STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
2022-2023	5225	California Department of Corrections and Rehabilitation/California Correctional Health Care Services	Click or tap here to enter text.

Budget Request Name	Program	Subprogram
5225-111-BCP-2022-GB	Various	Click or tap here to enter text.

Budget Request Description
Integrated Substance Use Disorder Treatment Program Expansion and Enhancements

Budget Request Summary
The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) request $126.6 million General Fund and 309.6 positons in fiscal year 2022-23, $163.0 million General Fund and 417.7 positions in 2023-24, and $162.5 million General Fund and 417.7 positions in 2024-25 and ongoing, to expand the Integrated Substance Use Disorder Treatment (ISUDT) Program to serve a greater number of program participants and to incorporate necessary enhancements. Additionally, CDCR/CCHCS currently project additional costs of $38,172,000 in 2021-22 to support ISUDT Program operations; however, more time is needed to collect data and refine these estimates, which will ultimately inform the extent to which the Department will require additional current year resources.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	Click or tap here to enter text.

Does this BCP contain information technology (IT) components? ☒ Yes☐ No *If yes, departmental Chief Information Officer must sign*.	Department CIO Cheryl Larson	Date 1/10/2022

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Click or tap here to enter text. **Project Approval Document:** Click or tap here to enter text.

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other department concur with proposal? ☒ Yes ☐ No

Prepared By	Date	Reviewed By	Date
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Department Director	**Date**	**Agency Secretary**	**Date**
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Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Allison Hewitt	1/10/2022

A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) request $126.6 million General Fund and 309.6 positons in 2022-23, $163.0 million General Fund and 417.7 positions in 2023-24, and $162.5 million General Fund and 417.7 positions in 2024-25 and ongoing, to allow the Integrated Substance Use Disorder Treatment (ISUDT) Program to serve a greater number of program participants and to incorporate necessary enhancements. Additionally, CDCR/CCHCS currently project additional costs of $38,172,000 in 2021-22 to support ISUDT Program operations; however, more time is needed to collect data and refine these estimates, which will ultimately inform the extent to which the Department will require additional current year resources.

This proposal reflects an assumption that the Department will serve an estimated 25,000 individuals with MAT annually. However, given the unique and dynamic needs of this population, the Department is proposing to adjust the specific population-driven resources for the ISUDT Program annually starting in 2023-24 as a part of the CDCR population adjustment process.

B. Background/History

In fiscal year 2019-20, CDCR/CCHCS received funding to develop and implement a new approach to the treatment of incarcerated individuals suffering from Substance Use Disorders (SUDs). The ISUDT Program requires the coordination of all divisional areas to assist the population suffering from this disease, covering their entire time in prison from entry to release, and providing a warm hand-off to the appropriate county for their community supervision period. The ISUDT Program components include validated screening and assessment, treatment assessments, Medication Assisted Treatment (MAT), Cognitive Behavioral Interventions (CBIs), Cognitive Behavioral Therapy (CBT), Supportive Housing, Peer Support, Enhanced Pre-Release Planning, and Transition Services. The initial focus populations included those who enter state prison on MAT, those currently housed within CDCR/CCHCS who are at the highest risk to overdose or who have a co-morbidity, and those releasing from prison.

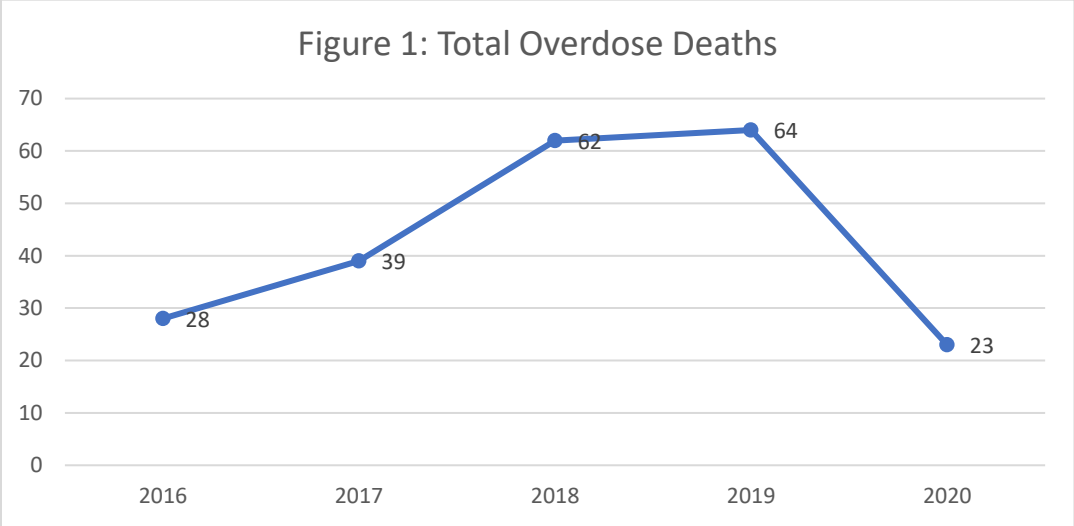
CDCR and CCHCS staff worked across divisions to collaboratively implement the ISUDT Program on January 21, 2020. The ISUDT Program is the largest correctional-based SUDT program in the nation and provides MAT services to more patients each year than any other prison or jail system in the United States.

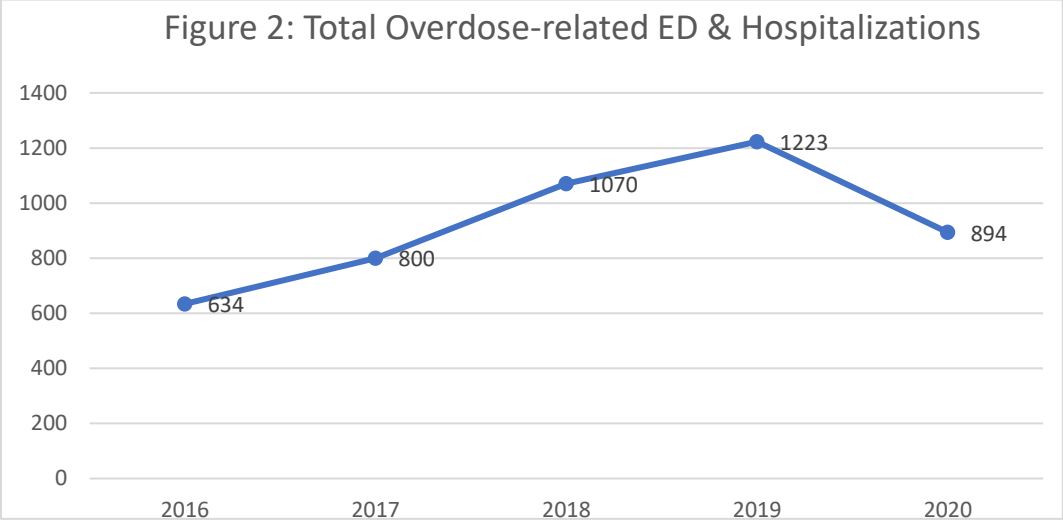
CCHCS' Quality Management (QM) Office has implemented an ISUDT public-facing dashboard to support program implementation, ongoing clinical operations, and to track quarterly goals through key performance indicators, with data from January 7, 2022 showing significant progress toward identifying and treating those with SUD within CDCR/CCHCS. Since program implementation began in January 2020, the QM dashboard statistics include:

- Screening over 60,000 patients for SUD with the National Institute on Drug Abuse (NIDA) Quick Screen.
- Assessing over 27,000 patients with NIDA Modified Assist and American Society of Addiction Medicine (ASAM) suite of tools.
- Evaluating roughly 19,000 individuals for MAT.
- Providing MAT to nearly 14,000 patients, with an acceptance rate of 89 percent.
- Providing CBI to approximately 7,000 participants, despite COVID-19 impacts.

The ISUDT Program was implemented with the primary goal of reducing SUD-related morbidity and mortality across the prison system. Current data shows that CDCR/CCHCS overdose deaths have decreased by approximately 64 percent between 2019 and 2020 (Figure 1). In addition, the department has experienced nearly a 27 percent decrease in overdose-related emergency department (ED) send-outs and hospitalizations during the same time period (Figure 2).

Historically, the rate of overdose deaths within CDCR/CCHCS was consistently higher than rates of other prisons in the U.S., and was much higher than in the community. Prior to the implementation of the ISUDT Program, the department experienced year-over-year increases in both ED send-outs and hospital admissions related to drug overdoses, as well as overdose deaths; however since the implementation of ISUDT, the department has experienced significant reductions in these areas. While many factors may contribute to the reduction, initial indications are that ISUDT is a major contributor to this reduction.





For context, while CDCR/CCHCS has experienced reductions in overdose deaths since the implementation of the ISUDT Program, the Centers for Disease Control and Prevention (CDC) data shows that overdose deaths in the community are on the rise, with over 81,000 drug overdose deaths in the 12 months ending in May 2020, which is the highest number of overdose deaths ever recorded in a 12 month period.[1] The American Medical Association reports that overdose calls in the community are up 40 percent over the last year, and nearly all states are reporting spikes in fatal and non-fatal overdoses overwhelmingly linked to opioids. Notably, opioid-related overdoses

[1] https://www.wusa9.com/article/news/health/coronavirus/cdc-drug-overdose-deaths-soared-pandemic/65-79e8f46f-97fb-4637-8c0d-17adbc0eee2b

are up even in states that have had great success achieving reductions in overdose deaths in recent years, including, Rhode Island, New York, and Pennsylvania.[2]

While published overdose death data for justice–involved populations tends to lag, many departments of corrections across the country report experiencing increases in overdose deaths. For example, North Carolina is reporting a 15 percent increase in opioid overdose deaths since the beginning of the COVID-19 pandemic, with jail and prison opioid overdose deaths contributing to this uptick.[3] Given the national increase in overdose deaths over the past 18 months, CDCR/CCHCS attribute some of the reductions in overdose deaths, overdose-related ED send-outs and hospitalizations as correlated to the implementation of the ISUDT Program, and specifically the provision of MAT with a targeted focus on high-risk populations.

In addition, preliminary data from May 2020 to April 2021, indicates that the implementation of the ISUDT Program has led to reductions in other types of hospitalizations often associated with SUD. Specifically, the department has experienced reductions in the rates of the following:

- Skin and soft tissue infections (5.9 per 1,000 down from 8.6).
- Injury and other poisoning (27.4 per 1,000 down from 45.9).
- Agency for Healthcare Research and Quality Ambulatory Sensitive Conditions (6.9 per 1,000 down from 8.0).[4]
- CCHCS Ambulatory Sensitive Conditions (11.0 per 1,000 down from 14.5).
- Potentially preventable ED / Hospital stay (58.1 rate per 1,000 down from 87.6).

Other ISUDT accomplishments include partnering with the National Governors' Association, the American Correctional Association, and the California Department of Health Care Services (DHCS) on best practices for medication management and developing in-reach strategies to support community transition and linkage to care. The ISUDT Program is also working to instill improved data-sharing capabilities with CDCR's Office of Research and DHCS to support assessing community outcomes once ISUDT participants return to the community.

In addition, CDCR/CCHCS undertook a department-wide staff education and training effort to build competency and capacity to provide evidence-based SUDT (including MAT) and to support the creation of a rehabilitative environment that supports recovery. Under ISUDT, all training goals were met on time including: ASAM trainings, X-waiver, motivational interviewing, and CBI curriculum and continuous quality improvement training for Division of Rehabilitative Programs (DRP) staff and contracted Alcohol and Other Drug (AOD) Counselors. The department's partnership with DHCS enabled State Opioid Response funding to be used to provide training and technical assistance for Addiction Medicine Champions and ISUDT Ambassadors. The ISUDT Program includes funding to implement Trauma Informed Care (TIC) training and technical assistance for Champions and staff across divisions beginning July 2021, through the next three fiscal years.

