

ISSUE NO. 1

SUMMER 2021

# THE ISUDT LEADER



***THE STAFF NEWSLETTER FOR  
INTEGRATED SUBSTANCE USE  
DISORDER TREATMENT***

***INSIDE: STAFF STORIES, ISUDT UPDATES, BEST  
PRACTICES, ENCOURAGING MESSAGES & MORE***

MESSAGES  
FROM  
LEADERSHIP

“This is an exciting time for CDCR and CCHCS as we see individuals leaving our prisons with better and better outcomes in their fight against addiction. None of this would be possible without our dedicated work force supporting the ISUDT mission across the state. I thank you for your efforts to build and grow one of the most ambitious SUD treatment programs in the world. Keep up the good work!”



~Lisa Heintz,  
ISUDT Project  
Executive



~Janene DelMundo  
ISUDT Project Director

“2021 has offered many opportunities for our teams at HQ to connect with ISUDT staff across the state. One thing is clear – they care. It is inspiring to see so many professionals who want to make a difference in the lives of our participants. It’s what helps ISUDT thrive. Thank you to all our wonderful staff.”

# THE PROGRESS AND THE STORIES ARE REAL

**Integrated Substance Use Disorder Treatment (ISUDT)** is a comprehensive approach to treating Substance Use Disorder (SUD) in California prisons. ISUDT requires active involvement of all program areas within CDCR and CCHCS in order to provide timely and effective evidence-based treatment and transition services to incarcerated individuals with SUD. The long-term goals of ISUDT are to reduce SUD-related morbidity and mortality, and recidivism.

By Ike Dodson  
Information Officer II,  
CCHCS

After 34 consecutive meetings via Microsoft Teams with health care and custody institution leadership and ISUDT Ambassadors, you start to wonder where the pixels end, and you begin.

The screen time was worth it, as these meetings provided an excellent opportunity for our multi-discipline Ambassador teams to chart their pathway into the next fiscal year, with direction and support from local and statewide leaders. Together we will break down stigmas about SUD and meet ISUDT goals.

Teams discussed critical Substance Use Disorder (SUD) science with

nationally recognized addiction expert Dr. Corey Waller, and shared their challenges and inspirations working with some of our most vulnerable residents.

When these meetings began in early May and wrapped up a month later, the common ground became clear: CDCR and CCHCS staff at all of our prisons are motivated to make a difference in the lives of the addicted inside.

The progress is already evident (at right), seen in services provided, and of course, the reduction of overdose hospitalizations.

Some of our ISUDT staff have also graciously shared their stories of triumph and commitment in the pages to come.

Happy reading!

## ISUDT BY THE NUMBERS

**6,990**

participants provided  
Cognitive Behavioral  
Interventions  
(CBI) as of  
8/1/21

**11,672**

participants provided  
Medication Assisted  
Treatment  
(MAT) as of  
8/3/21

**30%**

drop in overdose hospital events per 1,000 residents statewide, comparing a six-month period from Oct. 2019 - March 2020 to Oct. 2020 - March 2021

**48,276**

participants screened  
for Substance Use  
Disorder (SUD) as of  
8/3/21

**27,188**

participants provided  
emergency medication  
for overdoses upon  
release as of  
7/30/21

\*Data by CCHCS Quality Management & Division of Rehabilitative Programs PAGE 2

# WHERE THERE WAS DEATH, THERE IS HOPE

By Kyle Buis  
Information Officer, CCHCS

## FOR YEARS, THE LONG COMMUTE TO CENTINELA STATE PRISON WORE ON CHIEF MEDICAL EXECUTIVE DR. AJMEL SANGHA — AND NOT BECAUSE OF THE TRAFFIC.

Miles and miles gave Dr. Sangha hours and hours to think on the grim realities of overdoses in his institution, and the calls he had to make, notifying family that their loved ones died in prison.

“I used to think, ‘What a waste, what a waste of life,’” he said.

The traffic is still there, but Dr. Sangha’s foreboding thoughts are gone.

It’s been nearly two years since the last overdose death at Centinela State Prison, and since the introduction of Medication Assisted Treatment (MAT) at

CEN in Sept. 2019, overdose hospitalizations have plummeted 50 percent.

The impact of Integrated Substance Use Disorder Treatment (ISUDT) has changed Dr. Sangha’s world.

