

# 2019 - 2021

TRANSFORMING SUBSTANCE USE DISORDER TREATMENT  
IN CALIFORNIA'S PRISON SYSTEM

IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM

April 2022



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

This report was prepared by: The California Department of Corrections and Rehabilitation & California Correctional Health Care Services

The authors of this report used the most current data available; therefore, timeframes for analyses may differ across measures.

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## EXECUTIVE SUMMARY

The United States is facing a surge in overdose deaths that has reached crisis proportions. Nationally, overdose deaths have more than tripled in just over a decade, from just over 21,000 in 2010 to more than 100,000 in 2021.<sup>1</sup> The increase in overdose deaths, which spans age cohorts and racial groups, has been driven by a new public health threat: synthetic opioids, primarily fentanyl. Impacts are exponentially worse in jails and prisons, where overdose death rates among incarcerated individuals grew by 600% from 2001 to 2018.<sup>2</sup> Amidst the COVID-19 pandemic, overdose deaths have continued to increase across the nation – but not among residents of the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS).

In large part, this is because California’s taxpayers made an unprecedented investment to expand evidence-based substance use disorder (SUD) treatment within CDCR and CCHCS under the Integrated Substance Use Disorder Treatment (ISUDT) Program. The ISUDT Program provides timely and effective treatment and transition to the community for incarcerated individuals with SUDs, with the goals of saving lives, reducing avoidable health complications and costs, improving public safety and promoting healthier communities. In January 2020, the ISUDT Program was implemented, and includes five core program elements: 1) SUD Screening and Assessment, 2) Medication Assisted Treatment (MAT), 3) Cognitive Behavioral Interventions (CBI), 4) Supportive Housing; and 5) Enhanced Pre-Release Planning and Transition Services aimed at strengthening care coordination upon release.

The goals CDCR and CCHCS are seeking to achieve through the implementation of the ISUDT Program are supported by research that shows upfront investment in SUD treatment is effective and cost-beneficial. According to the National Institute on Drug Abuse (NIDA), every dollar invested in SUD treatment yields a return on investment (ROI) of between \$4 and \$7 in criminal justice costs, and when accounting for avoided health care costs, SUD treatment can yield on ROI of 12 to 1.<sup>3</sup> The preliminary findings presented in this report indicate that the investment in the ISUDT Program has already begun to pay off through lives saved and reductions in avoidable health complications.

This report is intended to provide an overview of the ISUDT Program, document the status of implementation, and present preliminary findings on program impacts and its potential to improve a range of outcomes, including morbidity and mortality. In addition, this report describes the challenges and future direction necessary to fully realize the positive potential of the ISUDT Program.

Just three months after implementation of the ISUDT Program, the COVID-19 pandemic first reached California’s prison system. CDCR and CCHCS directed departmental resources to a system-wide emergency public health response to protect the residents and staff living and working in California’s prisons. Despite modifications to virtually every aspect of departmental operations, including limitations on programming and contractor access to prisons to prevent the spread of COVID-19, CDCR and CCHCS continued its commitment to

<sup>1</sup> Ahmad, F. B., Rossen, L. M., & Sutton, P. (2022, January 12). *NVSS Vital Statistics Rapid Release Provisional Drug Overdose Death Counts*. (L. M. Rossen, A. Lipphardt, F. B. Ahmad, J. M. Keralis, Y. Chong, Editors, & National Center for Health Statistics) Retrieved January 24, 2022, from National Center for Health Statistics: [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>2</sup> Carson, E. A. (2021). *Mortality in State and Federal Prisons, 2001-2018 - Statistical Tables*. Office of Justice Program, Bureau of Justice Statistics. Washington, D.C.: U.S. Department of Justice. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/msfp0118st.pdf>

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the ISUDT Program, becoming operational at all 34 prisons.

In accordance with infection control guidelines, CDCR and CCHCS adapted in-person CBI to packet-based programming to enable participants to continue CBI participation in a self-paced, independent format with weekly check-ins with an Alcohol and Other Drug (AOD) counselor in locations where in-person programming was not feasible or safe due to the pandemic. With the introduction of the COVID-19 vaccine, and easing of some COVID-19 restrictions in 2021, the Department restored in-person CBI. Through in-person and packet programming, CDCR and CCHCS provided CBI to more than 14,200 residents statewide. After extensive work to develop new coordination processes and communication mechanisms with county probation offices and community health care partners, the pre-release teams connected more than 2,200 people with community SUD treatment and related support services prior to their release from CDCR. The Supportive Housing component of ISUDT, which was envisioned as separate housing for those involved in ISUDT, has been significantly impacted by COVID-19 due to isolation and quarantine requirements. The Department is currently examining several options for Supportive Housing with discussions focused on rehabilitation and recovery housing for ISUDT participants plus those involved in other rehabilitative programs and services. The Department is aiming to initiate Supportive Housing in the summer of 2022, contingent upon COVID-19 restrictions.

During the implementation of ISUDT, the Department made many large-scale operational changes in response to the COVID-19 pandemic. However, detailed analysis indicates ISUDT services were the major driver of a change in SUD-related health outcomes. A study of CDCR overdose patterns indicates that overdoses began to decline before the pandemic and continued to decline even as the Department vaccinated most of its resident population, COVID-19 restrictions eased, programming resumed at near-normal levels in many institutions, and once again in-person visitation was allowed. Other state prison systems that implemented the same restrictive policies as CDCR during the pandemic, did not see the same decline in overdose deaths and hospitalizations as observed among CDCR's population. A comparison of CDCR residents who received MAT versus those who were on the MAT evaluation waitlist between January 2020 and March 2021, showed that the overdose hospitalization rate related to opiates was 48% lower for those prescribed MAT compared to those who were on the MAT evaluation waitlist. While the results are trending in a positive direction, the Department recognizes the unprecedented circumstances in our prisons and communities during the time these analyses were conducted and the potential impacts those circumstances may have on the data; however, we remain cautiously optimistic and ever vigilant.

### **The initial results of the ISUDT Program have surpassed expectations, with great progress made towards screening and assessing residents with SUD:**

- **As of January 2022, the Department has screened more than 64,690 people for SUD, assessed an additional 38,638, and prescribed MAT to treat nearly 22,558 individuals.** In terms of service volume, California's prison system has become the largest MAT provider among jails and prisons in the country. Additionally, among non-correctional health care systems, the Department ramped-up at a rate that exceeds rapidly expanding community programs, with 140 people per 1,000 receiving MAT services under ISUDT.
- **It was originally estimated that about half of all residents offered MAT would actually accept that component of the ISUDT Program; to date, nearly nine out of ten patients offered MAT have accepted treatment.**



- Among California’s prison population, the rate of overdose deaths declined 58% from 2019 to 2020 and according to the preliminary 2021 mortality data is on track to remain low even as the Department returned to near-normal operations in 2021.
- Hospitalization rates for overdoses and skin/soft tissue infections have declined after ISUDT implementation, by 18% and 21%, respectively.
- Among those treated for hepatitis C virus (HCV), the reinfection rate for those prescribed MAT was 29% lower than for those with an opioid use disorder (OUD) who were not prescribed MAT. Since implementation of ISUDT, CDCR and CCHCS are also seeing improvements in other health outcomes closely linked to SUD. For example, an underlying risk factor for most HCV infections is SUD. Even after HCV treatment, individuals with SUD may become re-infected if the SUD is not addressed.
- Over the past two years, CDCR and CCHCS have received numerous testimonials from residents and staff about the remarkable ways in which the ISUDT Program is changing lives.

Despite the pandemic, CDCR and CCHCS staff have made substantial progress toward fully realizing the vision of the ISUDT Program, and promoting a better way of life for incarcerated individuals with SUDs. In the coming year, ISUDT leaders will navigate challenges, such as continued COVID-19 related infection prevention strategies, as the CDCR and CCHCS will work to expand ISUDT to all residents with SUDs. The CDCR and CCHCS will seek to leverage opportunities to improve health outcomes for residents in prison and upon release to the community, including two major Medi-Cal expansion programs, and the Governor’s initiatives to end homelessness. The CDCR and CCHCS will also collaborate with academic partners and state agencies to evaluate and report program outcomes within the CDCR and communities post-release, with special emphasis on continuity of care, sustained recovery, recidivism, and the individual’s post-release ability to maintain stable housing, employment, and treatment.

