Contraband Interdiction Pilot Program (CIPP), Full Evaluation Report

California Substance Abuse Treatment Facility (SATF) and State Prison in Corcoran

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Note: The opinions expressed herein represent those of the authors and do not necessarily represent the position of the California Department of Corrections and Rehabilitation.

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EXECUTIVE SUMMARY

Protecting the health, safety, and welfare of correctional facility inmates and staff are key outcomes for prison administration and management. Towards this objective, the California State Legislature adopted and funded a Contraband Interdiction Pilot Program (CIPP) at California Substance Abuse Treatment Facility (SATF) and State Prison in Corcoran to implement and evaluate related strategies and effective approaches. This program evaluation studies the performance and impact of specific project contraband interdiction strategies designed to reduce the potential illegal entry of prohibited items (narcotics, weapons, cell phones/smart devices, and other objects) into the correctional facility. CIPP strategies included for analysis include entry scanning devices, enhanced K-9 team activity, mailroom, visitor policy/practices, and medical programs. Study variables included measures like randomized substance abuse urinalysis, violence and crime measures, and contraband discoveries.

The evaluation report utilized secondary data between 2016-2020. When available, pre-CIPP data was utilized (2016-2018) to establish baseline trends before CIPP implementation and evaluation (11.2018-6.2020). This report analyzes CIPP performance data and trends before and after program implementation over the study period. On select data metrics, the Richard J. Donovan Correctional Facility (RJD) was used as a comparable institution for purposes of analysis on several key measures/variables. This statistical comparison relates to key independent variables found as a result of pilot program interventions as compared to an institution without exposure to the policy intervention. Key metrics were found within seven evaluation project research domains/objectives, including cost benefit analysis, an analytical study of contraband entering the prison, impacts on prisoner visitation patterns/trends, incidence of violence, utilization of entrance screening technology/equipment, and the Medication-Assisted Treatment (MAT) Program. Data is graphically represented and analyzed in tables and figures throughout the findings and discussion section for relevant research domains.

There are several key evaluation findings in this report. CIPP entrance area devices, Millimeter Wave Full Body Scanner (MMW) and Baggage and Parcel (B/P) x-ray devices together accounted for 89% of contraband discovery methods (B/P scanner (54%) and MMW scanner (34%)). The most common method of facility contraband introduction was within personal effects (54%) or on the person (36%). The most frequently discovered contraband item were electronic devices (smart phones). Housing units represent the most frequent location of contraband discovery within SATF and RJD. Of particular interest to the current study are the numbers of contraband found on SATF visitors, which before CIPP implementation totaled 9 and after totaled 1. Similarly, excessive physical contact, which could be a way that contraband is passed from visitor to inmate, totaled 104 instances before CIPP and 37 after CIPP. Contraband is discovered from inmates most often and K-9 teams are an effective strategy for contraband discovery within institutions, particularly in housing units and mail rooms. The MAT program was effective at accomplishing key objectives like inmate treatment, care, prevention of overdoses/deaths, and minimized Emergency Department (ED)/community hospitalizations.

Finally, this report discusses a variety of barriers and limitations with CIPP program implementation and evaluation because of COVID-19 pandemic and emergency response. COVID-19 has made dramatic changes to California correctional facility operations/ policies/procedures since March 2020. Closely confined populations in correctional facilities (staff and inmates) are particularly vulnerable to pandemics and public health concerns.

INTRODUCTION

Fundamental to correctional institution security is control of all potential facility entries/exits, including perimeter fence. We must keep dangerous weapons, objects, and substances outside the walls. Unfortunately, there are incentives to introducing contraband within a correctional facility, including money, potential addiction, communications, violence, power, status, and even sex in the underground economy. Basic economics of supply and demand tell us the more effective we are in contraband interdiction strategies, the more we increase costs, disrupt supplies, and make contraband even more valuable within a correctional facility. As value increases, higher economic incentives are sought by engaging in potentially high/higher risk activities to introduce contraband within a correctional facility. Supporters and enablers of illicit behavior (including familial and gang ties) utilize potential ingenious contraband entry means/methods to assist.

Smuggling weapons into a facility or even bringing potential materials to create deadly weapons puts staff and inmates at enhanced risk. The introduction of cell phones and smart devices into prisons is a concern. Contraband interdiction is no easy task in contemporary penology. Much work must be done daily to maintain and enhance prison security. Substance abuse is no stranger to the correctional facility environment either. The utilization of illegal and sometimes deadly narcotics and opioids must be controlled within the correctional facility. One key objective of contraband reduction strategies is on prevention and treatment of Substance Use Disorder Treatment (SUDT) through a variety of interdictions and programs. Many states face the "opioid crisis," narcotics overdoses, and related substance abuse deaths and taking steps to reduce inmate drug demand is an essential element of successful contraband interdiction strategies as discussed shortly in the literature review.

In addition, the correctional facility contraband threat vector has changed as a function of time. Technology to arrange and deliver contraband is a significant concern and vulnerability factor. For example, drones are becoming increasingly sophisticated and at lower costs. Given the prevalence and impact of computing, social media, and electronic communication across society, drones and smart phones in correctional facilities has become a major issue. Cellphones/smartphones have grown in power and decreased in size. Previously coded notes transmitted by/to inmates can now be transmitted via text or email. Screening technology was also lower tech, often relying on cursory pat downs, basic magnetometers, hand held scanner units, x-ray machines, etc. Today we have enhanced tech to work with; for example, new entry technology to assist with searches and securing correctional facilities.

Correctional management and administration pay special attention to all potential vectors by which illegal "contraband" can be introduced into a correctional facility. Keeping illicit and dangerous items out is an essential element of control in sound penology and correctional management. As such, the interdiction of dangerous goods (narcotics, weapons) and unlawful means of communication (cellular phones, smart devices) into state prisons is a primary penal objective and important goal of correctional administrators. In this way, contraband interdiction strategies are nothing new to correctional facilities and operations. Potential risks and security vulnerabilities shift and evolve over time as rapidly accelerating technology continually changes.

The purpose of this program evaluation is to analyze and evaluate key programmatic performance measures related to the implementation of the CIPP and details of which are found in Appendixes A & B. We seek a better understanding of the data and resulting trends in terms of

CIPP effectiveness, practicality, and feasibility as well as provide information and guidance to state policy and decision makers. Towards this objective, the California State University, Fresno Research and Evaluation Team ("Fresno State Research and Evaluation Team") conducted an analysis and evaluation of the Contraband Interdiction Pilot Program (CIPP) at California Substance Abuse Treatment Facility (SATF) and State Prison in Corcoran. The CIPP contains a variety of strategies, including utilization of entry screening technology, K-9 units, and other enhanced contraband interdiction measures. A Medication-Assisted Treatment (MAT) program for Substance Use Disorder Treatment (SUDT) was also included as a key CIPP component for program evaluation. MAT had been in effect for a while prior to adoption of the ISUDT program. We seek to provide guidance and information on CIPP performance over the relevant time period to assist and support correctional administration and management in prospective "best practices" for contraband interdiction and SUDT treatment programs.

CONTRABAND INTERDICTION PILOT PROGRAM (CIPP) EVALUATION REPORT ROADMAP AND ORGANIZATION

The purpose of this report section is to discuss an organizational roadmap for the CIPP research strategy utilized to conduct the study/analysis and complete the final report. The CIPP Evaluation Report is organized into several sections. First, we include key points of background information including relevant enacting legislation and statute verbiage containing specific subjects of interest to the Legislature and requested in this final report. Statutes and codes are included as additional documentation in the appendices. Second, we provide a brief literature review that discusses key elements of contraband interdiction strategies with related factors and additional variables. Third, we discuss research domains, methodological approaches, and data sources utilized in preparation of this CIPP program evaluation and analysis.

One research objective is to describe CIPP data-driven (quantitative/qualitative) evaluation and research approach methodologies utilized in this program evaluation study over a two-year program period (FY 2018-19, 2019-20). The program evaluation report includes a discussion of findings and key CIPP take-aways. This also includes a discussion of obstacles, challenges, and limitations to the research and evaluation process and the direct impact of the California COVID-19 Emergency Declaration (on or about March 20, 2020). The subsequent statewide pandemic emergency response has had a tremendous impact on correctional facilities and inmate populations. As such, correctional facilities and management practices and policies have been significantly challenged by current state emergency conditions. In addition to dramatic penal policy changes, COVID has also impacted the implementation, analysis, and evaluation of projects like CIPP as well. Data collection on select variables was negatively impacted due to COVID-19 pandemic emergency response; for example suspending visitation, reduced number of vehicles searched due to fewer visitors, etc. These unanticipated conditions have impacted a number of report research domains and analysis and are discussed in greater detail after the pilot program evaluation and analysis.