It all started with a little conversation. Dr. Sangha said bonding with patients helped lead to better outcomes, because when a patient knows you’re invested, they’re more likely to put in the effort.

“They’re pretty smart people,” he said. “They’re just on the wrong track.”

That philosophy of engagement and education helped turn things around. Patients at risk for overdoses, infections and other problems related to drug use are instead receiving the treatment they need. There has not been an overdose death at CEN since Oct. 2019.

Dr. Sangha keeps notes on



CEN CME Dr. Ajmel Sangha

his desk from patients who have shared how their lives have changed while in treatment. His etchings include individuals who are on track in their recovery, taking classes to continue this success and even reconnecting with family. The stories of patients who are repairing those damaged relationships resonate with Dr. Sangha.

“What I hear from the families, and more so from the patients, is that this reconnection is happening,” he said. “Family had given up on them.”

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**“WE’RE NOT JUST CHANGING THE LIVES OF THESE GUYS. WE’RE CHANGING LIVES OF THE PEOPLE ON THE OUTSIDE.”**

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This change can’t happen with just a few people, even if one of them is a CME. The beauty of

**More on Sangha on Pg 4**

**PAGE 3**

Domain	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	April 2021	May 2021	June 2021	July 2021
<b>Screening &amp; Assessment</b>											
Screened for SUD	26%	15%	13%	8%	3%	7%	35%	95%	93%	98%	97%
Assessed for SUD	95%	96%	95%	93%	92%	92%	95%	95%	96%	96%	95%
Evaluated for MAT	70%	70%	74%	75%	72%	75%	74%	78%	87%	89%	85%
<b>MAT</b>											
Timely Addiction Medicine Follow Up	100%	100%	99%	96%	85%	92%	98%	94%	94%	96%	98%
MAT Doses Administered Timely	99%	98%	97%	97%	97%	98%	98%	99%	99%	99%	99%
MAT Doses Administered Timely After Transfer	80%	95%	100%		100%	100%	100%	100%	96%	100%	97%
Diagnostic Monitoring per Guidelines	99%	98%	97%	99%	99%	98%	98%	95%	95%	96%	94%
Toxicology Screening per Guidelines	89%	86%	92%	84%	84%	87%	95%	83%	86%	78%	70%
<b>Enhanced Pre-Release</b>											
Naloxone Offered Upon Release	87%	91%	82%	85%	93%	76%	86%	81%	79%	78%	98%
<b>ISUDT Outcomes</b>											
MAT Provided	311	336	356	364	357	375	373	415	454	467	486
Overdose Hospitalizations per 1,000 People	9.3	8.8	8.3	7.2	5.5	4.3	2.5	1.9	1.3	1.3	0.6

The ISUDT Dashboard for CEN (above) shows the steep decline in overdose hospitalizations per 1,000 people as ISUDT continues to grow and markers like “Screened for SUD” and “Evaluated for MAT” improved.

## Sangha: Are you treating patients with respect and dignity?

### Continued from Pg 3

ISUDT is a group of diverse professionals from different divisions and ranks aligned toward the same common goals. And whether that happens in a medical office, a classroom or on a dusty yard, a lot of it comes back to those important conversations.

“Are you listening to the patients?” he said. “Are you treating them with the dignity and the respect that they deserve?

That everybody deserves?”

Some people just need to see results. Dr. Sangha recalled a reluctant doctor who wasn’t on board until there were drops in infections related to drug use. Some people will have questions and it’s important to be ready to answer them and discuss the issues.

“We need to expect some issues, expect some problems, but MAT will eventually calm this flood

of overdoses down. It will clear (patients’) minds a little bit so they are able to listen to us,” he said. “People will hopefully come out better than when they went into prison.”

It also means families are becoming more likely to welcome their loved ones back into their lives, instead of receiving heartbreaking phone calls from Dr. Sangha.

That’s the whole idea.

The introduction of illicit drugs into institutions is an ongoing challenge that predates ISUDT.

CDCR/CCHCS have been tracking Suboxone interdiction since May 2019, to better understand the origins of contraband Suboxone in our institutions.

There are disciplinary processes in place to address rules violations.

Any concerns of illegal activity should be reported through your chain of command.