## AN OVERDOSE EPIDEMIC IN CALIFORNIA’S PRISONS

**In 2019, 50,000 people in the United States died from opioid-involved overdoses, a surge in mortality linked to the emergence of synthetic opioids.** The NIDA labeled the problem an opioid overdose crisis, declaring, “The misuse of opioids – including prescription pain relievers, heroin, and synthetic opioids such as fentanyl – is a serious national health crisis that effects public health as well as social and economic welfare.”<sup>4</sup> California saw its own increase in overdose deaths in 2019, with the statewide rate per 100,000 increasing by 16% over the prior year.<sup>5</sup> *Please see Figure 1.*

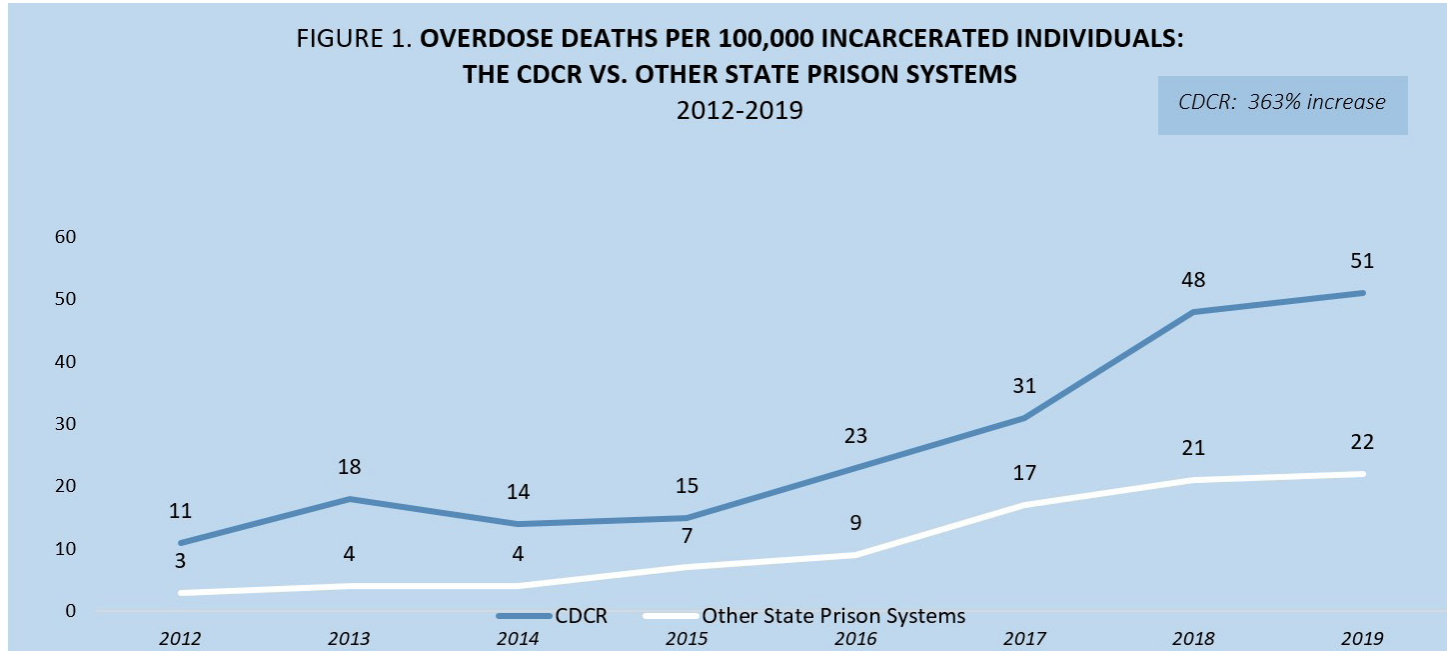
<sup>3</sup> NIDA. <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

<sup>4</sup> NIDA. (2021, March 11). *Opioid Overdose Crisis*. Retrieved January 24, 2022, from National Institute on Drug Abuse Advancing Addiction Science: [Opioid Overdose Crisis | National Institute on Drug Abuse \(NIDA\)](#)

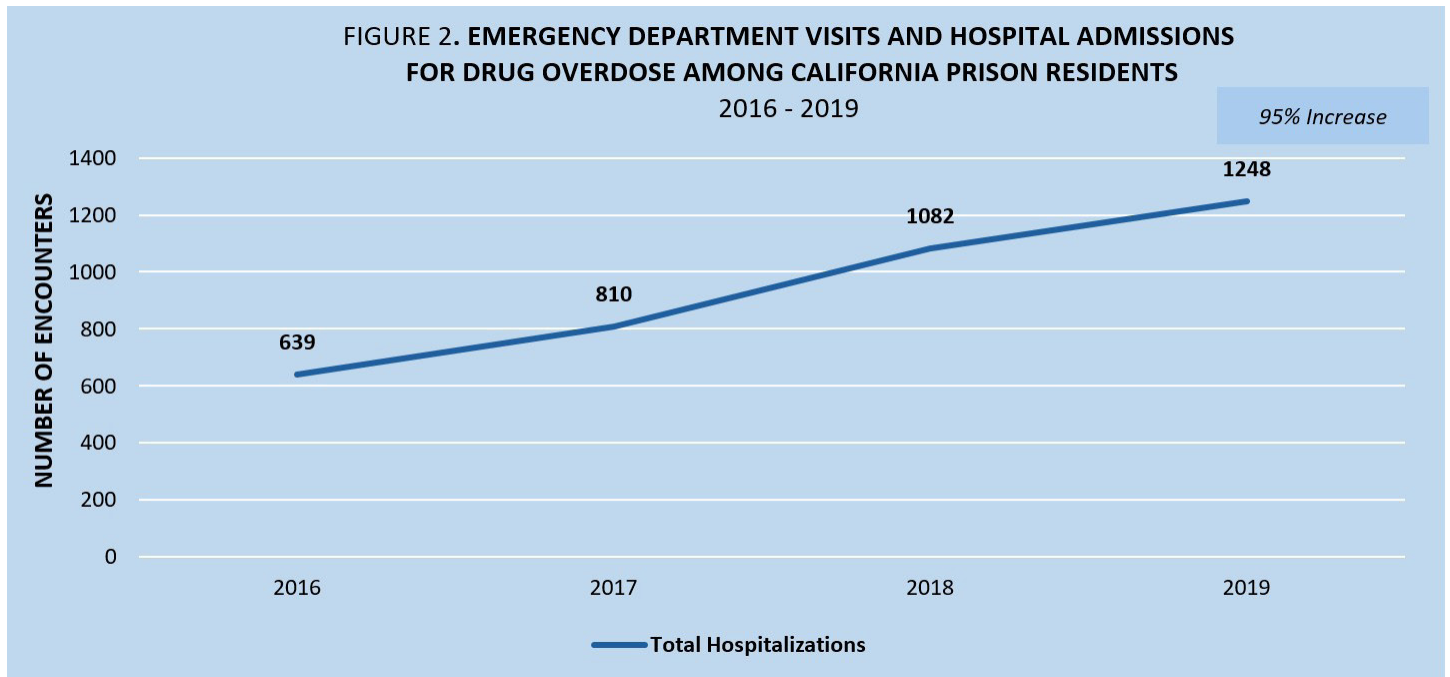
<sup>5</sup> California Department of Public Health. (2022, January 19). *California Overdose Surveillance Dashboard*. Retrieved from <https://skylab.cdph.ca.gov/ODdash/>

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Nationally, the overdose mortality rate in state prison systems increased 623% from 2001 to 2019.<sup>6</sup> In 2019, overdoses deaths within California’s prison system, most of them related to opioid use, reached a record high of 51 overdose deaths per 100,000 residents, which was the highest overdose mortality rate for a state prison system in the United States. *Please see Figure 1.* This was a culmination of a steep climb in overdose deaths that began in 2012.<sup>7</sup>



The Department saw an increase of 95% in Emergency Department visits and hospitalizations due to overdose between 2016 and 2019. *Please see Figure 2.*



<sup>6</sup> Carson, E. A. (2021). *Mortality in State and Federal Prisons, 2001-2019 - Statistical Tables*. Office of Justice Program, Bureau of Justice Statistics. Washington, D.C.: U.S. Department of Justice. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/msfp0119st.pdf>

<sup>7</sup> Imai, K. (2021). *Analysis of 2020 California Correctional Health Care Services Inmate Mortality Reviews*. Consultant to the California Prison Receivership. California Correctional Health Care Services. Retrieved from <https://cchcs.ca.gov/wp-content/uploads/sites/60/MS/2020-CCHCS-Mortality-Review.pdf>

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Long-term substance use contributes to a number of acute and chronic health complications including heart and lung disease, stroke, cancer, and mental health conditions,<sup>8</sup> which can be challenging to treat and often result in hospitalizations. Injection drug use is associated with many serious health conditions including Hepatitis B and C viruses, which can lead to liver failure, Human Immunodeficiency Virus (HIV),<sup>9</sup> and bacterial infections of the heart, bones, muscles, and skin. Alcohol Use Disorder (AUD) is linked to high blood pressure, heart disease, liver disease, stroke, at least eight different cancers, weakening of the immune system, depression, anxiety, and learning and memory problems.<sup>10</sup> Prolonged methamphetamine use can cause permanent damage to the heart and brain; high blood pressure leading to heart attacks and strokes; liver, kidney, and lung damage; paranoia, hallucinations, and mood disturbances; intense itching and associated skin sores; premature osteoporosis; and severe dental problems.<sup>11</sup> **The medical complications of SUDs not only significantly increase health care costs in the prison system, but also in the community at large.**

The riskiest time for California’s incarcerated population with SUD, which is estimated to be near 70% of the population, occurs upon release to the community. Newly-released individuals who are struggling with converging transition-related stressors such as obtaining immediate survival needs and finding stable housing and employment are susceptible to using substances as a coping mechanism. With easy access to drugs and a reduced physical tolerance for drug effects after years in prison, one study found that newly-released individuals with SUD are **40 times more likely to die of a drug overdose within two weeks of leaving prison than their age-matched counterparts in the community.**<sup>12</sup>

Within the prison population, drug trafficking contributes to a violent and dangerous atmosphere, undermining efforts to give residents a safe and stable environment to obtain treatment, learn a trade, or advance their education. Individuals with untreated SUD are often not successful upon community reentry and are more likely to re-offend.