Finally, we conclude the report with key policy implications.

CIPP OVERVIEW AND BACKGROUND

The California Department of Corrections and Rehabilitation (CDCR) received $9.1 million dollars from the General Fund in Fiscal Year (FY) 2018-19 and $8.3 million dollars from the General Fund in 2018-19 (FY) to implement the pilot-program at SATF and State Prison in Corcoran. In summary, the pilot program deploys contraband interdiction devices at the front entrance areas, employs a staffing complement to operate the devices, expands SATF and State Prison Corcoran canine teams, conducts enhanced vehicle and institution searches, and institutes a Medication-Assisted Treatment (MAT) program to reduce substance use for inmates with opioid and alcohol use disorders. The pilot program requires entrance screening conducted on every individual and package entering the prison 24 hours per day, seven days per week.

In addition, CIPP instituted random drug testing at both the pilot (SATF) and control/comparison institution (RJD) to allow for direct evaluation of drug use across the program period.

It was the intent of the Legislature that the CIPP evaluation and research report based on this program for SATF and State Prison in Corcoran be designed in such a way as to provide the Legislature with reliable information about:

1. How contraband enters prisons.

2. What strategies are most cost effective in reducing inmate drug use.

Additional information on the subject of enacting legislation, including statute verbiage, etc. can be found in Appendices A and B. These points denote key parameters guiding the research and evaluation process and outcomes.

CIPP LEGISLATIVE BACKGROUND/INTENT/STATUTE

One key consideration in CIPP program evaluation is a discussion of the background and intent of the relevant statute at hand. The research domains and evaluation tasks are rooted and guided in terms of legislative intent verbiage and statutory guidance. Specific state statute and penal code verbiage for the CIPP at SATF and State Prison in Corcoran provided in the report appendices. We cite *15 CCR § 3999.25* "Research and Evaluation" in Appendix A and *California Penal Code Section 6402.5* in Appendix B. These two appendices lay out the specific questions of interest to the state legislature. This information is key to direct and structure this program analysis and evaluation.

From the legislative intent found in the aforementioned statute language, the Fresno State Research and Evaluation Team notes the following particular areas of analysis/questions for inclusion and discussion in the CIPP performance evaluation report.

- What is the pertinent CIPP performance and what does the California Legislative seek for purposes of review and evaluation in the final report?
- What is the Legislature seeking to accomplish through statute?
- What statistics/analysis has the Legislature requested for CIPP program performance evaluation?

Consistent with state legislative intent, the Fresno State Evaluation and Research team constructed and rigorously tested and analyzed key CIPP strategic and cost components. With a solid statistical methodology and model in place, we collected, gathered, and analyzed CIPP data to evaluate the implementation and effectiveness across seven research domains (and project objectives). Specific findings are discussed in detail further in this program evaluation report.

LITERATURE REVIEW

One preliminary step in the program evaluation process is conducting a literature review. The purpose of a literature review is to analyze and evaluate the relationship between key variables within the research project. A variety of laws, related policies, and initiatives/measures have been employed to interdict contraband into state and federal correctional facilities. While there is a lack of definitive research assessing the effectiveness of interdiction efforts and "best-practices," there is interesting information uncovered in a brief review of the literature.

Available literature has shown that strategies implemented by correctional facilities are somewhat effective in reducing the amount of contraband. One of the earlier drug interdiction programs was conducted by Pennsylvania in 1999, and was implemented in five prisons in the state (Feucht & Keyser, 1999). The strategies within this program were mostly focused on the concept of a zero-tolerance program. This means that whoever was found with contraband would be criminally prosecuted along with other repercussions. If the inmate tested positive in a drug exam, he/she would have to serve extra custody time. Just as in this current study, the surveillance was not only focused on the inmate but also on visitors and staff members.

In order to surveil all parties, these Pennsylvania institutions used highly sensitive equipment to detect drugs entering the facilities and implemented a new phone system where the correctional officers had access to the inmates' phone calls (Feucht & Keyser, 1999). An interesting aspect of this study's strategies was that they took their drug tests a step further - testing hair in addition to urine, which can reveal drug usage from the previous 90 days whereas urine analysis only reveals usage within the past 48 hours. These intense measures demonstrated a dramatic decrease in drug use within these facilities.

The federal government also completed a drug interdiction program shortly after Pennsylvania in 2002 called the National Institute of Corrections Drug-Free Prison Zone Project (Holsigner, 2002). This extensive study evaluated eight states in hopes of finding strategies to reduce substance abuse and smuggling within correctional institutions. Alabama, Arizona, New Jersey Maryland, California, Kansas, New York, and Florida were the eight states that participated in this drug interdiction program. Each state had different approaches to the program, but they all ultimately had the same goal. For Maryland, the initiatives were similar to the current study in terms of using enhanced K-9 units to detect narcotics, ion spectrometry scanners (MMW scanners utilized in the CIPP), and random drug testing through. Surveillance was also increased for inmates as well as institution personnel. Maryland's results indicated their strategies were effective in reducing positive drug tests by 33%.

California used random drug testing, K-9 units, and drug detecting technology in their drug interdiction program (Holsigner, 2002). However, their approach was to differentiate their intervention between phases. Phase I was an initial urine sample to test for all types of

substances. Phase II consisted of a random drug test, but included the previously mentioned strategies as well (i.e. K-9 units and drug detection technology). Another similar aspect to this study was the continuous observation of inmate visits and phone calls. California concluded that these measures were effective in reducing substance use in the institution. Results were similar across all other participating states.

However, Alabama, Arizona, and New Jersey are still in the process of finalizing their reports and their conclusions not included in the report. As for Kansas and New York, the drug interdiction program successfully reduced substance abuse and even had a positive impact on inmates' attitudes. Florida, because of geographical location, did not have the same results as other states. This area is known for its high drug rates; therefore, it would take the correctional system more time to successfully implement the program (Holsigner, 2002). Like as shown in additional studies, strategies implemented through the program successfully reduced the amount of substance abuse within the different institutions studied.

A more recent example of this type of research is the Enhanced Drug and Contraband Interdiction Program (EDCIP), funded by the CDCR. The 11 California correctional facilities that participated were successful in reducing the amount of contraband that entered their facilities (Raphael, Lofstrom, & Martin, 2017). These institutions were chosen based on their level of seriousness and previously recorded amounts of contraband. Eight institutions were put under a 'moderate' treatment model while the remaining three institutions were placed under an enhanced 'intensive' treatment model. More intensive treatment model institutions had more precautions and Implemented additional strategies to include: an enhanced K-9 unit, ion spectrometry scanning technology, body scans, and random drug testing of 10% of all inmates.

In that report, CDCR data was utilized to evaluate how effective EDCIP was in reducing the amount of contraband that entered the facility as well as any impacts on inmate misconduct (Raphael, Lofstrom, & Martin, 2017). In order to complete the evaluation, data from the institutions who received the program were compared to data from facilities that did not receive the intervention but that had similar characteristics in terms of predicted drug abuse. In order to measure the prevalence of drug abuse, random drug tests were administered at least once a month to 10% of the inmate population at each evaluated facility.

Results indicated that the EDCIP successfully reduced failed drug exams, which was interpreted to mean that the implemented strategies helped reduce the amount of drugs available to the inmates. Additionally, the amount of inmate misconduct also decreased. This decrease was mostly seen in the intense intervention condition rather than the moderate condition where the decrease was not as pronounced. Therefore, no significant change in the reported inmate misconduct was found (Ibid, 2017). Overall, this program served as a foundation for other programs to follow and improve upon, such as the current CIPP study at hand.

In the following report section, we discuss CIPP data, analysis, and methodologies the research team utilized to approach this pilot-program evaluation.

DISCUSSION OF CIPP DATA AND ANALYSIS: FRESNO STATE RESEARCH AND EVALUATION TEAM DATA AND SOURCES

This evaluation report section describes a "road map" utilized to document CIPP research/analysis approach, strategy, and objectives. The CIPP coordinates and implements contraband and drug use treatment programs to comprehensively focus on reducing illicit behavior, substance abuse/overdose problems, reducing violence, and enhancing treatment and rehabilitative options for state prisoners through a mix of prevention tools and enforcement means in correctional facilities. The CIPP program evaluation involves multiple research strategies to analyze and discuss a variety of key performance indicators, metrics, and outcome variables of interest. Specific areas of interest are divided into Evaluation Research Domains and discussed in detail further within various report sections.

