54(10):901-906. doi:10.1097/MLR.0000000000000625. <https://www.ncbi.nlm.nih.gov/pubmed/27623005>

Analysis of Problem

Medication Assisted Treatment (MAT) is associated with increased retention in other aspects of treatment programs, reductions in illicit opiate-use, decreased craving, and improved social functioning.^{4,5,6,7,8}

Providing access to both behavioral and medication therapies for SUD while individuals are incarcerated, and then effectively linking them to community resources upon release, has the potential to reduce risk for overdose and recidivism, and to increase functions such as maintaining employment, procuring stable housing, and successfully reintegrating into their communities.^{9,10,11}

California has significantly expanded the Drug Medi-Cal Organized Delivery System (DMC-ODS) program to build a delivery system for SUD treatment in the community. The DMC-ODS program is county-based and participation has grown from about 12 out of 58 counties (20 percent) to 56 out of 58 counties (97 percent) in 2017. The increase in counties participating in a SUD treatment and providing MAT will greatly improve the success of released patients being able to continue with their MAT programs.

In the fall of 2018, CDCR/CCHCS organized a summit attended by various community SUD stakeholders to discuss key barriers and opportunities to prevent overdose deaths and to support successful recovery following release from prison. Because of the documented high-risk of death following release from prison, it is clear that SUD treatment including MAT services must be available without interruption upon release. Since the summit, stakeholders have identified several gaps in CDCR's existing capacity for services and in care coordination that provide opportunities for improvement addressed in this proposal.

The first opportunity for improvement involves the lack of coordination across the various CDCR divisions. Given the high prevalence for SUD within CDCR, CDCR/CCHCS needs to work across all divisions in order to leverage each program area's resources to implement a comprehensive, integrated, and cost effective program.

The second opportunity for improvement is misalignment with community SUD treatment standards. Since California's prison health care system is part of a larger health ecosystem within the state of California, influencing the care of incarcerated patients can have a direct impact on the health and well-being of county communities. CCHCS proposes to implement methodology to screen, risk stratify, and connect patients to relevant care similar to that available in the community. Doing so assures that the levels of care offered in the prison system will align and dovetail with continuing services available to patients as they are released.

The third opportunity for improvement was identified in the process for ensuring that Medi-Cal benefits are activated at the time of release from prison.

C. State Level Considerations

This request involves collaboration from a variety of entities within CDCR, including CCHCS, DAPO, DRP, and DAI. During implementation, county collaboration is needed with programs responsible in

⁴ SAMHSA (2014). National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.

⁵ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm?67>.

⁶ CDC/NCHS, (2017). *National Vital Statistics System*, Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC. <https://wonder.cdc.gov>.

⁷ <https://discovery.cdph.ca.gov/CDIC/ODdash/>.

⁸ <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/california-opioid-summary>.

⁹ Bronson, Jennifer, Stroop, Jessica. (2017). US Dept. of Justice Bureau of Justice Statistics, Drug Use, Dependence, and Abuse among State Prisoners and Jail. <https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>.

¹⁰ Binswanger. (2007). Release from prison – a high risk of death of former inmates. *N. Eng J Med*, 356(2):157-165. <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>.

¹¹ Baser, O., Chalk, M., Fiellin, D.A., Gastfriend, D. R. (2018). Cost and Utilization Outcomes of Opioid-Dependence Treatments. https://www.ajmc.com/journals/supplement/2011/a369_june11/a369/11jun_alcohol_s235to48.

Analysis of Problem

providing statewide health care. Roll-out of this program will commence on July 1, 2019. For a resource implementation schedule, see Attachment A.

D. Justification

To address SUD as a chronic illness in such a large proportion of the population, this proposal includes a multi-divisional, collaborative delivery model.

❖ **PROGRAM OVERVIEW**

The ISUDTP is a comprehensive plan, spanning California's 35 institutions. The immediate goals for implementing the evidence-based program are to identify patients at highest risk for SUD-related harms and to provide treatment that reduces fatalities. The longer term goals for this system-wide effort are to build a program that is prepared to recognize and treat the chronic illness of SUD at all levels of clinical need and to optimize rehabilitative potential for all incarcerated persons. Implementation of a fully developed ISUDTP is expected to result in:

- Reduction in both SUD related morbidity and mortality.
- Creation of a rehabilitative environment which improves safety for inmates and CDCR staff.
- Reduction in overall recidivism.
- Successful reintegration of individuals into their community at time of release.
- Improved public safety, promote healthy families and communities.

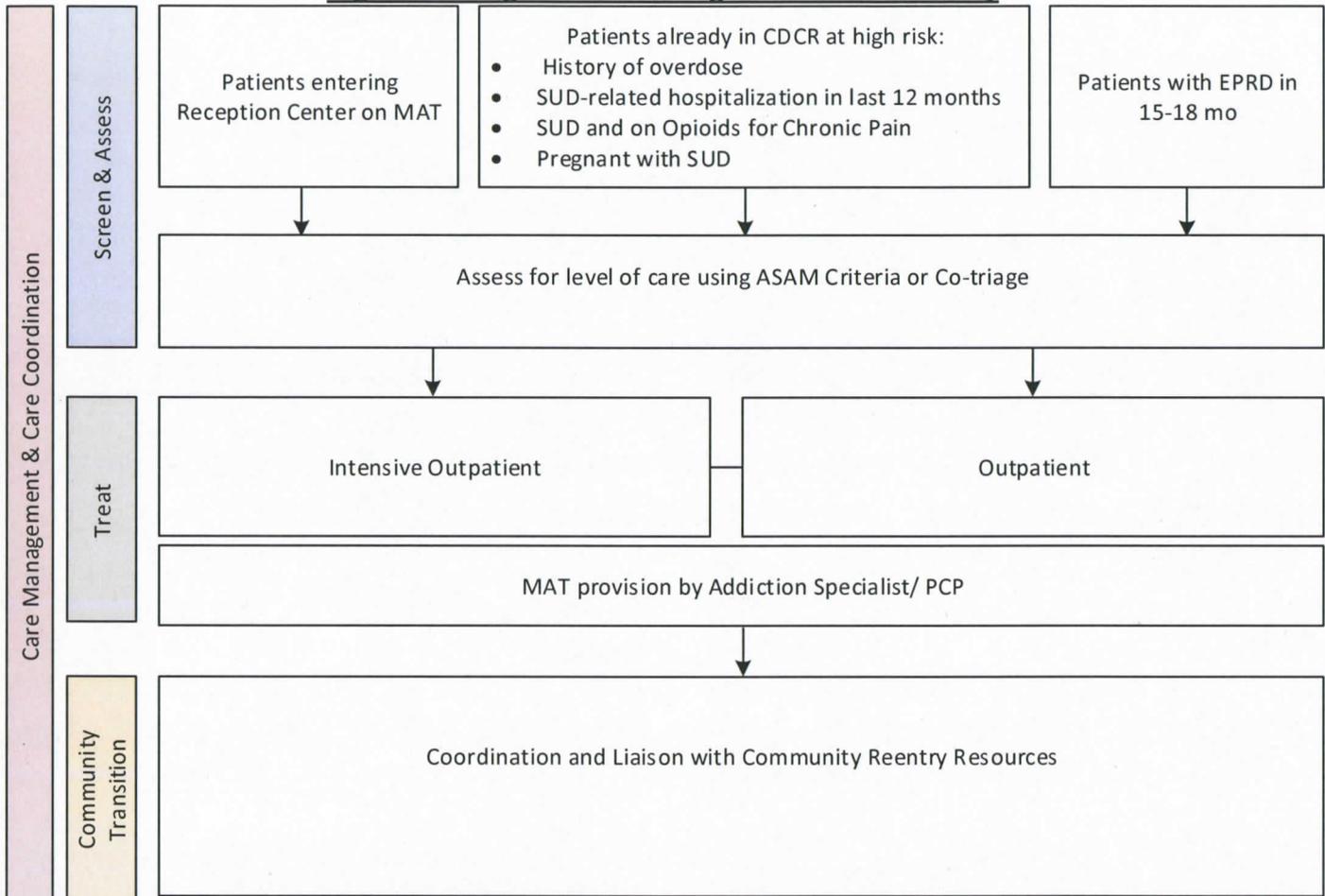
The model for delivery of care for the program includes care management and care coordination throughout incarceration from the time a patient enters a Reception Center (RC) to the time he/she is released from prison. ISUDTP integrates programs such as SUD, Narcotics Treatment Program (NTP), Community Based Treatment, MAT, and Whole Person Care (WPC). It also includes programming to ensure that there is a smooth transition in treatment from CDCR to community providers through Medical when a patient is released.

Because of the size and scope of the undertaking, it will take time for CDCR/CCHCS to fully develop the infrastructure and capacity to implement a robust statewide ISUDTP that is able to offer SUD treatment to the population affected with SUD. This will require a phased approach to this program, which will be facilitated by CCHCS and DRP within CDCR, with full implementation over a five-year timeline. In its initial phase, the proposed ISUDTP will focus on assessment and risk stratification for those at highest-risk, revamping and expanding core SUD rehabilitative programming statewide, and strengthening the release process in order to assure successful transition back to the community.

This request focuses on the first two years of this multi-year implementation timeline, and on assessing and treating patients who are: 1) entering RCs on MAT; 2) currently incarcerated patients identified as high risk; and 3) patients with estimated prison release dates (EPRDs) within the next 15 to 18 months. (See Targeted Patient Population section below.) Based on these evaluations, patients may be referred to one of two treatment paths: Intensive Outpatient, or Outpatient.

Within each treatment path, there are three distinct stages of care management and care coordination: 1) Screening and Assessment, 2) Treatment, and 3) Community Transition. (See Figure 2.) Each stage is characterized by an anticipated need for resources in order to effectively deliver services consistent with this model of care; as such, each stage is described in greater detail below.

Figure 2. Integrated SUD Program Model Summary



ASAM: American Society of Addiction Medicine

❖ **TARGETED PATIENT POPULATION**

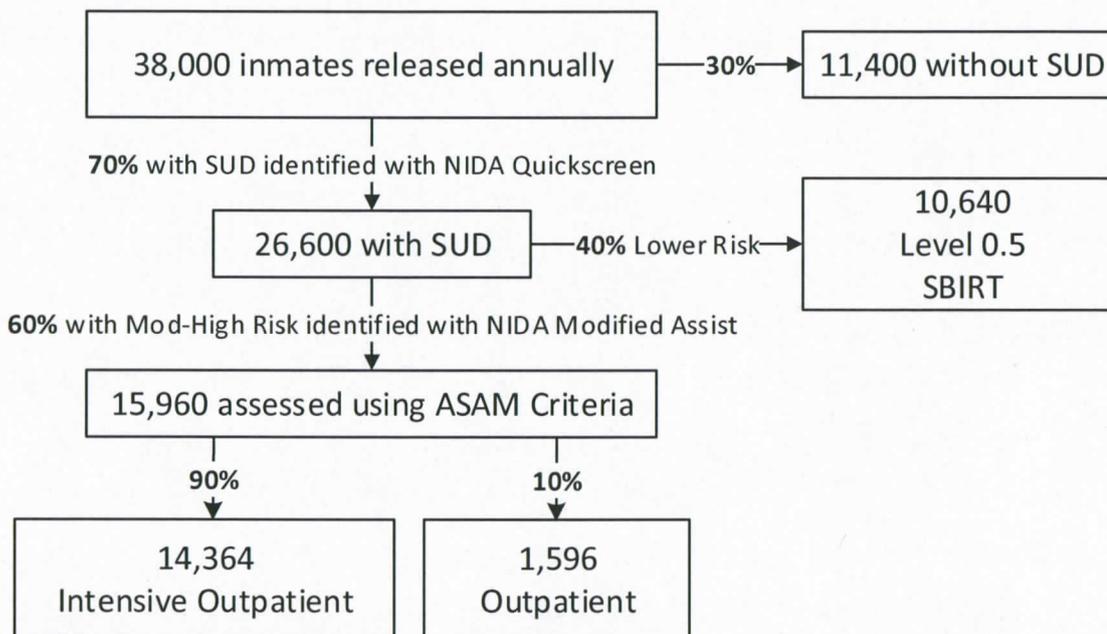
Three distinct groups of patients are targeted as the first priority for this proposal:

- Patients who enter prison already on MAT have presumably been assessed prior to their arrival and started on a care plan. The number of patients presenting to RCs on MAT is expected to steadily increase as a result of the expansion of MAT in county jails by the Department of Health Care Services (DHCS) and in the community through the Medi-Cal expansion program.¹²
- Patients already in prison who categorize themselves as high risk by: surviving resuscitative efforts following a drug overdose; a recent hospitalization for SUD-related comorbidity (e.g., osteomyelitis, or endocarditis) in the past year; having SUD and a coexisting chronic pain condition on chronic opioid therapy; having SUD during pregnancy; or other conditions associated with high risk for drug overdose.
- Patients who are anticipating release from prison in the near future. Patients with untreated OUD are approximately 45 times more likely to die within the first two weeks of release compared with age matched controls in the community. Therefore, to allow enough time to implement a comprehensive treatment plan – estimated to require approximately 12 months to complete for most patients – CCHCS will target patients with an expected release date within 15-18 months. This group will comprise the largest proportion of the three targeted as our first priority. (See Figure 3: Patient Enrollment Estimates.)

¹² Medi-Cal Moves Addiction Treatment into the Mainstream: Early Lessons from the Drug Medi-Cal Organized Delivery System Pilots. California Health Care Foundation. August 2018.

Figure 3. Patient Enrollment Estimates

The numbers of patients shown are estimates based on the assumption of 38,000 inmates being released each year. This assumption is based on preliminary trends and impacts of Proposition 57 for release volumes projected for FY 2021-22.



NIDA: National Institute on Drug Abuse

SBIRT: Screening, Brief Intervention, and Referral to Treatment

❖ **SCREENING AND ASSESSMENT**

At points of entry (i.e., RCs and Receiving and Release (R&R) centers), patients are screened by a licensed nurse through the Initial Health Screen. The nurse then links the patient to services to ensure continuity of care across a wide spectrum of services, settings, and staff, including the primary care team, NTPs, pharmacy services, addictions services, headquarters’ (HQ) team, custody and the DRP programs.

Screening and risk stratification of patients anticipating release within 15-18 months will be accomplished through administration of the *NIDA Quick Screen and Modified Assist* instruments, which require between 0.1 and 0.5 hours each, and can be administered by nursing and social work staff. The NIDA screening tools were adapted from earlier versions developed, validated, and published by the World Health Organization to be effective screening tools for identifying substance use and is specifically designed to fit into busy primary care clinical practices. The tools are interactive and guide clinicians through a short series of questions. Based on the patient’s responses, each tool generates a substance involvement score that suggests the level of intervention needed. CCHCS has built the NIDA tools into the existing EHRS so that results become part of the patient’s record and can be readily shared with other members of the health care team involved in the patient’s care across institutions.

Subsequent multidimensional assessments to determine the level of SUD-related care for each patient, based on criteria published by ASAM, will be applied to all three patient groups identified to be at moderate to high risk for SUD related harm. (See Table 1 on page 8.) The ASAM Criteria is a collection of objective guidelines that provide a platform upon which to standardize treatment placement and planning. Because they are widely used in the treatment of SUD issues in the community, use of the ASAM Criteria also provide a common platform and nomenclature for providing continuing and

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integrated care at time of transition between community and prison settings.¹³ ASAM multidimensional assessments and the development of appropriate treatment plans require between 1.5 to 2 hours to complete. Patients who screen as moderate to high risk will receive subsequent multidimensional assessment using ASAM criteria, and if an OUD or alcohol use disorder (AUD) is identified, will be referred to an addiction medicine specialists for evaluation and determination of need for (or continuation of) MAT and further identification of level of care needs.

Because high-risk patients are dispersed across all 35 institutions statewide, DNS is proposing a new staffing model in order to provide comprehensive care management and care coordination. The model for WPC includes a Nursing Care Management Team (NCMT) comprised of a Registered Nurse (RN) who would serve as a resource nurse (Resource RN), Licensed Clinical Social Workers (LCSW), and administrative support staff. The NCMT will deliver comprehensive care management to ensure treatment compliance and positive patient outcomes. These activities will include screening, assessments, developing treatment plans, medication management, individual and group psychoeducation, crisis and relapse prevention, facilitating peer support groups, leading population management sessions, daily huddles, interdisciplinary team meetings, case reviews, transitional planning care conferences, and treatment plan updates. The Resource RN and Supervising Registered Nurse II are responsible for coordinating with the patient's primary care team, HQ, and regional offices to ensure that transfers and reentry back into the community are communicated, and that treatment non-compliance and barriers to treatment access are addressed timely. The Resource RN will play a key role in identifying high risk and target patients by conducting periodic screening and risk stratification. He/she will also develop a tailored treatment plan, refer patients for psychosocial assessments and other specialty care as needed, coordinate lab tests, partner with pharmacy for procurement of medications, administer MAT medications, monitor for medication compliance and side effects, and provide patient education. The Resource RN provides warm hand off to next provider to ensure continuation of MAT medications and safety alerts are present to ensure appropriate care in the event of healthcare emergencies.

More information about the WPC program, including a description of nursing staffing and NCMT team responsibilities for ISUDTP, may be found in Attachment B- *Whole Person Care Program*.

Additional Assessment and Resources information may be found in Attachment C.

❖ TREATMENT

Levels of Care based on ASAM Criteria

The ASAM requirements provide standard criteria for describing the continuum of recovery-oriented addiction services. Each level of care is based on the degree of direct medical management provided; the structure, safety, and security provided; and the intensity of treatment services provided. Completion of the ASAM multidimensional assessment that explores individual risks, needs, strengths, skills, and resources provides clinicians with a recommended ASAM level of care that matches intensity of treatment services to patient needs. Despite numerous gradations along the continuum of care, the two benchmark levels of care are Outpatient, and Intensive Outpatient. The estimated relative enrollment into each level of care is shown in Figure 3 on page 5. Based on addiction treatment center norms, it is anticipated that the majority (90 percent) of patients will qualify for intensive outpatient level of care, with remaining patients assigned to the outpatient level. Each level of care serves as a benchmark along a single spectrum. Patients can move between levels depending on their unique needs and progress. Intensity of treatment can vary at each level of care depending on patient needs. Descriptions for the basic levels of care and related services is summarized in Table 1.

¹³ David Mee-Lee, ed., *The ASAM Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions*, 3rd ed. (Rockville, MD: American Society of Addiction Medicine, 2013).

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Table 1. Description of Treatment Services for Each Level of Care

Level of Care	Description of services	Location	Oversight	Documentation (all levels)
Intensive Outpatient	Close monitoring and support, and offers 9-20 hours of service per week.	Statewide	DRP/ CCHCS	Intake and admission data Treatment plan Evidence of compliance with:
Outpatient	Supportive environment with motivating and monitoring strategies, offering 3-9 hours of service per week.	Statewide	DRP/ CCHCS	<ul style="list-style-type: none"> - Minimum contact requirements - Treatment modality requirements
Early Intervention	Patient assessment and education (education-based groups). For patients at risk of developing substance-related problems and for those for whom there is not yet sufficient information to document a diagnosable SUD.	Statewide	CCHCS	<ul style="list-style-type: none"> - Progress notes - Continuing services justifications - Laboratory orders / results - Referrals - Counseling notes - Discharge plan - Discharge summary

Because SUD is a chronic, relapsing disease, episodic exacerbations in addition to therapeutic responsiveness may result in patient movement between levels of care. These care transitions require ongoing Care Management from the time of arrival and will be the responsibility of the NSCT.

Medication Assisted Treatment

MAT is an essential feature of a comprehensive ISUDTP. Numerous studies support the efficacy of MAT, with data showing that MAT is associated with significant reductions in overdose deaths, illicit drug use, and the spread of infectious diseases, along with increases in treatment adherence and retention.^{14 15 16} Preliminary data from Rhode Island show that targeting people with opioid addiction leaving the state's jails and prisons reduced the death rate among this group by 61 percent, which contributed to an overall 12 percent reduction in overdose deaths in the state.^{17 18} Therefore, in addition to the counseling and structured therapeutic programming within each level of care, MAT provisioning is proposed for those with disorders amenable to supplemental MAT, specifically, OUDs and AUDs.

Direct Observation Therapy medications must be distributed in a very controlled procedure to prevent diversion. As such, medication administration and management for MAT patients will be conducted by health care staff consistent with current departmental policies and procedures. Additionally, Custody staff shall be present at the medication window to directly observe the medication administration process, maintain order, and provide assistance if necessary.^{19 20}

For a flowchart of monthly patient enrollment, along with additional information regarding costs and other resources associated with MAT, see Attachments D-1 and D-2.

¹⁴ SAMSHA Tip 63 <https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>

¹⁵ CHCF <https://www.chcf.org/wp-content/uploads/2017/12/PDF-Why-Health-Plans-Should-Go-to-the-MAT.pdf>

¹⁶ Schwartz et al., (2014) "Opioid Agonist Treatments"; Judith I. Tsui et al., "Association of Opioid Agonist Therapy With Lower Incidence of Hepatitis C Virus Infection in Young Adult Injection Drug Users," *JAMA Internal Medicine* 174, no. 12: 1974–81, <http://archinte.jamanetwork.com/article.aspx?articleid=1918926>; and David S.

¹⁷ *JAMA Psychiatry* Media Advisory <https://media.jamanetwork.com/news-item/examination-postincarceration-fatal-overdoses-addiction-treatment-medications-correctional-system/>

¹⁸ <https://www.ri.gov/press/view/32505>

¹⁹ <https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/IMSPP-v04-ch11.1.pdf>

²⁰ <https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/IMSPP-v04-ch11.4.pdf>

Cognitive Behavioral Treatment

DRP has historically offered patients Cognitive Behavioral Treatment (CBT) across a spectrum of topics such as criminal thinking, trauma, anger and violence, parenting needs, breaking through denial, exploring the impact that crime has on victims, SUD, emotion regulation, and family dynamics/support systems. DRP remains committed to providing a comprehensive behavioral modification program to all incarcerated individuals but will work with CCHCS to prioritize SUD treatment and providing the varying levels of care defined by the ASAM criteria. The core CBT treatment for the outpatient and intensive outpatient levels of care will be provided by DRP through contracted services at all 35 institutions.

Several gaps have been identified that need to be addressed in order to meet the challenges of implementing a comprehensive evidence-based ISUDTP. These gaps include addressing curriculum variation and fidelity, staffing qualifications and accountability, and procuring therapeutic programming space. For a description of each of these factors, along with additional information regarding tentative treatment curriculum, costs, and other resources associated with CBT, see Attachment E.

Expansion of the Offender-Mentor Certification Program/Apprenticeship and Training

The Offender-Mentor Certification Program (OMCP) is a voluntary program that provides long-term and life-term incarcerated persons with the opportunity to pursue and receive an Alcohol and Other Drugs (AOD) counseling certification recognized by DHCS. Individuals who receive an AOD certification are assigned paid jobs working in a DRP SUD treatment program co-facilitating groups. OMCP peer mentors provide professional guidance and peer-to-peer support to individuals working to overcome their addiction, maintain their recovery, and make new life choices. Additionally OMCP mentors are able to seek gainful employment upon release into their community given their education, experience, and AOD certification received through participation in this program.

Currently CDCR provides the OMCP training program at SOL, Valley State Prison, and CCWF. These training programs graduate OMCP mentors who are transferred to work in DRP programs in Level I and Level II GP and SNY institutions.

There are approximately 120 certified OMCP mentors who will be redirected to support the ISUDT Program and other SUD services in the intensive outpatient and outpatient settings at all institutions with a focus on supporting those inmates who have a designated need prior to pre-release as coordinated through CCHCS clinical care (e.g., those on MAT services). An additional 300-400 certified mentors are critically needed to support this proposal's SUD treatment services in the next two fiscal years. Because SUD treatment will be provided to all custody levels (I-IV), CDCR proposes to expand the OMCP training program to four additional locations at Level III (GP and SNY) and IV (GP and SNY) institutions, creating additional participation and earning opportunities for the Level III and IV populations. The estimated cost of each OMCP contract will be approximately \$500,000 annually per contract (6 contracts). Additionally, under this proposal, OMCP mentor pay will be increased from \$0.85/hour to \$2.00/hour. This aims to create a better representation of the time, work, education, and skill necessary to be successful in the program, and subsequently provide treatment opportunities both in prison and into the community upon release.