Substance use-driven factors impacting the quality of resident life and the safety of prisons has elevated SUD treatment to the highest priority level for California’s prison administrators.

<sup>8</sup> NIDA. (2020, July). *What are the health consequences of drug addiction?* Retrieved from National Institute on Drug Abuse Advancing Addiction Science: <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>

<sup>9</sup> CDC. (2021, August 31). *Persons Who Inject Drugs (PWID)s Infectious Diseases, Opioids and Injection Drug Use.* Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/pwid/opioid-use.html>

<sup>10</sup> CDC. (2021, December 29). *Alcohol and Public Health Alcohol Use and Your Health.* Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm#:~:text=Over%20time%2C%20excessive%20alcohol%20use%20can%20lead%20to,and%20poor%20school%20performance.%20...%20More%20items...%20>

<sup>11</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). (2021, November 11). *Know the Risks of Meth Learn about Methamphetamine.* Retrieved from SAMHSA.gov: <https://www.samhsa.gov/meth>

<sup>12</sup> Ranapurwala, S. I., Shanahan, M. E., Alexandridis, A. A., Proescholdbell, S. K., Naumann, R. B., Edwards Jr, D., & Marshall, S. W. (2018, September). Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015. *American Journal of Public Health*, 108, 1207-1213. doi:10.2105/AJPH.2018.304514. Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6085027/>



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In 2019, then-Secretary of the CDCR, Ralph Diaz, and the Federal Court Receiver assigned to oversee the prison medical system, J. Clark Kelso, jointly requested the support of the Governor's Office, the Legislature, and the presiding judge in *Plata vs. Newsom*, the Honorable Jon S. Tigar, to address the SUD crisis in California's prisons. As current Secretary of the CDCR, Kathleen Allison has renewed the Department's commitment to maintaining a quality ISUDT Program as a top departmental priority.

In Fiscal Year 2019-20, the California Legislature approved the Department's request for ongoing funding of more than \$160 million per year to implement the first phase of the new SUD treatment approach under the ISUDT Program. In July 2019, upon receiving support from the Legislature, CDCR and CCHCS leaders established an implementation plan that would make the five service areas described in this section fully operational by the end of June 2021.

The CDCR/CCHCS consulted with substance use specialists and national addiction medicine experts, and reviewed medical evidence to update and redesign a SUD treatment system that would effectively address the challenges posed by fentanyl and other synthetic opioids. The Department convened advocates for the incarcerated, representatives from state and county SUD treatment systems, court experts in medical, mental health, and disability issues, and academic partners to inform program development.

The ISUDT Program incorporates the most current best practices in addiction science and manages SUD as a chronic illness. The ISUDT Program is grounded in the principal that SUD results from a combination of biological, genetic, and environmental factors, similar to other chronic diseases, such as diabetes, and all of those factors must be considered in the development of effective treatment strategies. Consistent with current addiction medicine practices, the ISUDT Program combines pharmaceutical interventions with behavior interventions, lifestyle adaptations, and peer and self-help support strategies. Similar to the way a primary care team may prescribe diabetic patients insulin but would also educate patients in making changes to diet and exercise, and how to monitor their own blood sugar levels. The design of the ISUDT Program utilizes the Whole Person Care approach and considers the impacts of adverse childhood experiences such as abuse, neglect, and toxic trauma, as well as co-existing health conditions, such as mental illness and chronic infections like HCV.

The new model requires multi-disciplinary coordination, drawing participation from all program areas within the Department.<sup>13</sup> In addition, the model includes collaboration with other state agencies such as the California Department of Health Care Services (DHCS), which manages the state's Medi-Cal Program; and coordination with jails; probation, social service, and health departments within California's 58 counties; non-profit, government and university public health and SUD treatment experts; and critical stakeholders, including the families and friends of incarcerated people, and court experts and plaintiffs' attorneys in three class action lawsuits; among others.

Three months into ISUDT implementation efforts, the COVID-19 pandemic reached California, sending the Department into an emergency response mode that continues to date and which has modified virtually every aspect of operations for the CDCR and CCHCS. Residents of correctional facilities, like residents of college dormitories, military barracks, and nursing homes, are among the highest risk populations for contracting COVID-19 infections.

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<sup>13</sup> CDCR program involvement includes, but is not limited to, the Division of Rehabilitative Programs, Division of Adult Institutions, Division of Adult Parole, Board of Parole Hearings, Prison Industry Authority, all clinical disciplines within Health Care Services and the Quality Management/Patient Safety Programs, Division of Administrative Services, Office of Public and External Communications, Office of Legal Affairs and Office of Legislative Affairs.

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At its peak in December 2020, the COVID-19 infection rate was six times higher for prison residents than the non-incarcerated population in California. At that time, the CDCR and CCHCS were managing 10,000 cases in facilities across the state, representing roughly 1 in 10 residents.<sup>14</sup>

Like other health care organizations, the CDCR and CCHCS limited operations to only essential health care services. Early in the pandemic, Department leaders recognized SUD treatment as an essential health care service, because the need for SUD treatment was more crucial than ever. Public health experts across the country, including California, identified a surge of overdose deaths, as sudden changes in daily routines, isolation, fear of disease, deaths of loved ones, financial struggles, and other stressors that resulted from the pandemic caused people with SUD to need substances more than ever to cope. The Centers for Disease Control and Prevention (CDC) announced the highest-ever recorded number of overdose deaths in the United States for the one-year period ending May 2020, including an increase in synthetic opioid-involved deaths of more than 98% for the 10 western states.<sup>15</sup>

The ISUDT Program offers five major treatment strategies to support recovery, address SUD for incarcerated individuals, and to ensure continuity of care as they transition to the community upon release. The following section describes each ISUDT Program component and provides an update on the status of implementation.

# THROUGH THESE STRATEGIES AND SERVICES, THE ISUDT PROGRAM STRIVES TO:

- Reduce SUD-related mortality and morbidity, and associated health care costs.
- Create a rehabilitative environment in state prisons, improving safety for residents and staff.
- Successfully reintegrate individuals into their community at time of release.
- Improve public safety and promote healthy families and communities.
- Reduce recidivism and associated criminal justice costs.

## 1. SCREENING & ASSESSMENT

To determine eligibility for ISUDT services, departmental health care staff screen patients for SUD and assess them using standardized tools from the NIDA and the American Society for Addiction Medicine (ASAM). Based on assessment results, clinicians identify the severity of the individual's SUD and determine a level of care and appropriate intensity of services for their particular needs. The first group prioritized for treatment were individuals scheduled for release within 15-24 months and persons at highest risk for overdose or those who had arrived to the CDCR already on MAT.

## 2. MEDICATION ASSISTED TREATMENT

MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "Whole

<sup>14</sup> Population COVID-19 Tracking. (2022, January 27). Retrieved from California Department of Corrections and Rehabilitation: <https://www.cdcr.ca.gov/covid19/population-status-tracking/>

<sup>15</sup> CDC. (2020, December 18). *Overdose Death Accelerating During COVID-19 Expanded Prevention Efforts Needed*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

<sup>16</sup> SAMHSA. (2021, November 4). *MAT Medications, Counseling, and Related Conditions*. Retrieved from SAMHSA.gov: <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

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Person” approach to the treatment of SUDs.<sup>16</sup>

In the past decade, advances in genetics, molecular biology, behavioral neuro-pharmacology, and brain imaging have allowed addiction specialists to map the neurological damage caused by substance use and develop pharmaceutical interventions to treat it. Prolonged SUD dysregulates dopamine levels in the brain. To the extent that people with SUD require increasing amounts of dopamine to achieve base levels of function, MAT is now available.

The federal Food and Drug Administration has approved several different medications to treat alcohol and OUD. MAT medications relieve withdrawal symptoms and psychological cravings. Medications used for MAT are evidence-based treatment options and do not substitute one drug for another.<sup>17</sup> Under the ISUDT Program, physicians and advanced practice providers prescribe federal Food and Drug Administration-approved medications to improve neuro-behavioral function for patients who meet specific clinical criteria.

CCHCS physicians prescribe medication to eligible patients who have been diagnosed with alcohol use disorder and/or OUD to repair neurological damage caused by prolonged SUD, prevent debilitating symptoms of withdrawal, and enable individuals to effectively participate in rehabilitative programs. To meet the needs of the large number of CDCR patients who would benefit from the MAT component of the ISUDT Program, CDCR and CCHCS have created one of the largest primary care provider (PCP) workforces in the country who are prepared to deliver MAT services.