The Fresno State Research and Evaluation Team measured and evaluated key indicators and outcome variables for each specific CIPP interdiction strategy found summarized on the next page and analyzed in further detail throughout the body of this report. Prior to the analysis, CIPP evaluation, and discussion, we discuss the structure and organization of the report. We address key research questions relating to CIPP performance (Objectives #1 through #7) in following report sections. Finally, we review key findings and takeaways in the paper discussion section, including a description of external issues, limitations, and obstacles to the CIPP evaluation, in particular specific areas and conclusion/policy implications sections at the end of the report.

In addition, the evaluation study utilized a real-time comparison "like" institution -- Richard J. Donovan Correctional Facility (RJD) near San Diego to analyze comparative institutions. Quantitative and qualitative data was collected on CIPP at SATF and the non-intervention RJD (non pilot- control program) on several key metrics and measures. These variables are discussed within the context of specified evaluation program objectives organized into respective research domains (and related research questions). A summary of the evaluation research domains follows on the next page.

SUMMARY CIPP RESEARCH DOMAINS AND OBJECTIVES

In this report section, we review key details on research strategy/approaches utilized to analyze research objectives/questions found within each respective domain area. Based upon the CDCR Statement of Work (SOW) provided to the Fresno State Research and Evaluation team, we synthesized the total project into seven research objectives, research questions, and outcome measures/variables. The CIPP Final Evaluation Report is structured and organized into the following seven research domains:

Objective #1 - Assess the relative cost-effectiveness in reducing drug use of each contraband interdiction strategy:

SATF Front Entrance Strategies

SATF Canine Strategies (K-9 data)

Visitation Strategies

MAT Program

Objective #2 - Data analysis/predictive analysis study of instances of contraband entering SATF and RJD.

Objective #3 - Assessment of the observable impact and effect of the pilot program on visitation.

Objective #4 - Assessment of whether the pilot program caused changes in the incidence of violence or lockdowns in the prison.

Objective #5 - Data and analysis of the usage of entrance screening technology and equipment over the pilot program time phase.

Objective #6 - Data and analysis of real-time comparison of pilot-program intervention (SATF) with comparable institution (RJD)) without the pilot program intervention (important note: RJD Comparison includes metrics found in Objectives #2-#7).

Objective #7 - Program evaluation and analysis of Medication-Assisted Treatment (MAT) program.

CIPP EVALUATION RESEARCH DOMAIN DISCUSSION

Objective #1 - Assess the relative cost-effectiveness in reducing drug use of each contraband interdiction strategy.

Research Question (R1): What is the most cost-efficient approach in reducing drug use among each contraband interdiction strategy?

Pilot-program contraband interdiction strategies included:

1. Deploy contraband interdiction devices at the front entrance areas, and employ a staffing complement to operate the devices.

2. Expand SATF Canine Teams.

3. Conduct enhanced vehicle and institution searches.

4. Institute Medication-Assisted Treatment (MAT) Program for inmates with opioid and alcohol use disorders, including a referral to psychosocial interventions.

CIPP Evaluation-Research Approach:

A critical area of report interest is the study and evaluation of illicit drug use within the correctional facility as well as contraband interdiction strategies. This makes objective number one the linchpin of the CIPP synthesis of information and program evaluation. We present the culmination of data analysis, parse out outcomes for various interdiction strategies, and discuss the impacts of policy effectiveness and cost-benefit components for individual contraband interdiction strategies. These are all significant outcomes of CIPP implementation and administration. The final report presents analyses of the most current contraband data. It is useful to promulgate evidence based pathways for "best practices" within the correctional facility through effective contraband interdiction strategies. Outcome variables were measured and statistically analyzed throughout the evaluation period to assess the results and relative cost-benefit of each contraband interdiction strategy. Each strategy was analyzed independent of one another to estimate relative cost/benefit, and efficiency.

Objective #2 - Data analysis study of instances of contraband entering the prison.

Research Question (R2): What are the ways and means by which contraband enters SATF and State Prison in Corcoran?

CIPP Evaluation-Research Approach:

Statistical parametric and non-parametric analysis techniques were used to provide "what we know" about the relationship by which contraband is introduced into the institution. Evaluation of relevant outcome variables measure and analyze SATF and State Prison in Corcoran's contraband entry incidents.

1. Means/type of contraband introduction/ attempted introduction into the facility?

2. Analytics of violations and disciplinary actions?

Objective #3 - Assessment of the observable impact and effect of the pilot program on visitation.

Research Question (R3): What are the observable impacts of the pilot program on visitation?

CIPP Evaluation-Research Approach:

Analysis of pre- and post- CIPP visitation statistics. We used qualitative and quantitative tools/methods to determine the impact of CIPP on visitation participants and practices at SATF and State Prison in Corcoran. One key area of legislative interest found in statute is the potential impacts of CIPP on inmate visitation practices. Do prospective SATF and State Prison in Corcoran visitors stay away from the correctional facility due to potential security and screening changes found as a result of CIPP implementation? We analyzed visitation patterns, trends, nature of relationship with visitors, and additional outcomes over the course of the pilot program implementation.

Objective #4 - Assessment of whether the pilot program caused changes in the incidence of violence or lockdowns in prison.

Research and qualitative data suggest links between incidence of contraband and violent incidents within prisons. We looked closely at the relationship between contraband interdiction and subsequent effects on violence within SATF and State Prison in Corcoran.

Research Question (R4): What are the impacts of the pilot program on the incidence of violence and lockdowns in prison?

CIPP Evaluation-Research Approach:

There is both a qualitative and quantitative component in the evaluation of objective #4 and related research question(s). Quantitative statistical analysis of pertinent variables was used to assess the effectiveness of the pilot program at SATF and State Prison in Corcoran as related to reducing the occurrence of violent incidents and frequency of lockdowns. Qualitative analysis was used to gain an understanding of the types of offenders and the circumstances surrounding the violent offenses. The goal of this evaluation was to identify the relationship between contraband interdiction and violence/lockdowns at SATF and State Prison in Corcoran as well as recognize key factors influencing violence rates during the pilot program.

Objective #5 - Data and analysis of the usage of entrance screening technology and equipment over the pilot program time phase.

Research Question (R5): What patterns and trends may be discovered by the usage of entrance screening technology and equipment throughout the pilot-project timeframe?

CIPP Evaluation-Research Approach:

One essential component of CIPP is to buttress and reinforce entry points into the correctional facility. We analyzed emerging patterns through the utilization of entrance screening technology. Specifically, what are the numbers/types of contraband attempting to move through the institution front entrance? Additionally, it is key to understand patterns of technology usage

(or non-usage in some cases) and why screening may not have been conducted at any point in time over the study period per legislative guidance.

This objective and understanding technology functionality has additional evaluation significance in that it relates to the cost-benefit analysis of interdiction strategies found in the first research objective. Significant tech related outages negatively affect the reliability and the feasibility of an interdiction strategy and potentially jeopardize the operational security of the correctional institution. CIPP outcome metrics measured and analyzed to assess the effectiveness of entrance screening technology, equipment, and usage, and the cost-benefit value are key components of this contraband strategy and policy.

Objective #6 - Data and analysis of real-time comparison of pilot-program intervention (SATF and State Prison in Corcoran) with a comparable institution (Richard J. Donovan Correctional Facility (RJD)) without the pilot program intervention.

Research Question (R6): What is the impact of the pilot program intervention at SATF and State Prison in Corcoran and how does it compare to a like institution (non-pilot-program intervention) comparison institution like Richard J Donovan (RJD) on key evaluative measures and metrics?

CIPP Evaluation-Research Approach:

Outcome metrics were measured and statistically analyzed in a series of quasi-experimental designs allowing for comparison of key outcomes between the intervention and non-intervention institutions. In particular, we looked for patterns and trends relating to curtailing drug abuse, violence, and misconduct in the prison. We developed and evaluated a panel data set (monthly/quarterly over the grant project period) to measure and assess the impacts of CIPP implementation at SATF and State Prison in Corcoran as compared to a "non-CIPP intervention" institution RJD. Comparison between experimental CIPP (SATF State Prison in Corcoran) with control institution RJD may be of further probative value for finer tuning of CDCR research, data and collection strategies, and valid metrics.