## DID YOU KNOW?

### HOW ARE CHALLENGES OF MISUSE AND DIVERSION BEING ADDRESSED BY ISUDT?



CDCR has protocols in place to address contraband and we are continually looking at ways to build upon and improve the program, which includes the continuation of hiring staff, providing enhanced training, the implementation of a multi-disciplinary ISUDT Ambassador program, technical

support and expansion of our provider network, which is critical to expanding ISUDT to full operational capacity.

Rates of drug-related infection and morbidity are decreasing statewide; this information can be viewed on the ISUDT Dashboard, which is a helpful tool for all staff to learn more about ISUDT outcomes.



# IN THEIR OWN WORDS

## ISUDT FEEDBACK FROM THE INCARCERATED POPULATION

*Editor's Note:*  
Below are shared insights from ISUDT patients cross the state, submitted as feedback for the ISUDT patient newsletter, Inside CDCR.

"It has meant a lot to me to be in this program and I am very thankful for all the help and unconditional support. The

no-strings-attached, help-me-to-help-myself mentality makes me want to do right and make everybody proud, from the doctors, nurses, instructors, peers, family and everyone who supports the ISUDT program.

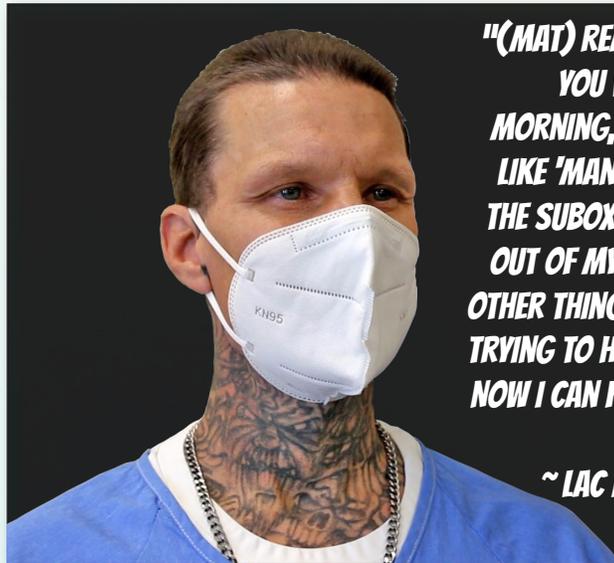
What I want to see most from the program is growth & success. My goal is to become one of the many success stories of the program. I want to see all the people who have believed in us & had the faith in us, that fought to give us a second chance, to be right and be proud of us."

~ California City Correctional Facility

Hope is something that has been missing in my life since my father's fatal overdose on heroin when I was six years old; his open casket funeral still fresh in my mind.

After starting this program, I rediscovered hope and I found a purpose for the purposeless. Not only do I see victory over a lifelong addiction that has plagued my entire life, I see a brighter future moving forward in spite of it. The MAT program has helped me to focus on the heights I can reach at the tops of life's mountains, instead of only seeing the jagged rocks of that bottomless pit! Thank you.

~ Centinela State Prison



**"(MAT) REALLY WORKS. IT'S THAT ITCH YOU WAKE UP WITH IN THE MORNING, YOU KNOW, AND IT'S JUST LIKE 'MAN I GOT TO DO SOMETHING.' 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 THAT I NEED TO DO"**

~ LAC ISUDT PATIENT, IAC REP

I'm new to this program and already I'm filled with hope that I'll have a chance at a good life upon release! I no longer worry about losing my date or having it changed in a negative way.

Now, I just plan and prepare for my eventual release. With a clear mind, I see a clear path to reuniting with true loved ones. I know it won't be easy but with support of both my family and ISUDT, we'll be able to overcome anything and anybody that comes in our way. I used to hope to survive.

Now I plan to thrive! I am truly grateful for this program!

~ Pelican Bay State Prison

The light in my darkness, during times of despair. I'll lie, steal, and kill, to make sure you are there.

Everything lost, nothing to gain. But that doesn't matter while you're in my veins.

You've tried to control me, but God helped me through. And with the MAT program I think I'll kill you heroin!!

~ North Kern State Prison

Participation in the first year of ISUDT has meant an opportunity to succeed at sobriety in prison and after release.

~ California Institution for Women

Getting better, bit by tiny bit, night and day, healing, that's it. Paint at a ten, there is my spirit. I'll say never again, but once free, can I will it?

