



PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter

Managing Attorney:
Sara Norman

Staff Attorneys:
Rana Anabtawi
Laura Bixby
Patrick Booth
Steven Fama
Alison Hardy
Jacob Hutt
Sophie Hart
Rita Lomio
Margot Mendelson

Information regarding CDCR's Integrated Substance Use Disorder Treatment (ISUDT) Program *(Revised March 2021)*

In 2019, the California Governor and Legislature approved approximately \$230 million to create an integrated substance use disorder treatment (ISUDT) program in CDCR. The program treats substance use disorder—primarily, opioid-use disorder—as a chronic illness. ***If you want to be a part of the program, you should put in a Form 7362 (sick call slip) asking to be evaluated for it. The first step to get into the program is an assessment by a licensed clinical social worker or similar healthcare person at the prison. If found suitable by that person, the patient then must be evaluated by an Addiction Medicine trained Primary Care Provider (PCP), who decides whether the patient can receive treatment.***

The program includes both medication-assisted treatment (MAT) and cognitive behavioral intervention (CBI), including groups. In addition to providing treatment to patients in CDCR, the program will link people who parole to continued treatment upon release into the community.

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral interventions, to treat substance use disorder. Specially trained CDCR addiction medicine PCPs, some of whom see patients via tele-medicine, see patients and determine if MAT is needed and if so what medication will be ordered. MAT is currently being provided (see below).

Cognitive Behavioral Intervention (CBI) is a form of talk therapy, provided either one-on-one or in groups. Sessions will be led by trained facilitators. CBI is currently suspended due to the COVID-19 pandemic.

Prison medical officials say the program is for people: (1) in reception centers who were receiving MAT in a county jail; (2) scheduled for release within 15 to 18 months and have a high need for substance use disorder services, or (3) who, regardless of parole date, have high substance use disorder risk factors, including current use, hospitalization due to drug use, RVRs, etc.

Currently, about 8,500 people statewide in CDCR are receiving MAT, an increase of about 6,000 from a year ago. However, there are about 5,000 people waiting for appointment with an Addiction Medicine PCP, to be evaluated for treatment. More than 4,500 of those appointments are overdue, with about 1,500 people overdue for more than six months. These backlogs are at every prison, and among all types of people, including custody levels. CDCR medical officials are working to reduce the backlog. We have brought the matter to the attention of the federal court in the *Plata* case. We continue to monitor the situation.

Please see other side for further information.

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If you are denied placement in the program, or do not get a timely Addiction Medicine appointment, you should file a medical grievance (602-HC) through all levels until you get a Headquarters Level response. If you send us the Headquarters Level response and the rest of the appeal package, we will consider whether we can help under the procedures established in the *Plata* case.

We also advise you to put in a 7362 describing your concerns, especially if you believe you need to be seen urgently and have an overdue Addiction Medicine appointment.