PCPs prescribe medications for the patients on their panel, spreading the workload of managing the many patients with SUD over hundreds of trained PCPs rather than a small and centralized group of addiction medicine specialists. Over the last two years, all of the Department’s 500 PCPs and physician leaders received additional training to manage SUD patients and obtained Drug Enforcement Agency X-waivers permitting them to prescribe buprenorphine, the medication most often used to treat OUD. The effort to prepare PCPs to manage their own patients represents one of the largest endeavors in the country to engage a PCP workforce in the treatment of SUD.

### MEDICATIONS USED TO TREAT SUD IN CDCR:

#### ALCOHOL USE DISORDER

Acamprosate  
Naltrexone

#### OPIOID USE DISORDER

Naltrexone  
Buprenorphine  
Methadone  
Naloxone (overdose reversal)



### 3. COGNITIVE BEHAVIORAL INTERVENTIONS

Rooted in cognitive behavioral therapy, CBI is based upon the premise that how people think impacts emotional responses and resulting behavior. CBI focuses on recognizing and addressing self-destructive thoughts, beliefs, and attitudes (cognitive distortions), changing behaviors, and skills to improve emotional regulation and cope with stressful or adverse circumstances in a healthy way. Based on individual screening and assessment results, program participants are eligible for one of three different CBI pathways, which vary in curriculum content and intensity of service. The pathways include Life Skills, Outpatient Treatment, and Intensive Outpatient Treatment, facilitated by AOD counselors.

<sup>17</sup> SAMHSA. (2021, November 4). *MAT Medications, Counseling, and Related Conditions*. Retrieved from SAMHSA.gov: <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions>

### 4. SUPPORTIVE HOUSING

Supportive Housing was envisioned as housing units separate from other incarcerated populations to promote a rehabilitative environment for those engaging in ISUDT programming. Although space for Supportive Housing was identified at each institution, the implementation of Supportive Housing was impacted by COVID-19. Research indicates that individuals with SUD who participate in Supportive Housing have lower rates of both relapse and recidivism than people who do not participate in supportive group environments.<sup>18</sup> The Department is currently exploring options for rehabilitation and recovery focused housing for ISUDT Program participants and others involved in rehabilitative programming, and are aiming to initiate Supportive Housing in the summer of 2022, contingent upon COVID-19 restrictions.

### 5. ENHANCED PRE-RELEASE PLANNING & TRANSITION SERVICES

Under the final major component of ISUDT Program, Enhanced Pre-Release Planning and Transition Services, staff with different roles work to prepare individuals for their transition to the community including assessing the participant's current needs, collaborating to develop a comprehensive pre-release plan, and facilitating connections with the community in accordance with that plan. Since January 2020, the ISUDT Program has connected 2,211 participants with community SUD providers upon their release.

Enhanced pre-release planning is not only intended to ensure that participants receive continuity of SUD treatment upon release and mitigate the immediate and exponentially high risk of overdose after leaving prison, but also to ensure that participants receive the support necessary to successfully integrate into the community. Individuals who are released from prison without stable housing or a source of income are vulnerable to homelessness, relapse of substance use and recidivism.

In the latter part of 2020 and early 2021, ISUDT leaders established weekly multi-disciplinary team meetings and new automated population management tools to facilitate continuity of SUD services with community providers. For each participant, the needs assessment and enhanced pre-release plan dictates a series of tasks that must be performed by multi-disciplinary pre-release teams. Team huddles are utilized to review the status of these tasks for soon-to-be-released participants and address any barriers in linking participants to what they need before they are released. Through the enhanced pre-release process, the Department offers Naloxone to each participant, a life-saving medication that can be administered when a person overdoses on opioids.

To coordinate care, institution and community health care providers need access to critical clinical data. The ISUDT Program has established a series of near real-time, automated tools to support enhanced pre-release planning that are available to county probation and public health departments through a new communication portal. The portal offers a means of sharing information and a common reference point for program partners, which is critical to navigating 58 different county-level SUD systems. During the pandemic, this portal served an unexpected function when CDCR was able to use it to provide public health departments with the COVID-19 status of every CDCR resident soon-to-be-released to California counties, supporting county public health efforts to set up quarantine and isolation services as necessary.

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<sup>18</sup> Inciardi, J. A. (1996, June). *A Corrections-Based Continuum of Effective Drug Abuse Treatment*. National Institute of Justice, Office of Justice Programs. U.S. Department of Justice. Retrieved from <https://nij.ojp.gov/library/publications/corrections-based-continuum-effective-drug-abuse-treatment>



# SIGNIFICANT PROGRESS IMPLEMENTING THE ISUDT PROGRAM



In 2020 and 2021, CDCR and CCHCS balanced the immediate need to offer SUD treatment with the urgent need for infection control by modifying aspects of the ISUDT Program that would have conflicted with the COVID-19 response, including Supportive Housing. With this approach, CDCR and CCHCS were able to become fully operational with MAT and CBI at all 34 institutions while deploying a rapidly-evolving statewide response to the public health emergency. From the time the Department applied its most restrictive emergency public health measures in March 2020 to the reopening of CDCR institutions and resumption of near-normal programming in April 2021, health care staff continued to screen, assess, and evaluate residents for SUD and refer residents to appropriate MAT and CBI treatment. From March 2020 to April 2021, the number of participants receiving MAT within CDCR increased 780%. *Please see Figure 3.*

**64,690**

*Residents screened for SUD*

**38,638**

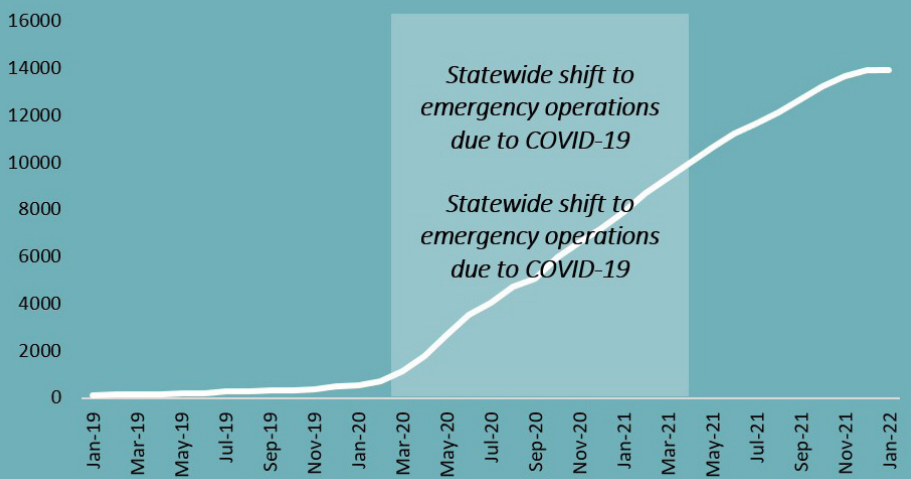
*Residents assessed for specific treatment needs*

**22,658**

*Residents received Medication Assisted Treatment to treat SUD*

Data as of January 19, 2022

**Figure 3. California Prison Residents Taking Medication Assisted Treatment Statewide, January 2019 - January 2022**



It was originally estimated that about half of all CDCR residents offered MAT would actually accept that component of the ISUDT Program; to date, **nearly nine out of ten patients offered MAT have accepted treatment.** The ISUDT Program now provides MAT services to more patients each year than any other prison or jail system in the United States. For comparison purposes, the Federal Bureau of Prisons (FBOP) and the Cook County Jail in Chicago (the largest single-site jail in the United States), have annual populations of about 100,000 (comparable to CDCR). The FBOP offers SUD treatment through various behavioral interventions to over 25,000 individuals each year, but by the end of 2019, only provided MAT to 116 people (the most



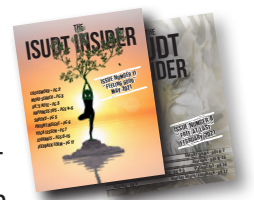
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recent data available) - although they have plans for MAT expansion.<sup>19</sup> The Cook County Jail treats about 6,000 individuals each year with MAT (roughly 500 per month).<sup>20</sup> The rate of CDCR residents on MAT also exceed community comparison groups.<sup>21</sup>

The ISUDT Program pairs MAT with CBI, to recognize the self-destructive thoughts, beliefs, and attitudes (cognitive distortions) behind SUD compulsions, which often stem from prior childhood and ongoing psychosocial trauma. Early in the pandemic, delivery of CBI services was interrupted when the Department attempted to decrease the risk of COVID-19 entering the prisons by limiting access to visitors and certain contractors, including AOD counselors. In response, ISUDT leaders established a self-guided, packet version of the CBI curriculum and one-on-one encounters with an AOD counselor to continue services until regular programming could resume. After the Department once again allowed access to prisons, ISUDT leaders initiated group sessions, employing COVID-19 precautions such as physical distancing, personal protective equipment, and air purifiers placed within treatment rooms. Consistent with other rehabilitative programs, eligible ISUDT participants are awarded milestone completion credits for successful completion of CBI.