For additional information regarding OMCP, see Attachment F.

❖ COMMUNITY TRANSITION COORDINATION

Every incarcerated individual needs a care plan that follows them through their incarceration and continues during their reentry to support a safe and smooth transition toward community reintegration. This concept is at the core of the initial phase of developing an ISUDTP, and is the basis for the WPC program.

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The WPC program is a model of care spearheaded by nursing services that is responsible for providing care coordination throughout the spectrum of incarceration from entry to release. The goals of the WPC program are to:

- 1) Provide comprehensive care coordination from RCs and R&Rs across care teams, external resources (hospitals, external specialty consultants), Triage and Treatment Area, and MAT.
- 2) Ensure comprehensive care coordination with the community transition teams at time of release, to include enrollment in a Medi-Cal plan, scheduling and arranging transportation to initial health appointments, securing records, and liaising with county resource partners, probation community supervision and parole, and other community health workers and/or other peer support.

Within the last 15-18 months of incarceration, all patients will receive five weeks of Transitions Reentry Services by an interdisciplinary team. Services will include, but are not limited to, resume production, job interview preparation, finance management, and applications for Medi-Cal, CalFresh, Social Security, and the Department of Motor Vehicles. Achieving effective case management across the spectrum of health care, social services, and other resources to achieve a smooth and successful transition back to communities, while maintaining efforts in SUD recovery, will require tenacious coordination between CCHCS, CDCR, and county partners. The WPC program offers significant enhancements and bridges gaps in the services already in place that are offered by the Transitional Case Management Program and DAPO.

Community Transition Coordination Resources

The document developed by DNS entitled, "*Whole Person Care Program*" (Attachment B) details staff position descriptions including, but not limited to, the role of the LCSWs and the institution Resource RNs who play key roles in care management and care coordination working with CDCR, counties, families and patients.

❖ TRANSITION, TRAINING, AND STAFFING

Staff Education Training

Along with the various resources listed above, cross-disciplinary training will be necessary to implement this program, not only for workforce training and development, but also to enhance cultural sensitivity, understanding of trauma-informed care, and reduce the long held stigma surrounding SUD. CDCR and CCHCS, in consultation with national experts, have identified a number of key training components. Information about these components may be found in Attachment G.

Program Justification

The cost for this cross-divisional collaborative effort to develop, implement, and operate a comprehensive ISUDTP represents a significant investment in an overhaul of our respective programs, and ultimately strengthens the primary mission of CDCR to successfully rehabilitate. In order to implement a sustainable ISUDTP, the Department is requesting 99.0 positions for the Division of Medical Services, 201.0 positions for DNS, 5.0 positions for DRP, and 126.0 for DAI. Position classification and operating costs details for the ISUDTP may be found in Attachments H-1 through H-5.

Six-month post-MAT treatment outcomes show that MAT patients have fewer psychiatric diagnoses, significantly lower detoxification facility days, and significantly lower opioid-related and non-opioid related inpatient days compared to a non-MAT group.²¹ Evidence from several large trials and

²¹ Baser, O., Chalk, M., Fiellin, D.A., Gastfriend, D. R. (2018). Cost and Utilization Outcomes of Opioid-Dependence Treatments. https://www.ajmc.com/journals/supplement/2011/a369_june11/a369/11jun_alcohol_s235to48.

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quantitative reviews also support the efficacy of CBT for SUD.²² According to several conservative estimates, every dollar invested in SUD treatment yields a return on investment of between \$4 and \$7. These costs include reductions in drug-related crime, recidivism, criminal justice costs, and theft. When savings related to health care are included in these calculations, total cost avoidance can exceed costs by a ratio of 12:1. Less tangible savings include improvements in quality of life to the individual and to society which stem from fewer interpersonal conflicts; greater workplace productivity; fewer drug-related accidents, including overdoses; and fewer deaths.²³ These findings support the premise that investing in SUD treatment translates to lower long-term costs.

E. Outcomes and Accountability

CCHCS will develop, build, test, and implement decision-support and documentation methods in EHRS to capture (and extract) standardized Substance Use Disorder Treatment (SUDT)/MAT screening and treatment data. CCHCS will continue to monitor the expansion of SUDT, including MAT by tracking clinical outcomes of patients receiving services, with the added goals of monitoring and preventing unplanned ED and hospital send-outs, mitigating violence related to drugs, and ultimately reducing overdoses and deaths due to overdose. Additional outcome measures may include:

- 1) Monitoring SUD prevalence (by drug type) among CCHCS' patient population through clinical assessments administered by social workers and nursing staff.
- 2) Tracking program referrals and linkages to care.
- 3) Tracking treatment starts to determine the percent of the population under treatment and treatment adherence and retention.
- 4) Measuring treatment effectiveness by assessing trends in ED and hospital send-outs, Hepatitis C Virus infection rates, and overdoses and deaths due to overdose for program participants compared to non-participants.
- 5) Assessing community outcomes using California Department of Public Health data including post-incarceration causes of death data, and DHCS medical claims data to examine linkages to aftercare services.
- 6) Creating an econometric model developed to estimate cost avoidance of SUDT.

CDCR and CCHCS have an aggressive implementation plan due to the severity of overdoses and increased deaths in the institutions tied to opioid abuse. CDCR and CCHCS request adding budget language or a unique program code to return any unused funds not used for SUDT. This will allow for rapid program expansion without resource constraints.

F. Alternatives

ALTERNATIVE 1: Approve \$71.3 million General Fund and 280.2 positions in FY 2019-20, \$161.9 million General Fund and an additional 150.8 positions in FY 2020-21 (for a total of 431.0 positions ongoing), and \$164.8 million GF in FY 2021-22 and ongoing to fund the establishment of an ISUDTP.

Pros: Funding this proposal will enable CDCR/CCHCS to:

- Implement a delivery model that uses evidenced-based clinical treatments and CBTs to treat approximately 16,000 patients each year, and reduces variability across programs.
- Provides greater opportunity to ensure fidelity, effectiveness, and efficiency in the delivery of clinical treatments.
- Promotes positive patient outcomes including decreases in relapse, fatal and non-fatal overdoses, aberrant behaviors within the prison setting, and recidivism.

²² Dutra L, Stathopoulou G, Basden SL, Leyro TM, Powers MB, Otto MW Am J Psychiatry. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. Feb; 165(2):179-87.

<https://www.ncbi.nlm.nih.gov/pubmed/18198270/>

²³ <https://www.sciencedirect.com/science/article/pii/S0376871699000861>

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Cons:

- Significant General Fund impact.

ALTERNATIVE 2: Approve 17 positions and \$2.65 million funding in 2019-20 and ongoing for MAT only at current MAT institutions (CIM, CIW, and SATF). This will replace the limited-term allocated to establish MAT programs at these three institutions. The programs at these sites each have the capacity of treating 50 MAT patients at a time.

Pros:

- Easy to implement and manage.
- Allows the program to compile more information on the existing MAT operations prior to any expansion.

Cons:

- Does not provide evidence-based treatment and appropriate levels of care.
- Does not address the vast majority of patients statewide who require SUD treatment/ MAT, and therefore there will continue to be significant avoidable deaths and costs related to SUD.
- Does not provide patients a comprehensive ISUDTP.

ALTERNATIVE 3: Approve 151 positions and \$16.4 million in 2019-20 to establish HQ ISUDTP resources, an additional 96 positions and \$50.9 million in 2020-21 for phase one of the ISUDTP at the institutions, an additional 96 positions and \$50.9 million in 2021-22 for phase two of the ISUDTP at the institutions, and an additional 88 positions and \$46.7 million for phase three of the statewide ISUDTP with the goal of providing comprehensive SUD treatment services consistent with ASAM levels of care to reduce fatal and non-fatal overdoses and other drug-related complications in custody and post-release. This alternative includes the implementation of the ISUDTP in phases at one institution per month until all the institutions are completed.

Pros: Funding this proposal will enable CDCR/CCHCS to:

- Implement a delivery model that uses evidenced-based clinical treatments and CBTs to treat approximately 16,000 patients each year after full implementation, and reduces variability across programs.
- Provides greater opportunity to ensure fidelity, effectiveness, and efficiency in the delivery of clinical treatments.
- Allows for better cost control.
- Promotes positive patient outcomes including decreases in relapse, fatal and non-fatal overdoses, aberrant behaviors within the prison setting, and recidivism.
- Provides a more measured rollout plan.

Cons:

- Significant General Fund impact.
- Delays for up to three years the complete statewide rollout of the ISUDTP.
- May result in patients eligible for SUD treatment services not receiving them because the program had not yet been implemented in their institutions.

G. Supplemental Information

- Attachment A: Implementation Schedule
- Attachment B: Whole Person Care Program
- Attachment C: Screening and Assessment Resources
- Attachment D-1: MAT Description and Resources
- Attachment D-2: MAT Estimated Drug Calculations
- Attachment E: CBT Description and Resources
- Attachment F: OMCP Description and Resources

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Attachment G: Staff Education Components

Attachment H-1: Addiction Services Roll-Up Costs

Attachment H-2: Division of Medical Services Positions

Attachment H-3: Division of Nursing Services Positions

Attachment H-4: Division of Rehabilitative Programs and Division of Adult Institutions Positions

Attachment H-5: Divisions of Medical Services and Nursing Services OE&E Roll-Up Costs

Attachment I: CCHCS, DRP & DAI Staff Position Descriptions

Attachment J: Workload Analyses

H. Implementation Plan

A Gantt Chart showing the timeframes for implementation of the different aspects of the ISUDTP may be found in Attachment A; descriptions of all positions required may be found in Attachments B-F, and I; a breakdown of the overall costs and resources required may be found in Attachment H; and workload analyses for all positions may be found in Attachment J.

I. Recommendation

Alternative 1 - Approve \$71.3 million General Fund and 280.2 positions in FY 2019-20, \$161.9 million General Fund and an additional 150.8 positions in FY 2020-21 (for a total of 431.0 positions ongoing), and \$164.8 million GF in FY 2021-22 and ongoing to fund the establishment of an ISUDTP.

Attachment A

Implementation Schedule

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

Integrated SUD Treatment Program - Health Care

Timeline	2019						2020						2021											
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Phase I Jul-19 to Dec-19 Milestones:																								
Hire All HQ Management and Supervisory Staff																								
Hire Addiction Medicine Providers																								
Hire All Instituion Supervising RN Staff																								
Hire LCSW and NCPR Staff																								
Phase II Jan-20 to Jun-20 Milestones:																								
Hire HQ Admin/ Analytical Support Staff																								
Hire Pharmacy Staff																								
Hire Lab Staff																								
Hire Remaining LCSW and NCPR Staff																								
Hire Instituion RN and Support Staff																								
Start Screening/ Assessment (ERD 15-18 mo) Statewide																								
Initiate MAT Statewide																								
Begin WPC Community Transition Program																								
Phase III Jul-20 to Jun-21 Milestones:																								
Implement SUDT at All Institutions Statewide																								
Continue Screening/ Assessment (ERD 15-18 mo) Statewide																								
Continue MAT Statewide																								
Fully Implement WPC Community Transition Program Statewide																								

Attachment B

Whole Person Care Program

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

WHOLE PERSON CARE PROGRAM

NURSING SERVICES STAFFING REQUEST

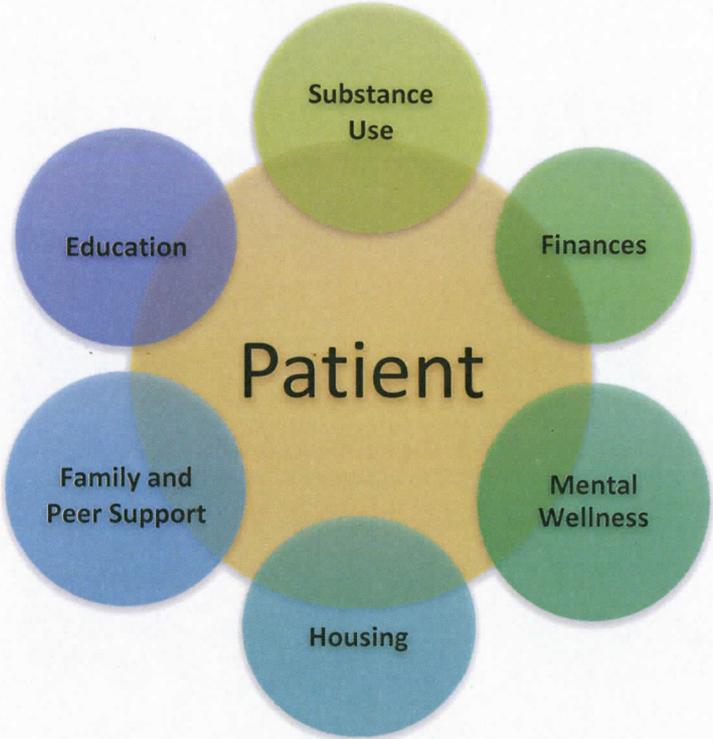


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Staff Services Manager II	9
Health Program Specialist II	9
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Associate Governmental Program Analyst.....	10
Management Services Technician.....	11
Institutional Nursing Clinical Staff (All Institutions)	11
Supervising Registered Nurse II.....	12
Primary Care Registered Nurse	12
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Overview

California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) recognizes its responsibility in ensuring that its large population of complex patients receive comprehensive integrated care for successful health care outcomes and effective community re-entry. Over 70 percent of our current population have a history of substance use. In addition, the co-occurrence of chronic medical and behavioral illnesses with patients who already present with dynamic family and socioeconomic challenges compound the risk of mortality and re-offending. As we categorize incarcerated persons as high-risk due to their: experiences of significant trauma, low-socioeconomic status, underlying mental illness and substance use history; the reasonable remedy would require an integrated care approach. The Whole Person Care Program (WPCP) targets these complex patient-related elements concurrently and throughout the continuum of incarceration from entry to release. The WPCP model is designed to provide integrated care that addresses the full spectrum of the needs of our patient population beyond incarceration.

Current internal and external care partners independently provide targeted care to the same patient population, each attempting to remedy presenting issues that negatively impact the lifestyle, health and wellness of our patients. Yet, incarcerated persons are 45 times more likely to die of an overdose within two weeks of release. A Whole Person Care (WPC) approach bridges existing gaps between these care partners through comprehensive care management and care coordination. Greater care coordination also enables safety net providers to more efficiently and effectively use their resources, maximizing their ability to improve patient health outcomes and making limited resources go further to help more people in the community. The result is a higher potential for success while incarcerated and beyond incarceration.

Medication Assisted Treatment Program

Medication Assisted Treatment (MAT) is a comprehensive treatment that utilizes medications in conjunction with psycho-interventions for the treatment of Substance Use Disorder (SUD). Patients diagnosed with SUD often times have serious co-occurring morbidities & complications such as serious infections, heart abnormalities and overdoses. As such, they require timely and effective complex care management, care coordination and remarkable transition plans to eliminate adverse health outcomes.

On intake the WPCP is designed to ensure success the continuation of MAT for SUD upon arrival at entry points. The WPCP is committed to coordinating with county jails and Narcotic Treatment Programs (NTPs) to prevent gaps in care and mitigate relapses and overdoses during incarceration. This process supports the CDCR mission to ensure that custody levels and programming remain appropriate, therefore, MAT shall be provided at all 35 institutions. Due to the propensity for gaps in care during patient movement, the availability of MAT at all institutions guarantees continuity of care and access to appropriate treatment while meeting the needs of custody partners. A clinical team of nurses and social workers shall be responsible for coordinating with custody partners to ensure program needs are aligned with custody initiatives for patient safety and accessibility to treatment.

The WPCP is designed to support continuation of MAT and SUD treatment during incarceration and upon release. Patients identified as high risk, and those scheduled for release within 15 – 18

months shall have a comprehensive treatment and transition plan. These patients shall receive initial screenings at intake, undergo assessment, and will be offered medications for the treatment of Opioid Use Disorder complemented with psychosocial intervention for crisis and relapse prevention. Utilizing the American Society of Addiction Medicine (ASAM) level of care criteria, each patient shall be assessed to identify appropriate level of care placement.

A significant number of patients as identified during incarceration (e.g. history of drug overdoses) within the targeted release time frame of 15 – 18 months shall meet the criteria for MAT and SUD treatment. These patients shall be re-assessed prior to release to support appropriate level of care placement when transitioning into the community. The clinical team shall conduct extensive and comprehensive release planning activities that connect care needs of the patient with community partners, family members, probation, parole and other healthcare agencies. These series of transition planning activities shall include but are not limited to relapse and crisis prevention, medication management, care conferences, activation of Medi-CAL benefits and other resources, psychoeducation, and individual, group and family counseling to mitigate adverse health outcomes upon release. The goal is to provide a linkage of services to community healthcare providers and programs in order to address the full spectrum of the patient’s care needs.

Below is a staffing request for the development of a WPCP, and a statewide MAT Program at CDCR/CCHCS.

Headquarters		Institutions - All		Total PYs Requested	
PYs	Classification	PYs	Classification	PYs	Classification
3.0	CNE	42.0	SRN II*	3.0	CNE
4.0	NC III	42.0	RN**	4.0	NC III
12.0	NCPR	35.0	AGPA	2.0	MST
43.0	LCSW	119.0		42.0	SRN II
1.0	HPM III	* SRN II - 5 day post = 35 institutions x 1.2 relief (35 x 1.2 = 42.0 PYs)		12.0	NCPR
2.0	SSM II	** RN - 5 day post = 35 institutions x 1.2 relief (35 x 1.2 = 42.0 PYs)		42.0	RN
1.0	HPS II			43.0	LCSW
2.0	HPS I			1.0	HPM III
12.0	AGPA			2.0	SSM II
2.0	MST			1.0	HPS II
82.0				2.0	HPS I
				47.0	AGPA
				201.0	

Headquarters Nursing Clinical Staff

Establishing a WPCP that integrates the medical, behavioral, socioeconomic and family aspects of wellness is essential to reducing recidivism and mortality rates. An effective community transition is not only dependent on care while incarcerated, but a series of well executed transition planning activities to assure higher rates of post-incarceration success. Transition planning begins at admission, and continues with adjustments as needed over the course of the individual's incarceration.

In order to operationalize this model of care, a multi-disciplinary clinical team that is well versed in the multifaceted treatment and transition planning of our high risk population is essential. To support the development and sustainability of a WPCP, administrative support, continuous quality improvement initiatives, and an ongoing program analysis is required. Below is a summary of the functions of this headquarters (HQ) nursing clinical team requires to initiate and sustain A WPCP at CDCR/CCHCS.

Chief Nurse Executive

PY: 3.0

The Chief Nurse Executive (CNE) provides leadership and partners with Medical Executives in the provision oversight of the WPCP. The CNE is responsible to develop the infrastructure for systems and processes required to implement the WPCP, as well as the comprehensive management of the delivery of nursing services and the management of complex patient populations. Complex patients include, but are not limited to those with SUD, Hepatitis C (HCV), Human Immunodeficiency Virus treatment (HIV), and chronic pain and co-occurring Psychiatric disorders. The CNE:

- Provides executive oversight and coordinates the effectiveness of patient care delivery of WPCP within the complete care model.
- Maintains an ongoing program to deliver, monitor, and improve the quality and appropriateness of all nursing care.
- Directs the development of policies, procedures and protocols.
- Ensures effective implementation of nursing services and resource management to achieve program goals.
- Develops and implements strategic plans and directs staff on program initiatives.
- Directs the development of community network partnerships with NTPs, County jails, County agencies, programs and community clinics to ensure continuity of care during entry and upon release into the community.
- Directs the development of program systems and processes to support the statewide linkage of services with internal and external partners prior to release for effective community re-entry and continuity of care.
- Partners with institutional leadership and interfaces with programs relative to the WPCP.
- Identifies problems and implements solutions for operational and organizational issues.
- Leads interdisciplinary forums for program development, across departments and agencies.
- Utilizes principles of change management and effective leadership to promote professional development, positive work environment and effective performance management.
- Partners with the Deputy Medical Executives, Addiction Specialist Providers, and other internal and external partners such as: the Division of Rehabilitation (DRP), The Division of Adult Parole Office (DAPO), Probation, Department of Health Services, Local Counties

and Community Agencies to ensure an effective comprehensive transitional and community entry system for high risk patients.

- Partners with Regional, HQ, and other local institutional leaderships and coordinates the effectiveness of multiple programs.
- Develops and implements a Quality Management program for continuous improvement and sustainability of positive healthcare and re-entry outcomes.
- Develops and directs implementation of effective systems that certify competency to perform nursing services and promote professional development.
- Prepares annual reports for Legislators, Receivership, Staff Recruitment, and succession planning.

Nurse Consultant III (Supervisor)

PY: 4.0

The Nurse Consultant (NC) III (Supervisor) is responsible for program development, consultation, and the management of the WPCP with oversight and supervision of Nursing Consultant, Program Reviewers (NCP), and Licensed Clinical Social Workers (LCSW) to ensure standards of care are met. The NC III:

- Participates in the development and implementation of the program policies and procedures of the WPCP.
- Develops and monitors program, clinical practices, transition planning, program structure, and group schedules.
- Ensures oversight of the establishment of community partnership networks, ensures continuous accessibility and maintains integrity of the networks.
- Ensures sustainability of community partnership networks through periodic evaluations and continuous improvement efforts.
- Responsible for partnering with the institutions' Pharmacist In-Charge to ensure availability, proper storage, and monitoring of controlled substances.
- Leads and evaluates the effectiveness of population management sessions, daily huddles and other patient care forums.
- Conducts audits and reviews documentation to ensure clinical standards, and corrective actions are met. Reviews care plans to ensure appropriateness to patient care needs.
- Ensures staffing needs are met, provides training to relief staff. Participates in staff recruitments, hiring interviews and training plans.
- Conducts probationary and annual performance evaluations.
- Evaluates group therapy facilitation and documentation.
- Coordinates with the CNE for ongoing training needs and elbow to elbow support.
- Ensures standards of treatment are updated with current trends. Verifies staff are trained and competent in care management and coordination of MAT and SUDT procedures, motivational enhancement and other addiction recovery methodologies.
- Ensures LCSWs are appropriately trained and competent in the: delivery of psychosocial assessment, formulation and implementation of individualized treatment plans, provision of individual and group therapy, appropriate risk assessments and interventions, and the coordination of discharge planning activities.
- Utilizes MAT and other pertinent registries, dashboards and other support tools to identify, address or elevate patient care issues.
- Develops and executes corrective action plans to improve quality of patient care. Provides recommendations to specialized treatment teams and primary care teams to achieve intended outcomes.
- Reviews inter/intra facility transfers to ensure effective care coordination.

- Leads program specific Root Cause Analysis (RCA). Prepares program specific reports.