Research demonstrates that the absence of MAT in prisons and jails results in poor health and criminal justice outcomes at the individual-level, and poses a significant public health risk to the community in general. A study of justice-involved individuals in California found that SUDT was associated with lower costs of crime in the six months following treatment, and the economic benefits in reduced crime and healthcare costs far exceed the cost of treatment.[5] This Budget Change Proposal (BCP) represents a significant opportunity for California to expand and improve

[2] https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf
[3] https://www.northcarolinahealthnews.org/2020/08/25/is-it-time-to-provide-medication-assisted-treatment-in-nc-prisons/
[4] A set of 28 medical conditions/diagnoses for which timely and effective outpatient care can help to reduce the risks of hospitalization. https://www.ahrq.gov/downloads/pub/ahrqqi/pqiguide.pdf
[5] https://www.drugabuse.gov/publications/drugfacts/criminal-justice

upon SUDT by directly addressing SUDs within the state prison system, which ultimately supports better health, provides for better criminal justice outcomes while individuals are incarcerated and when they return to their communities, thereby significantly reducing negative social impacts.

Resource History
(Dollars in thousands)

Program Budget	PY – 4	PY – 3	PY – 2	PY-1	PY	CY*
Authorized Expenditures				$71,285	$163,993	$164,817
Actual Expenditures				$33,403	$137,454	$202,989
Revenues						
Authorized Positions				431.0	431.0	431.0
Filled Positions				220.0	262.0	388.0
Vacancies				211.0	169.0	43.0

The Workload Measure table below demonstrates the ramp-up of the ISUDT Program by quarter from implementation in January 2020 through June 30, 2021.

Workload Measure	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Number of MAT participants at end of Quarter	1,152	3,564	5,137	7,275	9,386	11,250
Number of participants enrolled in CBI at end of Quarter*	997	895**	938**	3,393	4,839	6,141

**All assigned to one of the CBI Programs who have attended at least one class or completed at least one Program Packet in the past 30 days. CBI Programs include: Intensive Outpatient (ISI), Outpatient (ISO), and Life Skills (CB2).*
*** CBIs were paused due to COVID movement restrictions.*

C. State Level Consideration

This proposal is consistent with the mission of the Department, and involves collaboration from a variety of entities within CDCR/CCHCS.

D. Justification

Program Goals
ISUDT Program goals remain focused on building departmental capacity to address SUD as a chronic disease through a multi-divisional, collaborative delivery model. QM has developed a

dashboard to monitor key performance indicators to track progress toward achieving overarching program goals which remain:

- 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, promoting healthy families and communities.

The department is requesting resources required to increase program capacity as well as to fill critical needs identified in the development of the new program model through a series of process and program improvements. Under ISUDT, there remains three distinct treatment pathways: 1) screening and assessment; 2) treatment (behavioral interventions and MAT); and 3) community transition services.

Proposal Overview

The Department developed and implemented the ISUDT Program with resources provided in the 2019 Budget Act. The resources included in the associated 2019-20 BCP were focused on establishing program infrastructure and assessing and treating patients who were entering a Reception Center already on MAT, high-risk patients within CDCR, and individuals with an estimated parole release date (EPRD) within 15 to 18 months.

CDCR/CCHCS is committed to ensuring its complex patient population continues to receive comprehensive integrated health care to improve health outcomes and successful transition into the community. The co-occurrence of chronic and complex medical and behavioral health issues among patients with SUD who also present with dynamic family and socio-economic challenges compound the risk of morbidity and mortality and re-offending. As we categorize incarcerated persons as high-risk due to their experiences of significant trauma, low-socio-economic status, underlying medical and mental health issues, and SUD history, the remedy requires an integrated care approach.

- The initial BCP specifically included:
  - Initial program implementation and infrastructure development.
  - A focus on incarcerated patients identified as high risk.
  - A focus on patients with EPRDs within in the next 15 – 18 months.

- This BCP intends to:
  - Provide access to treatment to the entire population suffering from SUD by screening, assessing, and linking patients to treatment at intake and ongoing.
  - Improve program delivery efficiencies such as transitioning from delivering CBIs under a 12 month model to a 9 month model while offering the same curriculum to enable more participants to be served.
  - Fill critical needs for participants requiring more intensive services by implementing trauma screening processes, and by offering CBT through the implementation of standardized SUD and TIC curriculum as well as TIC training and technical assistance for staff at various levels.
  - Serve more program participants with MAT, integrate MAT into primary care, implement Supportive Housing which was impacted by COVID-19, and to continue the provision of Naloxone at release.

There is a complementary proposal to implement the California Innovating and Advancing Medi-Cal (CalAIM) Justice-Involved Initiative, consistent with statute. This proposal includes resources to focus on continuing to enhance the process by which CDCR supports releases of incarcerated persons with connecting to county resources.

CDCR/CCHCS recognize the increased workload required to maintain the continuity of patient care and the urgency to expand and maintain MAT and implement CBT services, in addition to CBI. In order to meet the full spectrum of patient needs, additional resources are required for successful provision of services to the entire ISUDT population. See Attachment A for a summary of the requested resources.

Screening & Assessment

Under the initial ISUDT BCP, screening and assessment focused on those arriving already on MAT from county jails, high-risk patients within CDCR, and individuals with an EPRD within 15 to 18 months to serve. Under this proposal, screening, assessment, and linkage to treatment will include the entire population at intake. Those with less than 6 to 18 months to serve will be provided with the ASAM's CONTINUUM Re-Entry Interview Script Enhancement (RISE) and opportunities for a shorter CBI program.

At intake, patients will be screened by a licensed nurse through the Initial Health Screen using the NIDA Quick Screen (QS), and for those who are positive, the NIDA Modified Assist (MA). Those with a NIDA MA score of 4 or more will also receive the ASAM Co-Triage.

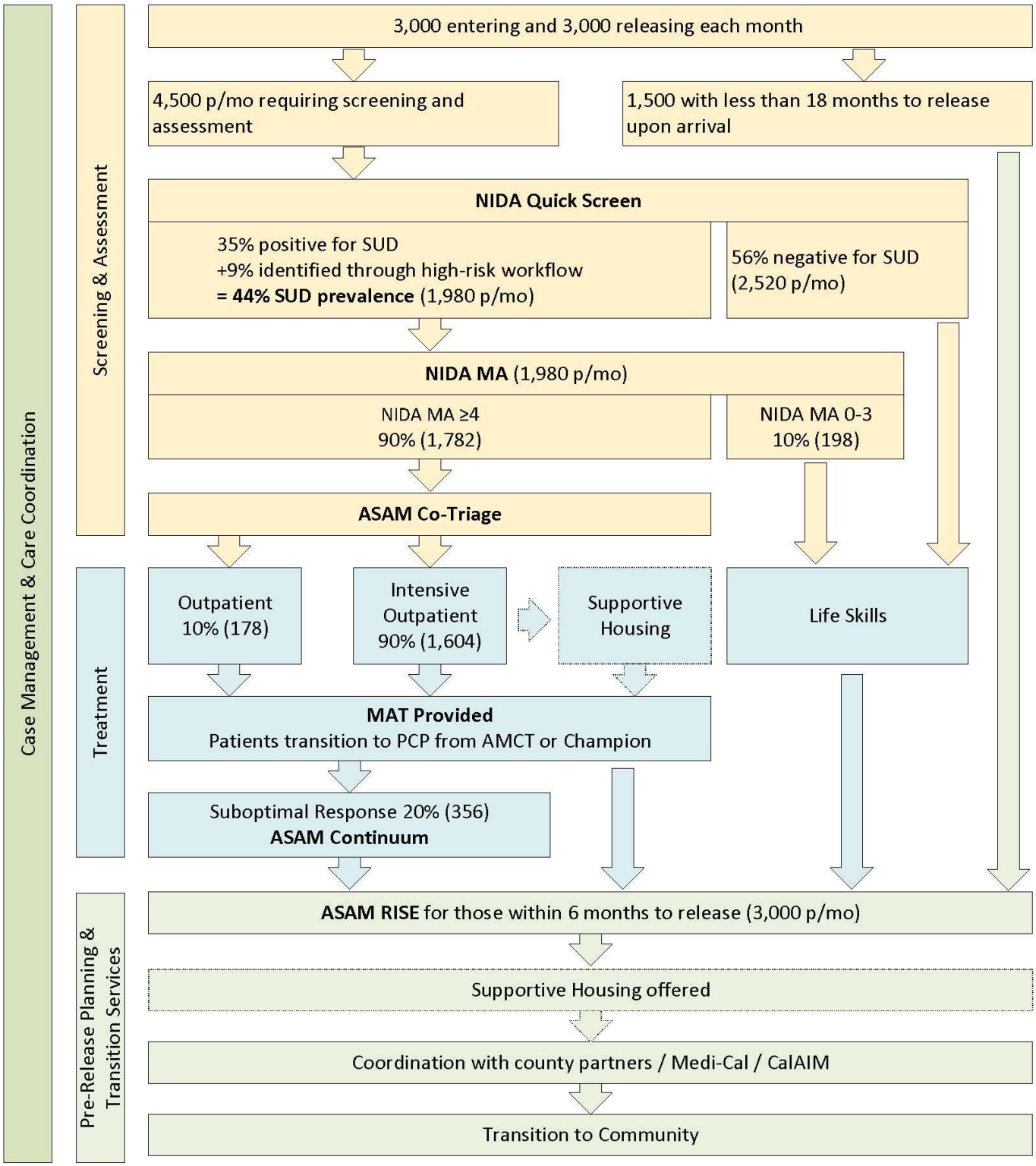
This proposal seeks to leverage lessons learned from program implementation and gain efficiencies through the use of all three ASAM tools (the ASAM Co-Triage, the ASAM Continuum and the ASAM RISE), with delivery based upon where patients are during their phase of incarceration (See Figure 3).

- **Co-Triage:** Those with a NIDA MA score of four or more (estimated at 35 percent of the entire population) will be referred to a Licensed Clinical Social Worker (LCSW) within Medical Services for the ASAM Co-Triage for a level of care determination. The Co-Triage will be used as the primary tool because it is a validated ASAM tool, can be completed in approximately 30 minutes, whereas the full ASAM Continuum takes upwards of two-hours to complete, and has been difficult to operationalize to scale based on the volume of patients that require assessments each month. It is important to note that NIDA QS and MA data show that 35 percent of the population are screening and assessing positive for SUD and an additional 9 percent are identified as positive through high-risk workflows. Thus, the prevalence of SUD is estimated at 44 percent within CDCR/CCHCS.

- **Full ASAM Continuum:** It is estimated that 20 percent (356 individuals per month) will require the full ASAM Continuum conducted by an LCSW within Medical Services because the patient is not improving or is worsening while in treatment, and requires further bio/psycho/social assessment.

- **ASAM RISE:** The RISE will be provided to those within six months of release, estimated at 3,000 per month. The RISE focuses on the six dimensions of the ASAM criteria and other needs and risk factors that impact release planning including medical, housing stability, employment, alcohol, drugs, legal, family/social, and psychiatric. Results will be used to inform pre-release and transition planning. The department is working internally and collaboratively with counties and DHCS to share RISE results with county partners for care coordination. The RISE will be performed by LCSWs working within the Medical Services Division.

Figure 3 Program Overview



Treatment

- **MAT**

Initially, the department estimated SUD prevalence at 70 percent of the population (based on national data). Departmental data currently shows SUD prevalence among CDCR/CCHCS' population is approximately 44 percent, which is slightly below the most recent published national data that project prevalence of SUD among state prisoners in the U.S. at between 58 and 65 percent. It is critical to note that the prevalence of Opioid Use Disorder (OUD) within CDCR is consistent with national estimates (roughly 25 to 30 percent). In addition to the OUD population who may need MAT, national data estimate stimulant use among state prisoners at 32 percent.[6] [7] [8] The difference between CDCR/CCHCS SUD prevalence and national SUD prevalence estimates is primarily attributable to CCHCS focusing screening and assessment efforts on those releasing within 45 to 90-days that were identified as high-risk. This targeted focus was driven by COVID constraints, such as being closed to intake and accelerated release processes, and as such SUD prevalence is likely to increase when the department implements universal screening and assessment at intake.

Despite reductions in CDCR/CCHCS' population, patients with SUD requiring MAT have increased significantly with over 13,000 patients currently on MAT (initially projected at 6,600 annually). Notably, MAT acceptance has been much higher than originally projected (89 percent rather than 50 percent), which may be due to the focus on screening and assessing high risk populations. At present, there are roughly 3,300 patients on the backlog, with the addition of approximately 900 patients to the waitlist and 500 additional patients started on MAT each month. It is estimated that with current growth plus the backlog (those who have been evaluated as SUD eligible, but not yet seen by their Primary Care Provider to see if they are interested in adding MAT to their treatment modality), the population on MAT will reach 25,445 by the end of fiscal year 2022-23.