Over the past two years, ISUDT leaders have created a local infrastructure to manage the ISUDT Program. Specifically, CDCR and CCHCS issued quarterly goals to guide institutions through the phased program implementation and established an automated ISUDT Dashboard, which is updated daily and posted to the Department's intranet. The ISUDT Dashboard offers dual functionality providing performance data to help institutions assess their progress toward program goals and operational tools with record-level data and color-coded alerts to give institution staff the detailed information necessary to improve performance. A public version of the Dashboard can be accessed here: <https://cchcs.ca.gov/isudt/dashboard/>

Each institution implemented a multi-disciplinary ISUDT Steering Committee to convene leaders monthly, assess progress to date, and troubleshoot program barriers. ISUDT leaders also organized a network of change ambassadors to facilitate the cultural shift required to support ISUDT operations, and a robust communications strategy, including, but not limited to; an ISUDT web site; coordination of large conferences to gather input from program stakeholders to inform program planning and implementation; distribution of the "ISUDT Leader," a quarterly electronic magazine for staff that includes program information and updates; and the "ISUDT Insider," a monthly newsletter-style publication for program participants that includes brain-teasing activities, inspiring patient feedback, notes of encouragement from providers, and fillable journal entries, with approximately 215,000 copies distributed.



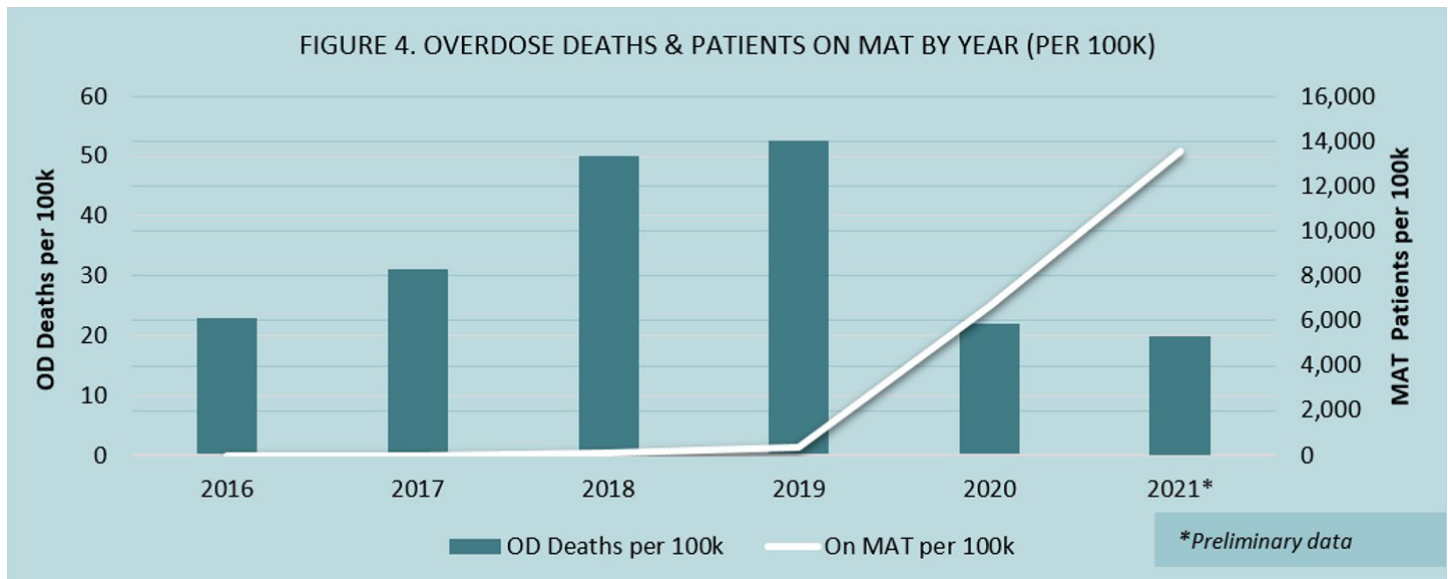
## IMPACTS OF THE ISUDT PROGRAM TO DATE

Two years into the ISUDT Program, overdose deaths among CDCR residents have sharply declined at a time when they are increasing in other state prison systems, California communities, and the country at large. During the pandemic, the CDC reported that the United States had experienced back-to-back years of record-breaking overdose deaths. The country reached 100,306 deaths in the 12-month period ending April 2021, a 28% increase over the previous all-time high noted for the prior 12-month period.<sup>22</sup> During this same timeframe, the mortality rate among CDCR residents decreased from a high of 52 overdose deaths per 100,000 residents in 2019, the year the ISUDT Program began, to a preliminary estimate of 20 deaths per 100,000 residents in 2021.

## IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021

Prior to ISUDT Program implementation, drug overdose was the third leading cause of death for CDCR’s residents; however, by the end of 2020, it had fallen to the eighth leading cause of death, its lowest ranking in nine years.<sup>23</sup>

The decrease in mortality due to overdose corresponded with the increase in MAT participation, which began prior to the start of the pandemic. As enrollment in the MAT component of ISUDT grew, overdose deaths and hospitalizations decreased. Participation in MAT gradually increased from just over 200 participants in early 2020 to nearly 14,000 by the end of 2021. **In the first year of the program, the overdose death rate dropped by 58%.** Preliminary data shows the overdose mortality rate is on track to remain at this lower level for 2021. Please see Figure 4.



During the COVID-19 pandemic, a series of infection prevention measures were implemented to protect the residents and staff of CDCR. Nearly every aspect of day-to-day operations were modified, from visiting hours and resident movement to the way a wide variety of rehabilitative programs were delivered. In particular, the Department frequently limited contact between residents and other people, be that other residents, staff, or visitors. Leaders suspected the reduction in contact had cut off avenues for illicit substances; however, detailed analysis points to ISUDT services as the most significant driver in the decline in overdose deaths and hospitalizations for four reasons.

1. **The sharp drop in overdose deaths began prior to the pandemic.** A study of overdose deaths indicates that mortality rates began to decline around September 2019, six months before the Department initiated the COVID-19 response. Please see Figure 5.

<sup>19</sup> Carson, E. (2021). *Federal Prisoner Statistics Collected under the First Step Act, 2020*. Office of Justice Programs, Bureau of Justice Statistics. Washington, D.C.: U.S. Department of Justice. Retrieved January 21, 2022, from <https://www.bjs.gov/content/pub/pdf/fpscfsa20.pdf>

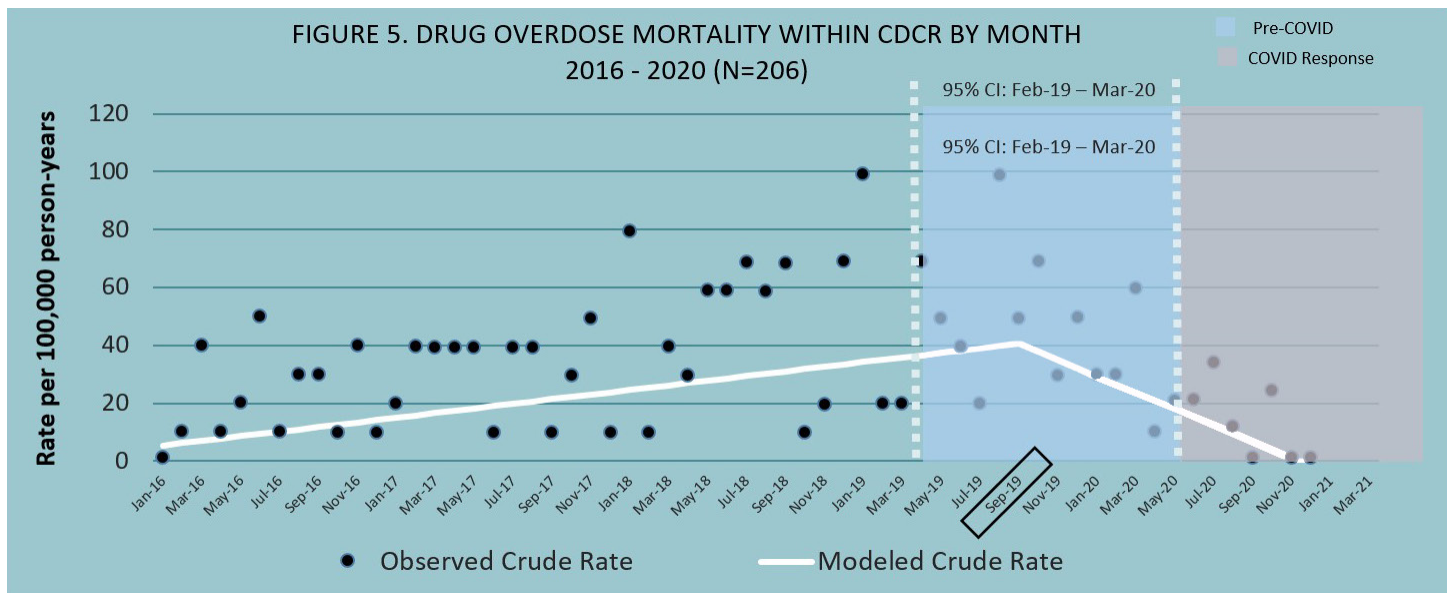
<sup>20</sup> Expert interview with Chief of Operations, Cook County Jail

<sup>21</sup> SAMHSA. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56)*. Center for Behavioral Health Statistics and Quality. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFRRPDFWHTMLFiles2020/2020NSDUHFRR1PDFW102121.pdf>