Luckily, got ISUDT with me, recovery shall continue to be... therapy, guidance and MAT

Supportive housing is where it's at. Took this

path as more than a need, what I really want, is to succeed!!!

~ Avenal State Prison

I am an inmate at CHCF/Stockton. When I transferred here, I left (another facility) because I would have been dead by now! All I did was use drugs. I watched a buddy start using his mother's money, what little she had. I became ashamed for him!

So I took myself out of the equation. In hopes he would realize the harm he was doing to her! Little did I know I'd be where I am now! 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 is the first time I've been off them since I was 15 years old.

So thank you.

~ California Health Care Facility

(ISUDT) shows CDCR actually is here to help us and make a positive impact on our lives.

A lot of times people speak bad about their ideas of the way the system is progressive, but I can't imagine how much more difficult it would be without the MAT program.

~ High Desert State Prison



# BEST PRACTICES Q&A

## PRODUCING A PSA FOR THE INCARCERATED POPULATION

*Editor’s Note: Aaaaand action! The first institution to produce and air an ISUDT video public service announcement (PSA) was Calipatria State Prison. The 5-minute, 23-second video went live in July, and covered the basic ISUDT structure/missions, along with CBI and MAT. The video also included information about ISUDT screening/program entry and transitions to the community.*

*CAL Lead ISUDT Ambassador and Custody Operations Captain Kevin Robinson was the first staff member to appear on screen, and played a big role in ensuring the program education provided was presented jointly by health care and custody.*

*Cpt. Robinson recently took the time to answer some questions about the production of this video, which can be viewed by clicking the link at right. Learn more about the production from Cpt. Robinson.*

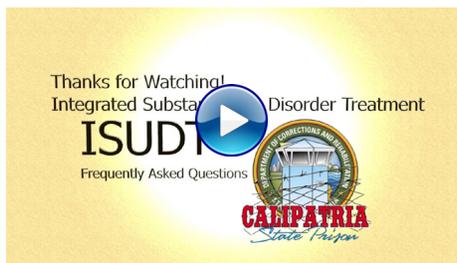
*His responses to our questions are included in the text below:*

### **So how did the idea of a population PSA come together to provide such a multi-discipline approach?**

“At one of our ISUDT meetings, we were brainstorming as a team – thinking about what would be the best mode of disseminating basic information to the population, inclusive of the staff here.

One of our Ambassadors, Heather Duarte (Office Services Supervisor II), came up with the idea. At first, we considered a stream of text information on our inmate TV channel, and then we came to realize that an infomercial that you can

Each institution, along with DAPO and HQ/regional offices, has a team of **ISUDT Ambassadors** who serve as “change agents” in spreading information about ISUDT and assisting the program missions. Learn how to join your local ambassador team by emailing [sud@cdcr.ca.gov](mailto:sud@cdcr.ca.gov).



Above, CAL Lead ISUDT Ambassador and Custody Operations Captain Kevin Robinson. At left, the opening image from CAL’s ISUDT video PSA, sharing information about the program, including MAT, CBI and how to participate.

also listen to would be better.

We decided that rather than it coming from one particular discipline, we should get all stakeholders involved, like Division of Rehabilitative Programs Correctional Counselor III Jesus Anaya and RN over the MAT program (Supervising Registered Nurse II) Melissa Ramirez.

Duarte suggested we also use someone from custody in addition to the CC III, so as a Lead Ambassador and operations captain, and in efforts of being a team player,

I said ‘sure, why not?’ I thought it would be a good idea.”

### **What were your first steps?**

“We took a vote among our ISUDT team, letting them know the different disciplines that would be represented within the institutions.

After that, Duarte led the charge, contacted our TV Specialist Hector Banaga, and told him the concept we wanted to go with, and identified all the players who would be a part of the video.

**More on PSA Q&A on Pg 8**

## CALIFORNIA INSTITUTION FOR WOMEN CHIEF EXECUTIVE OFFICER JIM ELLIOT IS A CHAMPION FOR CHANGE.

After running a large non-profit rehab hospital, building teaching practices for a non-profit medical school, and leading a non-profit community-clinic system, Elliot joined the receivership in 2010. He wanted to be a part of the change that was transforming the way patients were treated inside California prisons.

“Health care in corrections used to be an afterthought,” he said.

Correctional health care is also challenged by the vulnerable population it serves — people who don’t have prior health care access, or who are in the throes of addiction.