In addition to the current population in need of MAT, it is also important to account for those arriving to CDCR/CCHCS who will need MAT services. National data from Pew Research Center indicate that 69 percent of jail intakes are experiencing opioid withdrawal and may be appropriate for MAT.[9] California specific data from DHCS-funded projects found that 8,000 individuals in jails received MAT for OUD during incarceration in 2020.[10] Departmental Reception Center data show that between January and June 2021, approximately two percent of patients arriving to CDCR/CCHCS were on MAT. This number may stand to increase in future years.

The out-year amounts requested in this proposal assume the Department will treat 25,445 program participants with MAT annually. However, given the needs of this population, CDCR/CCHCS propose to adjust the amount of the population-driven-specific resources for the ISUDT Program annually through the population adjustment process similar to other departmental programs. This will enable the department to more effectively plan for and treat the SUD population given the dynamic nature of SUDs and the extent to which this population is likely subject to fluctuate over time.

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[6] https://www.drugabuse.gov/publications/drugfacts/criminal-justice
[7] https://bjs.ojp.gov/content/pub/pdf/dudaspji0709.pdf
[8] https://knowledgecenter.csg.org/kc/content/drug-abuse-states-incarceration
[9] https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons
[10] http://www.californiamat.org/wp-content/uploads/2021/01/2021-Jail-MAT-Team-Program-Description-002.pdf

❖ **CBT**

In order to meet the challenges of implementing a comprehensive evidence-based ISUDT Program, the need to address trauma associated with substance use among CDCR/CCHCS' population through CBT groups led by LCSWs is necessary. ISUDT is proposing to use standardized trauma informed therapy, in addition to CBIs offered under DRP-funded contracts which provide psychosocial education. It is estimated that 331 patients per month or 993 per quarter, annualized to 3,972 will need LCSW CBT groups because they are not improving or are worsening in treatment and require more intensive services (see Attachment B).

❖ **CBI**

DRP will continue to offer CBIs (psychosocial education) for Life Skills using currently approved curriculum for non-SUD participants and taking seven months to complete. It is estimated that 56 percent of the population of 100,000 will screen negative for SUD via the NIDA QS and an additional 10 percent of the 44 percent with SUD will score three or less on the NIDA MA and go to Life Skills (a total of 66 percent in Life Skills). DRP will also continue to offer CBIs for those with SUDs to an estimated 34 percent of the population who score four or more on the NIDA MA, and receive a Co-Triage assessment. Those with SUD will start in outpatient level of care (LOC) and will be re-evaluated by an LCSW for more intensive services via the full ASAM Continuum (and other departmental approved assessments) if they are not improving in their CBIs. DRP will consolidate curriculum from the current 12 month model to nine months in order to serve more participants. DRP is also requesting positions to support data entry and monitoring to support the fidelity of CBIs (see Attachment C).

❖ **Formulized Aftercare**

Once participants complete behavioral interventions for SUD, those not releasing will need access to ongoing formalized aftercare to prevent relapse. DRP is requesting funding for 45.0 additional contracted AOD counselors, and 6.0 supervising counselors, to provide aftercare to this population which is estimated to be 13,260 indeterminately sentenced individuals based on current screening and assessment data. An evidenced-based relapse prevention curriculum will be used in combination with 12-step facilitation (AA/NA, etc.) to offer long-term weekly recovery groups in one-hour sessions (Attachment C).

Given Supportive Housing's positive impacts on improved SUD and recidivism outcomes, the Department is committed to its Supportive Housing initiative. The department intends to leverage AODs/Peer Mentors to support CBIs and self-help groups in Supportive Housing. In addition, these AOD counselors will be redirected to assist with delivering packet programming if in-person CBI programming is impacted by COVID-related restrictions. Packet programming has been a significant workload driver.

❖ **Short Term Programming for patients between 7-14 months remaining to serve**

Approximately 900 individuals per month or 10,800 per year come to CDCR with between 7 to 14 months remaining to serve and are in need of rehabilitative programming and SUD treatment prior to release. Under DRP's current programming model, there is insufficient time for these individuals to complete CBIs. Based on recommendations from national addiction experts, it is proposed that the department select evidence-based packet programming to provide a short term SUD-focused program prior to release for this population that otherwise would not receive services. In addition to packet programming, these individuals will have a regular check-in with an AOD Counselor or Correctional Counselor, therefore DRP is requesting funding for 15.0 additional contracted AOD Counselors and 2.0 Supervising counselors. The department will also explore options for providing credit earning opportunities for this population either through Milestone or Rehabilitative Achievement Credits.

Community Transition Services

Since the development of the initial BCP, the department has incorporated integrated pre-release planning across all institutions. Specifically, the Transition Services Work Group is working with key stakeholders, including DHCS and large counties to ensure that those release plans have a higher probability of success when the individual returns to their community. Streamlining the "warm handoff" from the CDCR/CCHCS team to the county team is especially challenging due to the various organizational structures and services available within the 58 California counties. Despite these complexities, the team continues to make progress to improve and standardize handoffs.

Coordination efforts include ongoing work to improve handoff integration processes with the Council on Criminal Justice and Behavioral Health (CCJBH), meetings with the County Behavioral Health Directors Association of California, and law enforcement partners with the County Probation Chiefs. This ongoing coordination has resulted in: 1) a list of opportunities and gaps relative to constructing better handoffs; 2) a list of the counties that are ready to work on detailed process and protocol improvements; and 3) through CCJBH, awareness of the compilation of a Statewide Barriers document to which the ISUDT Transition Services Team has contributed and provided feedback to set the stage for solutions at a statewide level.

At the end of March 2021, the Transition Services Team initiated a series of meetings with individual counties, focusing first on those counties that receive the majority of CDCR releases. These meetings have been helpful in getting a more detailed picture of common concerns relative to warm handoffs (points of contact, data transfer/content, gaps in service), and served to lay the groundwork on detailed communication protocols which will be used with large counties. Having laid a strong foundation, the team is on track for significant handoff improvements in the major counties with the smaller counties to follow.

Other Critical Needs

Several additional program areas have had significant workload impacts resulting from the implementation of the ISUDT Program and are requesting resources to sustain support of the program. These areas include Nursing Services (Attachment D), CCHCS Office of Legal Affairs (COLA) (Attachment E), Communications (Attachment F), QM (Attachment G), the Program Management Unit (Attachment H) that has been leveraging borrowed resources to support the cross divisional work required by the program, Human Resources (Attachment I), and Information Technology Services Division (ITSD) (Attachment J).

E. Outcomes and Accountability

As a first step, the department is working with the University of California, Irvine, on a process evaluation to determine whether program activities have been implemented as intended. This encompasses examining the work completed by various CDCR/CCHCS ISUDT business teams (such as staff education and training) to determine if initial program goals have been met. QM successfully worked with various internal program areas to identify and develop program performance measures used for the ISUDT Program dashboard data. In addition, QM has been collaborating with the University of California, Irvine, to prepare the data that will be used for the evaluation. The process evaluation will also determine whether the target population is being served, and will aid the department in understanding the relationship between specific program elements and program outcomes.

In addition to the process evaluation already underway, the department intends to leverage a contract with the University of California to establish a multi-campus partnership to engage in an independent outcome evaluation. This will enable the department to broaden the scope of ISUDT internal clinical outcomes being tracked by QM with results used to inform CCHCS healthcare

policy and patient care. This will require complex external data sources and a team of skilled academic researchers to work alongside CCHCS Research Specialists to assess comprehensively in-prison and community outcomes associated with the ISUDT Program. The focus of the outcome evaluation will include:

1) Assessing clinical outcomes associated with ISUDT participants using CCHCS data sources and examining program efficacy by building cohorts (those on MAT plus behavioral interventions, those receiving behavioral interventions only, those in Supporting Housing, and those with SUD who do not receive any services prior to release).
2) Examining the impacts of ISUDT on mitigating violence related to drugs in prison.
3) Assessing community outcomes using:
    - DHCS medical claims data to examine linkages to SUD/MAT aftercare, and utilization of services (emergency department, hospital, and specialty mental health).
    - Recidivism reporting for ISUDT participants compared to non-participants.
    - Creating an econometric model to estimate cost avoidance associated with ISUDT.

Projected Outcomes

Workload Measure	CY	BY	BY+1	BY+2	BY+3	BY+4
MAT Population	18,886	25,445	25,445	25,445	25,445	25,445

F. Analysis of All Feasible Alternatives

Alternative 1: Approve $126.6 million General Fund and 309.6 positions in fiscal year 2022-23, $163.0 million General Fund and 417.7 positions in fiscal year 2023-24, and $162.5 million General Fund and 417.7 positions in fiscal year 2024-25 and ongoing to expand current ISUDT and MAT services to improve patient outcomes for a broader patient population. This amount will be subject to annual adjustments starting in 2023-24 as a part of the CDCR population adjustment process to account for population-driven program impacts.

Pros:

- Expands access to a cost-effective, evidenced-based clinical treatment for ISUDT and MAT.
- Promotes positive patient outcomes, including decreases in relapse, fatal and non-fatal overdoses, aberrant behaviors within the prison setting, and recidivism.
- Reduces risk for re-infections and hospitalization due to sequelae of substance use such as skin and soft tissue infections, HIV, and HCV.
- Promote successful reintegration of individuals into their community at time of release to improve public safety and promote healthy families and communities.
- Allows specific population-driven resources to be adjusted annually, similar to other departmental programs, as a part of the CDCR population adjustment process to best meet the needs of the population with SUD and account for changes from year to year.

Cons:

- Impact to General Fund.

Alternative 2: Status quo. Do not approve additional resources.

Pros:

- No immediate impact to General Fund.

Cons:

- Will not expand access to cost-effective, evidenced-based clinical treatment for ISUDT and MAT. With current resources, the Department will not be able to treat individuals suffering from SUD, which has the potential to lead to poor patient outcomes.
- Will not support the reduction of risk for re-infections and hospitalization due to sequelae of substance use such as skin and soft tissue infections, HIV, and HCV.
- Will not achieve the envisioned level of successful reintegration of individuals back into their community at time of release nor the associated public safety benefits.

G. Implementation Plan

Upon approval of the 2022 Budget Act, CDCR/CCHCS will advertise and recruit for approved positions starting in July 2022. CDCR/CCHCS will advertise and recruit for remaining positions starting in July 2023.

H. Supplemental Information

Attachment A – Budget Roll-up
Attachment B – Medical Services Resource Request
Attachment C – DRP Resource Request
Attachment D – Nursing Services Resource Request
Attachment E – COLA Resource Request
Attachment F – Communications Resource Request
Attachment G – Quality Management Resource Request
Attachment H – Program Management Unit Resource Request
Attachment I – Human Resources Request
Attachment J – ITSD Resource Request

I. Recommendation

Alternative 1 - Approve the request for $126.6 million General Fund and 309.6 positions 2022-23, $163.0 million General Fund and 417.7 positions in 2023-24, and $162.5 million General Fund and 417.7 positions in 2024-25 and ongoing for expansion of the ISUDT Program. This amount will be subject to annual adjustments starting in 2023-24 as a part of the CDCR population adjustment process to account for population-driven program impacts.