<sup>22</sup> CDC. (2021). [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>23</sup> Imai, K. (2021). *Analysis of 2020 California Correctional Health Care Services Inmate Mortality Reviews*. Consultant to the California Prison Receivership. California Correctional Health Care Services. Retrieved from <https://cchcs.ca.gov/wp-content/uploads/sites/60/MS/2020-CCHCS-Mortality-Review.pdf>

## IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021



Analysis Provided by Justine Hutchinson, PhD, Research Specialist IV ISUDT Program & Public Health

- Other state prison systems implementing the same types of COVID-19 restrictions as CDCR and CCHCS did not see a similar decline in overdose rates. For example, North Carolina has reported a 15% increase in opioid overdose deaths since the beginning of the pandemic, with jail and prison opioid overdose deaths contributing to this uptick,<sup>24</sup> and Colorado also noted an increase in overdoses in its jails and prisons while under limited programming due to COVID-19.<sup>25</sup> Formal overdose hospitalization and death information for prisons and jails lags, but through participation in national organizations and workgroups, ISUDT leaders are hearing from many correctional departments through informal reporting that non-fatal and fatal overdoses have continued to increase during the pandemic.<sup>26</sup> It should be noted that opioid-related overdose deaths continue to be associated with illicit heroin and fentanyl not buprenorphine.
- When CDCR and CCHCS returned near-normal operations in April 2021, and visitors and contractors were again allowed access into prisons, the trend in declining overdose deaths and hospitalizations continued unabated.

In addition to reductions in overdose deaths, hospitalizations due to overdose and substance use-associated conditions dropped during the implementation of the ISUDT Program. The Department saw an average of 92 overdose hospitalizations per month per 100,000 residents between July and December 2019, the period just prior to the increase in MAT participation under the ISUDT Program; however, overdose hospitalizations dropped to 75 per 100,000 residents by the middle of 2021 (March 2021 through August 2021), an 18% decline (p-value: 0.01).

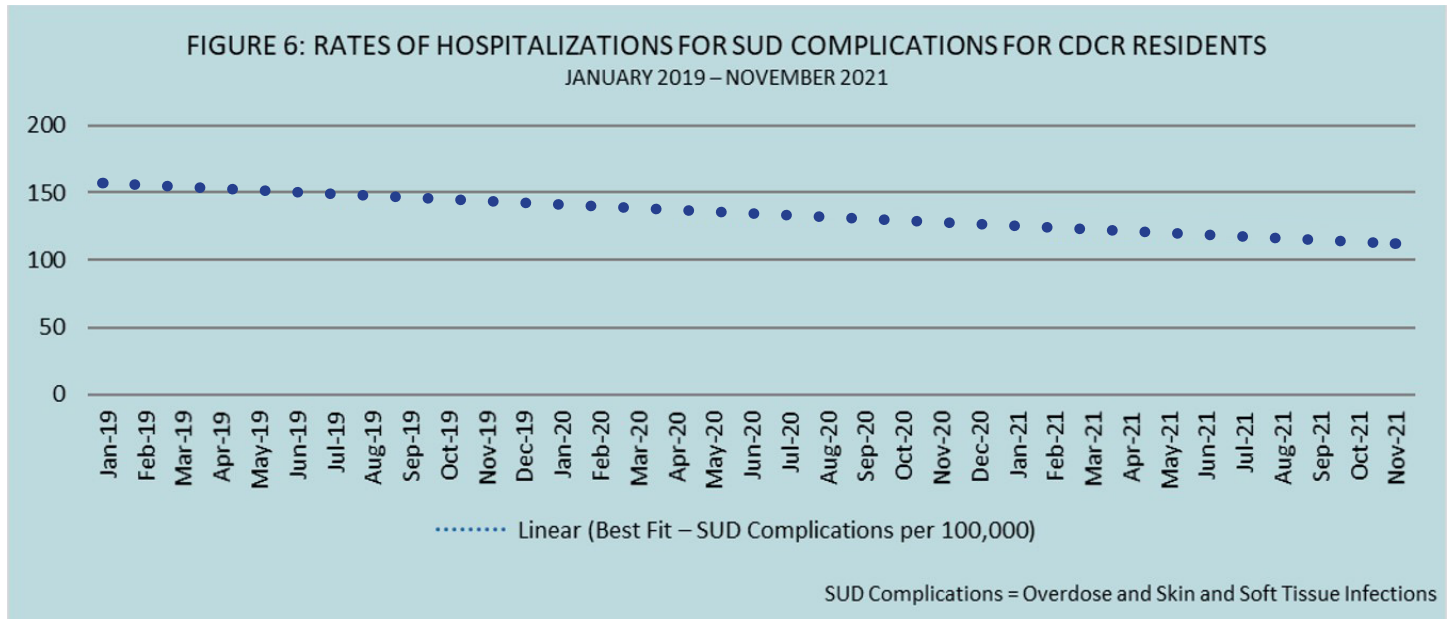
<sup>24</sup> <https://www.northcarolinahealthnews.org/2020/08/25/is-it-time-to-provide-medication-assisted-treatment-in-nc-prisons/>

<sup>25</sup> Paul, J. (2021, December 13). A lot more drugs are being confiscated in Colorado prisons as inmates die from overdoses. *The Colorado Sun*. Retrieved from <https://coloradosun.com/2021/12/13/drugs-colorado-prisons-overdoses/>

<sup>26</sup> <https://healthandjusticejournal.biomedcentral.com/track/pdf/10.1186/s40352-021-00138-6.pdf>

## IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021

Injection drug use commonly results in cellulitis, abscesses, and other types of acute and chronic infections, often leading to hospitalization and expensive treatments. From July through December 2019, residents were hospitalized for skin and soft tissue infections at a rate of 77 per 100,000. Subsequently after implementation of ISUDT, from March through August 2021, the rate dropped to 61 per 100,000, a decrease of nearly 21% (p-value: 0.03). Please see Figure 6.

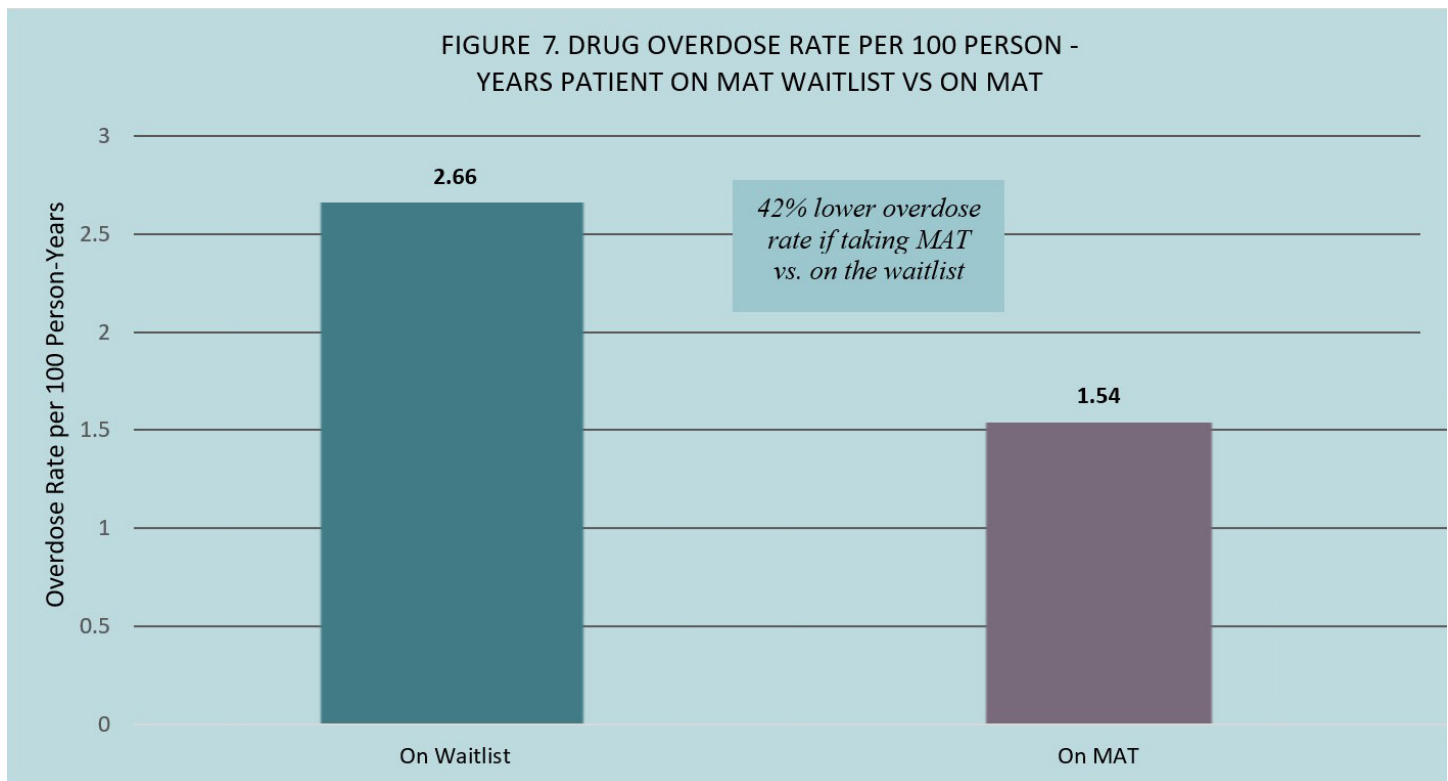


Similarly, the ISUDT Program has had a positive impact on patients with HCV infection. People with SUD, especially OUD, who intravenously inject drugs are high-risk for HCV infection, which can lead to advanced liver disease, liver failure, and premature death. The Department aggressively screens and treats residents with HCV, but people with SUD who relapse after HCV treatment may again become infected, necessitating additional courses of costly treatment, and again putting residents at risk for serious health complications. ISUDT Program participants have lower risk of re-infection. The Department compared 1,212 MAT participants who were post HCV treatment with 777 non-MAT residents who were post HCV treatment. Individuals participating in MAT had a 29% lower HCV re-infection rate than patients not prescribed MAT.<sup>27</sup>