Nursing Consultant, Program Review

PY: 12.0

The NCPRs maintain responsibility for supporting the development, statewide deployment and sustainability of the WPCP initiative. The NCPR:

- Provides recommendations and participates in the design, strategic planning, development, implementation and evaluation of nursing services, programs, policies, procedures, protocols, and care pathways for MAT and SUDT.
- Reviews nursing services operations, consults with appropriate administrator and staff regarding nursing practices, procedures and standards.
- Develops the establishment of community network partnerships to ensure effective clinical practice and appropriate linkage of services upon entry and prior to release into the community.
- Develops systems to appropriately identify, screen, coordinate and effectively care manage high risk patients and reduce adverse health outcomes.
- Maintains responsibility for development and disseminating institutional training on procedures, protocols and care pathways for the care management and care coordination of targeted patient populations.
- Provides elbow to elbow clinical support, Training for Trainers, nursing competencies and program specific statewide trainings.
- Consults with Institutional Nursing leadership and Nursing Instructors for professional development opportunities.
- Reviews program trends, assesses gaps in care and identifies barriers in achieving program goals and expected patient outcomes utilizing quality management tools such as RCAs and care team tools and reports.
- Provides recommendations for improvement and sustainability of the WPCP, and actively participates in the development and ongoing statewide surveillance efforts to ensure program integrity.
- Develops, monitors, and evaluates the effectiveness of program specific electronic health records (nursing and psychosocial assessments, substance use screening tools, therapeutic notes, order sets, care plans and protocols).
- Generates reports and provides feedback to Institutions & Regional leadership.
- Assists in the development of process improvement activities to ensure program performance standards are met.
- Reviews, develops and updates builds within the Electronic Health Records System (EHRS) to reflect policy and procedural needs and current trends.
- Participates and provides recommendations on program expansion, marketing publications and recruitment of patients and specialized staff.
- Researches future and current trends for best practice opportunities.

Licensed Clinical Social Worker

PY: 43.0

The LCSW serves as a Resource Social Worker (Resource SW) for the WPCP. The Resource SW is responsible for conducting psychosocial assessments, intakes and determining the appropriate level of care needs utilizing ASAM criteria. The Resource SW also:

- Conducts comprehensive psychosocial assessment to determine appropriate level of care and psychosocial treatment needs.
- Completes mental health, suicide risk and crisis screenings and refers to appropriate specialized care team.
- Develops and implements individualized treatment plans for care managed patients.
- Provides crisis and relapse prevention management to prevent adverse health outcomes.
- Coordinates and consults with nursing, the patient's Primary Care Team (PCT), mental health and other rehabilitative programs in the formulation and adjustment of treatment plans.
- Conducts release planning assessments to determine the appropriate level of care upon discharge and updates the discharge plan to reflect transition care needs.
- Conducts patient care conferences with patients, family members, mental health, community partners and the Addiction Services team as part of release planning.
- Provides family counseling and makes recommendations for community-based family support programs to promote effective transitions and reduce relapse.
- Schedules and coordinates "meet and greet" events with community partners and patients to facilitate re-entry.
- Collaborates with established community network partners: County benefit workers, medical case workers, community health clinics and others to ensure continuation of MAT and other treatment modalities upon re-entry.
- In collaboration with DAPO and Probation, assists care managed patients with applying for financial and social resources (ID Cards, Medi-CAL enrollment) when needed as part of release planning.
- Provides individual and group therapy as part of a treatment plan, provides suicide and crisis intervention as clinically indicated.
- Assists in recruitment and development of peer mentors and peer support groups.
- Coordinates with institutional rehabilitative programs and custody staff to link institutional services including education, training, work assignments, and special group participation.
- Works with institutional rehabilitative partners and custody to assess patient's participation and progress in enrolled services.
- Maintains a library and network of community partners such as transitional care clinics, SUD treatment clinics, peer networks, and integrated care clinics.
- Utilizes care team tools such as pop management sessions and pertinent registries (HCV, MAT, Chronic Pain) in the care management and coordination of patient care.
- Participates in population management sessions and other Complete Care Model (CCM) forums.

Staff Services Manager III

PY: 1.0

The Staff Services Manager (SSM) III performs the full spectrum of activities involved in the administrative planning, development, implementation, monitoring and ongoing management of the Addiction Services Program, WPCP and other clinical initiatives. The SSM III provides administrative support to the clinical staff and plans, organizes and directs the administrative initiatives to support clinical objectives. The SSM III:

- Assists with program policy development.
- Directs and coordinates the work of SSM II and Health Program Specialists (HPS) I and II.
- Provides general supervision and guidance to support staff.

- Monitors and evaluates contracts for compliance with health regulations and establishes new contracts as needed.
- Evaluates and recommends changes in health care regulations, policies, and procedures.
- Supports the development and monitoring of Community Partnerships, Networks, and clinics.
- Researches current trends in addiction services for best practice opportunities.
- Represents the department in meetings with local, State, federal, and private partners.
- Establishes and maintains systems for operational status reporting, e.g., operational meetings, conference calls, executive leadership meetings.
- Prepares probationary and annual performance reports.
- Prepares, reviews and approves ad-hoc, quarterly, and annual reports for submission to internal and external stakeholders.
- Participates in the progressive discipline process to correct/improve employee performance/behavior or address issues of substandard performance by utilizing various resources.

Staff Services Manager II

PY: 2.0

The SSM II plans, organizes and directs the work of the Nursing Services Whole Person Care program. The SSM II:

- Coordinates multiple projects and maintains oversight of new and ongoing projects
- Conducts workload prioritization consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines.
- Collaborates with the SSM III, reviews and reports ongoing results of the program.
- Coordinates the development and delivery of training and ongoing instructional support.
- Prepares for and conducts department/unit meetings.
- Develops and monitors the coordination of analytic desk procedures and other clinical support documentation.
- Directs and supports the progressive discipline process to correct/improve employee performance/behavior or address substandard performance by utilizing various resources
- Reviews and approves quarterly and annual reports for submission to internal and external stakeholders
- Completes staff probationary and annual evaluations.

Health Program Specialist II

PY: 1.0

The HPS II plans, implements, evaluates and monitors the program. The HPS II:

- Reviews guidelines, policies and procedures to ensure appropriate implementation and delivery of patient care and identify resources required.
- Develops and submits federal and state grant applications for the program.
- Identifies and establishes partnerships with external entities that provide aftercare and community based services post-release.
- Completes special studies as needed.
- Represents the department in dealings with local, State, federal and private jurisdictions.
- Oversees the development of training resources and desk procedures relating to program.
- Prepares complex written reports for submission to internal and external stakeholders.

- Guides program development, implementation and expansion of delivery of ongoing care for complex patient populations.
- Works with clinical team to identify best practices.

Health Program Specialist I

PY: 2.0

The HPS I works in collaboration with the HPS II, SSM II and SSM III to develop and maintain processes for an effective program delivery system: The HPS I:

- Collaborates with clinical staff, develops and maintains processes, algorithms, and workflows to be used by clinical staff to guide patient care.
- Reviews and updates protocols with procedural elements for day-to-day patient care as needed/coordinates Telehealth activities.
- Works with interdisciplinary teams to develop statewide policies and procedures, supports the development and monitoring of the Community Partnership Networks for transition planning.
- Researches, develops, reviews reports and creates documents related to program needs.
- Tracks and trends program data as needed and coordinates a working list of community clinics and profiles.
- Reports the ongoing results of the program, coordinating the development and delivery of competencies.
- Reviews local operating procedures to ensure consistency with statewide policies and procedures.
- Works with clinical staff to ensure seamless Telehealth process and care delivery.
- Coordinates program and interdisciplinary conferences and trainings.

Associate Governmental Program Analyst

PY: 12.0

The Associate Governmental Program Analyst (AGPA) provides administrative support to the MAT program.

- Supports the development, implementation and surveillance of Whole Person Care program operations.
- Researches, develops, reviews, reports and creates documents related to program needs.
- Develops training resources, desk procedures, and user guides for the EHRS, nursing processes, protocols and other pertinent tools.
- Tabulates, tracks and trends data and identifies barriers utilizing survey methods and psychosocial business intelligence.
- Maintains the list of institutional partners (DRP, DAI, DAPO), community providers, clinics, and serves as a liaison between institutional staff, HQ, internal, and external stakeholders.
- Supports administrative operations including development and management of work-plans, Budget Change Proposals (BCPs), finance letters, contracts, Memorandums of Understanding (MOU), project budget, human resources, space planning, equipment and supply needs.
- Provides targeted technical assistance to nursing staff utilizing care team tools, dashboard and registry data.
- Develops and manages work plans, programming schedules, procedural drafts, committee meetings and reports.
- Manages space, equipment and supply needs required for clinical operations.

- Manages and catalogues essential reports and prepares them for appropriate meetings (e.g., treatment planning).
- Works with WPC team and other teams to coordinate Telehealth appointments.

Management Services Technician

PY: 2.0

The Management Services Technician (MST) provides administrative support to meet daily operations:

- Develops spreadsheets, tracks and trends data.
- Manages and distributes daily correspondences for program.
- Manages travel documents and bookings for program staff.
- Participates in collecting and analyzing data for program compliance.
- Schedules program daily, weekly, and quarterly, meetings, teleconferences, trainings, and special events.
- Creates agendas, meeting notes, and edits meeting minutes.
- Answers phone calls, takes messages, faxes, photocopies, and processes incoming and outgoing mail.
- Maintains and updates daily calendars and scheduling program changes.
- Reports and tracks environmental issues and notifies management of mission critical concerns.
- Submits and fills miscellaneous paperwork.
- Serves as back-up for other administrative support staff.
- Orders and maintains office supplies.
- Updates spreadsheets (contact lists, patient tracking, etc.).

Institutional Nursing Clinical Staff (All Institutions)

The Nursing Care Management and Transition (NCMT) teams leverage existing nursing resources, such as Receiving and Release transfer nurses and Reception Center nurses, whose focus is limited to screening, referrals, ordering labs and coordinating the continuity of treatment regimen. These nurses provide processes within separate care delivery systems and do not have the full spectrum to focus on complex care management. The Resource Registered Nurse (RN), and the Supervising Registered Nurse (SRN) II are responsible for the entire population at the institution and are the institution's CMT team; they are an adjunct to the PCT. The NCMT team will serve to connect nursing processes across delivery systems and integrate these systems into the WPCP. The NCMT team through screenings, complex care management, care coordination and transition planning, work within their institution and beyond; connecting patients to care providers, programs and services, and establishing therapeutic milieus within CDCR and in the community.

The NCMT team oversees and delivers direct patient care management and coordination by: monitoring treatment compliance, promoting disease prevention, providing group and individual education, medication management and promoting self-care and successful transitions. The team leverages existing CCM infrastructures for population management, as in pop management working sessions, and serves as a resource to the PCT and other healthcare service providers.

Below are detailed functions of the NCMT team:

Supervising Registered Nurse II

PY: 42.0

The SRN II provides direct supervision of the WPCP nursing staff, along with the LCSWs which may exist within the medical programs at some institutions. The SRN II ensures standards of care are met. The SRN position is program driven, not ratio-driven, and as such should not be adjusted as part of annual population staffing adjustments. The SRN II:

- Conducts audits and reviews documentation to ensure clinical standards and corrective actions are met.
- Reviews care plans to ensure appropriateness with patient care needs.
- Reviews and follows up on unresolved locked encounters, ageing appointments, pending medication expirations, medication and treatment non-compliance, and appropriateness of modified care plans.
- Ensures staffing needs are met, provides training to relief staff. Participates in staff recruitments, hiring interviews and training plans. Conducts probationary and annual performance evaluations.
- Conducts required SUDT, MAT and other program specific competency validation.
- Ensures standards of treatment are updated with current trends.
- Ensures nursing staff are trained and competent in the care management and care coordination of SUD treatment protocols and care pathways, Naloxone usage and administration at discharge, Motivational interviewing, and other Addiction recovery methodologies.
- Ensures LCSWs are appropriately trained and competent in the: delivery of psychosocial assessment, formulation and implementation of individualized treatment plans, provision of individual and group therapy, appropriate risk assessments and interventions, and the coordination of discharge planning activities.
- Utilizes MAT, HCV, Chronic Pain, and other pertinent registries, dashboards, and other support tools (TTA Naloxone report, return from outside provider related to drug use/overdose) to identify, address, or elevate patient care issues.
- Leads population management sessions and participates in daily huddles and other patient care coordination activities.
- Develops and executes corrective action plans to improve quality of patient care.
- Provides recommendations to PCT, Addiction Services and other specialized treatments regarding program & patient outcomes.
- Leads program specific RCAs, and prepares program specific reports.
- Coordinates with NCPRs for support and surveillance, timeliness of services, patient outcomes and barriers to access.

Primary Care Registered Nurse

PY: 42.0

The Primary Care RN serves as the Resource Nurse (Resource RN) for the WPCP. The Resource RN works in collaboration with the PCT as the nurse expert in WPC approach. The Resource RN provides support and direct patient care management and coordination for care managed populations and high risk patients such as patients with SUD and related complications. The Resource Nurse:

- Serves as the Resource RN to the PCT and specialized teams in the follow up of patients on SUD treatment.
- Identifies high risk patients and conducts drug & alcohol initial screenings to determine care management needs and coordinates referrals for specialized care.

- Conducts nursing care assessment of screened and high risk patients, initiates individualized treatment plans, and provision of patient education through individual and group forums.
- Consults with Resource SW, PCT and other disciplines in the formulation of treatment plans
- Coordinates care with the addiction services specialist, DRP, PCT, social workers, and NTPs.
- Coordinates with HQ nursing and social workers to facilitate patient needs.
- Coordinates labs, referral orders, and other diagnostic tests, per nursing protocols/care pathways and procedures.
- Reviews lab results and initiates appropriate referrals according to protocol/procedures.
- Coordinates with pharmacy for procurement of medications for timely administration
- Administers medications as ordered, and monitors for medication/treatment non-compliance, side effects, and adverse reactions and provides appropriate patient education.
- Co-consults with social workers, mental health and PCT for non-compliance to treatment regimen (e.g., increase viral load, missed medications, missed appointments).
- Conducts case reviews and participates in care conferences as part of care management and care coordination with the PCT, and Addiction Services/MAT team and other specialized care teams.
- Coordinates inter/intra facility transfers to ensure continuity of care and access to medications.
- Participates in release planning, ensures pharmacy provides discharge medications, provides Naloxone education, and overdose prevention education prior to and at release.
- Ensures a signed release of information is available to receiving providers.
- Conducts final patient assessment, processes discharge medications, medical records and after care plan in conjunction with Resource SW.
- Schedules follow up appointments for care management, reassessments, crisis prevention and on-toward medication reactions.
- Intervenes with patients who have difficulty with adherence to prescribed regimen.
- Reviews educational needs with patient and schedules/refers for nursing-led groups, peer education, and peer support.
- Conducts nursing-led groups, and provides individual education to promote relapse prevention
- Coordinates patient education groups with Social Workers, DRP, and Addiction Services providers to target resources beneficial to patient.
- Provides feedback to patients regarding progress, and adjusts feedback accordingly.
- Supports and participates in development of the institution's educational plan for at-risk patients.
- Attends daily huddles, population management sessions and utilizes other care team tools for decision support, care management and care coordination.
- Reviews transfers and returns from higher levels of care related to drug use, and coordinates and notifies team members and updates treatment plan.
- Facilitates Telehealth appointments, coordinates with nursing leadership to ensure adequate space, supplies, and equipment are in working order.
- Assists schedulers in working with HQ specialist to ensure availability of appointment and ensures timely communication with all team members.
- Notifies HQ team regarding deviations from desired treatment plan, communicates with DRP and other care partners.

- Ensures warm hand off of patient to next care provider.

Associate Governmental Program Analyst PY: 35.0

The AGPA provides administrative support to the nursing transition team at all institutions.

- Supports the development, implementation and surveillance of current and ongoing program operations for transition services.
- Researches, develops, reviews reports and creates documents related to program needs
- Develops training resources, desk procedures, and user guides for EHRS, nursing processes, protocols and other pertinent tools.
- Tabulates, tracks and trends data and identifies barriers utilizing survey methods and psychosocial business intelligence.
- Maintains the list of institutional partners (DRP, DAI, DAPO), community providers, clinics, and acts as a liaison between institutional staff and HQ and internal and external stakeholders.
- Supports administrative operations including development and management of work-plans, BCPs, finance letters, contracts, MOUs, project budget, and human resources.
- Provides targeted technical assistance to nursing staff utilizing care team tools, dashboard and registry data.
- Develops and manages work plans, programming schedules, procedural drafts and committee meeting and reports.
- Manages space, equipment, and supply needs required for clinical operations.
- Manages and catalogues essential reports, and prepares them for appropriate meetings (e.g., treatment planning).
- Works with WPC team to coordinate Telehealth appointments.

Attachment C

Screening and Assessment Resources

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Integrated Substance Use Disorder
Treatment Program

Screening and Assessment Resources

Based on the anticipated patient volume and the estimated time required to administer each tool for screening and assessment it will require 32 Licensed Clinical Social Worker (LCSW) full-time equivalents. Additional Telehealth equipment, schedulers, and administrative support will be needed in addition to annual licensure fees for staff using the American Society of Addiction Medicine Criteria Continuum. Headquarters (HQ) staff will collect and analyze utilization and other data in order to generate reports, identify new patients needing referral to appropriate levels of care, and track selected outcomes.

The Telehealth locations will need analyst-level schedulers. Scheduling patients at the institution and regional locations via telemedicine for both the addiction medicine specialists and LCSW services is a very complex process and requires higher level analytical skills to balance patient priority levels with available appointment slots across a variety of service types while considering the limited existing space at the institutions where Telehealth services can be performed. Additional analyst support will be necessary to track each patient's specified requirements for treatment hours and milestone credits earned.

Screening and psychosocial assessment will be accomplished at 35 institutions, primarily via Telehealth services, by LCSWs located at regional Telehealth offices with support at the institution. Existing provider support positions will be utilized onsite at each institution to present patients for their Telehealth appointments. Clinical examination rooms are not needed for this screening and assessment. Rather, space designated for assessments need to provide privacy and accommodate Telehealth video camera and audio equipment.

The institution Primary Care Resource Nurse and Supervising Registered Nurse II are responsible for coordinating with HQ and Regional offices to ensure patients are scheduled, information is communicated timely, changes in schedules are updated, and space and staff are available for Telehealth appointments. Because the role for nursing care coordination and care management cuts across all stages of the program, the full extent of the resources for the division of nursing is provided in Attachment B, "A Whole Person Care Program".

Attachment D-1

MAT Description and Resources

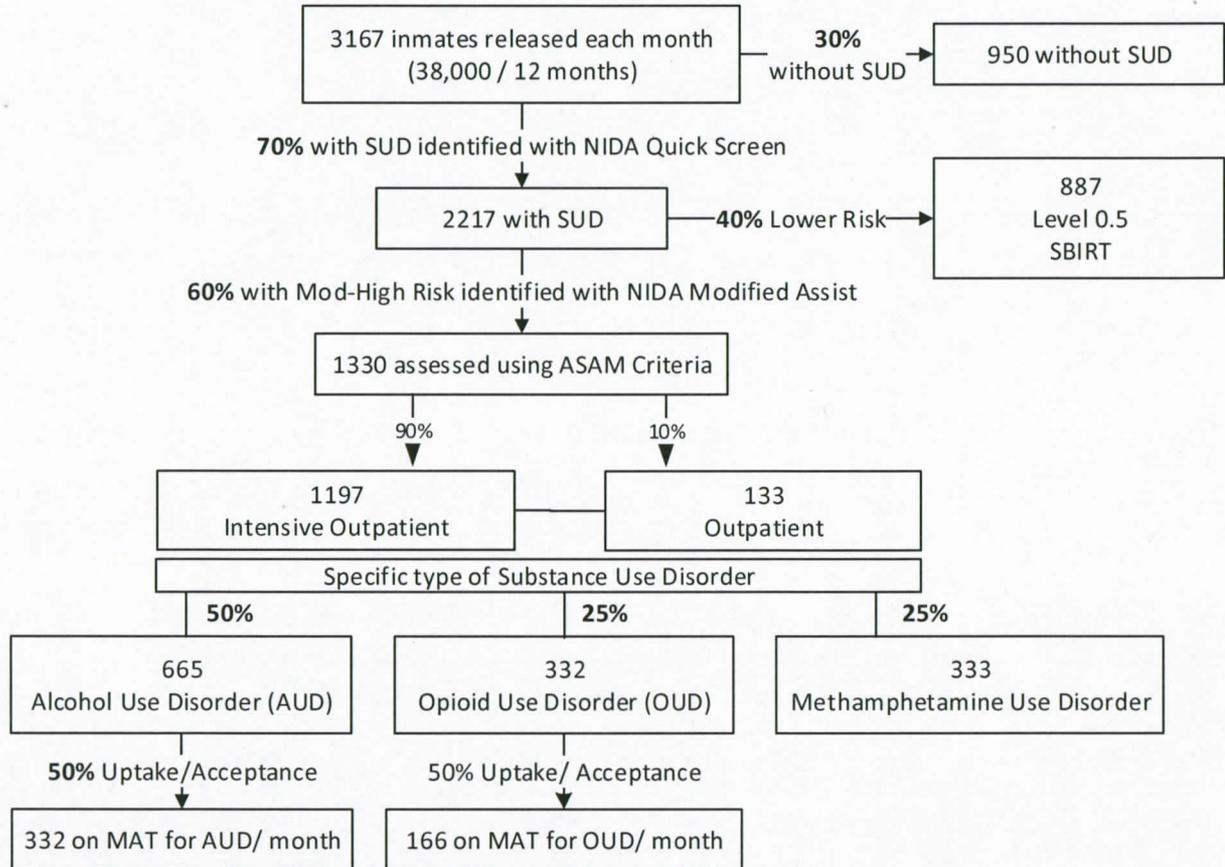
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Integrated Substance Use Disorder Treatment Program

Medication Assisted Treatment

Patient enrollment estimates for Medication Assisted Treatment (MAT) are based on patient assessments. Table 1 provides a flowchart for determining the monthly uptake of MAT patients with either Alcohol Use Disorder (AUD) or Opioid Use Disorder (OUD).

Table 1: Monthly Patient Enrollment Estimates for MAT Provision.



NIDA: National Institute on Drug Abuse
ASAM: American Society of Addiction Medicine

Resources needed for MAT

Anticipating the volume of patients who would qualify for MAT with expected release dates within 15-18 months, and applying a limit of 100 patients per prescriber (based on federally imposed X-waiver limitations), the anticipated number of X-waivered prescribers for the treatment phase is 8. Each provider would conduct patient assessments and evaluations, determine appropriate courses of treatment (especially concerning MAT), patient follow-up visits, medication monitoring and surveillance, and manage comorbidities. Additionally, administrative support personnel are needed to track credentialing, maintain continuity across population health management, and facilitate communication between providers, nursing case managers, and other SUDT program staff.

Assuming that medication management for OUD will transfer from the addiction specialist to the primary care provider (PCP) once a patient is stabilized over four months, it will take approximately five months for a patient to reach a steady state on MAT, at which point they will be transitioned to their PCP. Estimates for OUD MAT visit volumes are shown in Table 2.

Table 2: MAT Visit Volume

Months	1	2	3	4	5
New visits (60 min)	166	166	166	166	166
Weekly follow-up (20 min)	498	498	498	498	498
Monthly follow-up (20 min)	0	166	332	498	498
Transfer to PCP	0	0	0	0	166

Medication cost estimates associated with MAT vary tremendously depending on the use of oral/sublingual vs parenteral formulations. Table 3 summarizes estimates for monthly cost of medications commonly used for MAT in opioid use disorder and alcohol use disorder.

Table 3. Medication Cost Estimates

MAT Medications	Avg monthly cost per patient	
	Oral/Sublingual	Injection
Methadone	\$69	N/A
Buprenorphine	\$350	\$1,600
Naltrexone	\$48	\$1,200
Acamprosate	\$125	N/A

Given its higher accessibility in the primary care clinical setting, it is anticipated that a majority of patients treated with MAT for OUD will be treated with oral Buprenorphine. A minority of patients will be continued and/or started on Methadone, which may result in the need to be transported to a local Narcotics Treatment Program (NTP) until this resources are established internally. In addition, a small proportion of patients may require parenteral Buprenorphine or be more appropriate candidates for Naltrexone. Since the uptake/acceptance for MAT may increase over time as the benefits become evident among peers, the medication cost calculated at 50 percent uptake of about \$1 million may increase toward approximately \$2 million as uptake increases toward 100 percent. The estimates costs of MAT for OUD is shown in Table 4.