BCP Fiscal Detail Sheet

BCP Title: Integrated Substance Use Disorder Treatment Program Expansion and Enhancements
BR Name: 5225-111-BCP-2022-GB
Budget Request Summary

Personal Services

Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Positions - Permanent	0.0	309.6	417.7	417.7	417.7	417.7
Total Positions	**0.0**	**309.6**	**417.7**	**417.7**	**417.7**	**417.7**
Earnings - Permanent	0	26,849	40,153	40,153	40,153	40,153
Total Salaries and Wages	**$0**	**$26,849**	**$40,153**	**$40,153**	**$40,153**	**$40,153**
Total Staff Benefits	0	12,183	17,489	17,489	17,489	17,489
Total Personal Services	**$0**	**$39,032**	**$57,642**	**$57,642**	**$57,642**	**$57,642**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5301 - General Expense	0	474	572	572	572	572
5302 - Printing	0	122	182	182	182	182
5304 - Communications	0	279	393	393	393	393
5306 - Postage	0	69	97	97	97	97
5308 - Insurance	0	7	11	11	11	11
5320 - Travel: In-State	0	345	506	506	506	506
5322 - Training	0	92	126	126	126	126
5324 - Facilities Operation	0	463	734	734	734	734
5326 - Utilities	0	17	27	27	27	27
5340 - Consulting and Professional Services - Interdepartmental	0	25	39	39	39	39
5340 - Consulting and Professional Services - External	0	7,035	6,908	6,908	6,908	6,908
5368 - Non-Capital Asset Purchases - Equipment	0	2,396	976	804	804	804
539X - Other	38,172	76,269	94,825	94,442	94,442	94,442
Total Operating Expenses and Equipment	**$38,172**	**$87,593**	**$105,396**	**$104,841**	**$104,841**	**$104,841**

Total Budget Request

Total Budget Request	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Budget Request	**$38,172**	**$126,625**	**$163,038**	**$162,483**	**$162,483**	**$162,483**

Fund Summary

Fund Source

Fund Source	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
State Operations - 0001 - General Fund	38,172	126,625	163,038	162,483	162,483	162,483
Total State Operations Expenditures	**$38,172**	**$126,625**	**$163,038**	**$162,483**	**$162,483**	**$162,483**
Total All Funds	**$38,172**	**$126,625**	**$163,038**	**$162,483**	**$162,483**	**$162,483**

Program Summary

Program Funding

Program Funding	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
4665 - Ancillary Health Care Services-Adult	15,129	37,047	46,798	46,798	46,798	46,798
4600036 - Office of Offender Services-Hq Admin	0	11,368	11,287	11,287	11,287	11,287
4650012 - Medical Administration-Adult	0	13,786	21,525	21,429	21,429	21,429
4650014 - Medical Other-Adult	23,043	64,424	83,428	82,969	82,969	82,969
Total All Programs	**$38,172**	**$126,625**	**$163,038**	**$162,483**	**$162,483**	**$162,483**

Personal Services Details

Positions

Positions	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2022)	0.0	10.0	10.0	10.0	10.0	10.0
1303 - Personnel Spec (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
1303 - Personnel Spec (Eff. 07-01-2023)	0.0	0.0	1.0	1.0	1.0	1.0
1401 - Info Tech Assoc (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0
1402 - Info Tech Spec I (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
1414 - Info Tech Spec II (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0.0	43.0	43.0	43.0	43.0	43.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2023)	0.0	0.0	4.0	4.0	4.0	4.0
5595 - Info Officer II (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5731 - Research Data Analyst II (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0
5742 - Research Data Spec I (Eff. 07-01-2022)	0.0	3.0	3.0	3.0	3.0	3.0
5758 - Research Data Spec II (Eff. 07-01-2022)	0.0	3.0	3.0	3.0	3.0	3.0
5770 - Research Data Spec III (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
5780 - Atty IV (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
7500 - - C.E.A. - B (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
7859 - Research Spec IV -Various Studies (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
7979 - Pharmacy Techn (Eff. 07-01-2022)	0.0	30.0	30.0	30.0	30.0	30.0
7979 - Pharmacy Techn (Eff. 07-01-2023)	0.0	0.0	22.0	22.0	22.0	22.0
7982 - Pharmacist I (Eff. 07-01-2022)	0.0	18.2	18.2	18.2	18.2	18.2
7982 - Pharmacist I (Eff. 07-01-2023)	0.0	0.0	14.9	14.9	14.9	14.9
8182 - Certified Nursing Asst - CF (Eff. 07-01-2022)	0.0	39.6	39.6	39.6	39.6	39.6
8257 - Licensed Vocational Nurse (Eff. 07-01-2022)	0.0	62.0	62.0	62.0	62.0	62.0
8336 - Hlth Program Spec II (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
9263 - Physician & Surgeon - CF (Eff. 07-01-2022)	0.0	19.0	19.0	19.0	19.0	19.0
9263 - Physician & Surgeon - CF (Eff. 07-01-2023)	0.0	0.0	13.0	13.0	13.0	13.0
9265 - Lab Asst - CF (Eff. 07-01-2022)	0.0	10.0	10.0	10.0	10.0	10.0
9265 - Lab Asst - CF (Eff. 07-01-2023)	0.0	0.0	3.0	3.0	3.0	3.0
9275 - Registered Nurse - CF (Eff. 07-01-2022)	0.0	10.8	10.8	10.8	10.8	10.8
9275 - Registered Nurse - CF (Eff. 07-01-2023)	0.0	0.0	7.2	7.2	7.2	7.2
9287 - Sr Psychologist - CF (Spec) (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0

Positions	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
9287 - Sr Psychologist - CF (Spec) (Eff. 07-01-2023)	0.0	0.0	2.0	2.0	2.0	2.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2022)	0.0	5.0	5.0	5.0	5.0	5.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2023)	0.0	0.0	5.0	5.0	5.0	5.0
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2022)	0.0	2.0	2.0	2.0	2.0	2.0
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2023)	0.0	0.0	1.0	1.0	1.0	1.0
9348 - Sr Clinical Lab Technologist - CF (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2022)	0.0	36.0	36.0	36.0	36.0	36.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2023)	0.0	0.0	35.0	35.0	35.0	35.0
Total Positions	**0.0**	**309.6**	**417.7**	**417.7**	**417.7**	**417.7**

Salaries and Wages

Salaries and Wages	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
1139 - Office Techn (Typing) (Eff. 07-01-2022)	0	480	480	480	480	480
1303 - Personnel Spec (Eff. 07-01-2022)	0	59	59	59	59	59
1303 - Personnel Spec (Eff. 07-01-2023)	0	0	59	59	59	59
1401 - Info Tech Assoc (Eff. 07-01-2022)	0	153	153	153	153	153
1402 - Info Tech Spec I (Eff. 07-01-2022)	0	94	94	94	94	94
1414 - Info Tech Spec II (Eff. 07-01-2022)	0	222	222	222	222	222
4800 - Staff Svcs Mgr I (Eff. 07-01-2022)	0	89	89	89	89	89
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0	3,303	3,303	3,303	3,303	3,303
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2023)	0	0	304	304	304	304
5595 - Info Officer II (Eff. 07-01-2022)	0	93	93	93	93	93
5731 - Research Data Analyst II (Eff. 07-01-2022)	0	159	159	159	159	159
5742 - Research Data Spec I (Eff. 07-01-2022)	0	249	249	249	249	249
5758 - Research Data Spec II (Eff. 07-01-2022)	0	273	273	273	273	273
5770 - Research Data Spec III (Eff. 07-01-2022)	0	104	104	104	104	104
5780 - Atty IV (Eff. 07-01-2022)	0	154	154	154	154	154
7500 - - C.E.A. - B (Eff. 07-01-2022)	0	139	139	139	139	139
7859 - Research Spec IV -Various Studies (Eff. 07-01-2022)	0	154	154	154	154	154
7979 - Pharmacy Techn (Eff. 07-01-2022)	0	1,578	1,578	1,578	1,578	1,578

Salaries and Wages	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
7979 - Pharmacy Techn (Eff. 07-01-2023)	0	0	1,157	1,157	1,157	1,157
7982 - Pharmacist I (Eff. 07-01-2022)	0	2,349	2,349	2,349	2,349	2,349
7982 - Pharmacist I (Eff. 07-01-2023)	0	0	2,105	2,105	2,105	2,105
8182 - Certified Nursing Asst - CF (Eff. 07-01-2022)	0	1,495	1,495	1,495	1,495	1,495
8257 - Licensed Vocational Nurse (Eff. 07-01-2022)	0	4,349	4,349	4,349	4,349	4,349
8336 - Hlth Program Spec II (Eff. 07-01-2022)	0	91	91	91	91	91
9263 - Physician & Surgeon - CF (Eff. 07-01-2022)	0	5,192	5,192	5,192	5,192	5,192
9263 - Physician & Surgeon - CF (Eff. 07-01-2023)	0	0	4,158	4,158	4,158	4,158
9265 - Lab Asst - CF (Eff. 07-01-2022)	0	439	439	439	439	439
9265 - Lab Asst - CF (Eff. 07-01-2023)	0	0	132	132	132	132
9275 - Registered Nurse - CF (Eff. 07-01-2022)	0	1,379	1,379	1,379	1,379	1,379
9275 - Registered Nurse - CF (Eff. 07-01-2023)	0	0	920	920	920	920
9287 - Sr Psychologist - CF (Spec) (Eff. 07-01-2022)	0	253	253	253	253	253
9287 - Sr Psychologist - CF (Spec) (Eff. 07-01-2023)	0	0	253	253	253	253
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2022)	0	519	519	519	519	519
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2023)	0	0	519	519	519	519
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2022)	0	220	220	220	220	220
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2023)	0	0	110	110	110	110
9348 - Sr Clinical Lab Technologist - CF (Eff. 07-01-2022)	0	79	79	79	79	79
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2022)	0	3,181	3,181	3,181	3,181	3,181
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2023)	0	0	3,587	3,587	3,587	3,587
Total Salaries and Wages	**$0**	**$26,849**	**$40,153**	**$40,153**	**$40,153**	**$40,153**

Staff Benefits

Staff Benefits	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5150450 - Medicare Taxation	0	389	582	582	582	582
5150500 - OASDI	0	603	827	827	827	827
5150600 - Retirement - General	0	5,019	7,532	7,532	7,532	7,532
5150800 - Workers' Compensation	0	935	1,383	1,383	1,383	1,383
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	621	937	937	937	937
5150900 - Staff Benefits - Other	0	4,616	6,228	6,228	6,228	6,228
Total Staff Benefits	**$0**	**$12,183**	**$17,489**	**$17,489**	**$17,489**	**$17,489**

Total Personal Services

Total Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Personal Services	**$0**	**$39,032**	**$57,642**	**$57,642**	**$57,642**	**$57,642**

Integrated Substance Use Disorder Treatment (ISUDT) Roll Up Costs			
California Correctional Health Care Services (CCHCS) Program Divisions			
	2022-23	**2023-24**	**2024-25 & Ongoing**
Personal Services			
Division of Medical Services	$21,543,377	$39,687,970	$39,520,558
Division of Nursing Services	$11,086,942	$12,296,330	$12,294,573
Communications	$292,055	$287,947	$287,947
CCHCS Office of Legal Affairs	$235,629	$233,575	$233,575
Quality Management	$1,453,884	$1,434,204	$1,434,204
ISUDT Program Management Unit	$733,045	$724,829	$724,829
Information and Technology Services Division	$790,543	$780,273	$780,273
Human Resources	$517,186	$756,897	$753,453
Personal Services Total	**$36,652,661**	**$56,202,025**	**$56,029,412**
Operating Expenses & Equipment (OE&E)			
Equipment	$1,431,751	$896,195	$513,350
Medication and Materials	$114,118,484	$131,768,226	$131,768,226
Less Medication and Materials Ongoing ISUDT Budget	($37,877,468)	($37,877,468)	($37,877,468)
Medical Services' Contracts and Curriculum	$1,692,118	$1,523,618	$1,523,618
Less Medical Services' Contracts and Curriculum Ongoing ISUDT Budget	($761,715)	($761,715)	($761,715)
OE&E Total	**$78,603,170**	**$95,548,856**	**$95,166,011**
Personal Services and OE&E Total	**$115,255,831**	**$151,750,881**	**$151,195,423**
Rounding			**$0**
CCHCS Program Divisions Grand Total	**$115,255,831**	**$151,750,881**	**$151,195,423**

California Department of Corrections and Rehabilitation (CDCR) Division of Rehabilitative Programs (DRP)			
	2022-23	**2023-24**	**2024-25 & Ongoing**
DRP Personal Services	$5,334,621	$5,254,039	$5,254,039
DRP OE&E	$6,031,966	$6,031,966	$6,031,966
Total DRP Costs	**$11,366,587**	**$11,286,005**	**$11,286,005**
Rounding			**$0**
Grand Total CDCR DRP Funding Request	**$11,366,587**	**$11,286,005**	**$11,286,005**

Grand Total for CCHCS Program Divisions and CDCR DRP & DAPO Programs		
Fiscal Year	Position Authority	Funding Request
2022/23 (BY)	**309.6**	**$126,622,418**
2023/24 (BY+1)	**417.7**	**$163,036,879**
2024/25 (BY+2 and ongoing)	**417.7**	**$162,481,421**