A comparison of overdose outcomes for CDCR residents receiving MAT versus those who were on the MAT evaluation waitlist, found **the rate of overdose for MAT participants was 42% lower than those with SUD on the MAT evaluation waitlist. The difference was even higher for people with AUD and OUD who were participating in MAT; their risk of overdose declined by 48%.**<sup>28</sup> Please see Figure 7.

<sup>27</sup> Per analysis conducted by Kim Lucas, PhD, Research Scientist IV, California Correctional Health Care Services.

<sup>28</sup> Per analysis conducted by Justine Hutchinson, PhD, Research Scientist IV, California Correctional Health Care Services.



Prior to 2019, the CDCR and most other state prison systems were experiencing steadily increasing overdose deaths. With the implementation of the ISUDT Program, the Department’s trajectory is changing even as other prison systems continue the trend of increasing overdose deaths.

Beyond the metrics, CDCR and CCHCS continue to receive positive input about this program from patients and staff. For example, an institution Chief Medical Executive (CME) discussed how notifying residents’ family members that their loved one has died of an overdose was a demoralizing part of his job. “I used to think, ‘What a waste. What a waste of life.’” ISUDT has brought a reprieve from this difficult task as the prison where that CME works, has not had an overdose death in two years. The CME reports conversations with patients now include stories about how they are repairing relationships. “What I hear from families, and more so from patients, is that this reconnection is happening. Family had given up on them.”

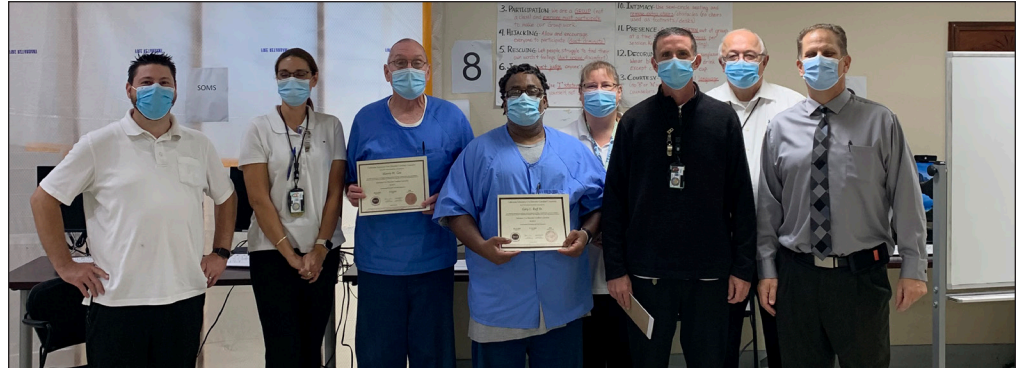
Residents talk about how MAT has made it possible for them to more fully participate in rehabilitative programs. “It’s that itch you wake up with in the morning, you know, and it is like, ‘Man, I just got to do something,’” said one resident. “The Suboxone takes that out of it, out of my day, and I can focus on other things, instead of constantly trying to hustle around to get high. Now I can focus on the things I need to do.” Another stated, “This program is in short the best thing that has happened to me in the 20 years I’ve been incarcerated. I’ve been off street drugs for six months and it’s the first time I’ve been off them since I was 15 years old.”<sup>29</sup>

<sup>29</sup> Buis, K. (2021, Summer). In Their Own Words: ISUDT Feedback from the Incarcerated Population. *The ISUDT Leader* (1). Retrieved from: <https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/ISUDTLeader-Issue1.pdf>



## CHALLENGES & OPPORTUNITIES

The ISUDT Program is off to a favorable start despite significant challenges. Moving forward, the program will continue to overcome challenges, and seek to identify promising opportunities to grow through collaboration with other statewide initiatives.



### COVID – 19

The Department has made great strides to fully vaccinate more than 80% of residents. During the third week of January 2022, the emergence of the hyper-contagious Omicron variant, resulted in nearly 6,000 COVID-19 cases among residents, and 4,400 staff cases statewide. In an effort to contain the virus, resident movement was reduced and many institutions were again required to shift to modified programming, temporarily suspending in-person CBI groups. However, due to the high vaccination rate among residents and infection control polices, in-person CBI groups began reopening in early March 2022 and the Department is moving forward from the Omicron surge.

### REACHING ALL RESIDENTS WITH SUD

The next phase of the ISUDT Program will expand services from only residents in the highest risk categories to all residents, which will require an increase in staffing. Even in the current model, which focuses on residents scheduled for release within the next 15-24 months, those with the highest risk for overdose, and those who arrive into the prison system already taking MAT, there was a backlog of more than 3,200 residents awaiting evaluation for MAT as of early January 2022. The next ISUDT Program phase includes reaching residents who arrive at CDCR with sentences too brief to allow participation in the full treatment program. Approximately 900 individuals per month come to the CDCR with between 7 and 14 months to serve, who are in need of rehabilitative programming and SUD treatment. Under the current programming model, there is insufficient time for these individuals to complete the full CBI model. Based on recommendations from national addiction experts, the Department is developing evidence-based programming to provide a short-term SUD-focused CBI component 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.

## **IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021**

### **MEDICATION DELIVERY**

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As the program continues to screen CDCR residents for SUD, and more residents are determined to be eligible for MAT based on rigorous clinical criteria, workload at medication lines will increase. Most MAT medications are taken daily and each dose requires observation by CDCR and CCHCS staff. This can make medication lines a time-consuming endeavor, which can be aggravating to residents who must wait in the same lines for other critical medications. When institutions become overly stretched with the MAT workload and other activities, such as managing Omicron outbreaks, adherence to protocols becomes difficult, and there are opportunities for medication misuse. To support institutions, the ISUDT Program has initiated several efforts to collaborate with the field to 1) identify best practices in medication line management within CDCR institutions and in other large MAT systems around the nation, and 2) redesign and standardize medication line processes in preparation for continued growth of the ISUDT Program and 3) continue to test patients on MAT to ensure they are taking their medications. In 2021, of the more than 129,000 urine toxicology tests obtained from patients on MAT, 97% of the test results showed that the patients were taking the Suboxone.

### **STANDARDIZING COORDINATION PROCESSES WITH COUNTY SYSTEMS**

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Prior to release from prison, Department staff assess ISUDT Program participants for their particular health care needs, create an enhanced pre-release plan, and coordinate with county partners to ensure the success of that plan upon the individual's release from the CDCR. Each county has its own organizational structure and network of programs available for people transitioning from prison, and many of these programs come with their own distinct enrollment processes. Since residents housed at any one CDCR institution come from a range of counties, the handoff process to the community is logistically complex. As part of implementing the new enhanced pre-release planning process, ISUDT leaders are working toward standardizing handoff processes as much as possible, collaborating with county partners to build a more efficient process. At the end of March 2021, the ISUDT Program initiated a series of meetings with individual counties, focusing first on those counties that receive the majority of CDCR releases including San Bernardino, Riverside, Orange, Los Angeles, Sacramento, and Kern. 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). In Sacramento, the enhanced pre-release team is starting to work on detailed communication protocols. Having laid a strong foundation, the team is on track for significant handoff improvements in the major counties by December 2021, with all remaining counties to follow.