Objective #7 - Medication-Assisted Treatment (MAT) Program Evaluation and Analysis.

One research/evaluation plan objective includes the collection and analysis of MAT program data. The problem of opioid addiction, abuse, and death is a driving force behind the contraband interdiction policy change and the pilot program in the first place. It is key to have solid data to calculate the effectiveness and cost/benefit analysis of the various CIPP strategies including MAT.

The MAT Treatment Program consists of psychosocial interventions including motivational enhancement, cognitive behavior therapy and 12 step facilitation and/ or medications indicated for alcohol and or opioid use disorders chosen from oral naltrexone, injectable naltrexone and acamprosate.

We analyze key MAT program outcomes utilizing a number of performance metrics and variables, including health care costs. This information is included in the Fresno State Research

and Evaluation Team strategy assessment of the relative cost effectiveness in reducing inmate drug use of each contraband interdiction strategy in the pilot program.

In January 2020, the Department implemented the Integrated Substance Use Disorder Treatment (ISUDT) Program. All MAT treatment program data included for analysis in this report was gathered from November 2018 through December 2020, prior to the implementation of the ISUDT Program. We have a total of 13 months of data points to analyze and evaluate for MAT performance and cost analysis. There is no ISUDT Program data analyzed in this report.

DATA AND ANALYSIS

Objective #1 - Assess the relative cost-effectiveness in reducing drug use of each contraband interdiction strategy.

The CIPP involves a variety of different strategies and components working together, both bureaucratically and also administratively. Project evaluation objective number one is a "big picture" view and objective that analyzes, evaluates, and compares the performance of specific CIPP components. However, we are also interested in ways that these elements (entry scanners, K-9 units, MAT programs, etc.) work together towards the goal of keeping correctional facilities safe, healthy, and promoting the well-being of inmates and staff alike. This is really a question of pulling it all together, and as such-- will be presented in detail in the second part of the project evaluation discussion section of the report. Research evaluation report Objectives #2 through #7 are analyzed and evaluated in the next few report pages.

We return back to the broader discussion and analysis of Objective #1 after we have presented and analyzed the data related to specific CIPP strategies evaluated in this report. A detailed analysis and discussion of Objective #1 is found after the analysis of CIPP component strategies (as noted below) and on page 63 of this report. Objective #1 is discussed in further detail after the discussions of specific interdiction strategies throughout the course of the report. This is because that first objective is the glue that binds the various CIPP strategies/components together for purposes of analysis and evaluation in this report.

Pilot-program contraband interdiction strategies included:

1. Deploy contraband interdiction devices at the front entrance areas, and employ a staffing complement to operate the devices.
2. Expand SATF and State Prison in Corcoran Canine Teams.
3. Conduct enhanced vehicle and institution searches.
4. MAT Program- November 2018-December 2020-- was implemented at SATF and RJD.

Objective #2 - Data analysis-study of instances of contraband entering the prison.

In order to determine where contraband is most prevalent within facilities, data from K-9 searches, and COMPSTAT are used. These data cover all searches with K-9's and all disciplines for contraband from November 2016-June 2020. Data are collected from both SATF and RJD to highlight similarities and differences in contraband discoveries during this time period. Looking at the official counts of data, type of K-9 search is observed. These data focus on the total and frequency of type of K-9 search within each facility.

Contraband Entering Prison-SATF

The first CIPP strategy component analyzed was the K-9 team activity. Between November 2016 and June 2020 there were a total of 182 K9 Searches at SATF. At SATF, 60% of K-9 searches conducted were cell searches (110), 19% were area searches (34), and 18% Air scan searches (33 searches). The rest of K-9 type searches were classified as vehicle, mail, CIPP vehicle, or other.

During the same time period, there were a total of 391 K-9 Searches at RJD. 46% of the searches were conducted via area search (N=180) and 39% of searches via Cell Search (N=154). The rest of the searches were conducted in other parts of the facility. Please see Table 1 (below) for these categories.

Table 1: Type of K-9 Search, SATF and RJD, 2016-2020

	RJD	SATF	Total
Cell Search	154	110	264
Area Search	180	34	214
Dorm Area	18	0	18
Dorm	15	0	15
Air Scan	0	33	33
Bunk Area	2	0	2
CIPP Vehicle	0	1	1
Dayroom	5	0	5
Dorm Bathroom	2	0	2
Locker/Bunk	6	0	6
Mail	6	0	6
Mail Room	2	0	2
Other (CIPP Vehicle Search)	0	1	1
Other (CIPP Vehicle)	0	1	1
Other (Fill In)	1	1	2
Vehicle Search	0	1	1
Total	391	182	573

In terms of Table 2 below, we are interested in the location of contraband discovery via K-9 search between 2016 and 2020. At SATF locations where contraband was most frequently discovered was housing units with 151 discoveries (80% of the total) in this location. The next most frequent location of discovery via K-9 search is the mail room with 9 discoveries (5%) and 4 discoveries (2%) made in the visiting room. Few contraband discoveries were made in other locations which included R&R, Family visiting, front entrance, visitor vehicle and "other". These additional locations together account for 13% of all K-9 contraband discovery locations.

At RJD, 329 of 391 K-9 searches discovered contraband in Housing units (84%). While contraband is found in other RJD locations, contraband discoveries are highly concentrated in the housing units. Please see Table 2 below for numbers of discoveries by location at SATF and RJD. In terms of program evaluation, K-9 teams are an effective strategy of discovery within housing units and mail rooms within both correctional facilities.

Table 2: Location of Contraband Discovery, K-9 Search, 2016-2020

	RJD	SATF	Total
Housing Unit	329	151	480
Culinary	12	0	12
Mail Room	10	9	19
Chapel	1	0	1
CIPP	0	2	2
Family Visiting	0	1	1
FHM Warehouse	1	0	1
Gymnasium	1	0	1
I/M Visiting Parking	2	0	2
Laundry room	1	0	1
Music Room	1	0	1
Other (CIPP Vehicle Search	0	1	1
Other (CIPP)	0	1	1
Other (FILL IN)	1	4	5

Outside Perimeter	1	0	1
PIA Laundry	4	0	4
PIA Warehouse	1	0	1
R&R	0	1	1
Residence	0	2	2
Residence/Search Warrant	0	2	2
SATF front Entrances	0	1	1
Shoe Factory	4	0	4
Shower	1	0	1
Staff Parking lot	1	0	1
Vehicle	1	0	1
Visiting Parking Lot	3	0	3
Visiting Room	1	4	5
Visiting Trash Bins	2	0	2
Visitor Vehicle	0	1	1
Vocational Area	6	2	8
Warehouse	2	0	2
Worm Ranch	1	0	1
Yard	4	0	4
Total	391	182	573

To understand which individuals contraband are discovered from, the categories recorded from search discovery are used. When looking at the K-9 searches for SATF, of the contraband found between November 2016 and June 2020, contraband is recovered from inmates most often (N=158). Contraband was recovered from "N/A (uncontrolled)" 11 times. Contraband recovered from Civilian visitors 9 times and Civilian non-visitors 4 times.

K-9 searches at RJD reveal contraband was recovered in the category of "N/A (uncontrolled)" 203 times, 52% of the total contraband discoveries. Contraband was recovered from inmates 186 times, 48% of the total contraband discoveries. Please see Table 3 below.

Table 3: Individuals Contraband Recovered From K-9 Search, 2016-2020

	RJD	SATF	Total
Civilian (Non-Visitor)	0	4	4
Civilian (Visitor)	0	9	9
Inmate	186	158	344
N/A (Uncontrolled)	203	11	214
Parolee	2	0	2
Total	391	182	573

This dataset tracks the specific drug contraband as well as cell phone and miscellaneous contraband, discovered by K-9 searches. These are tracked as total counts and are available for both SATF and RJD.

Contraband discoveries at SATF included 102 cell phones, which is the most frequently occurring discovery, followed by methamphetamine, discovered 32 times and miscellaneous items 31 times. Heroine, marijuana, tobacco and cocaine were also discovered, but not as frequently.

RJD also had cell phones represent the majority of contraband discoveries with 222 discovered. This is followed by marijuana with 105 quantities discovered and 87 miscellaneous items discovered. Tobacco, heroin, methamphetamine, cocaine and hash a1 hash. 32 heroin, 30 meth, 87 miscellaneous, 82 tobacco 105 marijuana 4 cocaine. Please see Table 4 on the following page.