Division of Medical Services OE&E Roll-Up Costs			
Operating Expenses & Equipment	**2022-23**	**2023-24**	**2024-25 and Ongoing**
Equipment			
Pharmacy Equipment	$1,153,711	$764,995	$382,150
Telemedicine Equipment	$278,040	$131,200	$131,200
Equipment Total	**$1,431,751**	**$896,195**	**$513,350**
Medication and Materials			
Naltrexone, Buprenorphine, Methadone, Acamprosate & Naloxone	$66,324,514	$76,075,596	$76,075,596
Tox Screen Costs	$47,793,970	$55,692,630	$55,692,630
Medication and Materials Total	**$114,118,484**	**$131,768,226**	**$131,768,226**
Contracts and Curriculum			
CBT and Aftercare Curricula	$1,257,829	$1,257,829	$1,257,829
ASAM Training with FEI Systems	$434,289	$265,789	$265,789
Contracts and Curriculum Total	**$1,692,118**	**$1,523,618**	**$1,523,618**
Medical Services OE&E TOTAL COST	**$117,242,353**	**$134,188,039**	**$133,805,194**

Division of Rehabilitative Programs OE&E Roll-Up Costs			
Operating Expenses & Equipment	**2022-23**	**2023-24**	**2024-25 and Ongoing**
Contracts and Curriculum			
Alcohol & Opioid Use Disorder Counselors (Aftercare)	$4,523,974	$4,523,974	$4,523,974
Alcohol & Opioid Use Disorder Counselors (Short Term Programing)	$1,507,992	$1,507,992	$1,507,992
Contracts and Curriculum Total	**$6,031,966**	**$6,031,966**	**$6,031,966**
DRP OE&E TOTAL COST	**$6,031,966**	**$6,031,966**	**$6,031,966**

Division of Medical Services

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
9263	Physician and Surgeon, Correctional Facility	14.0	$5,034,866	13.0	$5,503,585	27.0	$10,511,749
9263	Physician and Surgeon, Correctional Facility (Addiction Specialists)	5.0	$1,988,437	0.0	-$10,270	5.0	$1,978,167
9872	Clinical Social Workers	36.0	$5,366,410	35.0	$5,767,351	71.0	$11,061,871
9291	Supervising Psychiatric Social Worker I	5.0	$842,711	5.0	$832,441	10.0	$1,664,882
9292	Supervising Psychiatric Social Worker II	2.0	$342,232	1.0	$170,629	3.0	$512,617
9287	Senior Psychologist Specialist	2.0	$394,361	2.0	$390,253	4.0	$780,506
7982	Pharmacist I	18.2	$3,462,020	14.9	$3,049,056	33.1	$6,490,365
7979	Pharmacy Technician	30.0	$2,554,886	22.0	$1,840,586	52.0	$4,371,426
9265	Laboratory Assistant, Correctional Facility	10.0	$730,076	3.0	$208,400	13.0	$935,197
9348	Senior Clinical Laboratory Technologist	1.0	$136,631	0.0	-$2,054	1.0	$134,577
5393	Associate Governmental Program Analyst	4.0	$538,825	3.0	$396,670	7.0	$929,333
4800	Staff Services Manager I	1.0	$151,923	0.0	-$2,054	1.0	$149,869
Total		**128.2**	**$21,543,377**	**98.9**	**$18,144,593**	**227.1**	**$39,520,558**

Division of Nursing Services

Institutions

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
9275	Registered Nurse - Reception Centers	3.6	$643,702	0.0	-$878	3.6	$642,824
9275	Registered Nurse - Endorsed Institutions	7.2	$1,289,451	7.2	$1,287,694	14.4	$2,575,388
8257	Licensed Vocational Nurse - Med Management	62.0	$6,596,009	0.0	-$67,766	62.0	$6,528,243
8182	Certified Nurse Assistant	39.6	$2,557,780	0.0	-$9,662	39.6	$2,548,118
Total		**112.4**	**$11,086,942**	**7.2**	**$1,209,388**	**119.6**	**$12,294,573**

Communications

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
5595	Information Officer II	1.0	$157,092	0.0	-$2,054	1.0	$155,038
5393	Associate Governmental Program Analyst	1.0	$134,963	0.0	-$2,054	1.0	$132,909
Total		**2.0**	**$292,055**	**0.0**	**-$4,108**	**2.0**	**$287,947**

CCHCS Office of Legal Affairs

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
5780	Attorney IV	1.0	$235,629	0.00	-$2,054	1.0	$233,575
Total		**1.0**	**$235,629**	**0.00**	**-$2,054**	**1.0**	**$233,575**

Quality Management

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
5770	Research Data Specialist III	1.0	$171,279	0.0	-$2,054	1.0	$169,225
5758	Research Data Specialist II	3.0	$463,234	0.0	-$6,162	3.0	$457,072
5742	Research Data Specialist I	2.0	$288,155	0.0	-$4,108	2.0	$284,047
5731	Research Data Analyst II	2.0	$279,081	0.0	-$4,108	2.0	$274,973
8336	Health Program Specialist II	1.0	$154,412	0.0	-$2,054	1.0	$152,358
1139	Office Technician	1.0	$97,723	0.0	-$1,194	1.0	$96,529
Total		**10.0**	**$1,453,884**	**0.0**	**($19,680)**	**10.0**	**$1,434,204**

ISUDT Program Management Unit

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
7502	Career Executive Assignment B	1.0	$216,744	0.0	-$2,054	1.0	$214,690
5393	Associate Governmental Program Analyst	1.0	$134,963	0.0	-$2,054	1.0	$132,909
7859	Research Specialist IV	1.0	$237,259	0.0	-$2,054	1.0	$235,205
5742	Research Data Specialist I	1.0	$144,079	0.0	-$2,054	1.0	$142,025
Total		**4.0**	**$733,045**	**0.0**	**($8,216)**	**4.0**	**$724,829**

Information and Technology Services Division

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
1401	Information Technology Associate	2.0	$271,232	0.0	-$4,108	2.0	$267,124
1402	Information Technology Specialist I	1.0	$158,457	0.0	-$2,054	1.0	$156,403
1414	Information Technology Specialist II	2.0	$360,854	0.0	-$4,108	2.0	$356,746
Total		**5.0**	**$790,543**	**0.0**	**($10,270)**	**5.0**	**$780,273**

Human Resources

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
1303	Personnel Specialist	1.0	$112,300	1.0	$110,910	2.0	$221,820
5393	Associate Governmental Program Analyst	3.0	$404,886	1.0	$128,801	4.0	$531,633
Total		**4.0**	**$517,186**	**2.0**	**$239,711**	**6.0**	**$753,453**

Division of Rehabilitative Programs

Class Code	Classification	Yr 1 Number of Positions	Yr1 $ Total	Yr 2 Number of Additional Positions	Yr2 Additional $ Total	Total Number of Positions	Total PY Cost (Yr 1+Yr 2)
5393	Associate Governmental Program Analyst	34.0	$4,497,025	0.0	-$69,836	34.0	$4,427,189
1139	Office Technicians (Typing)	9.0	$837,596	0.0	-$10,746	9.0	$826,850
Total		**43.0**	**$5,334,621**	**0.0**	**-$80,582**	**43.0**	**$5,254,039**

Attachment B Medical Services Division Resource Request

Classification Title and Code	Total PY
Total Personnel	**227.1**
Licensed Clinical Social Workers (9872)	30.0
Clinical Social Worker (9872)	41.0
Supervising Psychiatric Social Worker I (9291)	10.0
Supervising Psychiatric Social Worker II (9292)	3.0
Senior Psychologist Specialist (9287)	4.0
Associate Governmental Program Analyst (5393)	7.0
Staff Services Manager I (4800)	1.0
Primary Care Providers (9263)	32.0
Pharmacist I (7982)	33.1
Pharmacy Technician (7979)	52.0
Laboratory Assistant, Correctional Facility (9265)	13.0
Senior Clinical Laboratory Technologist (9348)	1.0

The Medical Services Division (MSD) requests funding to complete the implementation of the Integrated Substance Use Disorder Treatment (ISUDT) Program, characterized by the five key components outlined below:

1) Screening and risk assessments for all individuals processing through the reception centers.
Universal screening and risk assessments at the time of reception allows for comprehensive service planning and assures all incarcerated individuals with substance use disorder (SUD) are offered appropriate treatment, just as they are offered treatment for other chronic illnesses, regardless of the duration of their sentence. Licensed Clinical Social Workers (LCSW) will perform the National Institute on Drug Abuse (NIDA) Modified Assist risk assessments for specific substances for those with positive screens.

2) Delivering cognitive behavioral therapy (CBT) by licensed clinical social workers for patients requiring intensive outpatient services.
CBT sessions delivered in a group and/or an individual setting must be provided by licensed clinical therapists. These sessions support patients who require a higher level of treatment to address their underlying addiction and trauma, which is necessary for long term recovery.

3) ASAM assessments for all individuals releasing from prison.
Multidimensional assessments using criteria and a suite of tools developed by the American Society of Addiction Medicine (ASAM) performed by LCSWs assign a level of needed cognitive behavioral programming. Because the ASAM RISE, performed within six months of release, identifies the spectrum of medical and mental health, employment, housing, and other needs in order to facilitate successful community transitions, we propose standardizing this assessment for all persons leaving prison rather than limiting to ISUDT Program participants.

4) Primary care providers will manage most patients assigned to their panel who are on Medication Assisted Treatment (MAT).
Now with the majority of the primary care workforce trained and prepared to manage and integrate MAT into routine primary care, patients established on MAT will transition to their primary care provider (PCP) for ongoing care, and the Addiction Medicine Central Team (AMCT) will continue to provide consultations, perform new evaluations, and initiate MAT.

5) Increased number of patients on MAT will require additional pharmacy, laboratory and telemedicine resources.
Based on the projection of approximately 25,445 patients on MAT in fiscal year 2022-23, additional pharmacy, laboratory and telemedicine scheduling staff will be necessary as well as funding for medications, urine drug tests, and equipment.

Clinical Social Worker Staffing
LCSWs conduct NIDA Modified-Assist and ASAM assessments. Due to the increases in assessments anticipated due to universal screening upon entry, as well as universal assessments on release, additional LCSW positions are necessary. Moreover, including group and individual therapy to intensify available levels of care will also increase the LCSW positions. MSD is requesting 30.0 LCSW positions, 41.0 Clinical Social Worker (CSW) positions and supervisory positions to support these staff: 10.0 Supervising Psychiatric Social Worker I (SPSW I) positions and 3.0 Supervising Psychiatric Social Worker II (SPSW II) positions.

CBT and Aftercare Curricula
LCSWs will utilize an evidence-based curriculum, such as Seeking Safety, a highly rated evidence-based intervention by the PEW Research Center and Substance Abuse and Mental Health Services Administration (SAMHSA). Research has shown that participants receiving this type of curriculum had significant reductions in substance use, post-traumatic stress disorder (PTSD), and psychiatric symptoms. Groups occur twice per week for 1.5 hours and takes three months to cover a variety of topics.

Formalized aftercare will be available utilizing evidence based curriculum. Peer Mentors will support and facilitate others' recovery. MSD is requesting 4.0 Senior Psychologist Specialists (SPS) to provide ongoing trauma informed training for staff and support and training for peer mentors earning preceptor hours towards certification, as well as to participate in case management for complex patients.

Curriculum			
Item	**Number Required**	**Unit Cost**	**Cost**
CBT Workbooks	19,248/ year	$58	$1,116,384
Aftercare Workbooks	17,107/ year	$7.90	$135,145
LCSW Teaching Guide	100	$50	$5,000
Set of 4 training DVDs	4 sets	$325	$1,300
			Total $1,257,829

ASAM Training with FEI Systems

Cross-disciplinary training will be necessary to implement this program, for not only workforce training and development, but also to enhance cultural sensitivity, understanding of trauma informed care, and reduce the long-held stigma surrounding SUD. As such, in consultation with national experts, MSD will use the ASAM set of assessments supported by FEI systems. MSD intends to contract with FEI Systems for ASAM Co-Triage and RISE trainings. The ASAM trainings will include an overview of how to conduct ASAM assessments and clinically interpret results.

The cost for the FEI Systems for ASAM training for fiscal year 2022-23 is $434,289 and fiscal year 23/24 and ongoing is $265,789.

Provider Staffing

Given the additional visit burden resulting from MAT coupled with required monitoring, an additional 27.0 PCP positions are necessary. For ongoing consultations, new evaluations, and providing support to the field (office hours and reviewing requests for alternative agent authorization requests), an additional 5 AMCT providers are needed, rendering a total request for an additional 32.0 Physician and Surgeon positions.