This is where Elliot continued his calling.

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**“IT’S THE WAY I WAS RAISED,”  
ELLIOT SAID. “WE HAVE A DUTY TO  
LOOK OUT FOR EACH OTHER.”**

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“Our team that we’ve built over the years likes to take on new challenges and pilot new things.”

Those things include the Electronic Health Records System and Medication Assisted Treatment, now a major component of ISUDT — along with intensive evaluations for MAT, education, cognitive behavioral interventions, programming, parole and community integration.

Elliot said a difficult part of treating addiction is that it isn’t like treating a cold or the flu.

“You’re looking for somebody



CIW CEO James Elliot

# CHANGE BEGINS AT THE VERY TOP

By Kyle Buis  
Information Officer, CCHCS

to make a lifelong commitment to change how they live their life,” he said. “Addiction is a disease process, and it affects every aspect of an individual’s life.”

Success at CIW came with a unified front. Health care and custody teams needed to be on the same page to help patients. They used the (primary care provider) champion model, with two champions who were able to advocate and educate. Training was done early and support was ready for the more difficult questions.

“Smart people are going to have hard questions,” Elliot said. “That’s why the leadership team is responsible for responding in a respectful way with good information.”

Once that system is in place, it is a matter of getting patients in a mindset where treatment can go

**More on Elliot on Pg 8**

**PAGE 7**

# Elliot: We can return people home in a much healthier state

**Continued from Pg 7**

past medication.

“We have to reduce cravings to the point where they’re motivated enough to participate and benefit from counseling and treatment,” Elliot said.

Even in a perfect setting, it’s still possible for someone to fall through the cracks of addiction. That’s why Elliot says it is important for staff to understand how addiction works and what can help get someone back on track.

“We had the conversations about what happens when an addict uses,” he said. “You don’t punish them. They need treatment.”

## A JOURNEY INTO EFFECTIVE RECOVERY



## CALIFORNIA INSTITUTION FOR WOMEN

**This slide (above) was the opening of a presentation delivered by CEO James Elliot during a meeting with headquarters, CIW leadership and the CIW Ambassador program in June 2021. Elliot’s drive to change lives is making a difference.**

In the end, institutions like CIW are working to make sure patients leave state prisons in better shape than when they entered.

“If we can make a difference and return people to society in a much

healthier state, they have so much more potential to participate in society and not return to prison,” Elliot said.

It’s what change is all about.

# PSA Q&A: Develop a script, lead by example and follow through

**Continued from Pg 6**

We set a date and time for filming and did a production request for Warden Warren L. Montgomery to sign, which he of course approved.”

## **How did filming go? How did you manage production duties?**

“Banaga prepared a green screen and did all of the graphics and sound production etc.

We wanted to make sure it had some music and answered direct questions to establish a foundation of how to inquire about and learn about the program.

We put together a script to prepare what would be said and also brainstormed some initial questions we had heard from the population, to provide some informa-

tion we would want them to know.

Duarte was the director on the project and we filmed in segments, hitting each area. We played off having the DRP CC III and the SRN II ask each other questions that they knew could cover their areas and how CBI relates to MAT.

The whole filming process took about an hour and a half.”

## **What has the feedback been like from the population?**

“The PSA began airing July 1.

We received very good feedback, especially in regards to the particular questions answered, understanding the role of the medical teams and how to sign up to receive this treatment.

We did get some follow up questions that will help us update the video every quarter.”

## **What advice would you give other teams interested in supporting an ISUDT PSA?**

“Make sure the Lead Ambassadors are part of the first initial video to set the tone, so when presenting it to the rest of the team, individuals who buy in and want to participate can follow their lead.

With myself, the DRP CC III and SRN II being involved, it was really leading by example, not just asking subordinate staff to start it off.

Also make sure to reach out to your TV Specialist early for scheduling and production, and stay in communication and make sure everyone’s calendar is free for the day of filming.