Table 4: Institution Count of Recovered Contraband, 2016-2020

	RJD	SATF
Cellphone	222	102
Miscellaneous	87	31
Cocaine	4	0
Heroin	32	26
Methamphetamine	30	32
Hash	1	1
Marijuana	105	22
Tobacco	82	18
Total:	**563**	**232**

Overall, SATF had significantly fewer contraband discoveries than RJD between November 2016 and June 2020. Of note is the difference of the number of contraband discoveries of marijuana and tobacco between the two institutions is more pronounced than many of the other categories of narcotics.

Contraband Disciplines SATF and RJD

COMPSTAT data were used to look at disciplines for electronics and drug contraband items. Disciplines were chosen for analysis as the most valid measure of an incident involving contraband, because the incident warranted sanctions.

COMPSTAT records disciplines for *possession of a controlled substance/stimulant/sedative, unauthorized possession of drug paraphernalia, under the influence of a controlled substance/stimulant/sedative, distribution or introduction of a controlled substance, possession of cell phones, and possession of wireless communication devices*, *positive UA (urine analysis) and UA (urine analysis) refusal,* and these are the variables used for analysis of contraband differences for SATF and RJD.

SATF Contraband Discipline

Using the data from SATF, disciplines for possession of a controlled substance occurred 525 times (an average of 12.2 incidents per month). Possession of unauthorized drug paraphernalia occurred 80 times, an average of 1.8 per month. Distribution of a controlled substance occurred 11 times (.2 times per month average). Possession of cell phones 871 cases, about 20.2 per month and possession of wireless device 42 (.9 per month). Please see Table 5 below.

Table 5: Descriptive Statistics SATF, Contraband Disciplines 2016-2020

	N	Sum	Mean
Possession of Controlled Substance/Stimulant/Sedative	45	525.0	12.2
Unauthorized Possession of Drug Paraphernalia	45	80.0	1.9
Under the Influence of a Controlled Substance/Stimulant/Sedative	45	39.0	.9
Distribution/Introduction of a Controlled Substance	45	11.0	.3
Possession of Cell Phone(s)	45	871.0	20.3
Possession of a Wireless Communication Device(s)	45	42.0	.9

To better understand the differences in contraband discipline by year, an analysis of variance is estimated. This statistical test is often used to look at differences between many groups, and can be helpful in identifying differences that are meaningful within the data. Data are grouped by year in order to understand if there are differences in contraband discipline between years prior to CIPP , during the years of CIPP, and if there are significant differences from before and after CIPP. Monthly averages of contraband discipline are compared between years 2016-2020 for SATF.

There are significant differences between years for possession of controlled substances, positive UA and UA refusal, and under the influence ($p<.05$). There are differences between years for other aspects of contraband discipline, but these are not statistically significant ($p>.05$). Please see Table 6 on the following page.

Table 6: Analysis of Variance, Comparison Between Years, Contraband Discipline, SATF, 2016-2020

		Mean Square	DF	F score	Significance
Possession Controlled Substance	Between Groups	786.20	4	10.97	.000
	Within Groups	71.64	39		
	Total		43		
Positive UA	Between Groups	1331.86	4	7.03	.000
	Within Groups	189.55	39		
	Total		43		
UA Refusal	Between Groups	342.04	4	5.84	.001
	Within Groups	58.55	39		
	Total		43		
Under the Influence	Between Groups	5.59	4	5.71	.001
	Within Groups	.98	39		
	Total		43		

A post hoc test (Tukey) was estimated to determine where the significant differences between years occur for possession of a controlled substance, positive UA, UA refusal, and Under the influence.

Possession of a controlled substance is significantly less frequent at SATF in 2019 and 2020. Positive UA is less frequent in 2018 and 2019, but does increase in 2020. UA refusal is at its lowest frequency in 2019 and 2020, and under the influence also shows lower frequency in 2019 and 2020. Please see Table 7 on the following page.

Table 7: Tukey Post Hoc Analysis of Contraband and UA Monthly Averages by Year, SATF (2016-2020)

Possession Controlled Substance	Number of months	Monthly Average
2016	2	12.00
2017	12	20.08
2018	12	19.08
2019	12	*1.83
2020	6	*1.80
Total	44	12.21
Positive UA		
2016	2	20.00
2017	12	43.25
2018	12	*18.92
2019	12	*16.50
2020	6	25.80
Total	44	25.88
UA Refusal		
2016	2	9.50
2017	12	12.75
2018	12	10.25
2019	12	*.00
2020	6	*.00
Total	44	6.86
Under the Influence		

2016	2	.00
2017	12	*.75
2018	12	*2.00
2019	12	.50
2020	6	.00
Total	44	.91

* = $p<.05$

These data indicate that significant differences in drug consumption and possession are due to less frequency of these behaviors beginning in or after 2018 at SATF.

RJD Contraband Discipline

Using the data for RJD, disciplines for the possession of a controlled substance occurred 141 times (an average of 3.2 incidents per month). Possession of unauthorized drug paraphernalia occurred 80 times, an average of 1.8 per month. Distribution of a controlled substance occurred 45 times (1 per month average).

Disciplines for possession of cellphones 1027 cases, about 23.8 per month and possession of wireless device 29 times (.6 per month). Please see Table 8 below.

Table 8: Descriptive Statistics, RJD, Contraband Disciplines (2016-2020)

	N	Count	Mean
Possession of Controlled Substance/Stimulant/Sedative	43	141	3.28
Unauthorized Possession of Drug Paraphernalia	43	80	1.86
Under the Influence of a Controlled Substance/Stimulant/Sedative	43	5	.12
Distribution/Introduction of a Controlled Substance	43	45	1.05
Possession of Cell Phone(s)	43	1027	23.88
Possession of a Wireless Communication Device(s)	43	29	.67

An independent samples t-test is estimated to determine significant differences in contraband discipline between RJD and SATF. This statistical test is often used to look at differences between two groups, and can be helpful in identifying differences that are meaningful within the data. In this case, the test can show if there are differences of note between the facilities SATF and RJD.

These data highlight that discipline for possession of a controlled substance and under the influence occur significantly more often at SATF ($p<.05$). This should be noted that adjusted for population, possession of a controlled substance is about 2 per month, per 1000 inmates, whereas, RJD is less than one discipline per month, per 1000 inmates. Under the influence is less than 1 instance per 1000 inmates, per month at SATF, which is also true for RJD. Discipline for distribution of controlled substances and possession of cocaine occur significantly more at RJD, though this is less than 1 per 1000 inmates, per month at both institutions. Other differences in the contraband disciplines for each facility are not statistically significant ($p>.05$). Please see Table 9 below.

Table 9: T-Test Contraband Discipline Comparison, SATF and RJD (2016-2020)

	Prison	Number of Months	Monthly Average	Average Monthly Population	t score	DF	Sig.
Possession of Controlled Substance	SATF	45	11.69	5550			
	RJD	43	3.28	3864	4.41	86	.00
Distribution of Controlled Substance	SATF	45	.24	5550	-3.80	86	.00
	RJD	43	1.05	3864			
Cocaine	SATF	45	.02	5550			
	RJD	43	.69	3864	-2.70	86	.008
Under the Influence	SATF	45	.87	5550	3.96	86	.000
	RJD	43	.12	3864			

Objective 2 Discussion

The data indicate several similar patterns in contraband discovery between SATF and RJD. Contraband is discovered most often with K-9 area searches or cell searches, at both facilities. Housing units represent the location of contraband discovery that is most frequent, at both SATF and RJD. Contraband is discovered from inmates most often. Cell phones and

electronic devices are the contraband discovered in high frequency at both SATF and RJD. While controlled substances are also discovered, this is minimal by comparison at both facilities.

Looking specifically between years at SATF to see if Positive UA and indicators of controlled substance consumption have also been minimal in 2019 and 2020. Possession of controlled substances is significantly more frequent at SATF compared to RJD, but is less frequent between 2018-2020 within the facility.

RJD has more instances of contraband discovery than SATF, overall. This can indicate that there are fewer issues of contraband at SATF, but it can also indicate that fewer searches for contraband are executed. Because there are very few differences in the types of contraband and how it is discovered at both facilities, it indicates that despite the differences in frequency of contraband discovery at SATF and RJD, the institutions do not differ significantly.

Objective #3 - Assessment of the observable impact and effect of the pilot program on visitation.

Visitation data from SATF and RJD were analyzed starting from November of 2016. However, due to COVID-19 the CDCR stopped visitation in the beginning of March 2020. With that in mind, data analysis includes visits through the end of February of 2020 (see Figure 1).