Pharmacy Medications and Equipment

With the number of patients requiring MAT projected to increase to approximately 25,445, additional funding for medications, equipment, and staff will be necessary. The total projected additional funding required for all medications to treat opiate and alcohol use disorders and to provide naloxone to patients releasing is $37,047,046 in fiscal year 2022-23 and $46,798,128 in fiscal year 2023-24 and ongoing.

MAT medications and the state and federal requirements to manage the medication supply chain have strict accountability and storage requirements. An additional 13 half height Automated Drug Dispensing System (ADDS), 450 refrigerator lock boxes, and 36 full size auxiliary cabinets in the pharmacy are needed to help ensure compliance with these requirements and provide MAT medications timely to CCHCS patients. The 13 ADDS will supplement the 18 ADDS machines from the two scheduled prison closures to be distributed, as a second ADDS, to Licensed Correctional Clinics (LCCs) which will exceed machine capacity. Approximately 31 clinics are expected to exceed greater than 300 buprenorphine/naloxone transactions from their single machine over the three main

medication passes. The 450 refrigerator lock boxes will be used by each LCC to store patient specific injectable buprenorphine until time of administration.

Each of the 36 pharmacies will be provided a full size auxiliary cabinet, which will be electronically connected to their current Controlled Substance Manager (CSM) inventory program. These auxiliary cabinets will replace the current lock and key cabinet used store controlled substance. The current cabinets do not track pharmacy staff access. The CSM electronically document all staff who access the auxiliary ADDS and provides immediate notification of discrepancies. Electronic documentation will better equip institution pharmacies to appropriately document, report, and resolve controlled substance inventory issues. The total costs for pharmacy equipment, including ADDS machines, refrigerator lock boxes, and auxiliary cabinets is $1,153,711 in fiscal year 2022-23, $764,995 in fiscal year 2023-24, and $382,150 in fiscal year 2024-25 and ongoing.

Pharmacy Staffing

The increased volume of patients on MAT has created significant changes within the institution pharmacy operations related to increased LCC usage, controlled substance volume, and inventory management.

Compared to non-controlled medications, MAT medications are considered scheduled medications by the United States Drug Enforcement Agency (DEA). They must maintain a strict inventory from the point of procuring to administration. A patient stable on MAT requires prescription verifications every 3 months versus every 12 months because controlled (schedule 3-5) prescriptions cannot extend beyond 90 days per policy. Moreover, technician labor increases because MAT medications must be administered NA/DOT daily versus a typical central fill 30-day KOP dispense.

Therefore, MSD is requesting 33.1 Pharmacist I and 52.0 Pharmacy Technician positions once the ISUDT Program is fully integrated.

Laboratory Resources – Staffing

In fiscal year 2020-21, CCHCS completed approximately 120,000 Urine Drug Screens (UDS) utilizing all 35 Laboratory Assistants (LabAsst) gained in the fiscal year 2019-20 ISUDT BCP.

MSD projects an increase of MAT patients to 25,445. Based on community standards, the 25,445 MAT patients should receive a UDS an average of ten collections per year, amounting to 254,450 UDS tests yearly. This is an additional 134,450 UDS tests per year than the volume at present. Due to the increased volume of UDS tests and the fact that lab assistant positions are being utilized at full capacity, MSD will require more LabAsst staff to handle the increased workload.

A laboratory sample collection takes approximately 30 minutes per patient. Yearly, it would take approximately 67,225 hours to collect the additional 134,450 UDS tests. MSD is requesting 13 additional positions (LabAsst PYs) than, at present, are authorized.

Approximately 1.3% of all UDS tests result in a Test Not Performed (TNP). TNP UDS tests take approximately 60 minutes to review and resolve. Using the same assumptions of the quantity of testing above, this would equate to 0.8 positions needed. MSD is requesting 1

Senior Clinical Laboratory Technologist (SLT) position to review and resolve the TNP UDS tests as well as serve as a liaison between headquarters, regional SLTs, institution leadership, local laboratory staff, reference laboratories, and the Electronic Health Record System (EHRS) support team. In summary, MSD is requesting 13.0 Lab Assistants and 1.0 SLT position.

Urine Drug Lab Tests

The fiscal year 2019-20 ISUDT BCP, UDS costs were underestimated at $50 a test. The $50 UDS only included drug screening and not a quantitative confirmation. The $50 screening test was an acceptable test before MAT. With the ISUDT Program and MAT, any positive drug level received from a UDS clinically requires a follow-up, sometimes multiple, quantitative confirmation(s) at an additional $121. The quantitative confirmation ensures the patients are taking the prescribed amount of medication. Current invoices for urine drug testing average $223 per patient test.

New MAT patients will receive an initial screening UDS without a quantitative confirmation followed by 2 weeks of UDS with confirmation, 3 months of 30 day testing then moving to a testing frequency of every 6 weeks. Once established, MAT patients will require on average ten UDSs with quantitative confirmations a year. The total projected additional funding for UDS is $39,193,970 in fiscal year 2022-23 and $47,092,630 in fiscal year 2023-24 and ongoing.

Telemedicine Equipment

The LCSWs and CSWs will need Video-teleconference (VTC) capability in order to perform critical functions of their job duties. LCSWs and CSWs will be required to meet with patients remotely across various institutions where patients reside in order to conduct screenings and evaluations as well as to provide behavioral interventions (individual counseling and group therapy). SPSWs will also need VTC capability in order to perform critical functions of their job duties. SPSWs will provide direct supervision, monitoring and clinical support to LCSWs and CSWs who are in multiple locations across the state. Part of their duties will include one to one supervisory meetings with supervisees (LCSWs and CSWs), remote team meetings and direct observation of clinical interventions via VTC. The total cost for 84 VTC units is $278,040 for fiscal year 2022-23 and $131,200 for fiscal year 2023-24 and ongoing.

Telemedicine Scheduling Support Staff

The increased LCSW and CSW positions will require an increase in the schedulers that will manage the increased scheduling across multiple institutions. To ensure maximum efficiencies, MSD is requesting 7.0 Staff Services Analyst/Associate Governmental Program Analyst (SSA/AGPA) positions; 5.0 SSA/AGPA positions will support the scheduling and population management for the increased program participation and 2.0 SSA/AGPA positions will be responsible for supporting the Addiction Medicine Central Team. Given the increase in scheduling staff, 1.0 Staff Services Manager I position is requested to provide direct supervision to the SSA/AGPA positions.

Attachment C DRP Resource Request

Division of Rehabilitative Programs (DRP) – Staff Position Descriptions

35.0 Staff Services Analyst/Associate Governmental Program Analyst (SSA/AGPA) Positions

The Division of Rehabilitative Programs (DRP) is requesting 35.0 analyst positions, one for each institution (34) and 1.0 analyst position at Headquarters (HQ). These positions will assist DRP's Correctional Counselor III (CCCIII) at each institution with tracking, analyzing, data entry, and monitoring the component completions for each ISUDT participant to include SOMS attendance, participation and completion of the programs, such as Cognitive Behavioral Interventions (CBI) and aftercare, and milestones attributed to programming. Since the inception of the Integrated Substance Use Disorder Treatment (ISUDT) Program, the workload has been greater than originally anticipated with CCIIIs inundated with data analysis, collection and validation, and preparation of reports for various internal and external stakeholders. Additionally, the program has seen greater participation than originally anticipated. This workload has been absorbed by the CCIII and the Parole Services Associate (PSA) at each institution but has prevented them from addressing their regular assigned duties. These duties for the CCIII include, providing management expertise at resolving critical issues relative to the function of rehabilitative programs at a designated institution and facilitating program growth and fidelity in a custodial environment.

For the PSA, they perform program administration for the California Identification (CAL-ID) card program, assist in screening for eligible offenders for DRP programs, and track offender participation in programs. Although PSAs have historically been leveraged to assist with the CBI program, this volume of workload is no longer absorbable by these positions. Accordingly, the additional positions requested will enable the PSAs to perform their other assigned duties, including implementing the Cal-ID Program, while the new positions take on assisting with the CBI component of ISUDT.

These new analyst positions will be physically located in close proximity to the DRP CCIII within the institution. Similarly, an additional analyst is being requested to support DRP staff at headquarters with ISUDT data collection, validation and reporting. This position will also be located in close proximity of DRP's custody staff at HQ.

9.0 Office Technician - Typing (OT)

Prior to the implementation of the ISUDT Program, all but nine institutions were allocated Office Technician (OT) support positions based on the number of participants for what was Cognitive Behavioral Treatment programming at the time. With ISUDT's implementation, the participant numbers increased at all institutions creating the need for an OT position at the following institutions:

- Calipatria State Prison
- Centinela State Prison
- CSP-Sacramento
- California City
- California Medical Facility
- Pelican Bay State Prison
- California Heath Care Facility
- North Kern State Prison
- Wasco State Prison

Attachment C DRP Resource Request

These OT positions will provide clerical support to the CCIII and PSA at each of the above mentioned institutions, which would include data entry and tracking, answering phone calls, photocopying, arranging for mass printing of materials and distributing and retrieving mail. These tasks are currently absorbed by the CCIII and PSA and creates data backlogs with SOMS entries and affects the completion of their regular assigned duties. It also impacts the amount of time the CCIII spends monitoring the program activity. These positions will be in close proximity to the DRP CCIII within the institution.

45 AODs and 6 Supervising Counselors for Aftercare

Once participants complete behavioral interventions for SUD, those not releasing will need access to ongoing formalized aftercare to prevent relapse. DRP is requesting 45 additional contracted AOD counselors, and 6 supervising counselors, to provide aftercare for this population which is estimated to be 13,260 indeterminately sentenced individuals based on current screening and assessment data. An evidenced-based relapse prevention curriculum will be used in combination with 12-step facilitation (AA / NA, etc.) to offer long-term weekly recovery groups in one-hour sessions.

5 hours of aftercare groups per day at 12 to 1 ratio (1 hour per aftercare session) = 60 participants per day x 5 days per week = 300 participants per week / 13,260 individuals in need if aftercare who are indeterminately sentenced = 45 additional AOD counselors. Three-hours per day will be allocated for group documentation, data entry, and transitions between sessions.

Given Supportive Housing's positive impacts on improved SUD and recidivism outcomes, the Department is committed to its Supportive Housing initiative. The department still intends to leverage AODs/Peer Mentors to support CBIs and self-help groups in Supportive Housing. In addition, these AOD counselors can be redirected to assist with delivering packet programming if in-person CBI programming is impacted by COVID-related restrictions. Packet programming has been a significant workload driver, and additional resources will be required to deliver packet programming if it is needed in the future.

15 AODs and 2 Supervising Counselors for Short Term Programming

Approximately 900 individuals per month or 10,800 per year come to CDCR between 7 to 14 months remaining to serve and are in need of rehabilitative programming and SUD treatment prior to release. Under DRP's current programming model, there insufficient time for these individuals to complete CBIs. Based on recommendations from national addiction experts, it is proposed that the department select evidence-based packet programming to provide a short term SUD-focused program prior to release for this population that otherwise would not receive services. In addition to packet programming, these individuals will have a regular check-in with an AOD Counselor or Correctional Counselor, therefore DRP is requesting 15 additional contracted AOD Counselors and 2 Supervising Counselors. The department will also explore options for providing credit earning opportunities for this population either through Milestone or Rehabilitative Achievement Credits.

Attachment D Nursing Services Resource Request

Overview

In order to meet the full spectrum of patient needs, additional resources are required for successful provision of services to the ISUDT Program population. The following areas are critical in the successful continuation for implementation of the ISUDT Program:

- **Transition Services:** As ISUDT encompasses the entire population, the need for safe coordination of care from arrival into a Reception Center (RC) and departure from an institution, requires additional resources to ensure a safe handoff process. The Department of Health Care Services (DHCS) formally released the California Advancing and Innovating Medi-Cal (CalAIM) proposal to include individuals transitioning from incarceration to the community proposed to begin January 1, 2022, which will now be included under Transition Services.
- **Medication Management**: The high number of patients in the ISUDT Program has increased the demand for additional resources for administering and monitoring the specialized medication administration process.
- **TeleMedicine**: With Telemedicine offering services, Certified Nursing Assistants (CNA) will be able to facilitate appointments for both Addiction Medicine Central Team (AMCT) and Licensed Clinical Social Workers (LCSW).