Table 4. Estimated Costs of MAT for OUD

Estimated Cost Breakdown for Enrolled Population on MAT for OUD – 169 Patients				
Treatment	Percentage	Number Treated	Cost/Treatment	Monthly Cost
Oral Buprenorphine	75	125	\$350	\$43,750
Injectable Buprenorphine	10	17	\$1,600	\$27,200
Oral Methadone	10	17	\$69	\$1,173
Oral Naltrexone	2.5	5	\$48	\$240
Injectable Naltrexone	2.5	5	\$1,200	\$6,000
Total Monthly Cost*		169		\$78,363
Total Annual Cost**				\$940,356

*This monthly cost is only to treat the initial group of patients (169), and will increase monthly for 12 months, until stable state is reached.

**This is the annual cost for 169 patients, but at stable state (1,992 patients) will be \$11,284,272. See Attachment D-2 for estimated drug calculations.

Costs for providing MAT to AUD patients are estimated in Table 5. Because there are no licensure restrictions for providers prescribing these medications, the transfer of care from addiction specialist to primary care provider may occur more rapidly depending on the time it takes a patient to stabilize.

Table 5. Estimated Costs of MAT for AUD

Estimated Cost Breakdown for Enrolled Population on MAT for AUD – 334 Patients				
Treatment	Percentage	Number Treated	Cost/Treatment	Monthly Cost
Oral Naltrexone	70	233	\$48	\$11,184
Injectable Naltrexone	20	67	\$1,200	\$80,400
Oral Acamprosate	10	34	\$125	\$4,250
Total Monthly Cost*		334		\$95,834
Total Annual Cost**				\$1,150,008

*This monthly cost is only to treat the initial group of patients (334), and will increase monthly for 12 months, until stable state is reached.

**This is the annual cost for 334 patients, but at stable state (3,984 patients) will be \$13,800,096. See Attachment D-2 for estimated drug calculations.

CCHCS will prescribe an opioid reversal agent for all patients at risk when released from prison. The average cost of Naloxone provided as a 2-pack is estimated to be \$150. The cost to dispense to 2,217 patients per month is approximately \$332,550 or about \$4 million annually. Dispensing Naloxone also requires educating patients on the proper use of Naloxone, as well as on the risk of overdose that will impact the workload of existing nursing staff. The current volume of Naloxone usage when responding to emergent resuscitation efforts for possible overdose occurrences system wide involves approximately 45 patients per month with up to five doses (allowed by policy) at each occurrence. Estimating the cost per dose at \$75, the annual costs for ongoing Naloxone emergency response provision is approximately \$200,000. Estimated costs for Naloxone related to both parole dispensation and emergency response is summarized in Table 6.

Table 6. Monthly Estimated Costs for Naloxone

Naloxone Preparation	Patients Dispensed	Cost per Patient	Monthly Cost
2-pack nasal spray	2,217	\$150	\$332,550
Individual doses	45	\$375	\$16,875
Total Monthly Cost: \$ 349,425			
Total Annual Cost: \$ 4,193,100			

Total Annual Medication Cost at Stable State: \$ 29,277,468

Attachment D-2

MAT Estimated Drug Calculations

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Integrated Substance Use Disorder Treatment Program

**Medication Assisted Treatment
Estimated Drug Calculations**

Opioid Use Disorder			
Month	Patients	Ave Patient Cost	Total
Jul-19	-	\$0	\$0
Aug-19	-	\$0	\$0
Sep-19	-	\$0	\$0
Oct-19	-	\$0	\$0
Nov-19	-	\$0	\$0
Dec-19	-	\$0	\$0
Jan-20	166	\$472	\$78,363
Feb-20	332	\$472	\$156,726
Mar-20	498	\$472	\$235,089
Apr-20	664	\$472	\$313,452
May-20	830	\$472	\$391,815
Jun-20	996	\$472	\$470,178
Year 1 Total			\$1,645,623
Jul-20	1,162	\$472	\$548,541
Aug-20	1,328	\$472	\$626,904
Sep-20	1,494	\$472	\$705,267
Oct-20	1,660	\$472	\$783,630
Nov-20	1,826	\$472	\$861,993
Dec-20	1,992	\$472	\$940,356
Jan-21	1,992	\$472	\$940,356
Feb-21	1,992	\$472	\$940,356
Mar-21	1,992	\$472	\$940,356
Apr-21	1,992	\$472	\$940,356
May-21	1,992	\$472	\$940,356
Jun-21	1,992	\$472	\$940,356
Year 2 Total			\$10,108,827
Jul-21	1,992	\$472	\$940,356
Aug-21	1,992	\$472	\$940,356
Sep-21	1,992	\$472	\$940,356
Oct-21	1,992	\$472	\$940,356
Nov-21	1,992	\$472	\$940,356
Dec-21	1,992	\$472	\$940,356
Jan-22	1,992	\$472	\$940,356
Feb-22	1,992	\$472	\$940,356
Mar-22	1,992	\$472	\$940,356
Apr-22	1,992	\$472	\$940,356
May-22	1,992	\$472	\$940,356
Jun-22	1,992	\$472	\$940,356
Year 3 Total			\$11,284,272

Alcohol Use Disorder			
Month	Patients	Ave Patient Cost	Total
Jul-19	-	\$0	\$0
Aug-19	-	\$0	\$0
Sep-19	-	\$0	\$0
Oct-19	-	\$0	\$0
Nov-19	-	\$0	\$0
Dec-19	-	\$0	\$0
Jan-20	332	\$289	\$95,834
Feb-20	664	\$289	\$191,668
Mar-20	996	\$289	\$287,502
Apr-20	1,328	\$289	\$383,336
May-20	1,660	\$289	\$479,170
Jun-20	1,992	\$289	\$575,004
Year 1 Total			\$2,012,514
Jul-20	2,324	\$289	\$670,838
Aug-20	2,656	\$289	\$766,672
Sep-20	2,988	\$289	\$862,506
Oct-20	3,320	\$289	\$958,340
Nov-20	3,652	\$289	\$1,054,174
Dec-20	3,984	\$289	\$1,150,008
Jan-21	3,984	\$289	\$1,150,008
Feb-21	3,984	\$289	\$1,150,008
Mar-21	3,984	\$289	\$1,150,008
Apr-21	3,984	\$289	\$1,150,008
May-21	3,984	\$289	\$1,150,008
Jun-21	3,984	\$289	\$1,150,008
Year 2 Total			\$12,362,586
Jul-21	3,984	\$289	\$1,150,008
Aug-21	3,984	\$289	\$1,150,008
Sep-21	3,984	\$289	\$1,150,008
Oct-21	3,984	\$289	\$1,150,008
Nov-21	3,984	\$289	\$1,150,008
Dec-21	3,984	\$289	\$1,150,008
Jan-22	3,984	\$289	\$1,150,008
Feb-22	3,984	\$289	\$1,150,008
Mar-22	3,984	\$289	\$1,150,008
Apr-22	3,984	\$289	\$1,150,008
May-22	3,984	\$289	\$1,150,008
Jun-22	3,984	\$289	\$1,150,008
Year 3 Total			\$13,800,096

Grand Total for OUD & AUD (Yr1) \$3,658,137
Grand Total for OUD & AUD (Yr2) \$22,471,413
Grand Total for OUD & AUD (Yr3 + on-going) \$25,084,368

Attachment E

CBT Description and Resources

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

Cognitive Behavioral Treatment

The Division of Rehabilitative Programs (DRP) has historically offered inmates Cognitive Behavioral Treatment (CBT) across a spectrum of topics such as, criminal thinking, trauma, anger and violence, parenting needs, breaking through denial, exploring the impact that crime has on victims, Substance Use Disorder (SUD), emotion regulation, and family dynamics/support systems. DRP remains committed to providing a comprehensive behavioral modification program to all incarcerated individuals but will work with California Correctional Health Care Services (CCHCS) to prioritize SUD treatment and providing the varying levels of care defined by the American Society of Addiction Medicine (ASAM) criteria. The core CBT for the outpatient and intensive outpatient levels of care will be provided by DRP through contracted services at all 35 institutions.

Several gaps have been identified that need to be addressed in order to meet the challenges of implementing a comprehensive evidence-based Integrated SUD Treatment Program (ISUDTP). These gaps include addressing curriculum variation and fidelity, staffing qualifications and accountability, and cognitive behavioral treatment resources.

Curriculum Variation and Fidelity

Because of the high-level of variation in curriculum introduced by various contracted vendors, it has been impossible to measure program fidelity and maintain accountability and quality assurance. In an effort to apply an evidenced-based validated curriculum the California Department of Corrections and Rehabilitation (CDCR) has collaborated with CCHCS to choose curriculum that is recognized by national experts or in the Pew Results First Clearinghouse at both the intervention and/or curricula level in order to create consistency and the ability to measure accountability and fidelity, even across different contracted vendors. The CBT curriculum used to treat SUD will be integrated with other CBT offerings that address motivational enhancement, criminal thinking, trauma, anger and violence, parenting needs, and family relations. An individual's curriculum will be based upon treatment provider interaction guided by an offender's assessed need for services, including clinical assessment results.

Staffing Qualifications, Pay, and Supervision

Generally, DRP has hired Alcohol and Other Drugs (AOD) counseling staff to provide CBT throughout CDCR. However, nearly 50 percent of the counseling staff delivering SUDT programming have been hired on a waiver because they do not have an AOD certification. With the significant expansion of in-prison rehabilitative programming, CDCR's need for certified AOD counselors was greater than the available workforce. Therefore, contractors who were hired were under-educated and under-trained staff. CDCR attempted to provide on-the-job training while hired individuals worked towards gaining their AOD certification. This approach has not been successful in producing quality staff to deliver effective CBT services including SUDT, and may actually be causing harm. With the influx of under-educated and under-trained staff, CDCR has seen an increase in incidence of overfamiliarity and introduction of drugs and contraband by unqualified counseling staff.

The current low rate of pay will not attract qualified individuals seeking employment in the SUD treatment programs. The current low rate of pay for AOD counselors is comparable to a CDCR Office Technician classification without state benefits. In order to hire qualified AOD staff, the following improvements are required:

- All counselors delivering treatment services in the CDCR programs must be AOD certified at the time of hire and/or be in possession of qualifying educational experience combined with registration from an AOD certification agency. Counselors currently working in a CDCR In-prison SUDT may be grandfathered in provided they are registered with an AOD certifying agency, are currently enrolled in AOD education classes (or have completed the AOD education and are working on gaining internship hours), and continue to make meaningful progress toward achieving AOD certification within a certain timeframe.
- Additionally, CDCR will eliminate the facilitator classification and increase the minimum qualifications for counseling staff delivering SUD treatment services. Counselors will be required to have either a Bachelor's Degree, an Associate's Degree plus two years of experience delivering SUD treatment services as a certified AOD counselor, or four years of experience delivering SUD treatment services as a certified AOD counselor, or some combination therein.
- Counselor pay will increase to conform to industry standards to successfully compete with State classifications requiring the same level of education. CDCR will also include a counselor-to-supervisor ratio to ensure counseling staff are receiving proper training and ongoing supervision.
- Counseling staff assigned to the three-day-a-week Outpatient Services program will also provide intake, orientation, initial treatment planning, and a criminal thinking assessment for all participants placed in both the Intensive Outpatient Services and Outpatient Services.
- Counseling staff will be expected to undergo training on the selected curriculum used statewide.

Cognitive Behavioral Treatment Resources

Resources needed to improve and expand the capacity for CBT counseling resources include selection of a standard curriculum, training and hiring counselor staff, and acquiring space to administer programming.

In collaboration with CCHCS, DRP has selected resources that will comprise the ISUDTP. These resources have been developed by a number of different entities, including University of California, Los Angeles (UCLA), Texas Christian University (TCU), and the National Institute of Corrections (NIC).

TENTATIVE TREATMENT CURRICULUM:

- 1) TCU's, "Treatment Readiness and Induction Program" (TRIP) is designed for delivery in the first 30 days of SUD treatment which is comprised of eight 90-minute sessions. This program component focuses on increasing motivation for treatment by helping patients think more clearly and systematically about their drug use and personal problems.
- 2) TCU's "Getting Motivated to Change" – This program is a general motivation to change brief intervention delivered in 4-sessions (90 minutes to 2 hours each). It is designed to help patients begin to think about aspects of motivation that govern decisions to change behavior. This program is appropriate for patients who will receive CBTs other than SUDT.
- 3) UCLA's, "Helping Men/Women Recover" – An 18 to 20 week gender responsive trauma-informed SUD treatment program using manualized curriculum, will follow the

TRIP program. The gender responsive trauma-informed curriculum is the core SUD treatment program, and will focus on special concerns and issues incarcerated men and women face related to SUD. The program teaches patients how to identify and effectively address adverse childhood events and other experiences qualifying as trauma, and to recognize and minimize adverse situations in the future including preventing adverse situations for their children. The program can be delivered from one to three times per week in 90-minute sessions.

- 4) TCU's, "Understanding and Reducing Angry Feelings" – The four 90-minute sessions brief therapeutic intervention is designed to help patients learn to understand and respond to anger in more appropriate ways. Patients learn to identify anger triggers, differentiate between healthy and unhealthy anger, to set goals, to plan strategies for interrupting angry patterns, and to utilize progressive muscle relaxation.
- 5) NIC's, "Thinking for a Change" – This program component is 12 to 16 weeks in length and uses manualized CBT curriculum that concentrates on changing the criminogenic thinking of offenders. This program component includes cognitive restructuring, social skills development, and the development of problem-solving skills. The program can be delivered from one to two times per week in 90-minute sessions.
- 6) "Parenting inside Out" – This program is a behavioral parent management skills training course created for incarcerated parents comprised of 90-minute to 2.5 hour sessions, two to three times per week for 12 to 15 weeks. The program focuses on teaching cooperation and problem-solving in the context of learning parenting skills, and is shown to help parents promote healthy child adjustment, prevent child problem behavior, and build resilience in children.
- 7) TCU's, "Disease Risk Reduction WaySafe Intervention" – This six session course comprised of 90-minute groups is designed for adult men and women who are current or former drug users (with or without Human Immunodeficiency Virus [HIV] and Hepatitis C [HCV]). Participants learn about short and long-term health effects of drug-use. Participants have an opportunity to become peer educators on risky behaviors for HIV/HCV infection, serving as indigenous outreach workers for others in their immediate social network e.g., sex and drug partners, family members, friends, on their housing unit) and/or community network.
- 8) "Mindfulness-Based Relapse Prevention" (MBRP) – Consists of 8-to-10 week sessions of 90-minute groups is designed to bring practices of mindful awareness to individuals who have suffered from the addictive trappings and tendencies of the mind. MBRP practices are intended to foster increased awareness of triggers, destructive habitual patterns, and "automatic" reactions that seem to control many of our lives. The mindfulness practices in MBRP are designed to help us pause, observe present experience, and bring awareness to the range of choices before each of us in every moment.
- 9) TCU's, "Straight Ahead Transition Skills for Recovery" – This intervention provides substance abuse treatment professionals with a step-by-step curriculum for leading 10-sessions of 2-hour workshops designed to reinforce key recovery concepts. The emphasis is on building and enhancing support networks for recovery in the community (12-step, family, friends), and on helping patients improve social skills, problem-solving, and perceptions of self-efficacy that foster recovery maintenance.
- 10) Office of Justice Programs, Office of Victims of Crimes: Victim Impact Curriculum Listen and Learn – This program consists of 13 units (2.5 hours each session), built around 10 core crime topics: property crime, assault, robbery, hate and bias, gang violence, sexual assault, child abuse and neglect, domestic violence, drunk and impaired driving, and homicide.

Contract treatment counselor staffing, at a participant-to-counselor ratio of 36:1 with a small relief factor, creates the need for a staffing model to cover both intensive outpatient and outpatient levels of care contracts with necessary administrative and operating costs. The calculated costs are summarized in Table 9.

To accomplish integration and data sharing between the Automated Reentry Management System (used by DRP to document patient contact) and the Cerner database (used by CCHCS to document patient care), additional informatics support is needed.

We anticipate the need for additional custody officers to facilitate movements related to SUD treatment and have budgeted for three additional five-day, with relief, officer posts per institution. However, the current request for custody resources may need to be updated in the Fall Population and May Revise processes as treatment space and additional workload are identified.

Table 9: Estimated Costs of Contract Treatment Counseling Staff

DRP contract cost	Staff	Avg Sal	Avg Mon Sal	Yearly Sal	Total
Program Director*	71		\$ 7,500	\$ 90,000	\$ 6,390,000
LCSW	3		\$ 7,000	\$ 84,000	\$ 252,000
Supervising Counselor*	103	\$ 35		\$ 72,800	\$ 7,498,400
Journey Counselor	412	\$ 32		\$ 66,560	\$ 27,422,720
Entry Counselor	412	\$ 30		\$ 62,400	\$ 25,708,800
Administrative/data entry	36	\$ 15		\$ 31,200	\$ 1,123,200
					\$ 68,395,120
Avg Staff Benefits			30.00%		\$ 20,518,536
A. Total Personnel Costs					\$ 88,913,656
B. Subcontractors					
C. Operating costs (50,000/36 contracts)					\$ 1,800,000
Total Annual Direct Expenses (sum of A+B+C)					\$ 90,713,656
Indirect Costs Total			15.00%		\$ 13,607,048
					\$ -
					\$ 104,320,704

Notes
 *2 PD/location plus 1 for FWF
 *1:8 Sup to Counselor Ratio
 ***36:1 participant to counselor ratio and no more than 50% entry level

Attachment F

OMCP Description and Resources

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

Expansion of the Offender-Mentor Certification Program/Apprenticeship and Training

To significantly expand the Offender-Mentor Certification Program (OMCP), and to leverage the additional assistance toward sustainable expansion of addiction services over time, California Correction Health Care Services (CCHCS) proposes partnering with the California Apprenticeship Agency to establish other Peer Mentor curricula to develop a pipeline of peer mentors. As with current internal development programs such as the Licensed Vocational Nurse to Registered Nurse program, CCHCS anticipates an ability to grow the number of qualified, effective peer mentors from within. Peer mentors can be very helpful to both the patient population and for the mentors themselves. Serving as a peer mentor provides meaningful work, a sense of accomplishment, pride, and hope. OMCP expansion helps build a pathway toward increased Alcohol and Other Drugs (AOD) certifications by starting an Education and Apprenticeship Program, and an onsite Workforce Development Program. Individuals will be trained to provide quality rehabilitative programming services and be prepared to obtain the AOD certification required to provide Substance Use Disorder (SUD) treatment. The counselor competency development trainings will focus on evidence-based addiction and treatment theory, philosophy, rationale, methods, motivational interviewing techniques and practice for the in-prison staff.

Peer mentors who are released may pursue employment as community health workers involved in the transitional care network. Currently a voluntary position, these individuals combine their personal experience of recovery from mental illness, or addiction with skills learned in formal training to deliver services that support recovery and assist newly released individuals to navigate a variety of challenging circumstances.

Expansion of the Offender-Mentor Certification Program Resources

Costs related to the OMCP are broken into two categories including the cost to facilitate the training of the mentors, and the costs to pay the participants during the training, completion, and mentor work phases. These costs are outlined below in Table 10:

Table 10. OMCP Training and Education Contracts

DRP OMCP Contract Cost (6 TOTAL CONTRACTS)	Staff	Avg. Hourly	% of Project Time	Annual Hours/ Position	Annual Salary/ Position	Total Cost
Program Director	6	\$ 40	100%	2,080	\$ 83,200	\$ 499,200
OMCP Clinician	6	\$ 35	100%	2,080	\$ 72,800	\$ 436,800
Internship Supervisor	6	\$ 32	100%	2,080	\$ 66,560	\$ 399,360
Executive Coordinator	6	\$ 50	10%	208	\$ 1,040	\$ 6,240
Administrative/Finance	6	\$ 23	20%	416	\$ 1,914	\$ 11,482
Administrative/Operations	6	\$ 28	20%	416	\$ 2,330	\$ 13,978
						\$ 1,367,059
Staff Benefits			30.0%			\$ 410,118
A. Total Personnel Costs						\$ 1,777,177
B. Operating/Subcontractor Costs (~\$150,000/contract)						\$ 900,000
Total Annual Direct Expenses (Sum of A+B)						\$ 2,677,177
Indirect Costs			12.0%			\$ 321,261
Profits/Service Fee			0.0%			\$ -
						\$ 3,000,000

The initial training and education related to the OMCP are broken into three distinct sections:

1. OMCP Recruit – this initial phase allows participants to enroll in an SUD treatment program to gain experience in the activity, allows for study preparation, education, practicum, and examination preparation for the initial test related to an AOD Certification.
Total Recruit = 1,106 hours at \$0.45/hour (\$497.70/recruit)
2. OMCP Intern – following passage of the initial test for AOD Certification, participants must co-facilitate 2,080 hours of treatment programming to become fully licensed.
Total Intern = 2,080 hours at \$0.65/hour (\$1,352/intern)
3. OMCP Mentor – after completion of internship hours and final review and approval by a designated certifying agency licensed through the Department of Health Care Services, participants are allowed to both co-facilitate and facilitate treatment programs as a fully certified as AOD Counselor.
Total Mentor = Estimated 8 hours day at 251 days/year at \$2.00/hour

This creates an estimated cost of \$4,016 per Certified Mentor/year (8 hours/day x \$2.00/hour x 251 working days/year). The costs for recruitment, intern, and certified mentor pay are summarized in Table 11.

Table 11. Summary of Costs for Recruitment, Intern, and Certified Mentor Pay

Fiscal Year	Contracts	Recruit Annual Slots	Recruit Annual Pay	Intern Annual Slots	Intern Annual Pay	Cert. Mentor Annual Workers	Cert. Mentor Annual Pay	Total Cost
FY 2019/20	6	432	\$ 215,006.4	109	\$ 147,368	129	\$ 518,064	\$ 880,438
FY 2020/21	6	432	\$ 215,006.4	311	\$ 420,526	222	\$ 890,146	\$1,525,679
FY 2021/22	6	432	\$ 215,006.4	311	\$ 420,526	486	\$ 1,951,913	\$2,587,445
FY 2022/23	6	432	\$ 215,006.4	311	\$ 420,526	750	\$ 3,013,679	\$3,649,211

Assumptions:

1/ Does not include training and education contract costs

2/ Recruit Annual Slots = 72 per location

3/ Intern Annual Slots = Fiscal Year 2019-20 includes 2018-19 recruit phase at 72% percent pass rate

4/ Certified Mentor Annual Slots = Fiscal 2019-20 includes 2018-19 Intern phase. All subsequent years assume 85% of previous mentor/interns at a 15% dropout/parole rate.

Although the OMCP training and education will remain static based upon contract costs, CCHCS proposes to update the OMCP Mentor Pay semi-annually during the Fall Population/May Revision based upon the number of certified mentors and hours being worked annually.