### **PROVIDING TRAUMA INFORMED CARE**

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Research has demonstrated a link and strong graded relationship between adverse childhood experience (ACE) such as violence, abuse, neglect, and growing up in a family with mental health or substance use problems, and lifetime drug use. With each ACE an individual experienced, the likelihood for early initiation of drug use increases by 2- to 4-fold. Compared with people with no ACE, people with 5 or more ACE were 7- to 10-times more likely to report drug use problems, addiction, and parenteral drug use. The portion of drug use problems, addiction, and injection drug use attributed to ACE was calculated to be 56%, 64%, and 67%, respectively. This indicates that one-half to two-thirds of SUDs could be attributable to ACE.<sup>30</sup> Women, American Indians/Alaskan Natives, and Blacks are more likely to experience four or more ACE than other groups. Because of the association between ACE and SUD, the federal CDC and other health care organizations are designing programs to address trauma in the course of SUD health care service delivery, referred to as trauma informed care. These programs include screening patients for trauma, developing treatment plans that recognize and treat trauma, and helping patients develop positive coping skills. Trauma

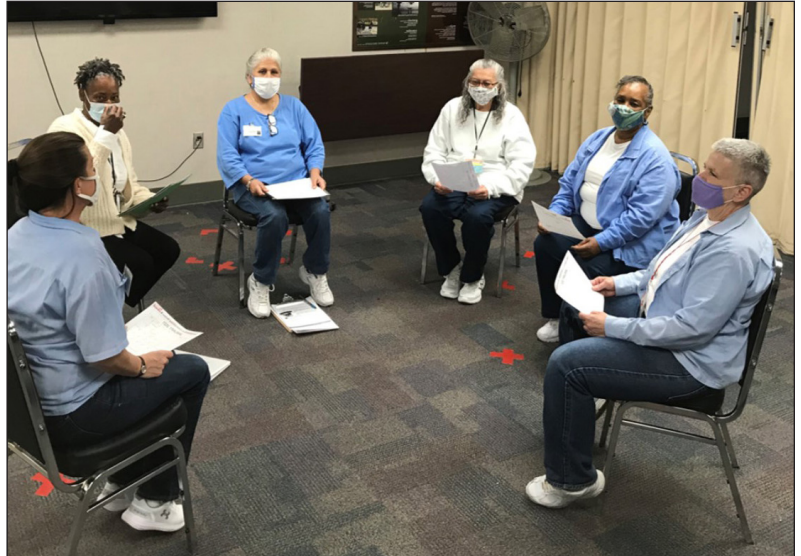
## IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021

informed care programs in correctional settings provide education and training to clinical and correctional staff to assist them in effectively responding to trauma symptoms. While the nexus between trauma and SUD is explored and addressed as part of CBI, CDCR is working to incorporate trauma informed care into the ISUDT Program in other areas, such as clinical encounters and Supportive Housing, given the high prevalence of ACE among CDCR’s residents.

### MEDI-CAL EXPANSION PROJECTS

Two Medi-Cal expansion initiatives present immediate opportunities between the CDCR and the DHCS to improve services for the justice-involved population in California.

- The California MAT Expansion Project seeks to address the rising number of opioid overdose deaths in California through increasing access to MAT, and provide other prevention, treatment, and recovery services.<sup>31</sup> In particular, the MAT Expansion offers resources to county health care systems to build up MAT and SUD treatment capacity, especially in historically underserved communities, such as rural counties and Native American populations. This will expand the network of treatment available to people leaving the prison system and transitioning to county systems of care. In addition, the MAT Expansion Project includes new data systems, which could assist CDCR and CCHCS in monitoring post-release continuity of care.
- California Advancing and Innovating Medi-Cal (CalAIM) is a Medi-Cal expansion program intended to address social drivers of health and transform services for communities that have been historically under- resourced and subject to structural racism in health care, among them the justice-involved. CalAIM’s Enhanced Care Management benefit seeks to address the clinical and non-clinical needs of high-need Medi-Cal enrollees through intensive coordination of health care and health-related services and engagement of enrollees where they live, seek care, or choose to access care. The Community Supports aspect of CalAIM will allow counties greater capacity to provide assistance with housing supports and food insecurity for Medi-Cal enrollees, increasing the available avenues for many formerly-incarcerated people to get help with basic survival needs and mitigate risk of relapse.



<sup>30</sup> Tilson, E. C. (2018, May). Adverse Childhood Experiences (ACEs): An Important Element of a Comprehensive Approach to the Opioid Crisis. *North Carolina Medical Journal*, 79(3), 166-169. <https://doi.org/10.18043/ncm.79.3.166>

<sup>31</sup> DHCS. (2021, September 8). *The California MAT Expansion Project Overview*. Retrieved from State Targeted Response to Opioid Crisis Grant: <https://www.dhcs.ca.gov/individuals/Pages/MAT-Expansion-Project.aspx>

## IMPACTS OF THE INTEGRATED SUBSTANCE USE DISORDER TREATMENT PROGRAM | 2019 – 2021

### INITIATIVES TO REDUCE HOMELESSNESS

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Formerly incarcerated persons already face a risk of relapse when they return to community environments with established SUD risk factors; they are further tested when they struggle to find a stable home base from which to continue SUD treatment, access other necessary health care services, and establish employment. If previously incarcerated persons become homeless, recidivism also becomes more likely because there is a close relationship between homelessness and incarceration; both are risk factors for the other.<sup>32</sup> In 2021, Governor Newsom committed \$12 billion to address homelessness in California, with a focus on grants to local governments, solutions for tent encampments, and the creation of more than 42,000 homeless housing units. Part of the \$100 billion California Comeback Plan, the initiative to tackle homelessness also offered \$10.3 billion for affordable housing.<sup>33</sup> The Governor's proposed budget released in January 2022 adds \$2 billion for mental health housing and services and another 10,000 housing units and treatment slots for homeless people, as well as \$2 billion toward affordable housing.<sup>34</sup> The State's investment in programs to decrease homelessness and increase affordable housing supports efforts to establish stable home environments for previously incarcerated individuals, increasing the likelihood that people with SUD will be able to continue treatment.

### IMPACTS ON VIOLENCE IN PRISON & OTHER CHRONIC DISEASE OUTCOMES

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One of the goals of the ISUDT Program is to reduce the risk of violence affiliated with drug interdiction, debts, and prolonged substance use, which may make prisons safer for residents and staff. To examine the impacts of ISUDT on mitigating violence related to drugs in prison, the ISUDT Program will work with academic partners to study violent incidents at the system-level, assessing aggregate trends pre- and post-program implementation. This may also include disaggregated analyses focused on specific institutions of interest. CDCR/CCHCS will also expand its evaluation of SUD treatment impacts on overall resident health, reviewing a broader range of diseases and health outcomes.

### POST-RELEASE IMPACTS

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To understand the success of reintegration efforts and the impacts of the ISUDT Program beyond prison walls, the Department needs access to a number of large state databases, which will require new or expanded data-sharing partnerships with departments like the Department of Justice, California Department of Public Health, the DHCS, the California Department of Health Care Access and Information (formerly the Office of Statewide Health Planning and Development), Employment Development Department, and many county-level agencies. This is the most ambitious data pooling effort CDCR and CCHCS has attempted, and it is slow process – The Department will be looking for ways to accelerate this process in the coming year. With the assistance of academic partners, CDCR and CCHCS will evaluate the impacts of the ISUDT Program on post-release outcomes such as recidivism, relapse, hospitalization, mortality, housing, employment, and education.

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<sup>32</sup> National Health Care for the Homeless Council. (2013, November). *Incarceration & Homelessness: A Revolving Door of Risk. In Focus: A Quarterly Research Review of National HCH Council*, 2:2. Nashville, TN: [Author: Sarah Knopf-Amelung]. Retrieved from [https://nhchc.org/wp-content/uploads/2019/08/infocus\\_incarceration\\_nov2013.pdf](https://nhchc.org/wp-content/uploads/2019/08/infocus_incarceration_nov2013.pdf)

<sup>33</sup> *Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of \$100 Billion California Comeback*. (2021, July 19). Retrieved from Office of Governor Gavin Newsom: <https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/>

<sup>34</sup> *Office of Governor Gavin Newsom*. (2022, January 10). Retrieved from Governor Newsom Releases California Blueprint to Take on the State's Greatest Existential Threats and Build on Historic Progress: <https://www.gov.ca.gov/2022/01/10/governor-newsom-releases-california-blueprint-to-take-on-the-states-greatest-existential-threats-and-build-on-historic-progress/>



# CONCLUSION

The success of the ISUDT Program, two years into implementation is extraordinary; already, the program is saving lives, reducing morbidity and other adverse outcomes for California prison residents that exceeds all projections. This success is even more remarkable when it is taken into account that the program was implemented with COVID-19 limitations.

This program has demonstrated the transformative power that comes with leadership, long-term vision, investment, and large-scale collaboration. The ISUDT Program represents the dedication of CDCR and CCHCS staff to the Department’s rehabilitative mission.

As the program moves forward, the Department will partner with other state and county agencies to measure the impacts to public safety and successful reintegration into the community post-release. It is the hope of CDCR and CCHCS leaders that not only will former ISUDT Program participants remain healthy, hold down jobs, achieve stable housing, and form strong relationships with their family and friends, they will become the embodiment of hope for their often disproportionately disadvantaged communities.





The California Department of Corrections and Rehabilitation manages California’s prison and parole systems, which includes 34 correctional institutions stretching from the Oregon border to the border of Mexico, with a population of approximately 100,000 incarcerated individuals. The Department’s mission is to facilitate the successful reintegration to the individuals’ in the Department’s care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

Learn more about CDCR at [www.cdcr.ca.gov](http://www.cdcr.ca.gov).

Health care services within California’s prison system are delivered in partnership with California Correctional Health Care Services, the division run by Federal Court Receiver J. Clark Kelso, appointed through the *Plata vs. Newsom* class action litigation.

Learn more about CCHCS at [www.cchcs.ca.gov](http://www.cchcs.ca.gov).

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