Definitely develop a script of what information will be included, rather than just winging it.” **PAGE 8**



# DRP Q&A

## AN UPDATE ON COGNITIVE BEHAVIORAL INTERVENTIONS

*Editor's Note: Providing important Cognitive Behavioral Interventions (CBI) to a population significantly impacted by trauma and addiction has been an enormous and critical undertaking for CDCR's Division of Rehabilitative Programs (DRP).*

*We caught up with DRP's Chief of Program Operations, Andre Gonzales, to discover the latest developments in CBI, and learn more about what drives this overarching entity with pathways to treatment inclusive of ISUDT and Life Skills programs.*

*Below are his responses:*

**With approximately 7,000 residents now provided CBI, what has been most critical to developing this in our institutions?**

“Staff and resident buy-in. Many staff and residents are unaware of everything that ISUDT entails, how the program works, how residents are assigned, and benefits of the CBI classes for residents and staff. Having each of our institutional ISUDT Ambassador teams come together to create various ways to get the information out to the staff and resident population has been vital in establishing the program statewide.

The Inmate Advisory Council and Offender Mentor Certification Program (OMCP) mentors are also paramount for ensuring information is being relayed to the resident population.

Collaboration between the Alcohol and Other Drug (AOD) counseling staff and institutional staff to discuss and answer questions related to the program has also been key toward program success.”



**Above, Warden (A) Glen E. Pratt with graduate and class Valedictorian Erwin Soto. On June 25, California Rehabilitation Center recognized 13 students in a graduation ceremony of the CBI Life Skills class, making them the first graduates under the new model.**



Click the image at left or scan this QR code to learn more about DRP

**Are there any updates on CBI programming that you can share in this first staff newsletter?**

“At this time, we have 944 CBI groups statewide. Every institution is providing CBI Programming either in-person or via packet.

We have also expanded the OMCP training sites from SOL, VSP, and CCWF to now include CCI, CMC, COR, and LAC. We currently have 10 former OMCP mentors and several other former resi-

dents who are working throughout the institutions as certified AOD counselors providing CBI services to the resident population.”

**What is working? What are some best practices your team can share about where CBI is thriving?**

“The collaboration with all stakeholders to include custody staff, medical staff, AOD contract staff,



# USING A HANDS-ON PRACTICAL APPROACH TO PROBLEM SOLVING

As of Aug. 1, DRP is providing CBI to approximately 7,000 residents, significantly growing this evidence-based treatment which helps residents understand the thoughts and feelings that influence behaviors.

## DRP Q&A: It has taken a tremendous amount of teamwork

Continued from Pg 9

and DRP staff allows us to expand classes weekly at every institution. Our DRP headquarters staff have developed internal CBI program reports that allow us to monitor the overall program success while providing assistance as needed. Additionally, ongoing communication amongst DRP, DAI, and CCHCS has been critical during these challenging times.”

**Would you like to say anything to our hardworking staff across the state who are working to drive up enrollment and participation?**

“I would like to thank all stakeholders for their continuous efforts in making these programs a success. It has taken a tremendous

amount of teamwork to navigate through the various challenges we have faced and truly appreciate the dedication from all staff.”

**Some of our staff are unaware that incarcerated people are allowed to participate in CBI without being provided MAT. How does CBI enrollment without MAT operate?**

“Starting with the medical assessment, residents are then placed onto a waitlist for a CBI class. The DRP CCIII and Inmate Assignment Office collaborate on assigning residents within SOMs.



Once they begin their assigned class, custody staff ensure the residents make it to class, and are accounted for and provided with these much needed rehabilitative services. Not only does CBI offer Substance Use Disorder treatment, it also offers other CBI classes such as Anger Management, Criminal Thinking, Parenting and Victims Impact.

MAT is not a requirement to be assigned to a CBI cohort. Residents can request via a CDCR 7362 form to be medically assessed and based on the findings, will be placed on the CBI waitlist that fits their needs.”



# SUBSTANCE USE & COVID-19

RESOURCES AND IDEAS FOR HEALTHY ALTERNATIVES TO SUBSTANCE USE

## COVID-19 and the unintended side effect of substance misuse

By Liz Gransee  
Deputy Director,  
Communications, CCHCS

In March of 2020 the world shuttered its windows and locked its doors, leaving us trapped in our own little bubbles, whatever they may be. For some, this meant dusting off cookbooks, breaking out the board games, putting on your teacher's hat or getting cozy with Netflix. For others it meant going to work every day in COVID's dream home – congregate settings. As the days went on, isolation became an unwanted guest to those stuck at home; for those venturing out to serve the public, the ongoing stress and uncertainty of the future burned like wildfire. Some bubbles filled with the sweet elixir of alcohol, which became an easy escape from the chaos while patiently waiting for COVID to leave as quickly as it appeared and life to return to normal.