Attachment G

Staff Education Components

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

Staff Education Training

Cross-disciplinary training will be necessary to implement this program, not only for workforce training and development, but also to enhance cultural sensitivity, understanding of trauma-informed care, and reduce the long held stigma surrounding substance use disorder (SUD). As such, the California Correctional Health Care Services (CCHCS)/California Department of Corrections and Rehabilitation (CDCR), in consultation with national experts, have identified the following key training components:

- Motivational Interviewing (MI) – This training will be delivered to nearly 500 Medical and Nursing staff statewide in 2-day regionalized training sessions. CCHCS intends to establish a contract with the University of California (UC) Regents to develop and implement this training. Since developing MI skills is an essential component in establishing effective provider and patient communication, Medical Services intends to provide MI to the entire provider workforce, with Nursing Service's training trainers to conduct future trainings.
- X-waiver Training – CCHCS intends to have the entire provider workforce (400 providers) take the American Society of Addiction Medicine (ASAM) on-line buprenorphine course that provides the required 8 hours needed to obtain the waiver to prescribe buprenorphine in office-based treatment of Opioid Use Disorder.
- Addiction Services Orientation – This 1-week training will be developed and conducted by Addiction Services' executive leadership, and will be provided regionally to approximately 200 Addiction Services clinical staff (Medical and Nursing) and 150 Division of Rehabilitative Programs (DRP) contracted-Alcohol and Other Drugs (AOD) supervising counselors and staff statewide. This training is intended to provide a program overview and train staff on workflows, assessment, referral and care coordination, and reentry planning processes. Addiction Services Chiefs, Nurse Consultant Program Review, and AOD supervising counselors will be expected to orient new program staff in the future.
- Cognitive Behavior Therapy (CBT)/Substance Use Disorder Treatment (SUDT) curriculum – Since CDCR/CCHCS are moving to standardized SUDT/CBT curriculum, it is necessary to train approximately 200 Addiction Services clinical staff (Medical and Nursing), and approximately 150 DRP contracted-AOD supervising counselors in addition to existing staff statewide. This training will be developed and delivered under the UC Regents contract in 1-week regionalized training sessions. The curriculum to be included are: Helping Men and Women Recovery (the core SUDT Program), and the Texas Christian University CBTs. A train-the-trainer model will be used to ensure program sustainability.
- Thinking for a Change – CCHCS intends to have the National Institute of Corrections (NIC) conduct one-week regionalized train-the-trainer sessions for 206 Addiction Services clinical staff and 150 DRP contracted-AOD supervising counselors and staff statewide. NIC conducts free training for correctional agencies, so CCHCS intends to only incur travel costs for this training.
- ASAM training – CCHCS intends to contract with FEI Systems for ASAM training. This 2-day training will be offered regionally to 206 Addiction Services Staff statewide, and will include an overview of how to conduct ASAM assessments and clinically interpret results.
- Onsite Town Hall meetings, in partnership with DRP and custody, with all 35 institutions to provide an introduction to the Integrated SUDT Program and answer

questions. CCHCS may leverage the UC contract to support development and implementation of the Town Halls, but this has not been determined.

Attachment H-1

Addiction Services Roll-Up Costs

5225-429-BCP-2019-MR

Integrated Substance Use Disorder Treatment Program

Addiction Services Roll-Up Costs			
Divisions of Medical Services and Nursing Services			
	2019-20	2020-21	2021-22
Personal Services			
Medical Services Division Personal Services	\$10,144,038	\$14,039,345	\$14,039,345
Nursing Services Division Personal Services	\$25,545,207	\$32,257,734	\$32,257,734
Personal Services Total	\$35,689,245	\$46,297,079	\$46,297,079
Operating Expenses & Equipment (OE&E)			
Equipment	\$371,820	\$160,920	\$160,920
Medication and Materials	\$12,046,122	\$35,121,690	\$37,946,145
Training, Travel & Contracts	\$8,013,952	\$3,324,542	\$3,324,542
Leasing	\$1,069,605	\$1,069,605	\$1,069,605
OE&E Total	\$21,501,499	\$39,676,757	\$42,501,212
Personal Services and OE&E Total	\$57,190,744	\$85,973,836	\$88,798,291
Rounding			\$0
Divisions of Medical Services and Nursing Services Grand Total	\$57,190,744	\$85,973,836	\$88,798,291

Division of Rehabilitative Programs (DRP) & Division of Adult Institutions (DAI)			
	2019-20	2020-21	Two Year Total
DRP & DAI Services Personal Services	\$9,747,322	\$18,867,060	\$18,867,060
DRP Other	\$59,040,790	\$111,846,383	\$111,846,383
Total DRP & DAI Costs	\$68,788,112	\$130,713,443	\$130,713,443
Current DRP Funding	\$54,692,703	\$54,692,703	\$54,692,703
Additional Funding Needed for DRP & DAI	\$14,095,409	\$76,020,740	\$76,020,740
Rounding			\$0
Grand Total DRP & DAI Funding Request	\$14,095,409	\$76,020,740	\$76,020,740

Grand Total for Division of Medical Services, Division of Nursing Services, DRP & DAI Programs		
Fiscal Year	Position Authority	Funding
2019/20 (BY)	431.0	\$71,286,153
2020/21 (BY+1)	431.0	\$161,994,575
2021/22 (BY+2 and ongoing)	431.0	\$164,819,030

Attachment H-2

Division of Medical Services Positions

5225-429-BCP-2019-MR

Integrated Substance Use Disorder
Treatment Program

Division of Medical Services Positions

Class Code	Classification	Number of Positions	Yr1 Total	Yr2 Total
8239	Deputy Medical Executive	1	\$494,241	\$492,187
9774	Addiction Services Chief Psychiatrist	1	\$444,866	\$442,812
9267	Addiction Services Chief Physician & Surgeon	1	\$388,992	\$386,938
9758	Physician & Surgeon/Staff Psychiatrist (with addiction expertise)	8	\$3,218,834	\$3,202,402
7859	Research Scientist IV (epidemiology)/Research Specialist IV (RSIV)	2	\$220,364	\$425,528
5740	Research Data Manager	1	\$168,813	\$166,759
5770	Research Data Specialists III	2	\$164,855	\$314,510
5758	Research Data Specialists II	2	\$148,021	\$280,842
5742	Research Data Specialists I	2	\$138,731	\$262,262
5734	Research Data Supervisor I	1	\$141,010	\$138,956
5731	Research Data Analyst II	3	\$201,560	\$380,320
8429	Staff Services Manager III	1	\$168,813	\$166,759
8428	Staff Services Manager II	1	\$150,457	\$148,403
8336	Health Program Specialist II	1	\$74,520	\$141,440
8338	Health Program Specialist I	1	\$69,368	\$131,136
4801	Staff Services Manager II	1	\$150,457	\$148,403
4800	Staff Services Manager I	2	\$281,006	\$276,898
5393	Associate Governmental Program Analyst/Staff Services Analyst	16	\$1,039,115	\$1,956,630
1139	Office Technician (Typing)	2	\$93,654	\$175,548
9265	Laboratory Assistant, Correctional Facility	35	\$1,114,245	\$2,151,980
7996	Pharmacy Services Manager	1	\$238,426	\$236,372
7981	Pharmacist II	2	\$233,291	\$454,038
7982	Pharmacist I	4	\$429,599	\$834,110
7979	Pharmacy Technician	8	\$370,800	\$724,112
Total		99	\$10,144,038	\$14,039,345

Attachment H-3

Division of Nursing Services Positions

5225-429-BCP-2019-MR

Integrated Substance Use Disorder
Treatment Program

Division of Nursing Services Positions

Headquarters

PY's	Classification	Total Cost (Year 1)	Total Cost (Ongoing)
3.0	CNE	\$ 844,818	\$ 838,656
4.0	Nurse Consultant III	\$ 878,487	\$ 870,271
12.0	NCPR	\$ 2,020,917	\$ 2,647,723
43.0	Social Worker	\$ 4,992,977	\$ 6,538,982
1.0	SSM III	\$ 168,813	\$ 166,759
2.0	SSM II	\$ 301,924	\$ 297,816
1.0	HPS II	\$ 142,475	\$ 140,421
2.0	HPS I	\$ 266,369	\$ 262,261
12.0	AGPA	\$ 1,135,477	\$ 1,467,475
2.0	MST	\$ 179,561	\$ 175,453
82.0		\$ 10,931,818	\$ 13,405,817

Institution

42.0	SRN II*	\$ 7,901,808	\$ 7,815,540
42.0	RN**	\$ 4,126,661	\$ 6,860,689
35.0	AGPA	\$ 2,584,920	\$ 4,175,688
119.0		\$ 14,613,389	\$ 18,851,917

* SRN II - 5 day post = 35 institutions x 1.2 relief (35 x 1.2 = 42.0 PYs)

** RN - 5 day post = 35 institutions x 1.2 relief (35 x 1.2 = 42.0 PYs)

Total Cost

201.0		\$ 25,545,207	\$ 32,257,734
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Attachment H-4

Division of Rehabilitative Programs and Division of Adult Institutions Positions

5225-429-BCP-2019-MR Integrated Substance Use Disorder Treatment Program

Division of Rehabilitative Programs & Division of Adult Institutions Positions

Class Code	Classification	Number of Positions	Yr1 Total (6 Months)	Yr1 Total (Entire Year)	Yr2 Total
9662	CORRECTIONAL OFFICER	126	\$9,130,008	0	\$18,260,016
4800	STAFF SERVICES MANAGER I	1	\$0	\$136,994	\$134,940
5393	ASSOCIATE GOVERNMENTAL PROGRAM ANALYST	4	\$0	\$480,320	\$472,104
Total			\$9,130,008	\$617,314	\$18,867,060
Grand Total		131	\$9,747,322		\$18,867,060

Attachment H-5

Divisions of Medical Services and Nursing Services OE&E Roll-Up Costs

5225-429-BCP-2019-MR Integrated Substance Use Disorder Treatment Program

Divisions of Medical Services & Nursing Services OE&E Roll-Up Costs

Operating Expenses & Equipment	2019-20	2020-21	2021-22
Equipment			
Business Intelligence Tool Licenses	\$150,000	\$150,000	\$150,000
Cisco 7961 IP Phones	\$1,400	\$0	\$0
Dell Monitors	\$29,700	\$0	\$0
Docking Station for Laptop	\$7,000	\$0	\$0
DX 80 (1st yr)	\$19,600	\$0	\$0
DX 80 (every year after 1st yr)	\$0	\$4,200	\$4,200
Laptop HP Envy x360 Convertible	\$37,800	\$0	\$0
Nortel networks Meridian M3902 Platinum Phones (for staff in institution)	\$6,720	\$6,720	\$6,720
Printer - Desktop	\$15,400	\$0	\$0
Scanner - Desktop	\$4,200	\$0	\$0
SAS Server	\$100,000	\$0	\$0
Equipment Total	\$371,820	\$160,920	\$160,920
Medication and Materials			
Naltrexone, Buprenorphine, Methadone, Acamprosate & Naloxone	\$7,851,237	\$26,664,513	\$29,277,468
Medical Alert Bracelets, Necklaces, Wallet Cards, & Allergy Alert Bracelets	\$14,292	\$28,584	\$28,584
Group Participant Supplies	\$40,093	\$40,093	\$40,093
Tox Screen Costs	\$4,140,500	\$8,388,500	\$8,600,000
Medication and Materials Total	\$12,046,122	\$35,121,690	\$37,946,145
Training, Travel & Contract			
Addiction Services Orientation	\$525,850	\$0	\$0
Cognitive Behavior Therapy (CBT)/Substance Use Disorder Treatment (SUDT)	\$387,153	\$0	\$0
Motivational Interviewing (MI)	\$515,784	\$0	\$0
American Society of Addiction Medicine (ASAM) conducted by FEI Systems	\$179,106	\$0	\$0
Program Implementation & Oversight Monitoring	\$9,381	\$0	\$0
Thinking for a Change (National Institution of Corrections)	\$456,501	\$0	\$0
Town Hall Introduction to Addiction Services Program	\$84,885	\$0	\$0
FEI Systems ASAM Training	\$2,612,940	\$250,560	\$250,560
SUDT Curriculum & Workbooks	\$761,715	\$761,715	\$761,715
SAS Software	\$1,600	\$1,600	\$1,600
Up-to-Date Online Subscription	\$4,637	\$4,637	\$4,637
InterQual Training & Initial Certification	\$144,800	\$0	\$0
InterQual Annual Certification (Yr2)	\$0	\$46,080	\$46,080
IT Contractor for Systems Integration and Development	\$250,000	\$250,000	\$250,000
X Waiver Training (Online)	\$79,600	\$9,950	\$9,950
UC Training Contract	\$2,000,000	\$2,000,000	\$2,000,000
Training, Travel & Contract Total	\$8,013,952	\$3,324,542	\$3,324,542
Lease Costs			
Total Lease Costs	\$1,069,605	\$1,069,605	\$1,069,605
DRP			
SUDT/CBT Contracts	\$52,160,352	\$104,320,704	\$104,320,704
OMCP Contracts	\$3,000,000	\$3,000,000	\$3,000,000
OMCP Inmate Pay	\$880,438	\$1,525,679	\$1,525,679
Apprenticeship and Workforce Dev. Training	\$3,000,000	\$3,000,000	\$3,000,000
Modular Space (one-time only)	\$0	\$0	\$0
DRP Totals	\$59,040,790	\$111,846,383	\$111,846,383
Operating Expenses & Equipment Total	\$90,542,290	\$151,523,140	\$154,447,595

Attachment I

CCHCS, DRP & DAI Staff Position Descriptions

5225-429-BCP-2019-MR
Integrated Substance Use Disorder
Treatment Program

California Correctional Health Care Services, Division of Rehabilitative Programs, and Division of Adult Institutions Staff Position Descriptions

Medical Services Division - Staff Position Descriptions

This request seeks to establish a Medical Services Division staffing infrastructure required to effectively and efficiently manage California Department of Corrections and Rehabilitations' (CDCR) and California Correctional Health Care Services' (CCHCS) most complex patient populations requiring integrated high intensity clinical services including Substance Use Disorder (SUD) and other frequently co-occurring chronic health conditions such as Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), transgender, and chronic pain, as well as patients with one or more advanced illness requiring palliative services and intensive interdisciplinary coordination across multiple health care settings.

Establishing a sustainable program to treat patients with SUD and other interrelated complex conditions affords California the opportunity to save lives and avoid wasteful use of resources, support public safety through reductions in crime and recidivism, and promote healthier communities by providing comprehensive evidence-based programs to treat patients with SUD and other related complex co-morbidities. To achieve these outcomes, both clinical and non-clinical support staff are being requested to plan, develop, test, implement, and evaluate programs; to maintain operations related to the care of complex patient populations; and to manage the workforce. Detailed staff position descriptions, organized by the organizational unit with the Medical Services Division are provided below.

Medical Leadership and Staff

- **1 Deputy Medical Executive (DME)** for the Complex Patient Populations Program – The DME will provide leadership and oversight of the Complex Patient Populations Program, which has the primary purpose of meeting the multifaceted high intensity needs of complex patients requiring intensive services across clinical programs and levels of care. Complex patients are defined as those with: advanced illness and/or chronic physical conditions; complicated and/or high risk medication regimens; co-occurring behavioral health and /or disability; high medicolegal risk; and need for end of life care. The complex patient populations include but are not limited to those with SUD, HCV, HIV, chronic pain, dual diagnoses, or who are transgender, or requiring palliative services or contracted tertiary care. The DME will oversee development of statewide policies and procedures as they relate to the delivery of care to complex patient populations and will develop, implement, and evaluate evidenced-based processes that underpin the high intensity services for these complex patient populations. These include processes involving, but not limited to medical care transitions and the integration of physical and behavioral services into other general medical care needs that improve high value care to those with complex health and social needs. The DME will interface with other health care system leaders including, but not limited to, those from pharmacy, mental health, nursing, rehabilitation, parole, custody, telehealth, utilization management, and medical informatics, as well as community-based representatives, policymakers, state officials, and other stakeholders. The DME will oversee and implement strategies for assessing clinical practices and quality of clinical services that incorporate behavioral and social services and providers, attend to goal-aligned care plans, and consider innovative approaches to measure coordination (or the lack thereof) in order to define paths toward better care. This may include, but is not limited to, development of decision support

and documentation in the Electronic Health Records System (EHRS) that will ultimately augment our ability to improve and/or affect downstream clinical, operational, and financial outcomes. The DME will provide oversight to the Chief Psychiatrist who provides direct supervision to the Addiction Psychiatrists, and the Chief Physician and Surgeon (CP&S) who provides direct supervision of the providers caring for patients with intensive complex needs.

- **1 Chief Psychiatrist for Addiction Services** – The Chief Psychiatrist will directly supervise the Addiction Psychiatrists providing Medication Assisted Treatment (MAT) and other clinical services to patients with underlying SUD who may also have mental health care needs. The Chief Psychiatrist will recruit, onboard, train, and evaluate professional practice during the probationary period and at least annually for the addiction psychiatrists. The Chief Psychiatrist will collaborate with clinical supervisors and leaders in nursing, rehabilitation, parole, and custody, as well as with providers in the 58 counties to ensure high quality Substance Use Disorder Treatment (SUDT) services are delivered seamlessly from reception to release. The Chief Psychiatrist will review clinical encounter documentation to maintain high standards of care delivery and ensure all state and federal laws are observed, as it relates to SUDT within CCHCS. The Chief Psychiatrist will assist in training CDCR and CCHCS staff in both psychosocial and pharmacological treatments for SUD.

- **1 CP&S** for the Complex Patient Populations Program, including Addiction Medicine and MAT, Pain and Palliative Services, HCV, Transgender Care, and other patient populations that involve high intensity clinical services, as well as complex transitions among multiple providers within CDCR as well as contract and the county providers. The CP&S will recruit, onboard, train, and evaluate professional practice during the probationary period and at least annually for the medical providers. The CP&S will collaborate with clinical supervisors and leaders in nursing, rehabilitation, parole and custody as well as providers in the 58 counties to ensure high quality services are delivered seamlessly from reception to release for patients with high intensity complex clinical needs. The CP&S will review clinical encounter documentation to maintain high standards of care delivery and ensure all state and federal laws are observed, as it relates to complex patient care within CCHCS. The CP&S will assist in training CDCR and CCHCS staff in caring for complex patients who require integrated high intensity clinical services.

- **8 Physician and Surgeons (P&S)/Psychiatrists** with addiction medicine expertise. The Addiction Medicine P&Ss and Psychiatrists will provide direct patient care. This includes patient assessments and evaluations, diagnostic testing and interpretation, medication prescribing and monitoring including MAT, patient follow-up, and management of co-morbidities.

Clinical Program Development & Support Staff

- **1 Staff Services Manager (SSM) III** – will perform the full spectrum of activities involved in the planning, development, implementation, and monitoring of the Addiction Services Program and other clinical initiatives related to the care of complex patient populations. This includes monitoring and evaluating contracts for compliance with health regulations; effectively communicating with executive staff to coordinate the submission of grant proposals; and identifying resources required. The SSM III is also responsible for evaluating and recommending changes in health care regulations, policies, and procedures, as well as representing the department in meetings with local, State, federal, and private partners.

- **1 SSM II** - This position will plan, organize, and direct the work of Clinical Program Development and Support Staff including: project coordination and oversight; workload prioritization consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines. The SSM II will develop operational plans for how information will be communicated to stakeholders and executives at each step during the development and implementation process including reporting the ongoing results of the program and coordinating the development and delivery of Continuing Medical Education along with ongoing instructional support following implementation. The SSM II will coordinate the development of analytical desk procedures, and other clinical support documentation.
- **1 Health Program Specialist (HPS) II** – This position will review national guidelines, policies, and procedures to guide program development, implementation, expansion, and the delivery of ongoing patient care for complex patient populations, including those with SUD and related comorbidities. The HPS II will work with Program Development and Clinical Support Staff to incorporate national guidelines and best-practices into program policies and procedures. On an ongoing basis, the HPS II will develop and submit federal and state grant applications, and serve as the grant/project manager. The HPS II will also identify and establish partnerships with external entities that provide aftercare and community-based Addiction Services to support post-release linkages to care.
- **1 HPS I** – In collaboration with clinical staff, this position will develop and maintain processes, algorithms, and workflows to be used by clinical staff to guide patient care. The HPS I will develop care pathways with procedural elements for day-to-day patient care, and comprehensive care guides to include detailed information on courses of treatment and medication options. The HPS I will also work with interdisciplinary teams to manage projects and develop statewide policies and procedures, and review local operating procedures to ensure consistency with statewide policies and procedures.
- **4 Staff Services Analyst (SSA)/Associate Governmental Program Analysts (AGPAs)** – These positions will support program development, implementation, and ongoing program operations through the development of training resources, desk procedures, and user guides for EHRS and InterQual tools. This includes providing targeted technical assistance to clinical staff using these tools, as well as coordinating and supporting the development of documentation related to business intelligence and modeling tools. The SSA/AGPA will support administrative operations including development and management of: Work plans, Budget Change Proposals (BCPs) and Finance Letters, contracts, Memoranda of Understanding, project budgets, space management, equipment, and supply needs to support clinical operations and the delivery of patient care.
- **1 SSA/AGPA** – This position will support the DME and Addiction Services Program by performing complex technical and analytical staff work and assignments such as program evaluation and planning; policy analysis and formulation; systems development; budgeting; planning; management; and personnel analysis. The SSA/AGPA will provide consultative services and will perform special projects/program analysis for the DME or others. The SSA/AGPA will formulate procedures, policies, and proposed program alternatives; make recommendations to the DME on a broad spectrum of administrative and program-related problems; review and analyze proposed legislation; and advise management on the impact or potential impacts.

- **1 Office Technician –Typing (OT-T)** – This position will support the HPM III and Program Development and Clinical Support Staff by performing general office and support work. Duties include: scheduling meetings and taking meeting minutes; mail and document handling; filing and records management; document preparation and review; composition of correspondence; record keeping; and working with the Administrative Team on ordering and maintaining supplies and equipment.

EHRIS Documentation and Decision Support Staff

- **1 Research Data Supervisor (RDS) I** – This position will provide supervision and project oversight to Research Data Analysts (RDAs) by prioritizing workload consisting of multiple project components and assignments and ensuring the completion of work under critical timelines to meet project objectives and deadlines. An RDS I will facilitate meetings and multidisciplinary workgroups with Information Technology (IT), clinical, and data analytic staff to identify data and information required to deliver SUD care and MAT to patients, and to manage comorbidities among this population and other patients with complex clinical needs. The RDS I will continuously evaluate the development of EHRIS decision-support to ensure success in meeting treatment objectives. The RDS I will oversee user acceptance testing of EHRIS and InterQual support tools, lead ongoing EHRIS maintenance requirements, and ensure ongoing post-implementation support. The RDS I will also coordinate with Program Development Staff on the development of training materials, and will oversee the development of appropriate front-end EHRIS design and build documentation.

- **3 RDA II** – In consultation with clinical staff, will identify data and information required to deliver integrated Addiction Services to SUD patients and other complex patient populations that overlap significantly with patients with SUD. RDA IIs will develop front-end decision-support and documentation in the EHRIS and InterQual environments to assist clinicians in their decision-making at the point of care, provide administrative oversight, and measure program performance. They will develop clinical scoring criteria to aid in decision-making; develop EHRIS PowerForms, PowerPlans, Orders, Mpages, and other documentation to ensure the availability of relevant data; and develop code to auto-populate EHRIS tools/forms. They will coordinate with IT on ongoing EHRIS maintenance requirements, manage and complete ongoing change requests, and perform ongoing post-implementation support.

Evaluation & Advanced Analytics & Medical Informatics Support Staff

- **2 Research Scientists IV (epidemiology) or Research Specialists IV** – These positions will support the management and ongoing improvement of clinical operations by planning, organizing, directing, and performing advanced complex clinical analyses, and program and population health evaluation projects with findings used to improve the delivery of health care services for complex patient populations (SUD, drug overdose, HIV, HCV, chronic pain patients, etc.). They identify and analyze all relevant scientific, technical, medical, and other information from sources within and outside CDCR/CCHCS, and integrate national best practices into departmental decision-making processes for the provision of SUDT and management of patients with SUD as well as the provision of care for other complex patient populations. This includes the development of predictive and risk-based models that examine comorbidities and mortality among complex patient populations to inform the development of statewide health care and operational policies designed to ensure effective patient care while patients are in CDCR and after release. These classifications perform highly specialized statistical analyses of SUDT and other related health care initiatives (i.e., acute and chronic HCV and SBE, etc.) of public health interest for CDCR/CCHCS' patients, assist in responding to and understanding the causes of various outbreaks of infectious diseases (i.e., HCV, etc.),

and use results to develop policy recommendations for program improvement plans to ensure that decision-makers have all of the relevant data and information necessary to meet the State's responsibilities to protect and improve the health of its incarcerated population. They develop presentations and reports that include informatics to effectively communicate data and evaluation findings to executives. They provide consultation to CCHCS management and executives on the feasibility and potential impact of proposed health care initiatives and legislation, and act as subject matter experts in conducting evaluations of the care provided to incarcerated and formerly incarcerated populations in California. The purposes of the evaluations and analytic activities conducted by these classifications are to contribute to the understanding, prevention, and control of illnesses and injuries, and to develop health education and prevention programs that result in reduced morbidity and mortality among CCHCS' patient population, and to measure the efficiency of the Department's health care system in reducing morbidity and mortality. They also train Research Data Specialists (RDS) on research and evaluation techniques, and advise on the appropriate use of applied statistical methods.