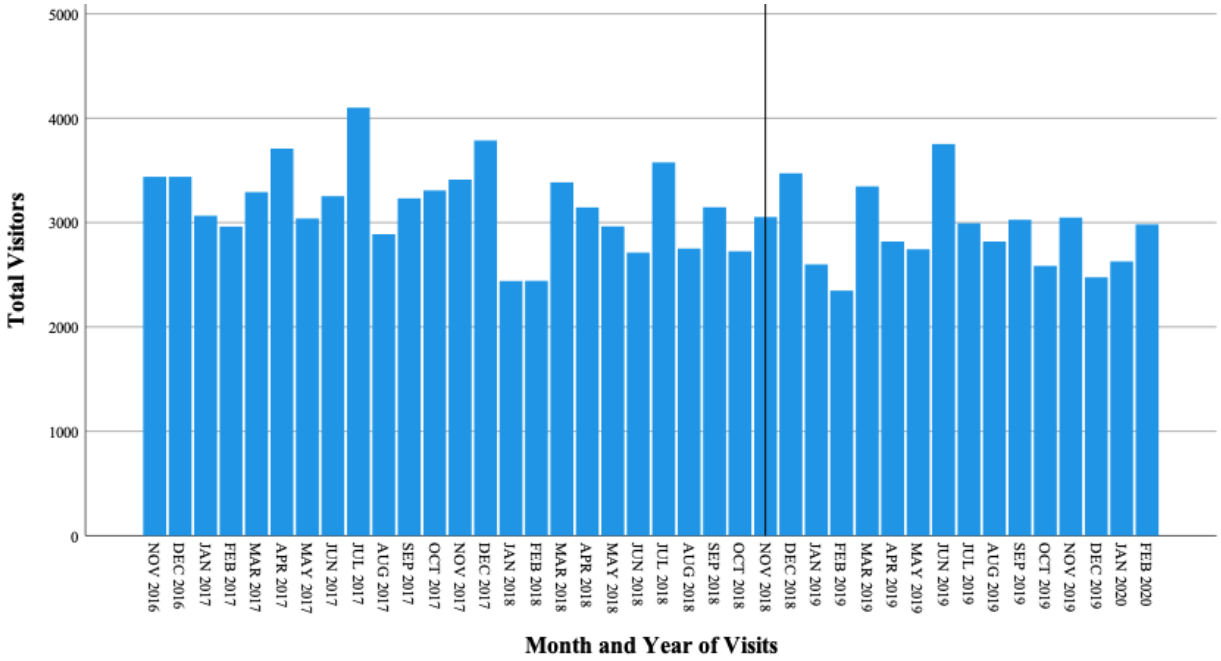

Figure 1. Total visitors per month at SATF from November 2016 - February 2020, with the line indicating when CIPP started.

SATF averaged between 2,784 visitors and 1,638 inmates visited a month in Year 4 to a high of 3,311 visitors (in Year 1) and 1,870 inmates visited (in Year 2) a month (see Table 10). Since inmate populations can fluctuate from month to month, let alone across different institutions, the rate of visitors was first computed by dividing the total number of visits for that month by the total inmate population of that month (from COMPSTAT; see Tables 10 and 14). Similarly, the rate of inmates visited was also computed by dividing the number of inmates visited that month by the total number of inmates at that institution during the same month (from COMPSTAT; see Tables 10 and 14). The rate of total visitors per total inmates is the highest at .59 in Year 1, and was then consistent across Years 2-4 (.52, .53, and .52). A similar pattern was observed in the rate of inmates visited by total inmates, with the highest rate in Year 1 at .33, and then consistent rates for Years 2-4 (.32, .31, and .31).

Next, to evaluate whether visitation was impacted by CIPP, an analysis of variance (ANOVA) was conducted by examining these two rates by the project year for SATF. Results indicated that there were no significant differences in visitation for SATF before versus after CIPP (p>.05). Thus, it does not seem that CIPP deterred visitation at SATF.

Table 10: Averages and Rates of Reported Visitors and Inmates Visited Per Month, SATF (Nov. 2016-Feb. 2020)

SATF	Year 1 11/16-10/17	Year 2 11/17-10/18	Year 3 11/18-10/19	Year 4 11/19-2/20
Total Visitors	3311	3041	2963	2784
Rate of Total Visitors by Total Inmates	.59	.52	.53	.52
Total Inmates Visited	1853	1870	1721	1638
Rate of Inmates Visited by Total Inmates	.33	.32	.31	.31

The relationship of the visitor to the inmate visited was also examined throughout the project period. Since there were only four months of data in Year 4, the number of visitors in each category was computed into monthly averages. For instance, if there were 12 professional visits in Year 4, since there were only four months that was computed to be a monthly average of three. However, in Years 1-3 that same number would have been divided by 12 (since 12 months of data were available for those years) resulting in a monthly average of one.

There were numerous different qualitative categories describing the relationship of the visitor to the inmate. In order to make the data easier to understand, all relationships were sorted into five categories: friend, extended family, immediate family, professional, and unknown. The category "friend" includes boyfriends, girlfriends, friends, and fiancees. "Extended family" includes aunts, uncles, cousins, nieces, nephews, grand and great-grandparents and children, and god-family. "Immediate family" includes parents, siblings, spouses, and children. Each of the three previously mentioned categories may also include step, in-law, foster, and/or ex. The category "professional" includes any visitor that was visiting an inmate in a professional capacity, including religious and legal persons. The most common type of visitor at SATF was immediate family, averaging to be about 2,100 a month, followed by friends, then extended family, unknown relationship, and then finally professional visits (see Table 11). Since there were no significant findings for visitation before versus after CIPP at SATF, no inferential analyses were conducted for visitor relationship to the inmate visited.

Table 11: Average Reported Visitors by Relationship with Inmate per month, SATF (Nov. 2016-Feb. 2020)

SATF	Year 1 11/16-10/17	Year 2 11/17-10/18	Year 3 11/18-10/19	Year 4 11/19-2/20
Friend	708	647	632	684
Extended Family	450	392	366	346
Immediate Family	2,241	2,102	2,076	1,959
Professional	10	7	5	3
Unknown	29	17	17	14

Data were also examined regarding why visitors were removed from the institution (see Table 12). Since the total instances of these removals were mostly small inferential statistics were not utilized. However as the totals indicate, the most common reason across all years of data was overcrowding, followed by excessive physical contact. Of particular interest to the current study are the numbers of contraband found on visitors, which before CIPP totaled 9 and after totaled 1. Similarly, excessive physical contact, which could be a way that contraband is passed from visitor to inmate, totaled 104 instances before CIPP and 37 after CIPP. Although these are encouraging findings, caution is needed given the small number of cases/data points.

Table 12: Reported Reason for Removal of Visitor, SATF (Nov. 2016-Feb. 2020)

SATF	Year 1 11/16-10/17	Year 2 11/17-10/18	Year 3 11/18-10/19	Year 4 11/19-2/20	Total
Disruption of Visiting Area	3	5	2	0	10
Excessive Physical Contact	56	48	29	8	141
Inappropriate Attire	1	0	4	0	5
Inmate Refused Visit	3	1	2	0	5
Overcrowding	1,278	62	3	0	1,343
Possession of Contraband	3	6	1	0	10
Disallowed Items	1	1	1	0	3
Not Following Instructions	0	1	0	0	1
Unsupervised Children	1	3	0	0	4
Unknown	21	9	14	1	45

Just as the penalty for a rule violation of a visitor might be their removal from the institution, a penalty for an inmate may be an RVR. Unlike the larger visitor violations, the inmate RVR numbers related to visitation are much smaller, and thus have even more limited ability to interpret (see Table 13). However, in examining these data the instances of each category are pretty evenly dispersed before (Years 1 and 2) versus after CIPP (Years 3 and 4).

Table 13: RVR Related to Visitation, SATF (Nov. 2016-Feb. 2020)

SATF	Year 1 11/16-10/17	Year 2 11/17-10/18	Year 3 11/18-10/19	Year 4 11/19-2/20	Total
Excessive Contact	10	8	8	6	32
Not Following Rules	0	1	2	0	3
Possession of Contraband	0	1	0	0	1
Sexual Activity	1	7	6	0	14
Related to Harm	2	1	0	1	4

Comparing Visitation at SATF and RJD

As previously stated, rates of total visitors and inmates visited were made comparable by dividing all monthly averages by the total inmates at that institution that particular month (see Tables 10 and 14). In other words, while it is clear that SATF usually had more monthly visitors than RJD likely because they also had more inmates, these computed rates put each on level playing grounds.