It's no secret that the impacts of COVID-19 have led to an increased demand for mental health services. Not only are Americans seeking treatment in record numbers for conditions like anxiety and depression, experts say misuse of opioids, stimulants and alcohol are also on the rise. As of June 2020, 13 percent of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19 (Centers for Disease Control and Prevention). Additionally, reports show that the early months of the pandemic brought an 18-percent increase nationwide in overdoses compared with those same months

Assistance needed? You are not alone! Check out these tips on overcoming isolation and substance misuse.

- Pick up a new hobby – join a social club or hobby group to stay busy.
- Read/listen to books/podcasts about decreasing substance use (The Naked Mind, Alcohol Explained, The Power of Habit, The Addicted Mind Podcast).
- Join a private Facebook group that promotes responsible use or sobriety.
- Attend a virtual support meeting.
- Increase physical activity and join a gym.
- Go to church and join religious social groups.
- Discuss with your personal physician or contact an online/virtual health provider that specializes in mental health and substance use.
- Use your Employee Assistance Program benefits.
- Reach out to trusted family or friends.

### Harvard Medical School: 11 ways to cut back on alcohol use

1. Make a list of the reasons to limit intake.
2. Set a limit on how much you will drink.
3. Keep a diary of your drinking.
4. Don't keep alcohol in your house.
5. Drink slowly.
6. Choose alcohol-free days.
7. Watch for peer pressure.
8. Keep busy.
9. Ask for support.
10. Guard against temptation.
11. Be persistent.

in 2019 (Overdose Detection Mapping Application Program). According to the American Medical Association, the rising trend has continued throughout 2020, reporting in December that more than 40 U.S. states have seen increases in opioid-related mortality along with ongoing concerns for substance misuse.

As we move forward and try to piece together what is repeatedly referred to as the "new normal," it's important to include some self-assessments to determine if we've picked up self-sabotaging behaviors that need to be given the boot. Whether it's returning to a more healthful way of eating, cutting back on alcohol consumption or finally kicking that substance use

to the curb, it's time. And you can do it. Focus on starting new hobbies, new adventures, new skills, and new relationships. Focus on progress not perfection. Every little change in your daily routine can help build your new normal. Don't let the actions of yesterday control your future - take back control of your life and don't let COVID win.

If you are struggling with substance misuse or a troublesome relationship with alcohol, you're not alone and there's an army of support in your corner. Make the commitment to yourself and your loved ones that your new life starts today.

*If we are facing in the right direction, all we have to do is keep on walking.*



# **MAKE YOUR MARK**

SHARE YOUR STORIES, YOUR INSIGHTS ON ISUDT

**“My unique path in state service has afforded me opportunities to see corrections from many perspectives, including that of a Warden and Associate Director with CDCR and now Director of Corrections Services with CCHCS. These views have reinforced the importance of the relationship between health care and custody staff, which is so critical to the success of ISUDT. Those of you responsible for growing programs with this same integration are allies of public safety and rehabilitation, and I thank you!”**

**~Tammy Foss  
CCHCS Director of  
Corrections Services**



## ***WE WANT TO HEAR FROM YOU!***

**SHARE YOUR STORIES ABOUT RECOVERY AND THE CHANGE  
ISUDT IS CREATING AROUND YOU!**

The outcomes, the impact — it's all real. And it's all around us. Has a change in someone inspired your commitment to this groundbreaking treatment of addiction inside state correctional facilities? Do you know another staff member who should be recognized for their dedication to public safety and rehabilitation? We want to hear these stories, and we want to share them with you!

***EMAIL [SUD@CDCR.CA.GOV](mailto:SUD@CDCR.CA.GOV) TO SHARE YOUR STORY!***

Visit [lifeline/ExecutiveOperations/Communications/Pages/ISUDT.aspx](https://www.cdcr.ca.gov/lifeline/ExecutiveOperations/Communications/Pages/ISUDT.aspx) on a state computer to learn more about ISUDT. For questions or concerns regarding program components or policies, please email [MAT@cdcr.ca.gov](mailto:MAT@cdcr.ca.gov).

Learn about Office of Employee Wellness resources for staff and families by visiting <https://www.cdcr.ca.gov/wellness/health-and-wellbeing-employee-family-resource-guide/>