- **1 Research Data Manager (RDM)** – This position's primary function is to provide data, information, and support for clinical program operations. The RDM will provide direct supervision to the Population Health and Program Informatics Support Unit managers, by coordinating the work of the Electronic Health Records System (EHRS) Build Team responsible for front-end development of clinical decision-support tools to ensure providers have effective, patient-centered tools to support communication, timeliness, and efficiency in the delivery of care. The RDM will also provide oversight for the Medical Intelligence and Data Analytic Services Section, which includes the back-end development of datasets and development of clinical informatics tools to organize, interpret, and present data used for day-to-day clinical management of complex patients, and by executives in decision-making processes. The RDM will support clinical operations of the ISUDTP and the delivery of care to complex patient populations by overseeing the production of data for ad hoc data and information requests from clinical staff to answer urgent population health management questions, and to manage care coordination for complex patient populations including those with comorbidities. The RDM will work with clinical subject matter experts to ensure data quality, integrity, and accuracy by overseeing data quality control activities including the development of procedures for the collection and integration of internal and external data sources required to effectively manage complex patients under the complete care model. The RDM will serve as an expert consultant to health care leadership on availability and quality of departmental data sources for program and population health evaluation projects, will oversee the development of ongoing reporting and advanced analytical activities related to program performance monitoring and evaluation, and will undertake special projects aimed at assessing and improving the delivery of health care in California's prisons. This position will establish and maintain project priorities, and effectively monitor project activities, timelines, and milestones.

- **2 RDS IIIs** – These positions will support health care operations for the ISUDTP and other related initiatives by developing and implementing advanced automated processes for capturing and integrating internal and external data into clinical informatics tools to organize, interpret, and present data used by clinical staff in the provision of patient care including treatment selection, and care management and coordination. The RDS IIIs will perform advanced statistical analyses to produce data and information to answer critical and urgent population-health management questions for clinical staff and executives, and will provide operational data for various health care initiatives aimed at reducing morbidity and mortality among complex patient populations. These positions will function as leads for large scale

data analytic projects, and will monitor project progress, timelines, and deliverables, including conducting final evaluation of datasets to ensure health care staff (physicians and other clinical staff) have accurate and reliable data to inform clinical decision-making and to effectively manage complex patients with comorbidities. They will support the development of modeling tools including risk-based, predictive, and econometric models to examine comorbidities, interventions and treatment initiatives, and outcomes for complex patient populations (SUD and drug overdose, HIV, HCV, chronic pain and palliative care patients, etc.), with results used for population health management, program performance monitoring, quality improvement, to set departmental health-policy priorities, to assess compliance with departmental and national standards, and to manage programs that reduce morbidity and mortality among CCHCS' complex patient populations.

- **2 RDS IIs** – These positions will support the provision of day-to-day health care operations by performing and interpreting descriptive and inferential statistical analyses to answer urgent and emergent clinical questions from health care staff working on various complex care initiatives. Data and information provided by the RDS IIs will be used by clinical staff, in real-time, to ensure continuity of care, to clinically manage complex patients, and to optimize patient outcomes. Results of analyses performed by the RDS IIs will be used to improve departmental care coordination processes for complex patient populations within CDCR, and will support transitions of care between CDCR and jails and county health care organizations. The RDS IIs will engage in ongoing program performance monitoring, and will produce data to guide statewide health-policy development. The RDS IIs will evaluate the impact of changes to existing programs, procedures, and business processes by performing data analytic and program evaluation activities, and will prepare policy briefings and recommendations for health care leadership. They will provide expert consultation to internal stakeholders on the feasibility and data requirements for proposed program implementation, evaluation, and ongoing program management. They will work with research, technical and clinical staff on evaluation designs required to ensure the collection and analysis of appropriate, meaningful, and unbiased data to assess the implementation and efficacy of complex care initiatives, will, assess program outcomes, and will formulate conclusions and recommendations for management and executive staff. They will assess potential impacts of federal, state, and departmental regulations on CCHCS' complex patient populations and subpopulations including examining the relationship between SUD, HCV, and HIV prevalence and incidence, and linkages to care.

- **2 RDS Is** – These positions will support clinical operations by identifying and preparing data and information needed to complete/perform analyses and answer urgent questions for clinical staff and executives. This includes evaluation of the adequacy of existing data integrity and data sources to meet programmatic and operational needs. RDS Is will use quantitative and qualitative analytical approaches for data collection, querying, mining, and manipulation to determine the quality and completeness of data required to implement, assess, and manage various complex care initiatives related to the ISUDTP. RDS Is will perform technical work to integrate internal and external data sources to produce valid and reliable datasets for clinical tools used for day-to-day program management, operational needs, operational performance reports, and program evaluations. The RDS Is will gather, compile, populate, edit, and interpret structured and unstructured data, and create, implement, troubleshoot and monitor data reporting tools, simulation models, and procedures to assemble and structure the data necessary for day-to-day health care operations, to support care coordination, and to assess the impacts of various complex care initiatives.

- **1 OT-T** – This position will support the Research Data Manager III and unit staff by performing general office and support work. Duties include: scheduling meetings and taking meeting minutes; mail and document handling; filing and records management; document preparation and review; composition of correspondence; record keeping; working with the Administrative Team on ordering and maintaining supplies and equipment; and coordinating travel. The OT will support the implementation of the ISUDTP by assisting in scheduling training sessions for clinical staff and tracking attendance of mandatory trainings. The OT will also assist with hiring and recruitment activities by scheduling interviews, and sending correspondence to HR on behalf of unit managers and supervisors.

Credentialing Verification Unit Staff

- **1 Staff Services Manager (SSM) I** – This position will provide direct supervision to Credentialing Verification Unit staff responsible for Alcohol and Other Drug (AOD) verification and tracking. This includes establishing and maintaining workload priorities, and monitoring activities and timelines effectively. The SSM I will facilitate effective communication with Division of Rehabilitative Programs (DRP) on the status of AOD verifications, and ensure complete and accurate information is shared within specified timelines. Oversee the development of training resources and desk procedures.
- **4 SSA/AGPAs** – These positions will support program development, implementation, and ongoing program operations by ensuring contracted AOD counselors have the required certifications and training to deliver SUDT/Cognitive Behavioral Therapy (COBT) to CDCR/CCHCS' patient population. This includes adapting current electronic tracking and reporting systems to capture AOD-related certification information, checking with certifying organizations to verify applicants' AOD certification status, and communicating results of verification checks with DRP's Contract Compliance Unit.

Laboratory Support

- **35 Laboratory Assistants (Phlebotomists)** – Under direct supervision, these positions will perform assigned, varied, standardized, and nontechnical laboratory tasks, including collection, processing, and preparation of urine drug screens for patients participating in departmental SUDT and/or MAT programs or chronic pain program. The Phlebotomists operate specialized laboratory equipment to process urine drug screens and document results in EHRS. Laboratory Assistants also assist in cleaning laboratory equipment.

Pharmacy Staff

- **1 Pharmacy Services Manager (PSM), Substance Use Disorder Treatment Program (SUDTP)**– This position serves as statewide subject matter expert for issues related to the Narcotic Treatment Program (NTP), controlled substances, and the organizations controlled substance diversion prevention program. The PSM manages the pharmaceutical program and staff services related to the NTP and other related substance use disorder treatments. These services include complying with strict federal and regulatory requirements for licensure and compliance including the procurement and distribution of controlled substances used as maintenance medications to designated licensed treatment areas within CCHCS. This position will serve as the program liaison with external entities including regulatory, fiscal and public agencies to ensure appropriate and timely accreditation, Substance Abuse and Mental Health Services Administration (SAMHSA) licensure and Drug Enforcement Administration (DEA) registration. These include but are not limited to SAMSHA, DEA, Board of Pharmacy, Department of Health Care Services, and accreditation bodies. The PSM supervises the

procurement and distribution, and secure storage of controlled substances to designated licensed treatments areas within CCHCS. The PSM leads efforts to control diversion of controlled medications. This position also works through the California Pharmacy Procurement Collaborative to align the CCHCS Narcotic Treatment operational objectives across state agencies

- **2 Pharmacist II, SUDTP** – This position plans, supervises, and coordinates the organization’s pharmaceutical services relating SUDTPs. This includes central operations and those at the seven hub institutions. This position is responsible for the proper control and distribution of the controlled substances, opioid reversal agents, and other pharmaceuticals prescribed and dispensed to patients enrolled in the program. The Pharmacist II supervises and trains institutional pharmacy staff in furnishing opioid reversal agents and controlled substances. Ensures security, handling, and record keeping of drugs, poisons, and narcotics are stored as required by federal and State laws and regulations. This position advises and consults with physicians and specialists regarding drug matters and the proper prescribing and dispensing of medications to patients. It provides drug and NTP regulatory information to physicians, pharmacists, and nurses. It contacts and confers with physicians regarding questions or issues with medications used in patients treated for SUD. It develops and maintains an inventory system to ensure adequate and efficient control of the controlled substances. Ensures compliance with Departmental policies, federal and State laws, and regulations. It ensures that the pharmacy is adequately staffed during hours of operation, schedules pharmacy staff, and assigns duties as appropriate to promote the efficient operation of pharmacy services. It ensures full compliance with the Controlled Substance Utilization Review and Evaluation System (CURES) reporting. This position supervises, monitors, and evaluates staff performance and provides feedback to staff on a timely basis. It also manages efforts to control diversion of controlled medications.

- **4 Pharmacist I, SUDTP** - The Pharmacist I authorizes new and refill prescriptions for patients participating in the SUDTP in the EHRS. The Pharmacist I prepares prescriptions for dispensing, performs complete NTP clinical reviews to ensure the appropriateness and safety of the prescriptions, and identifies potential drug interactions. This position advises and consults with physicians and specialists regarding drug matters and the proper prescribing and dispensing of medications to patients, performs monthly audits of the medication areas in the facility, and ensures that drugs and medications are stored and handled properly. It provides education and support to the pharmacists in the seven hub institutions. It provides patient information and counseling related to substance abuse. It provides drug information to physicians and nurses and contacts and confers with physicians regarding questions or issues with prescriptions for patients in the SUDTP. It ensures pharmacists consult and report appropriately in the CURES. The Pharmacist I also acts as a lead and oversees the work activities of Pharmacy Technicians to ensure productivity and maintain quality standards.

- **8 Pharmacy Technician (Pharm Tech), SUDTP** - The Pharm Tech operates repackaging, sorting, and prescription filling machinery for medications used in the SUDTP. This position completes necessary record keeping for all medications distributed through the central NTP to the institutions. It performs audits and compliance checks for the storage and distribution of narcotics used in the Correctional Clinics in the 35 institutions. This includes generating reports through the Automated Drug Dispensing System, Controlled Substance Manager. The Pharm Tech ensures medications for substance abuse and opioid reversal are available for patient administration. Within the pharmacy, the Pharm Tech maintains inventory and related records, and orders medications and supplies to maintain established

stock levels, checks goods received against purchase orders, invoices and/or requisitions. The Pharm Tech maintains and reviews pharmacy inventory to control medication expiration.

- **1 SSM II, SUDTP** - The SSM II manages and supervises staff in the creation and facilitation of a variety of in-service and out-service staff development trainings, new employee orientation, customer service and employee recognition programs, trainings designed for managers and supervisors, and the delivery of other organizational and staff development activities including those related to SUD. SSM IIs develop departmental policy recommendations related to the staff development program. They identify and implement a training tracking database to report specific information to management regarding the effectiveness of the various organizational development programs and mandated training. They establish, implement, and evaluate goals, strategies, and activities tailored to current department workforce needs, and strategically forecasting for future needs. They research trends, analyze staffing patterns, and report findings. They develop departmental policy recommendations for the workforce and succession planning program. This includes the coordination, clarification, analysis, and implementation of complex regulations, legislation, policies, and procedures performed by subordinate managers. The SSM II participates in overall Division organizational planning, policy setting, and procedure development necessary for the effective management of division operations and critical programs. SSM IIs lead and participate in strategic and business planning efforts for the Division, ensuring viability of strategic initiatives and key objectives. They represents the Division and Division Chief at internal and external meetings, presentations, conferences, and webinars.

- **1 SSM I, SUDTP** - SSM Is plan, organize, and direct the administrative workload of the unit related to controlled medications, SUD, and NTP. They establish and monitor unit goals, objectives, priorities, and performance standards, and oversee the quality and consistency of work products. They assign, direct, and review financial analyses related to calculations of pharmacy program. SSM Is provide appropriate responses to complex and sensitive inquiries. They provide direct supervision to AGPA and SSA classifications. They perform hiring and retention activities as needed, including recruitment and training; establish and communicate expectations; evaluate and document performance; and take appropriate corrective or adverse action as needed. They review and approve staff-generated work products, and provide appropriate feedback, guidance, and direction. SSM Is monitor current workload, anticipate future workload needs, and, as needed, prepare BCPs or similar requests to secure needed resources to perform the assigned workload.

- **7 SSA/AGPA, SUDTP** – Analysts in Pharmacy Administrative Services perform the more responsible, varied, and complex technical analytical staff services assignments, such as program evaluation and planning, policy analysis and formulation, systems development, budgeting, planning, management, and personnel analysis. They provide consultative services to management or others, they utilize a variety of analytical techniques to resolve complex governmental and managerial problems, develop and evaluate alternatives, analyze data, and present ideas and information effectively both orally and in writing. They analyze administrative problems related to the implementation, adherence, and evaluation of special projects, and recommend effective corrective action. These analysts monitor program operational needs and the requirements of both healthcare and custody staff in the planning, development, implementation, and evaluation of special projects and related activities. They independently develop written materials, reports, and data collection mechanisms, and monitor the collection of institutional, various internal and external sources data and management information.

Division of Rehabilitative Programs – Staff Position Descriptions

- **1 SSM I** – The SSM I will provide direct supervision to the In-Prison CBT analysts performing journeyman level work. The position will perform the more complex and sensitive work in the development, implementation, and management of evidence-based services and contracts. The SSM I will identify and develop a variety of institutional programs specializing in CBT, gender-responsive, and trauma informed services, such as SUDT, anger management, criminal thinking, family relationships, and long-term offender programs, providing victim impact and denial management in support of reducing recidivism. The SSM I will perform a wide variety of management functions, including fiscal/budget, personnel, administrative services, and program evaluation and planning. The SSM I will provide oversight to staff conducting Program Accountability Reviews (PARs), act as the subject matter expert, and be responsible for the effective resolution of a broad range of governmental and/or supervisory problems. The position will conduct and/or review analytical studies and surveys. It will formulate procedures, policies, and program alternatives. It will make recommendations on a broad spectrum of administrative and program-related problems. The SSM I will review and analyze proposed legislation, and advise management on its impact or potential impact. The SSM I will travel as required to institutions, parole offices, conferences and/or events, and contracted service providers. The SSM I will also represent the Department in meetings, conferences, during PARs and amongst internal and external stakeholders.
- **4 SSA/AGPA** – These analyst will support program development and assist in the development of program specifications, scopes of work, operating procedures, and reporting requirements. They will assist in the preparation of Requests for Proposal (RFP) and contract amendments. They will coordinate with the Office of Business Services (OBS) on the contract process; update the status of contract amendments and extensions in collaboration with OBS; and review and coordinate the approval of budget requests with OBS, Contractors, Manager/Supervisor, and other Contract Compliance staff. They will provide overall program coordination, contract compliance, and performance improvement activities. They will travel to each institution to conduct PARs and evaluate contractor(s) programming and performance. They will assist in problem resolution on issues relative to contract compliance, program operations, and program goals and objectives. They will evaluate programs and alternatives; review, gauge, analyze, and report on program performance; maintain and update action plans, budget plans and other assigned tracking mechanisms; and conduct research and develop informational materials for inmates, parolees and other stakeholders. These analysts will act as subject matter generalists who demonstrate possession of intellectual abilities, management tools, and personal qualifications to succeed in a variety of responsibilities. They will consistently demonstrate principles of completed staff work as they research, analyze, recommend, monitor and track solutions to complex requests.

Division of Adult Institutions – Staff Position Descriptions

- **126.0 Correctional Officers (CO)** – COs will provide security for staff and inmates in the newly identified program locations; will escort inmates from their housing units to programming areas; check inmates' identification cards to ensure appropriate attendance at specific programs; and provide alarm response as needed during emergency conduct count, medical emergencies, etc. They will inventory all tools and equipment for accountability at the beginning and end of each shift. They will prepare reports (e.g., Chronos and disciplinary

ATTACHMENT I

reports), as necessary. They will be responsible for maintaining daily correctional logs as required. COs will perform security checks and random searching of the area rooms to ensure safety and security. They will search inmates entering and leaving the DRP area and conduct counts of inmates in area.

Attachment J

Workload Analyses

5225-429-BCP-2019-MR

Integrated Substance Use Disorder
Treatment Program

California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Deputy Medical Executive of Addiction Services			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Establish goals & objectives for Complex Patients Populations Program.	4.0	45.0	180.0
Provide oversight on the development and implementation of statewide policies and procedures and communicate performance expectations.	6.0	45.0	270.0
Providing direct oversight to the Chiefs, and ensure appropriate and effective patient care.	3.0	18.0	54.0
Collaborate with divisions across the Department and Counties to ensure the delivery of evidence-based, patient-centered care.	1.0	46.0	46.0
Onboard, train, evaluate and support chiefs within Complex Patient Populations Program and Addiction Services.	6.0	12.0	72.0
Attend county and state leadership meetings and represent the department in external forums and meetings.	2.0	21.0	42.0
Review program performance reports and monitor program implementation and operations.	4.0	40.0	160.0
Stakeholder meetings at HQs and regions.	20.0	4.0	80.0
Attend CME conferences.	40.0	4.0	160.0
Block training.	40.0	1.0	40.0
Attend program related trainings.	40.0	5.0	200.0
Train clinical leadership on requirements for the Complex Patient Population Program and Addiction Services.	40.0	6.0	240.0
Chair relevant committees and other forums for Complex Patient Population Program and Addiction Services.	4.0	80.0	320.0
Review statewide Addiction Services continuing education activities for all CDCR staff.	5.0	45.0	225.0
TOTAL HOURS PROJECTED ANNUALLY			2089.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Chief Physician and Surgeon			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Establish goals & objectives for Complex Patient Population and Addiction Services Program, P&Ps, LOPs.	4.0	48.0	192.0
Staff recruitment.	10.0	24.0	240.0
Complete Physician and Surgeon probationary reports and/or yearly evaluations.	8.0	16.0	128.0
Oversee scheduling of Physician Surgeon staff & arrangements for patients.	2.0	48.0	96.0
Review documentation in EHRS of assigned Physician & Surgeon and Advanced Practice Providers.	1.0	208.0	208.0
Oversee care provided by Physician and Surgeon and Advanced Practice Providers.	2.0	6.0	12.0
Review program performance reports and monitor program implementation and operations.	4.0	40.0	160.0
Attend Stakeholder meetings at HQs and regions.	2.0	24.0	48.0
Attend CME conferences.	40.0	4.0	160.0
Block training.	40.0	1.0	40.0
Attend program related trainings.	40.0	5.0	200.0
Train clinical staff on requirements for the Complex Patient Population Program and Addiction Services.	40.0	10.0	400.0
Chair or participate in relevant committees and other forums for Complex Patient Population Program and Addiction Services.	2.0	100.0	200.0
TOTAL HOURS PROJECTED ANNUALLY			2084.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Chief of Addiction Services			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Establish goals & objectives for Addiction Services Program, P&Ps, LOPs.	4.0	45.0	180.0
Staff recruitment.	10.0	45.0	450.0
Complete Psychiatrist probationary reports and/or yearly evaluations.	8.0	18.0	144.0
Oversee scheduling of Addiction Services Psychiatrist & arrangements for patients.	2.0	46.0	92.0
Review documentation of Addiction Services Psychiatrists.	1.0	208.0	208.0
Oversee care provided by Psychiatrists.	2.0	6.0	12.0
Review program performance reports and monitor program implementation and operations.	4.0	40.0	160.0
Attend Addiction Services meetings at HQ.	20.0	2.0	40.0
Attend CME conferences.	40.0	4.0	160.0
Block training.	40.0	1.0	40.0
Attend training: MI, CBT, ASAM.	40.0	6.0	240.0
Train staff MI, CBT, ASAM, twelve step facilitation.	40.0	6.0	240.0
Orient new psychiatrists to CDCR and Addiction Services.	37.0	9.0	333.0
Attend Stakeholder meetings regarding MAT.	2.0	100.0	200.0
Review statewide Addiction Services continuing education activities for all CDCR staff.	5.0	45.0	225.0
TOTAL HOURS PROJECTED ANNUALLY			2094.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Physician and Surgeon/Psychiatry Physician			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
MAT Initial Psychiatric Evaluation.	1.0	1700.0	1700.0
MAT Follow Up Psychiatric Assessments (30 min).	0.5	10500.0	5250.0
Writing MAT Initial Psych Evaluation note (15 min).	0.3	1700.0	425.0
Writing MAT Follow Up Psych note (5 min).	0.1	10500.0	1050.0
Pre MAT Initial Psychiatric Evaluation review (15 min).	0.3	1856.0	464.0
Pre MAT Follow Up Psychiatric review (5 min).	0.1	10500.0	1050.0
Ordering inmate-patient's medications.	1.0	1300.0	1300.0
Daily communication (e-mail, Jabber, phone) with Addiction Services staff (30 min).	0.5	1300.0	650.0
Weekly Addiction Services Staff Meeting. (Total weeks worked = 46)	2.0	368.0	736.0
Weekly communication with community agencies where inmate-patients parole (30 min per week).	0.5	368.0	184.0
Weekly signing inmate-patient med consents. (30 min per week)	0.5	1856.0	928.0
Block Training plus Statewide CME.	40.0	8.0	320.0
Mental health trainings/ LMS trainings.	40.0	8.0	320.0
Staff & other mandatory meetings.	2.0	84.0	168.0
TOTAL HOURS PROJECTED ANNUALLY			14545.0
TOTAL POSITIONS PROJECTED			8.2

Notes:

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California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Research Scientist IV/Research Specialist IV			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Perform literature reviews and policy analysis to ensure the Addiction Services Program is consistent with national best practices and community standards.	40.0	24.0	960.0
Plan, organize, and direct major scientific research studies and complex evaluations that have statewide policy implications related to SUD and associated comorbidities.	24.5	24.0	588.0
Develop proposals for evaluations of program outcomes and effectiveness.	33.0	8.0	264.0
Conduct evaluative activities including using descriptive and inferential statistical techniques to analyze and interpret program outcomes.	52.0	24.0	1248.0
Develop project reports and executive briefings incorporating program process and outcome data.	24.0	24.0	576.0
development of predictive and risk-based models that examine comorbidities and mortality among complex patient populations (drug overdose, HIV, HCV, chronic pain patients, etc.), to inform the development of statewide health care and operational policies to ensure effective patient care.	4.0	48.0	192.0
LMS Trainings.	16.0	2.0	32.0
TOTAL HOURS PROJECTED ANNUALLY			3860.0
TOTAL POSITIONS PROJECTED			2.2