Nursing Services Total Staff Request for Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and CNAs

Transitions

PY	Classification
3.6	RN – RC
14.4	RN - Endorsed Institutions
-	-
18.0	**Total**

RN/LVN = 1.2 @ 5 Days a week relief

Medication Management

PY	Classification
62.0	LVN

LVN = 1.77 @ 7 days a week relief

TeleMedicine

PY	Classification
40.8	CNA

CNA = 1.2 @ 5 days a week relief

Total PY Requested

PY	Classification
18.0	RN
62.0	LVN
40.8	CNA
112.8	**Grand Total**

Transition Services Total PY = 18.0

Transition Services will provide integrated care that addresses the full spectrum of the needs of CDCR's patient population beyond incarceration by incorporating the following but not limited to:

- Pre-release planning (collaborate with community partners, family members, probation, parole and other healthcare agencies).
- Warm-hand off services (linkage of services to community healthcare providers and programs to address the full spectrum of the patient's care needs).
- Medication Assisted Treatment (MAT).
- Activation of Medi-Cal benefits & other resources.

The result is a higher potential for success while incarcerated and beyond incarceration. In addition, the Department of Health Care Services (DHCS) formally released the California Advancing and Innovating Medi-Cal (CalAIM) proposal to include individuals transitioning from incarceration to the community proposed to begin January 1, 2022,

which will now be included under Transition Services. The CalAIM approach in ensuring continuity of care upon entry and beyond incarceration with the objective of promoting public safety, reducing mortality and morbidity rates while fostering health and wellness. Recent regulatory and departmental system changes have increased the workload of the resource team, affecting their ability to ensure successful warm handoff and continuity of care. Nursing Services is requesting additional resources for successful implementation of pre-release planning for continuity of care post-release. The additional resources will be provided in RCs and endorsed institutions.

Request for Additional Resources at Reception Center (RC) Institutions

RC Institutions, with higher volume of intake from RC closures, in addition to intake from county jails, will result in higher volumes of releases with complex patient populations. In addition, the volume of short-term prison sentences and the limited period for coordinating warm handoff and continuity of care to community providers is laborious for one (1) Resource RN.

Currently, the Resource Supervising Registered Nurse II (SRN II) at each RC dedicates approximately 50 percent to 75 percent of their work hours in support of the Resource RN to ensure pre-release planning and care coordination occurs as appropriate. This affects the SRN II's ability to effectively provide program oversight for ISUDT and ensure deliverables and program goals are met. Nursing Services is requesting an additional Resource RN for each Reception Center.

Distribution of requested PY: Each institution to receive one (1) RN: 3 RNs

- California Correctional Women's Facility (CCWF)
- North Kern State Prison (NKSP)
- Wasco State Prison (WSP)

Total PY requests for RC RNs: 3.6 (3*1.2 @ 5 days a week relief)

Request for Additional Resources at Endorsed Institutions

The initial ISUDT Program BCP evenly distributed a Resource RN to each institution regardless of the volume of releases. Approximately 50 percent or more of patients transitioning back into the community present with complex Medi-Cal issues. These patients with complex healthcare needs require additional care coordination activities with county and community providers.

In addition, the projected increase in MAT prescriptions will increase the number of patients who require warm hand-off and continuity of care to addiction medicine providers, upon release. This number is projected to increase as more county jails implement MAT.

To mitigate these occurrences of missed opportunities for pre-release planning, SRN IIs at these respective institutions, contribute 25 percent to 50 percent of their time to support the Resource RN's. Due to the increased work volume, the SRN II assumes the role of the Resource RNs in providing pre-release planning and care coordination for patients releasing. Based on each institutions' high volume of releases and complex patient

population, the institutions listed below require greater than one Resource RN (1), Nursing Services is requesting the following:

Distribution of requested PY: Each institution listed to receive one (1) RN: 12 RNs

- Avenal State Prison (ASP)
- California Correctional Institution (CCI)
- California Institution for Men (CIM)
- California Institution for Women (CIW)
- California Men's Colony (CMC)
- California Rehabilitation Center (CRC)
- California Treatment Facility (CTF)
- Folsom State Prison (FSP)
- Substance Abuse Treatment Facility (SATF)
- California State Prison, San Quentin (SQ)
- Sierra Conservation Center (SCC)
- Valley State Prison (VSP)

Total PY requests for RNs: 14.4 (12*1.2 @ 5 days a week relief)

TeleMedicine Total PY 40.8

Given the increase in demand for ISUDT services, provider support is necessary to effectively facilitate these appointments and ensure continuous access to care. Nursing Services is requesting a CNA per institution (34 institutions), dedicated to facilitating telemedicine appointments at the local level.

Distribution of requested PY: Each institution to receive one (1) CNA: 34 CNAs
Total PY requests for CNAs: 40.8 (34*1.2 @ 5 days a week relief)

Medication Management Total PY 62.0

In anticipation of expanding the current screening process to include the entire population, it is projected that the 13,000 patients currently on MAT will increase to approximately 25,445 in fiscal year 2022-23. The increased number of patients placed on MAT, is creating an additional workload on the LVNs providing medication administration.

Direct Observation Therapy medications must be distributed in a very controlled procedure for patient safety and to mitigate diversion. Medication administration and management for MAT patients will be conducted by licensed nursing staff consistent with current departmental policies and procedures.

Since Buprenorphine (MAT Medication) is a Scheduled III Controlled Substance, each dose must be removed from an automated dose dispenser (Omnicell). According to the Time Study Data Analysis completed in the month of June, 2021, at: California Institution for Men (CIM), Folsom State Prison (FSP), Kern Valley State Prison (KVSP) Mule Creek State Prison (MCSP), and Substance Abuse Treatment Facility (SATF), the dispensing, verification, preparation, observation and patient education required for this medication, increases the nurse administration time by approximately two minutes per patient.

Attachment D – Nursing Services Resource Request

From January 2019 to June 2021 there was an increase of 10,028 patients prescribed MAT medications. Due to this increase, there has been a significant impact to specific institutions. Nursing Services has analyzed the data as follows:

- Changes in population and the impacts to each institution.
- Current medication administration model and the allocation of staff to each institution.
- Time and motion study to analyze the impact of Buprenorphine administration to the existing mediation administration processes.

The analysis of the current medication administration model, the fluctuations in patient population and various mission changes, has revealed uneven distribution of positions statewide. Pending a statewide realignment of positions, and the allocation of the requested positions, there will be a need to support institutions in medication administration processes. With support from Fiscal, Human Resources and Labor, medication administration staff needed for fiscal year 2021-22 will be managed with the redirection of internal positions and/or utilization of contract staff that will allow the institutions to manage the existing demands of medication administration.

For fiscal year 2022-23, additional positions will be allocated to each institution. The regional and institutional executive teams will collaborate to monitor and overcome any possible barriers, including operationalizing to ensure medication administration nurses have appropriate medication designated space.

Below is how the additional Medication Management LVN need for fiscal year 2022-23 was calculated:

Fiscal year 2022-23 = 7,728 additional MAT patients / 225 = 34.34 positions or 35.0 rounded x 1.77 = 61.95 positions.

PY Request for LVNs:
Fiscal year 2022-23: 62.0 PY
Total PY requests for LVN: 62.0

Attachment E COLA Resource Request

Justification for Permanent Attorney IV Position

The Integrated Substance Use Disorder Treatment (ISUDT) Program will require active involvement of nearly all business areas within the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) to provide timely and effective evidence-based treatment and transitions to incarcerated individuals afflicted with substance use disorder. The requested Attorney IV will experience a significant increase in legal issues pertaining to several areas including, but not limited to, clinical operations and patient care, quality management, legislation, health care record privacy, etc. The ISUDT attorney will serve in a secondary role for legal matters related to personnel, labor, and mental health, among others. Given this significant legal workload, CDCR and CCHCS are requesting 1.0 Attorney IV position to augment CCHCS' Office of Legal Affairs.

Attachment F Communications Resource Request

The Office of Communications is requesting the Information Officer II (IO II) position in the Integrated Substance Use Disorder Treatment (ISUDT) Program be made a permanent position and is requesting the addition of an Associate Governmental Program Analyst (AGPA) position.

An IO II position was chosen based on the critical importance of success for this project and to match the responsibility of the duties, including reporting to top management. The IO II is delegated full responsibility for all aspects of information activities regarding the statewide ISUDT Ambassador program, with over 1,600 volunteers, which includes participation from all disciplines at the highest level of the organization including Chief Executive Officers, Wardens, Directors and more. The level of engagement and criticalness of this position is not appropriate for any classification lower than an IO II.

Under the administrative direction of the Deputy Director, Office of Communications, the IO II is responsible for developing, organizing, refining, and executing the Communications plan developed for the ISUDT Program, a comprehensive approach to treating substance use disorder (SUD) in California prisons. The IO II will use a variety of media to accomplish these tasks including but not limited to: messaging, events, graphic design, webinars, presentations, communications campaigns and videos.

The key responsibilities of the IO II are to produce and support targeted messaging/communication with ISUDT staff, like the ISUDT Ambassadors, and ISUDT program participants/patients. As the workload has increased, an AGPA position is required in assisting with the crafting of posters and other graphic/messaging materials, like the ISUDT newsletter for patients. The AGPA position will require an experienced person who will work under direction of the IO II. This position is responsible for the concept, development, and production of complex graphic design work, including newsletters, posters, fact sheets and more. With the aid of computer-assisted applications the graphic designer uses design and production elements to convey the desired impact and messages to the ISUDT staff and inmate population. The AGPA will also create and develop a staff newsletter that celebrates best practices, solutions, and leaders of change. It will help integrate the multi-disciplinary teams who help ISUDT thrive.

In order to achieve the various set goals, the IO II will work closely with the ISUDT Planning and Implementation Committee and the ISUDT Steering committees to continue to connect a coalition of staff and addiction experts with coordination between contracted services and CDCR/CCHCS employees, plan institution town halls, virtual and in-person meetings/summits, and the training of new Ambassadors. The AGPA will support this mission with the creation of various printed and graphic designed materials. It's all part of a comprehensive communications plan that provides targeted messaging with the mission of reducing SUD-related morbidity and mortality, and recidivism through ISUDT.

Attachment G Quality Management Resource Request

ISUDT Program Support Positions

Classification Title and Code	Total PY
Total Personnel	10.0
Research Data Specialist III	1.0
Research Data Specialist II	3.0
Research Data Specialist I	2.0
Research Data Analyst II	2.0
Health Program Specialist II	1.0
Office Technician	1.0

The QM Section is requesting 10.0 positions to support the existing workload that has exceeded the capacity of the two existing positions and the expected growth in workload associated with the requests for data-related reports and deliverables. After implementation of the ISUDT Program, one of the biggest ongoing challenges has been the integration across the multiple program areas and stakeholders. The initial 2019-20 Budget Change Proposal emphasized the importance of providing an integrated program by requesting, and eventually receiving, personnel and resources assigned to individual program areas that were best positioned to provide the CDCR population with the most effective interventions for treating substance use disorder.

Providing the comprehensive suite of services designed in the ISUDT Program; ranging from intake and assessment to treatment within prison and finally ensuring successful release planning and coordination is revolutionary in almost any setting. It has also resulted in a significant expansion in the need for, and way in which information is shared between the multiple program areas delivering individual services and the way in which information on implementation and outcomes are reported to all relevant stakeholders. Along with the expanded need for access to information, the list of relevant stakeholders who have requested and/or been provided data continues to expand.

The scale of this project, operational challenges associated with limited access to timely and reliable information sharing across multiple program areas, and general demand from all stakeholders for relevant information relevant has already resulted in the development of multiple operational tools, dashboards, and fulfillment of ad hoc data requests. To date, the expanded need for data sharing has resulted in the development and ongoing maintenance of:

- Three distinct dashboard views with a consistent design and data, but limitations in the level of data access due to Personally Identifiable Information and Personal Health Information.
- Six distinct operational reports designed to support coordination across multiple program areas.
- Four performance reports providing multiple types of performance measures, outcome measures, or general statistics about the ISUDT Program with the ability to analyze trends or compare between different facilities.
- Twenty-three distinct performance and outcome measures with defined methodologies and coded to appear in the appropriate dashboard or operational tool.

- An average of three weekly ad hoc data requests of varying complexity.