Table 14: Averages and Rates of Reported Visitors and Inmates Visited Per Month, SATF and RJD (Nov. 2016-Feb. 2020)

	Year 1 11/16-10/17		Year 2 11/17-10/18		Year 3 11/18-10/19		Year 4 11/19-2/20	
	SATF	RJD	SATF	RJD	SATF	RJD	SATF	RJD
Total Visitors	3311	1982	3041	2397	2963	2457	2784	2481
Rate of Total Visitors by Total Inmates	.59	.54	.52	.61	.53	.62	.52	.63
Total Inmates Visited	1853	1265	1870	1571	1721	1601	1638	1619
Rate of Inmates Visited by Total Inmates	.33	.35	.32	.40	.31	.41	.31	.41

To evaluate whether visitation differed across the two institutions, a Multivariate Analysis of Variance (MANOVA) was conducted by examining these two rates by the project year and institution (see Figures 2 and 3). As already mentioned, results indicated that there were no significant differences in visitation for SATF before versus after CIPP ($p>.05$). However, there were significant differences between SATF and RJD in both rates ($p<.05$). Specifically, RJD had a higher rate of visitors overall and higher rate of inmates visited overall when compared to SATF. Thus, it could be argued that while CIPP did not cause visitation to decline, it may have hindered visitation rates from increasing. However this argument is purely speculative. There were also a couple significant changes that happened between Years 1 and 2 across both institutions, however since CIPP started in Year 3 the results are not pertinent.

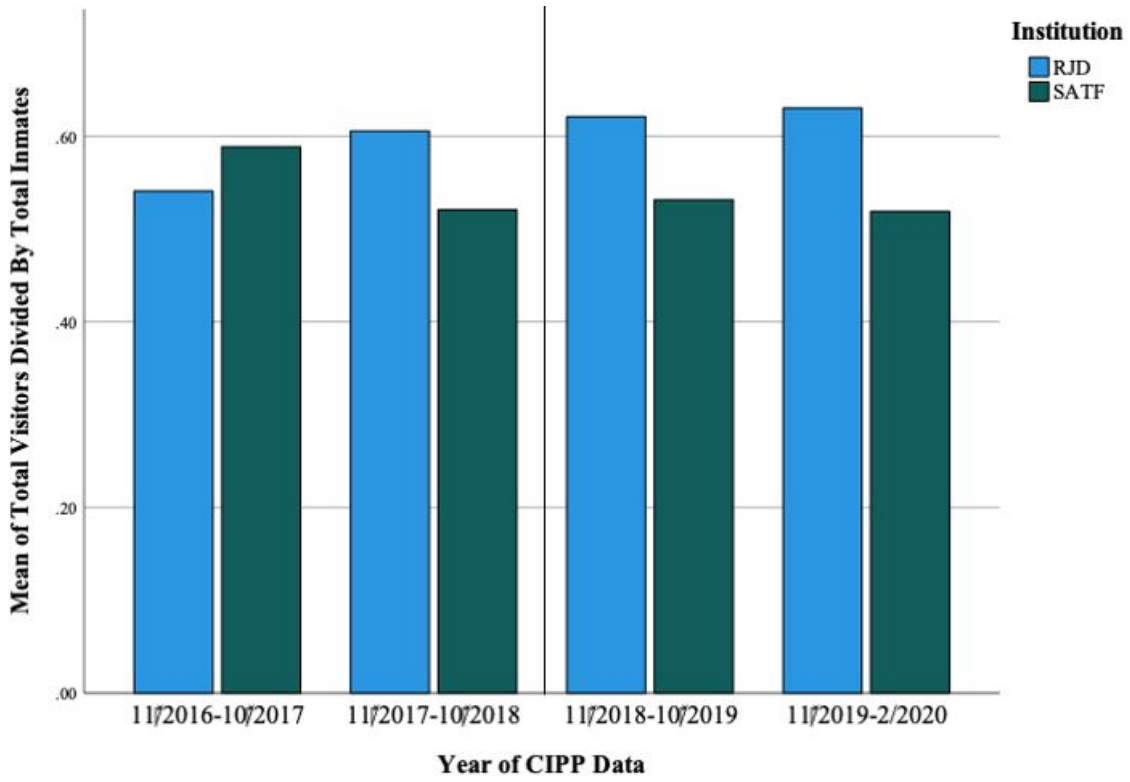

Figure 2. Mean of total visitors divided by total inmates by institution from November 2016 - February 2020, with the line indicating when CIPP started.

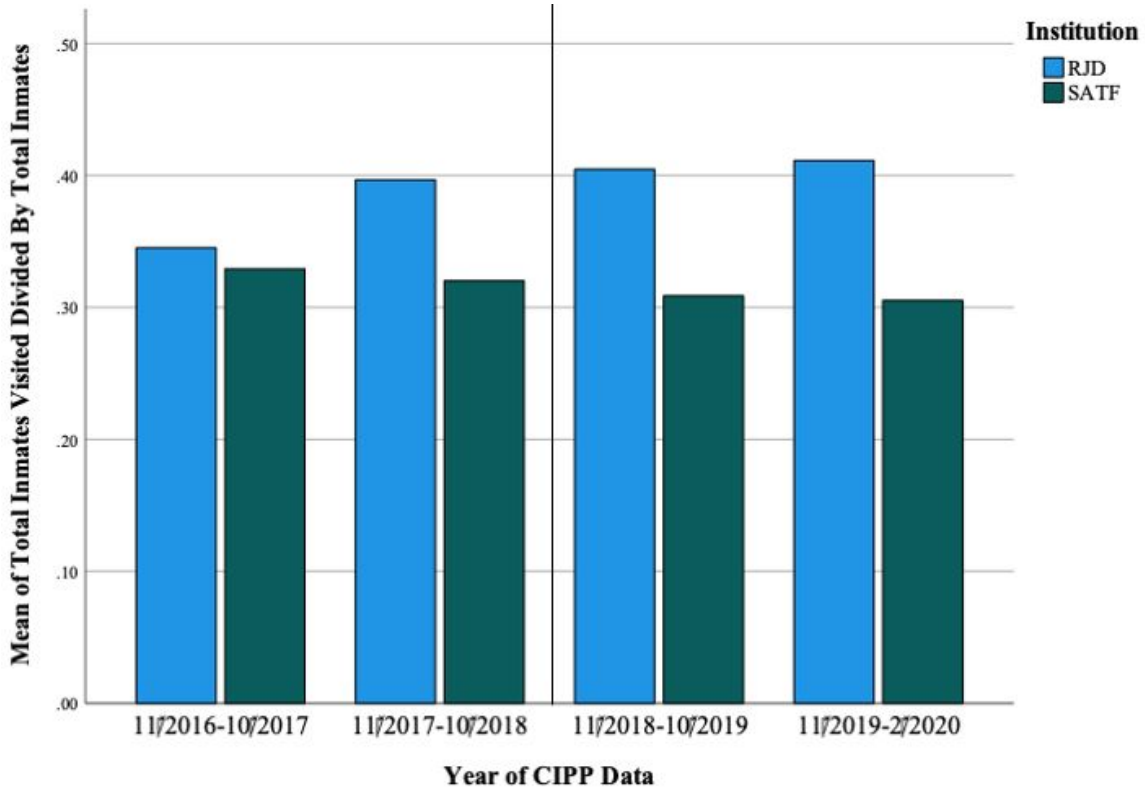

Figure 3. Mean of total inmates visited divided by total inmates by institution from November 2016 - February 2020, with the line indicating when CIPP started.

Objective #4 - Assessment of whether the pilot program caused changes in the incidence of violence or lockdowns in prison.

Analysis of Violence for SATF

Violent Crime variables were chosen from COMPSTAT data. Data were collected for both RJD and SATF. These data are for recorded discipline for these behaviors, which makes these data more reliable because the incident has been adjudicated to have occurred in the facility. All disciplines related to violence are used as measures for violent crime, these behaviors are typically considered violent in most jurisdictions and corrections facilities, and therefore appropriate to use for analysis.

Total assaults, total batteries, disturbance riot or strike, fighting, threats, willfully resisting or obstructing peace officer, possession manufacture or attempt to manufacture a deadly weapon, attempted murder, and murder are used for this analysis. Definitions for these terms of violence are included in Appendix F. Averages are calculated by total number cases divided by total number of months (N=44).