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Research Data Manager			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Coordinate highly complex research and data analytic projects by establishing and maintaining project priorities, and monitoring project activities, timelines, and milestones effectively.	40.0	12.0	480.0
Provide direct supervision to Research Data Specialists staff.	24.5	12.0	294.0
Employ statistical methods and oversee the development of data informatics tools to organize, interpret, and present data.	33.0	4.0	132.0
Serve as an expert consultant to internal and external stakeholders on the availability and quality of departmental data sources for research and evaluation projects.	52.0	12.0	624.0
Ensure data quality, integrity, and accuracy by conducting data quality control activities.	24.0	12.0	288.0
Attend meetings with CCHCS and external stakeholders to support.	4.0	24.0	96.0
LMS Trainings.	16.0	1.0	16.0
TOTAL HOURS PROJECTED ANNUALLY			1930.0
TOTAL POSITIONS PROJECTED			1.1

Notes:

METHODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Research Data Specialist III			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Develop advanced automated processes and tools for capturing data and applying quality control procedures to large datasets for complex research and evaluation projects, and departmental health initiatives for complex patient populations.	40.0	24.0	960.0
Develop tools and use appropriate software to create data informatics to visually display quantitative and qualitative data.	24.5	24.0	588.0
Conduct literature reviews and develop charts, graphs, and tables in order to complete reports and develop presentations.	33.0	8.0	264.0
Support the development of modeling tools including econometric models to examine comorbidities and outcomes for complex patient populations.	52.0	24.0	1248.0
Conduct final evaluation of datasets and accuracy of SQL code and documentation.	24.0	24.0	576.0
Attend project meetings.	4.0	48.0	192.0
LMS Trainings.	16.0	2.0	32.0
TOTAL HOURS PROJECTED ANNUALLY			3860.0
TOTAL POSITIONS PROJECTED			2.2

Notes:

METHODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Research Data Specialist II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Provide expert consultation to internal stakeholders on the feasibility and data requirements for proposed program evaluations and large data analytic projects.	40.0	24.0	960.0
Develop proposed research methodologies and evaluation designs required to ensure the collection and analysis of appropriate, meaningful, and unbiased data.	24.5	24.0	588.0
Examine the relationship between SUD, HCV, and HIV prevalence and incidence, and linkage to care.	33.0	8.0	264.0
Conduct and interpret descriptive and inferential statistical analyses using appropriate software.	52.0	24.0	1248.0
Assess program outcomes, and formulate conclusions and recommendations for management and executive staff.	24.0	24.0	576.0
Assess potential impacts of federal, state, and departmental regulations on CCHCS' complex patient populations and subpopulations.	4.0	48.0	192.0
LMS Trainings.	16.0	2.0	32.0
TOTAL HOURS PROJECTED ANNUALLY			3860.0
TOTAL POSITIONS PROJECTED			2.2

Notes:

METHODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Research Data Specialist I			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Develop and maintain SQL code and documentation for automated data extraction, compilation, and cleaning techniques to produce valid and reliable datasets for business intelligence tools used for day-to-day program management, operational needs, operational performance reports, and program evaluations.	40.0	24.0	960.0
Identify required data and information needed to complete/perform analyses including evaluation of the adequacy of existing data integrity and data sources to meet program needs.	24.5	24.0	588.0
Develop organizational structure for datasets used for statistical analysis including data for computerized, econometric, and risk-based models.	33.0	8.0	264.0
Develop procedures for the collection and integration of data sources.	52.0	24.0	1248.0
Support the development of projects findings and research reports.	24.0	24.0	576.0
Attend project meetings.	4.0	48.0	192.0
LMS Trainings.	16.0	2.0	32.0
TOTAL HOURS PROJECTED ANNUALLY			3860.0
TOTAL POSITIONS PROJECTED			2.2

Notes:

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California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Research Data Supervisor I			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Provide supervision and project oversight to Research Data Analysts by prioritizing workload consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines.	40.0	12.0	480.0
with IT, clinical, and data analytic staff to identify data and information required to deliver SUD care to patients, and to manage comorbidities among this population.	24.5	12.0	294.0
Oversee user acceptance testing of EHRS and InterQual support tools.	33.0	4.0	132.0
Coordinate with Program Development Staff on the development of training materials, and oversee the development of appropriate front-end EHRS design and build documentation.	52.0	12.0	624.0
Lead ongoing EHRS maintenance requirements, and ensure ongoing post-implementation support.	24.0	12.0	288.0
Attend project meetings and consults with divisions with CCHCS on unit priorities.	4.0	24.0	96.0
LMS Trainings.	16.0	1.0	16.0
TOTAL HOURS PROJECTED ANNUALLY			1930.0
TOTAL POSITIONS PROJECTED			1.1

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Research Data Analyst II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Develop clinical scoring criteria to aid in decision-making, and develop EHRS PowerForms, PowerPlans, Orders, and documentation.	40.0	36.0	1440.0
In consultation with clinical staff, identify data and information required to deliver integrated Addiction Services to SUD patients, and manage their complex care and comorbidities.	24.5	36.0	882.0
Coordinate with IT on ongoing EHRS maintenance requirements, manage and complete ongoing change requests, and perform ongoing post-implementation support.	33.0	12.0	396.0
Develop front-end decision-support in the EHRS and InterQual environments to assist clinicians in their decision-making at the point of care, provide administrative oversight, and measure program performance.	52.0	36.0	1872.0
Ensure the availability of relevant data, and develop code to auto-populate EHRS tools/forms.	24.0	36.0	864.0
Attend project meetings with internal IT staff to ensure required system infrastructure and maintained requires are met.	4.0	72.0	288.0
LMS Trainings.	16.0	3.0	48.0
TOTAL HOURS PROJECTED ANNUALLY			5790.0
TOTAL POSITIONS PROJECTED			3.3

Notes:

METHODODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Staff Services Manager III			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Direct and coordinate the work of Health Program Supervisors. Provide general supervision and guidance to supervisor to perform work assignments.	2.0	247.0	494.0
Perform the full spectrum of activities involved in the planning, development, implementation, monitoring of the Addiction Services Program and other clinical initiatives.	2.0	247.0	494.0
Monitor and evaluate contracts for compliance with health regulations.	1.0	213.0	213.0
Effectively communicate with executive staff to coordinate the submission of grant proposals and identifying resources required.	1.0	214.0	214.0
Evaluate and recommend changes in health care regulations, policies, and procedures.	1.0	180.0	180.0
Represent the department in meetings with local, State, Federal and private partners.	1.0	90.0	90.0
Prepare for and Conduct Unit Meetings.	1.0	90.0	90.0
Respond to Emails and Telephone Calls.	1.0	205.0	205.0
Prepare Probationary and Annual Performance Reports.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Staff Services Manager II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Plan, organize, and direct the work of Program Development and Clinical Support Staff including	2.0	247.0	494.0
Project coordination and oversight, workload prioritization consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines.	2.0	247.0	494.0
Develop operational plans for how information will be communicated to stakeholders and executives.	2.0	180.0	360.0
Report the ongoing results of the program, coordinating the development and delivery of Continuing Medical Education and ongoing instructional support following implementation.	1.0	180.0	180.0
Prepare for and Conduct Unit Meetings.	1.0	247.0	247.0
Respond to Emails and Telephone Calls	1.0	205.0	205.0
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Health Program Specialist II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Review national guidelines, policies, and procedures to guide program development, implementation, expansion, and the delivery of ongoing patient care.	2.0	247.0	494.0
Work with Program Development and Clinical Support Staff to incorporate national guidelines and best-practices into program policies and procedures.	2.0	247.0	494.0
Develop and submit federal and state grant applications, and serve as the grant/project manager.	2.0	180.0	360.0
Report the ongoing results of the program, coordinating the development and delivery of Continuing Medical Education and ongoing instructional support following implementation.	1.0	180.0	180.0
Identify and establish partnerships with external entities that provide aftercare and community-based Addiction Services to support post-release care.	1.0	247.0	247.0
Respond to Emails and Telephone Calls	1.0	205.0	205.0
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Health Program Specialist I			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
In collaboration with clinical staff, develop and maintain processes, algorithms, and workflows to be used by clinical staff to guide patient care.	2.0	247.0	494.0
Develop care pathways with procedural elements for day-to-day patient care, and comprehensive care guides to include detailed information on courses of treatment and medication options.	2.0	247.0	494.0
Work with interdisciplinary teams to develop statewide policies and procedures.	2.0	180.0	360.0
Report the ongoing results of the program, coordinating the development and delivery of Continuing Medical Education and ongoing instructional support following implementation.	1.0	180.0	180.0
Review local operating procedures to ensure consistency with statewide policies and procedures.	1.0	247.0	247.0
Respond to Emails and Telephone Calls.	1.0	205.0	205.0
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

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California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Staff Services Manager I for Credentialing Verification Unit			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Direct and coordinate the work of AGPA's: Require general supervision and guidance from supervisor to perform work assignments.	2.0	247.0	494.0
Provide direct supervision to Credentialing Verification Unit staff responsible for AOD verification and tracking.	2.0	247.0	494.0
Establish and maintain workload priorities, and monitor activities and timelines effectively.	2.0	180.0	360.0
Facilitate effective communication with DRP on the status of AOD verifications, and ensure complete and accurate information is shared within specifies timelines.	1.0	180.0	180.0
Oversee the development of training resources and desk procedures.	1.0	247.0	247.0
Respond to Emails and Telephone Calls.	1.0	205.0	205.0
Prepare Probationary and Annual Performance Reports.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Associate Governmental Program Analyst for Clinical Program and Credentialing Verification Unit			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Support program development, implementation, and ongoing program operations through the development of training resources, desk procedures, and user guides for EHRS and InterQual tools.	4.0	1250	5000.0
Support program development, implementation, and ongoing program operations by ensuring contracted AOD counselors have the required certifications and training to deliver SUDT/CBT to CDCR/CCHCS' patient population.	4.0	643	2572.0
Provide targeted technical assistance to clinical staff using developed tools.	3.0	810	2430.0
Coordinate and support the development of documentation related to business intelligence and modeling tools.	2.5	911	2277.5
Support administrative operations including development and management of: Work plans, BCPs and Finance Letters, contracts, MOUs, project budgets, and space, and equipment.	1.0	911	911.0
Supply needs to support clinical operations and the delivery of patient care.	1.0	1266	1266.0
Respond to Emails and Telephone Calls.	1.0	1038	1038.0
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.0	260	260.0
Attend Required Annual Training.	1.0	260	260.0
TOTAL HOURS PROJECTED ANNUALLY			16014.5
TOTAL POSITIONS PROJECTED			9.0

Notes:

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California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Addiction Services/Office Technician			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Review Patient Information Regarding Scheduling (Work Times, Pending Appointments, Yard Time, Canteen).	2.3	494.0	1111.5
Schedule MAT Initial Evaluation.	0.8	494.0	370.5
Schedule MAT Follow Up Assessments.	0.8	494.0	370.5
Schedule MAT Groups.	0.8	494.0	370.5
Schedule Emergent or Urgent MAT Appointments.	0.8	494.0	370.5
Arrange Program Staff Meetings (Create Agenda, Take Meeting Minutes, Edit Minutes).	1.5	104.0	156.0
Arrange Program Quarterly Advisory Meetings (Create Agenda, Take Meeting Minutes, Edit Minutes).	1.3	6.0	7.5
Maintain and Update Daily Calendars.	0.3	494.0	123.5
Answer Phone Calls, Take Messages, Fax, Photocopy, Process Incoming and Outgoing Mail.	0.5	494.0	247.0
Back-Up Other Office Support as Needed. Provide Training and Assistance to Staff Members.	0.5	494.0	247.0
Submit and File Miscellaneous Paperwork for MAT Providers and MAT Program.	0.5	104.0	52.0
Order and Maintain MAT Office Supplies.	1.0	6.0	6.0
Daily Communication (E-Mail, Jabber, Phone) With MAT Staff.	0.5	494.0	247.0
Update MAT Spreadsheets (Contact Lists, Patient Tracking, ETC.).	0.5	104.0	52.0
Block Training.	24.0	2.0	48.0
Trainings/ LMS Trainings.	15.0	2.0	30.0
TOTAL HOURS PROJECTED ANNUALLY			3809.5
TOTAL POSITIONS PROJECTED			2.1

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Lab Assistants (Phlebotomists)			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific Task</i>			
Collect urine drug screens for patients participating in departmental SUDT and/or MAT programs.	0.25	131,250	32,813
Prepare and process urine drug screens.	1.5	7,050	10,575
Clean laboratory equipment.	1.0	8,200	8,200
Documentation of results in EHRS.	2.0	7,250	14,500
Block Training.	24.0	35	840
Trainings/ LMS Trainings.	15.0	35	525
TOTAL HOURS PROJECTED ANNUALLY			67,453
PYs per Institution (Rounded)			1.0
Number of Institutions			35.0
TOTAL POSITIONS			35.0

Notes:

METHODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Staff Services Manager II for Pharmacy			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Review national guidelines, policies, and procedures to guide program development, implementation, expansion, and the delivery of ongoing pharmacy program.	2.00	225	450
Facilitates programs and leads complex project management that requires interdivisional workgroups, meetings with stakeholders, development of goals and timeframes, development of progress reports and ensures timeliness of completion.	2.00	225	450
Assist in the development and oversight of the CCHCS pharmacy operations budget.	2.00	170	340
Ensures that pharmacy services complies with licensing requirements and regulations. Formulates recommendations to management based on research analysis and copulations of data.	1.00	170	170
Lead regular occurring meetings and coordinate with external vendors as needed.	1.00	225	225
Official correspondence and communication.	1.00	205	205
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.00	50	50
Attend Required Annual Training.	1.00	50	50
TOTAL HOURS PROJECTED ANNUALLY			1,940
TOTAL POSITIONS PROJECTED			1.1

Notes:

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California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Staff Services Manager I for Pharmacy			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Direct and coordinate the work of AGPA's: Require general supervision and guidance from supervisor to perform work assignments.	2.00	225	450
Provide direct supervision and assign project tasks to Pharmacy Services staff responsible for the Correctional Clinic Model, Controlled Medication Inventories, Automated Drug Dispensing System (ADDS), and the Narcotic Treatment Program.	2.00	225	450
Establish and maintain workload priorities, and monitor activities and timelines effectively.	2.00	170	340
Facilitate effective communication with Control Agencies regulating Correctional Clinic Model, ADDS, and the Narcotic Treatment Program.	1.00	170	170
Oversee the development of training resources and desk procedures.	1.00	225	225
Official correspondence and communication.	1.00	200	200
Prepare Probationary and Annual Performance Reports.	1.00	50	50
Attend Required Annual Training.	1.00	50	50
TOTAL HOURS PROJECTED ANNUALLY			1,935
TOTAL POSITIONS PROJECTED			1.1

Notes:

METHODOLOGY

California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Associate Governmental Program Analyst for Pharmacy			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Support program development, implementation, and ongoing program operations through the development of training resources, desk top procedures, and user guides to support the Correctional Clinic Model, Controlled Medication Inventories, Automated Drug Dispensing System (ADDS), and the Narcotic Treatment Program.	2.00	1,500	3,000
Support program development, implementation, and ongoing program operations by ensuring Inventory control of Central Fill Cards, Unit of Use Packaging, Controlled Medications, and High Cost Drug to ensure Par Level and Turn Rates are managed appropriately throughout the institutions and Central Fill Pharmacy.	1.50	1,500	2,250
Provide pharmacy and nursing staff with analysis statewide level reports relating to drug utilization, operations and time studies, and survey and data analytics supporting the Correctional Clinic Model, ADDS, Controlled Medications Inventories, and Narcotic Treatment Program.	2.00	950	1,900
Cost modeling monitoring and assuring appropriate contract pricing and provision of institution and Central Fill Pharmacy oversight on purchases related to High Cost Drugs.	2.00	1,000	2,000
Support administrative operations including development and management of: Work plans, Institution Performance Improvement Plans, BCPs and Finance Letters, contracts, MOUs, project budgets, and space, and equipment.	1.50	1,500	2,250
Manage the registration and ongoing licensure for the Licensed Correctional Clinic, ADDS, and Narcotic Treatment Program.	0.50	123	62
Monitor and research alternative vendors to assist institutions and Central Fill Pharmacy with medication shortages.	2.50	280	700
Coordinate the development of analytical desk procedures, and other clinical support documentation to ensure successful operation of the Correctional Clinic Model.	1.00	350	350
Attend Required Annual Training.	1.00	350	350
TOTAL HOURS PROJECTED ANNUALLY			12862
TOTAL POSITIONS PROJECTED			7.2

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Pharmacy Services Manager			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Manages the Pharmaceutical Programs relating to the substance use disorder treatment including the centralized Narcotic Treatment Program which will provide services at seven hub institutions and other substance use disorder activities at all 35 institutions such as the provision of naloxone upon parole with required pharmacist consultations.	2.8	247.0	679.3
Project coordination and oversight, workload prioritization consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines.	2.0	247.0	494.0
Develop operational plans for how information will be communicated to stakeholders and executives.	2.0	180.0	360.0
Evaluate and recommend changes in health care regulations, policies, and procedures relating to statewide provision of substance use treatments and narcotic treatment program where appropriate.	20.0	12.0	240.0
Prepare for and Conduct Unit Meetings.	1.3	104.0	130.1
Provides program liaison with external entities including regulatory, fiscal and public agencies to ensure timely accreditation and state and federal licensure of the CCHCS Narcotic Treatment Program.	1.0	205.0	205.0
TOTAL HOURS PROJECTED ANNUALLY			2108.4
TOTAL POSITIONS PROJECTED			1.2

Notes:

METHODODOLOGY

California Correctional Health Care Services
Program Area: Medical Services - Addiction Services Program
Addiction Services

Pharmacist II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Coordinate the work of pharmacy services to provide substance use disorder pharmaceuticals including in licensed NTPs at designated hub institutions. Provide general supervision and guidance to pharmacists working for the program and in the institutions to perform work assignments.	2.5	494.0	1235.0
Monitors and provides professional supervision over the control and distribution of controlled substances to ensure security, record, keeping, diversion prevention policies and procedures.	2.0	312.0	624.0
Monitor and evaluate pharmaceutical contracts for medications related to substance use disorder treatments to ensure efficient purchasing and coordinates with other agencies or counties to promote Governor executive order on Pharmaceutical purchasing.	25.0	3.0	75.0
Provide drug and NTP regulatory information to pharmacists, clinicians and nurses.	2.5	494.0	1235.0
Represent the department in meetings with local, State, Federal and private partners.	2.0	90.0	180.0
Prepare for and Conduct Unit Meetings.	1.0	48.0	48.0
Respond to Critical Communications.	1.0	205.0	205.0
Prepare Probationary and Annual Performance Reports.	1.0	100.0	100.0
Staff training to state and federal NTP regulations.	1.0	50.0	50.0
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			3802.0
TOTAL POSITIONS PROJECTED			2.1

Notes:

METHODODOLOGY

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Pharmacist I			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Authorizes new and refill prescriptions for patients enrolled in the SUD program, assists providers with medication therapy management for patients receiving medications through the Narcotic Treatment program to ensure required adherence and counselling within federal and state regulations.	0.5	7300.0	3650.0
Performs clinical reviews of ensure appropriateness and safety of medications administered as part of narcotic treatment program and other substance use disorder treatments.	2.0	200.0	400.0
Work with pharmacists on site at the 7 hub institutions to ensure pharmacy processes with regard to the Narcotic treatment program are consistent with State and Federal regulation teams to develop statewide policies and procedures.	2.0	150.0	300.0
Provide patient information services and assists in linkage to care for paroling/discharging patients to ensure continued substance use disorder treatment upon reentry.	1.0	150.0	150.0
Consult and report as required to the DOJ Controlled Substances Utilization Review and Evaluation System (CURES) as mandated.	1.0	200.0	200.0
Ensure appropriate drug procurement, storage and distribution to maintain the pharmacy services related to the Narcotic Treatment program and any substance use disorder treatment including emergent opioid antagonists as appropriate upon parole/discharge.	1.0	170.0	170.0
Provide pharmacist consultation upon discharge as required by Business and Professions code 1707.2 for all substance use disorder treatments including naloxone.	0.3	10000.0	2500.0
Oversees the day-to-day work actives of pharmacy technicians.	1.0	45.0	45.0
TOTAL HOURS PROJECTED ANNUALLY			7415.0
TOTAL POSITIONS PROJECTED			4.2

California Correctional Health Care Services
 Program Area: Medical Services - Addiction Services Program
 Addiction Services

Pharmacy Technician			
	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
ACTIVITY TASK			
Specific Task			
Repackages medications for use in the Substance Use Disorder (SUD) Treatment Program using automated packaging, sorting and prescription filling machinery.	1.5	70.0	105.0
Completes and maintains records of acquisitions and distribution for controlled substances for all medications distributed through a central Narcotic Treatment Program (NTP) to the 35 CDCR institutions.	1.2	1500.0	1800.0
Performs audits and compliance checks on the storage and distribution of narcotics used in the Correctional Clinics within the institutions.	1.4	5300.0	7420.0
Generates and compiles data through the Automated Drug Dispensing System (ADDS).	1.0	4900.0	4900.0
Ensures availability of substance abuse medications within the institutions.	0.5	104.0	52.0
Ensures availability of opioid reversal antidotes within the institutions.	0.5	104.0	52.0
Respond to Critical correspondence.	0.3	247.0	61.8
Attend Required Annual Training.	1.0	50.0	50.0
TOTAL HOURS PROJECTED ANNUALLY			14440.8
TOTAL POSITIONS PROJECTED			8.1

Notes:

METHODOLOGY

Repackaging 3 medication lines repackaged every 2 week = 78 medication runs
 Completes and maintains records = 7 hub institutions *22 days*12 months = 1845
 Audits and Compliance Checks on Storage = 450 ADDS + 39 pharmacies * 12 =
 Reports through ADDS = 450 * 12 = 5400
 Ensures Availability of meds (Line 15 and 16) = 52 weeks twice a week = 104

**California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program**

Chief of Whole Person Care			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Responsible for the administration of the Whole Person Care Program.	12.0	40.0	480.0
Directs the development of policies, procedures and protocols.	9.0	46.0	414.0
Ensures effective implementation of nursing services and resource management to achieve program goals.	6.0	231.0	1386.0
Develops and implements strategic plans and directs staff on program initiatives.	24.0	12.0	288.0
Ensure program requirements are developed, maintained and monitored in order to evaluate and improve the quality and appropriateness of the program. Develops and implements a quality management program for continuous improvement and sustainability of positive outcomes.	12.0	52.0	624.0
Partners with the DME (Addiction Specialist Providers) and other internal and external partners such as: DRP, DAPO, Probation, DHS, local Counties and Community Agencies to ensure an effective comprehensive transitional community entry system for high risk patients. Collaborates with institutional leadership and interfaces with programs relative to the Whole Person Care Program. Identify problems and implement solutions for operational and organizational issues.	90.0	2.0	180.0
Responsible for staff development.	24.0	12.0	288.0
Develops and directs implementation of effective systems that certify competency to perform nursing services.	96.0	12.0	1152.0
Partners with Regional, HQ, and other local institutional leadership and provides executive oversight, coordinates the effectiveness of multiple programs.	12.0	25.0	300.0
Prepare annual reports for legislators, Receivership, Staff recruitment, and succession planning.	48.0	1.0	48.0
Complete Executive, Managerial and clinical probationary and yearly evaluations.	12.0	22.0	264.0
Annual block training.	120.0	1.0	120.0
TOTAL HOURS PROJECTED ANNUALLY			5544.0
TOTAL POSITIONS PROJECTED			3.1

Notes:

California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program

Nurse Consultant III			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific task</i>	<i>Description of tasks</i>		
Participate in the development and implementation of the program policies and procedures. Develop and monitor SUD nursing program, transition planning, program structure and group schedules.	16.0	231.0	3696.0
Access and support community partnership networks for community re-entry. Maintain the integrity of established community partnership networks.	2.0	231.0	462.0
Partner with the institutions Pharmacist In-Charge (PIC) to ensure availability, proper storage and monitoring of controlled substances.	4.0	52.0	208.0
Lead and evaluate the effectiveness of population management sessions, daily huddles and other patient care forums. Conduct audits and review documentation to ensure clinical standards, and corrective actions are met. Review care plans to ensure appropriateness to patient care needs. Evaluate group therapy facilitation and documentation.	4.0	231.0	924.0
Ensure staffing needs are met, provide training to relief staff. Participate in staff recruitments, hiring interviews and training plans. Coordinate with the CNE for ongoing training needs and elbow to elbow support. Ensure standards of treatment are updated with current trends. Ensure staff are trained and competent in care management and coordination of HCV and SUD treatment procedure, motivational enhancement and other addiction recovery methodologies.	8.0	52.0	416.0
Utilize MAT and HCV and other pertinent registries, dashboards and other support tools to identify, address or elevate patient care issues. Provide recommendation to Addiction Services team and HCV treatment team regarding quality indicators. Review inter/intra facility transfers to ensure effective care coordination.	16.0	52.0	832.0
Lead program specific Root Cause Analysis (RCA). Develop and execute corrective action plans to improve quality of patient care. Prepare program specific reports.	8.0	52.0	416.0
Annual Block training	160.0	1.0	160.0
TOTAL HOURS PROJECTED ANNUALLY			7114.0
TOTAL POSITIONS PROJECTED			4.0

Notes:

METHODOLOGY

Supervision based on 2 programs HEP C & MAT

6 patients per clinic days, 25 group patients per week at 4 sessions per week

California Correctional Health Care Services
 Program Area: Nursing Services Whole Person Care Program

Nursing Consultant Program Review			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific task</i>			
Assist in the design, strategic planning, development, implementation, and evaluation of Nursing Services policies, procedures, protocols, care pathways, and training programs. Develop & disseminate training standards, materials, competency validations and group content. Coordinate with HQ PEU for ongoing training needs and library update. Develop HQ & Regional nursing quality management & compliance process.	78.0	60.0	4680.0
Assesses gaps in care needs and provide ongoing training and routine field support to drive required patient outcomes. Reviews program trends and identify barriers to program goals, and provide recommendations for improvement. Researches future and current trends for best practice opportunities.	12.0	60.0	720.0
Develop, monitor and evaluate effectiveness of program specific electronic health records (nursing assessments, substance abuse screening tool, therapeutic notes, order sets, care plans, and nursing protocols). Act as SME and recommend CERNER updates and builds to reflect policy and procedural needs and current trends.	22.5	60.0	1350.0
Remote program surveillance to ensure nursing standards of care are met. Evaluate effectiveness of statewide and institutional onboarding and training programs. Analyzes complex operational problems & recommends appropriate corrective action plans. Utilizes program support tools (dashboards, MAT registries) to identify, address & elevate patient care issues. Assist in compilation of reports for MAT Advisory Committee & legislative branch. Provide support to regional and local institutional regarding quality improvement initiatives.	24.0	156.0	3744.0
Provide onsite training to MHE, NI, SRN at program initiation. Liaisons with the nursing administration and institutional Nursing Instructors for professional development. Provide institutional staff elbow to elbow training and competency in program specific skills & methodologies (MAT, psychoeducational groups, Group Facilitation).	936.0	11.0	10296.0
Provide statewide onsite program specific clinical supervision and support to nursing administration and staff nurses. Participate in program meetings and committees.	15.0	12.0	180.0
Participate and provide recommendations on program expansion, publications and recruitment of patients & specialized staff.	15.0	10.0	150.0
Attend program specific meetings and related meetings as assigned.	24.0	4.0	96.0
Basic & advanced supervision training, HQ Healthcare annual training, T4T, motivational interviewing, miscellaneous.	960.0	1.0	960.0
TOTAL HOURS PROJECTED ANNUALLY			22176.0
TOTAL POSITIONS PROJECTED			12.5

Notes:
 METHODOLOGY
 Headquarters team

California Correctional Health Care Services
Program Area: Nursing Services Whole Person Care Program

Supervising Registered Nurse II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Description of tasks			
Supervises nursing staff, completes audits, reviews documentation to ensure clinical standards, corrective actions. Review care plans to ensure appropriateness to patient care needs. Review & follow up on unresolved locked encounters, ageing appointments, pending medication expirations.	4.0	231.0	924.0
Ensures staffing needs met, provide training to relief staff. Participates in staff recruitment, hiring interviews and training plans. Conducts probationary and annual performance evaluations. Creates and executes development/remediation plans.	1.0	231.0	231.0
Conducts required MAT, Hep C & other program specific competency validations . Evaluates group therapy facilitation & documentation.	2.0	12.0	24.0
Coordinate with MHE/NI for ongoing training needs. Ensure standards of treatment are updated with current trends. Ensure staff are trained and competent in delivery of Hep C nursing protocols, MAT, Psychosocial groups, Naloxone use, Motivational interviewing & other addiction recovery methodologies.	11.0	1.0	11.0
Reviews MAT institutional inter/intra transfers and release planning process to ensure care coordination in accordance with MAT policies & procedures. Participates in population management meetings.	3.0	52.0	156.0
Utilizes MAT & HEP C registries, dashboards & other support tools to identify, address or elevate patient care issues. Develops & executes corrective action plans to improve quality of patient care. Provide recommendation to MAT team regarding quality indicators. Leads program specific RCAs. Prepare program specific reports. Coordinates with NCPRs for support and surveillance, timeliness of services, patient outcomes and barriers to access.	4.0	52.0	208.0
Weekly MAT	1.0	52.0	52.0
Monthly staff meeting, QMC, Mental Health Sub-committee.	3.0	12.0	36.0
Quarterly SUDT fair, MAT. Other addiction & recovery related meetings as assigned.	3.0	4.0	12.0
Basic & advanced supervision training, MAT training, annual healthcare training, skills far, Pyschosocial groups, motivational interviewing, transitional planning	70.0	1.0	70.0
Facilitate conflict resolution, provide clinical support as needed, liaison with MAT team and nursing administration for unresolved issues. Tracks & reports on Naloxone utilization.	1.0	52.0	52.0
TOTAL HOURS PROJECTED ANNUALLY			1776.0
PY PER INSTITUTION			1.0
35 INSTITUTIONS X 1.2 (5 DAY POST WITH RELIEF)			42.0
TOTAL POSITIONS PROJECTED			42.0

Notes:

METHODOLOGY

Supervision based on 2 programs HEP C & MAT
6 patients per clinic days, 25 group patients per week at 4 sessions per week
Positions are program-driven, not ratio-driven. Not to be adjusted as part of annual Pop. staffing adjustments.

California Correctional Health Care Services
 Program Area: Nursing Services Whole Person Care Program

Licensed Clinical Social Worker			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Conduct psychosocial assessment and intake for Substance Use and appropriate level of care needs utilizing American Society Addiction Medicine (ASAM) criteria.	43.0	500.0	21500.0
Develops and implements individualized care plans and after-care treatment plans for care managed patients (HCV, SUD). Coordinates and consult with nursing, the patient's primary care team, mental health and other rehabilitative programs in the formulation and adjustment of treatment plans.	20.0	500.0	10000.0
Transitional Planning Activities Including: Linkage of services with community and CDCR partners and activation of financial and social resources (ID Cards, MediCAL enrollment).	42.0	500.0	21000.0
Prepares and provides individual and group therapy as part of a treatment plan, provides suicide and crisis intervention as appropriate. Assists in recruitment and development of peer mentors & peer support groups. High Risk Individual Relapse and Crisis Prevention.	84.0	231.0	19404.0
Coordinates with institutional rehabilitative programs and custody staff to link institutional services including education, training, work assignments, and special group's participation.	84.0	22.0	1848.0
Utilizes care team tools such as pop management sessions, and other CCM forums..	84.0	26.0	2184.0
Annual Block Training.	1720.0	1.0	1720.0
TOTAL HOURS PROJECTED ANNUALLY			77656.0
TOTAL POSITIONS PROJECTED			43.7

Notes:

METHODOLOGY

Based on 48 Weeks of actual patient service average 15 routine patient appointments a week. Average of one client in crisis a week needing drop-in care,

California Correctional Health Care Services
 Program Area: Nursing Services Whole Person Care Program

Primary Care Resource Nurse			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Description of tasks</i>			
Nursing care assessments on newly identified patients, initiation of individualized treatment plans, provision of patient education for individual and group forums, coordinates care with the primary care team, addiction medicine specialists, DRP, social workers, and NTP/OTPs. Coordinates with HQs Nursing and social work.	1.0	260.0	260.0
Review lab results, medicate patients, develop plan of care, group and individual patient education, and order appointments.	0.5	1040.0	520.0
Medication administration (Naltrexone, Nalaxone) injection site reassessment/adverse reactions update care plan, educate, refer patients.	0.3	208.0	52.0
Review MAR for non-compliance, case review with MAT team on new admits, re-admits, patient concerns. Monitor performance via CDCR/CCHCS performance measures.	0.3	208.0	52.0
Coordinate inter/intra facility transfers and transfer to the community ensuring continuity of treatment including MAT. Ensure warm handoff of patient to next care provider. Review transfers, new admits, returns from higher level of care and medication issues. Actively participates in Population Management working sessions and acts as a subject matter expert to ensure all program requirements are met. Notices HQs team regarding any deviations from desired plan, communicates with DRP and others.	1.0	260.0	260.0
Order groups, ensure groups scheduled, conduct group, document, review patient homework, coordinate with DRP to target resources that patient can benefit from, confer with addiction medicine specialist, and update patient treatment plan as indicated. Provide feedback to patient about progress and adjust assignments accordingly.	2.0	260.0	520.0
Final patient encounters, patient education regarding carrying Naloxone and medical alert card/bracelet, coordinates with Paroles, Probation, community providers, benefit workers, social workers, and others to validate benefits are activated, appointments are scheduled, patient is aware of follow-up appointments, transportation has been defined, secure housing is identified, patient release of information is signed and available to receiving providers, and ensure pharmacy has provided discharge medications. Communicates with RR nurse and primary care team, HQs team, regarding patients pending and actual release.	2.5	52.0	130.0
Weekly MAT, quarterly SUDT fair, mental health subcommittee, MAT quarterly, care conferences, and transition planning meetings.	2.0	52.0	104.0
Motivational interviewing, nursing competencies, MAT training, group facilitation, ASAM required courses, recovery management, Telehealth, and peer support.	80.0	1.0	80.0
RN assessment for untoward medication reactions, patient urgent/emergent events, updates all team members of patient's urgent/emergent status. Intervenes with patients who have difficulties with adherence to prescribed regime. Review transfers and returns from higher level of care related to drug use. Follow-up with all team members to make them aware of new patient status and update patient care plan accordingly.	0.5	72.0	36.0
Facilitate Telehealth appointments, coordinate with SRN and CNE to ensure adequate space and supplies and equipment are available and in working order. Assist schedulers in working with HQs specialists to ensure availability of appointments and sharing communication with all team members.	2.8	24.0	66.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
PY PER INSTITUTION			1.0
35 INSTITUTIONS X 1.2 (5 DAY POST WITH RELIEF)			42.0
TOTAL POSITIONS PROJECTED			42.0

Notes:

METHODOLOGY

Based on 6 patients per day at 15 to 30 minutes per encounter for ongoing needs and 1 hr for initial visits
 Group therapy based on 1 session per day at 2.5hrs per session

California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program

Staff Services Manager III

ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Administrative Program Support to the Chief of Whole Person Care Program. Direct and coordinate the work of SSMs and HPSIs: Provide general supervision and guidance to supervisor to perform work assignments.	2.0	231.0	462.0
Perform the full spectrum of activities involved in the planning, development, implementation, monitoring of the Addiction Services Program, Whole Person Care and other clinical initiatives.	2.0	231.0	462.0
Monitor and evaluate contracts for compliance with health regulations and establish new contracts as needed.	1.0	52.0	52.0
Through monitoring the program, evaluate and recommend changes in health care regulations, policies, and procedures. Support the development and monitoring of Community Partnerships, Networks, clinics. Research current trends in addiction services for best practices.	1.0	231.0	231.0
Represent the department in meetings with local, State, Federal and private partners.	2.5	12.0	30.0
Respond to Emails and Telephone Calls.	1.0	231.0	231.0
Prepare Probationary and Annual Performance Reports.	2.0	2.0	4.0
Establish and maintain regular program status meetings, check ins, conference calls and participation in Executive Leadership meetings.	5.0	52.0	260.0
Leave - holidays, vacation, sick ,personal holiday, professional development.	232.0	1.0	232.0
Annual Block training.	40.0	1.0	40.0
Review and approve adhoc and quaterly and annual reports for submission to internal and external stakeholders.	1.0	52.0	52.0
Direct and support in the progressive discipline process to correct/improve employee performance/behavior or address issues of substandard performance by utilizing various resources.	2.0	12.0	24.0
TOTAL HOURS PROJECTED ANNUALLY			2080.0
TOTAL POSITIONS PROJECTED			1.2

Notes:

METHODOLOGY

**California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program**

Staff Services Manager II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Plan, organize, and direct the administrative work of Nursing Services Whole Person Care Program.	4.0	231.0	924.0
Project coordination and oversight, workload prioritization consisting of multiple project components and assignments; and ensuring the completion of work under critical timelines to meet project objectives and deadlines. Chair committees, ensure resources are available for patients.	4.0	231.0	924.0
Communication with internal and external stakeholders.	2.0	231.0	462.0
Report the ongoing results of the program, coordinating the development and delivery of training and ongoing instructional support following implementation, identify barriers and make recommendations as needed.	2.0	231.0	462.0
Prepare for and Conduct Unit Meetings, check ins, conference calls	2.0	104.0	208.0
Respond to Emails and Telephone Calls.	2.0	231.0	462.0
Ensure the coordination and the development of analytical desk procedures, and other clinical support documentation.	1.0	12.0	12.0
Attend Required Annual Training.	80.0	1.0	80.0
Direct and support in the progressive discipline process to correct/improve employee performance/behavior or address issues of substandard performance by utilizing various resources.	2.0	12.0	24.0
Review and approve quarterly and annual reports for submission to internal and external stakeholders.	32.0	4.0	128.0
Complete staff probationary and yearly evaluations.	5.0	2.0	10.0
TOTAL HOURS PROJECTED ANNUALLY			3,696.0
TOTAL POSITIONS PROJECTED			2.1

Notes:

METHODODOLOGY

California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program

Health Program Specialist II			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific task</i>			
Reviews guidelines, policies and procedures to ensure appropriate implementation and delivery of patient care and identify resources required.	2.0	231.0	462.0
Develop and submit federal and state grant applications for the program and serve as the grant manager.	1.0	231.0	231.0
Identify and establish partnerships with external entities that provide aftercare and community based services post-release.	0.3	231.0	57.8
Report the ongoing results of the program, coordinating the development and delivery of nurse competencies and ongoing instructional support following implementation.	0.5	231.0	115.5
Represents the department in dealings with local, State, Federal and private jurisdictions.	1.0	231.0	231.0
Oversees the development of training resources and desk procedures relating to program.	1.0	231.0	231.0
Respond to Emails and Telephone Calls.	1.0	231.0	231.0
Coordinate the development of analytical desk procedures, and other clinical support documentation and prepares complex written reports for	2.8	52.0	143.0
Completes special studies as needed.	12.0	4.0	48.0
Mandatory Block Training.	40.0	1.0	40.0
	0.0		0.0
TOTAL HOURS PROJECTED ANNUALLY			1790.3
TOTAL POSITIONS PROJECTED			1.0

Notes:

METHODOLOGY

Headquarters team

California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program

Health Program Specialist I			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific task</i>	<i>Description of tasks</i>		
In collaboration with clinical staff, develop and maintain processes, algorithms, and workflows to be used by clinical staff to guide patient care.	4.0	231.0	924.0
Review and update protocols with procedural elements for day-to-day patient care as needed/Coordinate telehealth activities.	2.0	231.0	462.0
Work with interdisciplinary teams to develop statewide policies and procedures, support the development and monitoring of the Community Partnership Networks.	2.0	231.0	462.0
Report the ongoing results of the program, coordinating the development and delivery of competencies.	2.0	231.0	462.0
Review local operating procedures to ensure consistency with statewide policies and procedures.	2.0	231.0	462.0
Respond to Emails and Telephone Calls.	2.0	231.0	462.0
Coordinate the development of analytical desk procedures, and other clinical support documentation.	1.5	52.0	78.0
Coordinate program and interdisciplinary conferences and trainings.	24.0	4.0	96.0
Mandatory Block Training.	80.0	1.0	80.0
Research, develop, review reports and create documents related to program needs, track and trend program data as needed, coordinate list of community clinics and profiles.	4.0	52.0	208.0
TOTAL HOURS PROJECTED ANNUALLY			3696.0
TOTAL POSITIONS PROJECTED			2.1

Notes:

METHODOLOGY

Headquarters team

California Correctional Health Care Services
Program Area - Nursing Services Whole Person Care Program

Associate Governmental Program Analyst			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
<i>Specific task</i>	<i>Description of tasks</i>		
Research, develop, review reports and create documents related to program needs.	91.0	295.0	26845.0
Tabulate, track and trend data and identify barriers utilizing survey methods and LCSW business intelligence.	47.0	225.0	10575.0
Assist with creating program policies and procedures, training materials, desk procedures.	35.0	140.0	4900.0
Utilize data bases, SharePoints to track and trend program progress	23.5	295.0	6932.5
Maintain the list of institutional partners (DRP, DAI, DAPO), community providers, clinics and act as liaison between institutional staff and HQ and internal and external stakeholders.	23.5	90.0	2115.0
Make recommendations on a broad spectrum of administrative and program related problems.	23.5	45.0	1057.5
Support administrative operations including development and management of work plans, BPCs, finance letters, contracts, MOUs, project budget, Human resources, space planning, equipment and supply needs.	94.0	295.0	27730.0
Assisting with scheduling patient specific issues and Telehealth.	23.5	45.0	1057.5
Coordinate program conferences and trainings.	11.8	48.0	564.0
Mandatory Block Training.	1880.0	1.0	1880.0
TOTAL HOURS PROJECTED ANNUALLY			83656.5
TOTAL POSITIONS PROJECTED			47.1

Notes:

METHODOLOGY

California Correctional Health Care Services
Program Area - Whole Person Care Program

Management Services Technician			
ACTIVITY TASK	PROJECTED ONGOING WORKLOAD		
	HOURS TO COMPLETE TASK	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task			
Develop excel spreadsheets, track and trend data.	2.0	231.0	462.0
Manage daily correspondence for daily program.	1.0	231.0	231.0
Manage travel paperwork for program staff.	1.0	231.0	231.0
Collect and analyze data for program compliance.	1.0	231.0	231.0
Notify management of mission critical concerns.	1.0	231.0	231.0
Arrange Program Staff Meetings (Create Agenda, Take Meeting Minutes, Edit Minutes).	2.0	104.0	208.0
Arrange Program Quarterly Executive Meetings (Create Agenda, Take Meeting Minutes, Edit Minutes).	34.0	4.0	136.0
Maintain and Update Daily Calendars.	1.0	231.0	231.0
Answer Phone Calls, Take Messages, Fax, Photocopy, Process Incoming and Outgoing Mail.	1.0	231.0	231.0
Back-Up Other Office Support as Needed. Provide Training and Assistance to Staff Members.	1.0	231.0	231.0
Submit and File Miscellaneous Paperwork for Program.	0.3	52.0	13.0
Order and Maintain Office Supplies.	2.0	12.0	24.0
Daily Communication (E-Mail, Jabber, Phone) With Staff.	4.0	231.0	924.0
Update Spreadsheets (Contact Lists, Patient Tracking, ETC.).	2.0	104.0	208.0
Block Training.	80.0	1.0	80.0
LMS Trainings.	2.0	12.0	24.0
TOTAL HOURS PROJECTED ANNUALLY			3696.0
TOTAL POSITIONS PROJECTED for State AM Program			2.1

Notes:

METHODOLOGY

California Department of Corrections and Rehabilitation
 Program Area: Division of Rehabilitative Programs - In-Prison Contract Operations
 Addiction Services

Staff Services Manager I

PROJECTED ONGOING WORKLOAD				
ACTIVITY TASK	HOURS TO COMPLETE TASK	BASE (Staff/Units Assignments)	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task				
Direct and coordinate the work of AGPAs: Require general supervision and guidance from supervisor to perform work assignments.	2.0	3.0	260.0	1560.0
Supervision of Staff Performing Credentialing Process for AOD Counselors, review, identify, and credentialing issues prior to submission. Facilitate and coordinate approval activities with CCHCS.	1.3	3.0	260.0	975.0
Provide oversight/direction to staff conducting program accountability/fidelity reviews. Assist in developing CAPs, responding to inquiries, working with vendors on reviews.	2.0	12.0	52.0	1248.0
Review and work with fiscal, invoicing, accounting on issues related to contract compliance and monitoring.	2.0	3.0	52.0	312.0
Travel to institutions/parole offices, conferences to aid in program accountability/fidelity and overall review of program implementation.	16.0	3.0	12.0	576.0
Form procedures, policies, and program alternatives based upon operational issues/changes/direction from Executive and Field staff.	1.5	3.0	52.0	234.0
Respond to emails and telephone calls.	1.0	3.0	260.0	780.0
Prepare Probationary and Annual Performance Reports.	1.0	12.0	1.0	12.0
Represent the Division in stakeholder meetings.	1.0	3.0	104.0	312.0
Attend Required Annual Training.	20.0	3.0	1.0	60.0
TOTAL HOURS PROJECTED ANNUALLY				6069.0
TOTAL POSITIONS PROJECTED				3.4
TOTAL POSITIONS CURRENT				2.0
TOTAL POSITIONS REQUESTED				1.4

California Department of Corrections and Rehabilitation
 Program Area: Division of Rehabilitative Programs - In-Prison Contract Operations
 Addiction Services

Associate Governmental Program Analyst

PROJECTED ONGOING WORKLOAD				
ACTIVITY TASK	HOURS TO COMPLETE TASK	BASE (Staff/Units Assignments)	NUMBER OF TASKS PER YEAR	NUMBER OF HOURS PER YEAR
Specific Task				
Support program development, develop/monitor program operations, and work on modifying creating policies/desk manuals for in-prison operations.	2.0	1.0	52.0	104.0
Create and build initial certifications for contract AOD counselors have the required certifications and training to deliver SUDT/CBT to CDCR/CCHCS' patient population. Coordinate package delivery review for SSM I/CCHCS. Monitor/track progress and outstanding certifications for counselors.	2.0	1.0	228.0	456.0
Review in-prison Program Accountability, Fidelity, and other case management reporting including treatment plans, case notes, etc.	0.3	900.0	52.0	11700.0
Develop, travel, coordinate, report on Program Accountability/Contract Reviews on-site.	30.0	35.0	2.0	2100.0
Develop, travel, coordinate, report on Fidelity Reviews at Headquarters/On-Site.	30.0	35.0	2.0	2100.0
Coordinate and communicate with contract providers on operational issues, fiscal issues, purchasing, and overall treatment coordination.	0.5	35.0	260.0	4550.0
Respond to Emails and Telephone Calls for internal and external stakeholders.	5.0	1.0	52.0	260.0
Create, monitor, and implement corrective action plans as necessary.	2.5	35.0	1.0	87.5
Attend internal and external meetings, representing the division and unit on operations, policies, and programming.	2.0	1.0	52.0	104.0
Support administrative operations including development and management of: Work plans, BCPs and Finance Letters, contracts, MOUs, project budgets, and space, and equipment.	3.0	1.0	12.0	36.0
Attend annual training as required.	20.0	12.0	1.0	240.0
TOTAL HOURS PROJECTED ANNUALLY				21737.5
TOTAL POSITIONS PROJECTED				12.2
TOTAL POSITIONS CURRENT				8.0
TOTAL POSITIONS REQUESTED				4.2

Assumptions:

1/ 1140 contracted counselors, at 80% retention.

Accountability/fidelity reviews take 3 days with 6 hours on 4th day for final report development.