Overall, the staff time associated with maintaining these items and supporting the workload associated with ongoing ad hoc data requests is three full time equivalent position per month with staff at or above the Research Data Specialist I level. This workload does not include the efforts needed to develop, test, and release these or future tools as this work; although substantial, is temporary in nature and purposefully excluded from projections for sustained staffing needs. The range in staff levels is dependent upon the complexity of the work product and associated business rules and application(s). The total number of work products is expected to more than triple before ISUDT is fully implemented in operations and ongoing performance monitoring and process improvement. This increase in work products includes the development and maintenance of: 11 operational reports, 4 performance reports, and 70 performance and outcome measures in addition to what has already been developed.

Due to the three-fold increase in work products, QM is requesting 9.0 Research Data positions (including 1 Health Program Specialist II) be officially established and funded to support this workload for the ISUDT Program. Below are some of the primary roles and responsibilities associated with these positions, the degree of independence and complexity of which is dependent upon the staff level. In addition to the individual work items below there is also a substantial workload associated with developing and sharing businesses knowledge across all staff, coordinating stakeholder meetings to refine project scope and methodology, and providing ongoing training to current and new staff. Due to the number of stakeholders and coordination and planning needed, QM is also requesting 1.0 Office Technician position in order to support this workload.

- Obtain, learn about, test, and evaluate new data sources related to the ISUDT Program.
- Structuring new data sources and building stored procedures to store the data in the Data Warehouse.
- Developing, testing, and refining performance measures for the ISUDT Program.
- Developing, testing, and refining operational tools for the ISUDT Program.
- Review for quality assurance, revise, and edit code of other staff.
- Perform ad hoc data analyses.
- Perform maintenance and fixes on performance measures and operational tools.
- Investigate and respond to questions on ISUDT tools.
- Enhance existing tools with new features.

Attachment H Program Management Unit Resource Request

Classification Title and Code	Total PY
Total Personnel	4.0
Career Executive Assignment B – Program Director	1.0
Associate Governmental Program Analyst	1.0
Research Specialist IV	1.0
Research Data Specialist II	1.0

To support the ISUDT Program, CCHCS is requesting resources to establish the Program Management Unit (PMU). The PMU will coordinate cross-department, interdisciplinary implementation, operations, and program quality improvements for ISUDT. This proposal seeks to establish long-term support for the ISUDT Program that should be coordinated by a central ISUDT PMU instead of folding ISUDT into one of the existing program areas. The PMU will ensure processes are streamlined and the overall objectives align with CDCR and CCHCS' goals.

When ISUDT was initially being created, CCHCS was going to contract for external services to provide project and program management support services, but instead has leveraged different internal positions from miscellaneous program areas. CCHCS is requesting a Program Director position (CEA B) to provide executive management, technical, and administrative support by managing, directing, controlling and reporting on critical program objectives through planning, execution, and monitoring. Duties will include: planning and coordinating program areas and interdependencies needed to execute changes, process improvements, policies, procedures, etc.; organizing and maintaining program objectives; managing executive business relationships with internal divisions and external agencies and departments (such as Victims Compensation Board, Department of Health Care Services , National Governors' Association , and all 58 counties); defining program governance, including management of Executive Steering Committee and oversight of local ISUDT Steering Committees. A program of this size also needs a Program Director to monitor and work with program areas on the budget, and manage cross-divisional program contracts for special initiatives (such as the Reception Center Intake and Scheduling Initiatives).

CCHCS is requesting an Associate Governmental Program Analyst (AGPA) position to provide executive administrative support to the Project Executive (Director of Legislation and Special Projects) and the Program Director. The AGPA will evaluate and coordinate the flow of information and involvement of the Project Executive and Program Director in policy and program issues; obtain, evaluate, and develop extensive information from departments, groups, and individuals to brief the Project Executive and Program Director on the potential impact in advance of meetings, conferences, speaking engagements; coordinate meeting and conference needs including the development of agendas, talking points, PowerPoint presentations, and compiling the supporting documentation for distribution prior to meetings; assist in managing projects by coordinating tasks with others and ensuring deadlines are met; undertake a broad spectrum of the more complex special assignments including, but not limited to, conducting program evaluations, developing written materials, and monitoring and/or generating and compiling reports.

Attachment H Program Management Unit Resource Request

The Research Specialist (RS) IV currently supporting activities for the ISUDT Program is a borrowed position. A permanent RS IV is needed to support cross-disciplinary ISUDT implementation and ongoing operations by providing research expertise to facilitate data-driven decisions, manage cross-divisional evaluation efforts, and to coordinate program quality improvements that impact multiple program areas. At present, the RS IV provides management and oversight for cross-divisional training contracts to ensure evidenced-based practices and national standards are used in the training of Department staff and contractors. In addition, the RS IV works with national addiction experts and cross-divisional teams to coordinate program process improvements to continue the provision of cognitive behavioral interventions (CBI), to develop and implement processes to improve data collection, and to support data quality assurance to ensure valid and reliable data are available for evaluation purposes. The RS IV provides national data and best practices as needed to departmental executives to inform decision-making and policy (e.g., medication management, overdose trend data, etc.), and engages with external partners to identify strategies to strengthen transitions processes and expand medication assisted treatment to justice-involved populations.

The RS IV is needed, in an ongoing role, to manage the ISUDT process evaluation with University of California (UC), Irvine which is already underway, and to coordinate a UC multi-campus outcome evaluation including cost-benefit analysis in the future. The RS IV is also needed to continue working with the American Society of Addiction Medicine and various divisions on assessment processes, data collection and reporting, and community transitions, and to serve as a liaison with Division of Rehabilitative Programs (DRP) and Quality Management to coordinate data monitoring and cleaning, fidelity processes, and program quality improvements with a particular focus on continuous quality improvement for DRP-funded contractors providing CBIs. The RS IV will also coordinate trauma informed care training and technical assistance which will touch multiple divisions.

A Research Data Specialist (RDS) II is also needed to perform more technical data and research-related work to support the day-to-day project management of the ISUDT Program, and other related complex patient populations. This includes working with various program areas on complex data analysis in response to ad hoc research and data reporting requests, developing data quality improvement processes; analyzing data needed to inform program improvement opportunities; and ensuring compliance with performance metrics. Currently, analysis being provided has been with other program areas, but is prioritized within those areas, which causes a delay with getting reports out for ISUDT, as ISUDT may not be those areas priority at that moment. The RDS II will provide the analysis needed to ensure ISUDT data reports which are requested from external agencies and departments are sent out timely.

ATTACHMENT I HUMAN RESOURCES REQUEST

Human Resources (HR) is requesting the following positions to address current staffing challenges and ensure the Integrated Substance Use Disorder Treatment (ISUDT) Program workload demands are met efficiently, accurately, and timely:

Fiscal year 2022-23

- 3.0 - Permanent Staff Services Analyst (SSA)/Associate Personnel Analyst (APA) positions.
- 1.0 - Permanent Personnel Specialist (PS) position.

Fiscal year 2023-24

- 1.0 - Permanent SSA/APA position.
- 1.0 - Permanent PS position.

HR is tasked with California Correctional Health Care Services' (CCHCS) Headquarters (HQ) and Regional hiring process, payroll and benefit functions, and the development of departmental policies and procedures while delivering innovative HR solutions and services that attract and serve a diverse and highly qualified workforce. HR is also responsible for providing support and guidance to departmental programs, as well as internal and external customers on issues. Additionally, HR provides consultation to program managers, executive management, administrators, and other HR staff in determining and analyzing the personnel needs of CCHCS programs. HR provides a high level of quality service to our programs and regional field offices.

HQ and Regional HR and Transactions and Benefit Services (TBS) workload has consistently increased with the implementation of multiple Budget Change Proposals (BCP), which includes the ISUDT Program. This initiative has added several positions and the associated workload to HQ and Regional HR and TBS. This workload includes, but is not limited to, establishing, recruiting, and filling these critical positions and re-recruiting once they become vacant, in addition to ensuring payroll, benefits, position control, new employee onboarding, and employees appointments are keyed into the State Controller's System and leave usage is keyed timely and accurately. Furthermore, recruiting to fill positions for this program has been time-sensitive, as it impacts CCHCS' ability to identify patients at highest risk for Substance Use Disorder-related harms, and provide critical treatment.

HR did not receive any positions during the initial implementation of the ISUDT Program to help assist with the additional workload, and current staffing cannot absorb this level of additional workload. Additionally, with the increase in data-driven reports, HR's reporting responsibilities have increased exponentially. These reports, including the ISUDT Program report, are time-sensitive and vital to executive management and the decisions that are made to meet the goals and mission of CCHCS.

Based on the increased workload, HR is requesting 3.0 SSA/AGPA positions and 1.0 PS position in fiscal year 2022-23, and 1.0 SSA/AGPA position and 1.0 PS position in fiscal year 2023-24 to assist with addressing current staffing deficiencies and to ensure the ISUDT Program workload demands are met efficiently, accurately, and timely. The SSA/AGPA positions will manage the recruitment process to fill vacant positions, post job announcements, analyze personnel actions, and initiate and complete Requests for

ATTACHMENT I HUMAN RESOURCES REQUEST

Personnel Actions in order to establish, recruit/fill, reclassify and redirect positions in accordance with state and departmental laws, rules, processes, procedures, and will perform other duties as required.

The PS positions will be responsible for the personnel transactions of an assigned roster of approximately 180+ employees and are responsible for the processing of attendance and payroll for employees in a variety of bargaining units, as well as excluded employees. The PS is also responsible for interpreting and applying the personnel related laws, rules, regulations, policies, and Memoranda of Understanding, and performing salary determinations. It is critical for HR to obtain these permanent positions in order to support the ISUDT Program. Without these positions, HR will experience challenges meeting the recruitment needs and high demands of the continued implementation of the ISUDT Program.

Attachment J ITSD Resource Request

Classification Title and Code	Total PY
Total Personnel	5.0
Information Technology Associate - Operations	2.0
Information Technology Specialist I - Infrastructure	1.0
Information Technology Specialist II – Application Innovation Services (AIS)	2.0

Justification
California Correctional Health Care Services' (CCHCS) Information Technology Services Division (ITSD) supports all CCHCS operations and technological needs. The following positions are requested to provide operations support for the Integrated Substance Use Disorder Treatment (ISUDT) Program.

Application Innovation Services (AIS)
One Lead Test/Release Engineer position at the Information Technology (IT) Specialist II level is required to support deployment of Data Warehouse components, implement automated deployments, conduct automated functional and performance testing of critical reports for ISUDT. The workload on Data Warehouse development, support and testing is expected to grow with the increase in Quality Management (QM) program staff doing additional ISUDT report development.

One Lead Data Warehouse Developer position at the IT Specialist II level is required to design, develop, maintain and modernize the ISUDT data warehouse components. The resource will lead efforts to develop complex solutions to move the data from source databases to Enterprise Data Warehouse for Business Intelligence reporting. The workload on Data Warehouse development, support and testing is expected to grow with the increase in QM program staff doing additional ISUDT report development.

Infrastructure
One telehealth support position at the IT Specialist I level is required to support network connectivity and the ISUDT system infrastructure. The resource will also support the critical ISUDT video conferencing equipment and services statewide. The resources will analyze, deliver, configure and support Webex boards, and room kits; as well as support the network and services required for ISUDT video conference sessions.

Operations
Two ITSD Support positions at the IT Associate level for additional support in the Solution Center to provide first level IT support for the new employees resulting from the ISUDT Budget Change Proposal. This will ensure ITSD sustains desired levels of IT customer service for the enterprise, ensuring adequate levels of care are maintained due to the IT demands the new ISUDT employees will create. Expected tasks include resolving basic IT issues, such as username or password issues, installation of basic software applications, and navigation assistance. ITSDS expects to maintain customer service levels across the CCHCS enterprise, maximizing expeditious IT support of the ISUDT Program.

Attachment J ITSD Resource Request

ITSD Services Hardware/Software Request

In addition to the staffing described above, ITSD also requires additional hardware and software for the program to operate effectively as shown in the table below.

Item	Quantity	Unit Cost	One-Time Purchase Cost	FY 2023-24 and Ongoing
Cisco DX80 Video Endpoint*	84	$2,400	$201,600	$54,760
Smart Net Total Care*	84	$350	$29,400	$29,400
Call Manager Licensing*	84	$130	$10,920	$10,920
Call Manager Software Support*	84	$30	$2,520	$2,520
Webex Meeting License	84	$240	$20,160	$20,160
Webex Meeting Audio License	84	$160	$13,440	$13,440
		Total	**$278,040**	**$131,200**

* One-time Costs also included in Attachment B Medical Services Resources.