Between November 2016 and June 2020, there were 72 disciplines for total assault at SATF, this is an average of 1.6 per month. Fighting (N=1718) and total batteries (N=767) represent the most frequent disciplines at SATF. There is an average of 39 fights per month and an average of 17 batteries per month. Possession/manufacturing of a deadly weapon resulted in 116 disciplines, or about 4 per month. Willfully resisting or obstructing a peace officer resulted in 116 disciplines or about 2 per month. For more descriptive statistics on violence at SATF, please see Table 15.

Table 15: Descriptive Statistics of Violent Crime, SATF (2016-2020)

	Number of Months	Sum	Monthly Average
Total Assaults	44	72	1.64
Total Batteries	44	767	17.43
Disturbance, Riot, or Strike	44	5	.11
Fighting	44	1718	39.05
Threats	44	9	.21
Resisting, Delaying or Obstructing a Peace Officer	44	116	2.64
Possession, Manufacture or Attempt to Manufacture a Deadly Weapon or Explosive Device	44	192	4.36
Attempted Murder	44	21	.48
Murder	44	2	.05

Estimating an Analysis of Variance (ANOVA), violent disciplines by year were examined for differences, in order to understand if CIPP has impacted violent behaviors. This statistical test is often used to look at differences between many groups, and can be helpful in identifying differences that are meaningful within the data. Data are grouped by year in order to understand if there are changes in violent offenses between years prior to CIPP , during CIPP, and if there are significant differences from before and after CIPP. Monthly averages of violent offenses are compared between years 2016-2020 for SATF. In this case, there are no significant differences between years for the majority of violent offenses ($p>.05$). This indicates that most violent behaviors did not change before and after CIPP. Please see Table 16 below.

Table 16: Analysis of Variance, Violent crime, SATF 2016-2020

		Mean Square	F score	DF	Significance
Fighting	Between Groups	544.94	5.08	4	.002
	Within Groups	107.18		39	
	Total			43	
Willfully Resisting Peace Officer	Between Groups	13.59	6.64	4	.000
	Within Groups	2.05		39	
	Total			43	

Post Hoc Tests (Tukey), showed that Fighting decreased significantly in 2020 compared to 2018 this is also true for willfully resisting a peace officer ($p<.05$). This means that disciplines for both fighting and willfully resisting arrest were significantly more frequent prior to the implementation of CIPP, and currently has a lower monthly average of occurrence in 2020. Because this year only has 6 months of data, this indicator could change in the latter 6 months. Please see Table 17 on the following page.

Table 17: Tukey Post Hoc Analysis, SATF. Fighting and Willfully Resisting Peace officer, Monthly Average by Year (2016-2020)

Fighting	Number of Months	Monthly Average
2016	2	25.00
2017	12	36.42
2018	12	47.17
2019	12	41.75
2020	6	27.33*
Total	44	39.05
Willfully Resisting Peace Officer		
2016	2	1.00
2017	12	3.58
2018	12	1.75
2019	12	3.67
2020	6	1.00*
Total	44	2.64

* = $p<.05$

Note: Only the first 6 months of 2020 data is included in the analysis as the CIPP evaluation only goes through June 2020.

Violent Crime Disciplines at RJD

Between November 2016 and June 2020, there were 92 disciplines for total assault at RJD, this is an average of 2.1 per month. Fighting (N= 1437) and total batteries (N=735) represent the most frequent disciplines at RJD. There is an average of 33 fights per month and an average of 17 batteries per month. Possession/manufacturing of deadly weapon resulted in 198 disciplines, or about 4.6 per month. Willfully resisting or obstructing a peace officer resulted in 142 disciplines or about 3 per month. For more descriptive statistics on violence at RJD, please see Table 18 on the following page.

Table 18. Descriptive Statistics, Violent Crime, RJD, 2016-2020

Violent Crime	Number of Months	Sum	Monthly Average
Total Assaults	43	92	2.14
Total Batteries	43	735	17.09
Disturbance, Riot, or Strike	43	7	.16
Fighting	43	1437	33.42
Threats	43	10	.23
Resisting, Delaying or Obstructing a Peace Officer	43	142	3.30
Possession, Manufacture or Attempt to Manufacture a Deadly Weapon or Explosive Device	43	198	4.61
Attempted Murder	43	9	.21
Murder	43	1	.02

Comparing Violent Crime Disciplines SATF and RJD

Independent Samples T-Test is estimated to determine significant differences between SATF and RJD for violent crime disciplines. This statistical test is often used to look at differences between two groups, and can be helpful in identifying differences that are meaningful within the data. In this case, the test can show if there are differences of note between the facilities SATF and RJD.. Disciplines for total assaults and fighting showed significance ($p<.05$), and this indicates that RJD has significantly more assaults on average than SATF. Adjusted for population, RJD has .5 assault disciplines per 1000 inmates, per month, and SATF .3 per 1000 inmates, per month. However, SATF has significantly more frequency in fighting on average than RJD. However, when adjusted for population, RJD shows 9 fights per 1000 inmates, per month, compared to 7 fights per 1000 inmates, per month, at SATF. Please see Table 19 below.

Table 19: T-Test violent crime, SATF and RJD 2016-2020

Violent Crime	Prison	Number of Months	Monthly Average	Average Monthly Population	t-score	DF`	`
Total Assaults	SATF	45	1.64	5550			
	RJD	43	2.14	3864	-1.99	86	.05
Fighting	SATF	45	39.05	5550	2.18	86	.03
	RJD	43	33.42	3864			

Other violent crime showed no significant difference between facilities (p>.05) This indicates that while the violent crime does vary between facilities, it is not enough to be considered statistically significant. Violent crime at both SATF and RJD occur at similar frequencies and follow similar patterns in concentration.

5.assaults per 1000 inmates vs .3 assaults per 1000 inmates (SATF)

7 fights per 1000 inmates vs. 9 fights per 1000 inmates (RJD)

Modified Programs

According to CDCR Adult Inmate Visiting Guidelines: "Lockdowns or Modified Program: Prisons are often placed on "lockdowns" or "modified programs" in response to threats to the safety of staff and prisoners or the security of the institution. These "modified programs" may be restricted to specific groups of prisoners, areas of the institution, or in the case of a lockdown, are applied to all prisoners in all areas of the institution."

Modified programs were implemented on average 1.8 times per month. There were a total of 78 lockdowns/modified programs between 2016 and 2020. There were no significant differences between years for lockdowns/modified programs. Lockdowns are a more stringent approach to threats within the facility, there were only 3 recorded in 4 years. These happen infrequently, and the data support this fact. Please see Table 20 below.

Table 20: Descriptive statistics, Modified Programs, SATF 2016-2020

	Number of Months	Sum	Monthly Average
Modified Programs	42	75	1.79

Overall, violence at SATF did not fluctuate much between 2016 and 2020. This does not necessarily indicate that CIPP had no effect on violence and modified programs, however, the data does highlight little change in discipline for violent behavior that has occurred during this time period.

Objective #5 - Data and analysis of the usage of entrance screening technology and equipment over the pilot program time phase.

Entrance screening technology data from SATF were analyzed starting from November of 2018 through June 2020, and were often reported by day and watch (first, second, and third). In this report section the assessed components of entrance screening technology include:

- Millimeter Wave (MMW) full body scanner
- Baggage/Parcel (B/P) x-ray scanner
- K-9 searches

Overview of MMW and B/P Employee Usage

Employee MMW and B/P data were kept and analyzed separately from visitor data. Thus, this section will begin with an overview of employee MMW and B/P data. Data were not available from approximately November 2018 through May 2019. However, as seen in Table 21, 2019 averaged more daily scans of employees than 2020. Further, the second watch experienced the highest volume of MMW body scans across both years compared to the other two shifts.

Table 21: Yearly Averages of Employees that were Screened through the MMW Scanner Per Watch, SATF (Nov. 2018-June 2020)

SATF	2018	2019	2020
First Watch	Missing data	116	101
Second Watch	Missing data	392	299
Third Watch	Missing data	66	84
Daily Total	Missing data	574	484

To complement the above information, Figure 4 below shows the number of times a shift had a particular number of employees use the MMW screening technology, in hundreds. For example, in 2020 just over 400 shifts experienced between 1-100 persons/employees use the MMW. 1-100 persons was the most common category across 2019 and 2020. However, as mentioned before some data were missing. Variable missing data include 2018 (November-December), 852 shifts over the course of 2019, and 3 shifts from 2020.

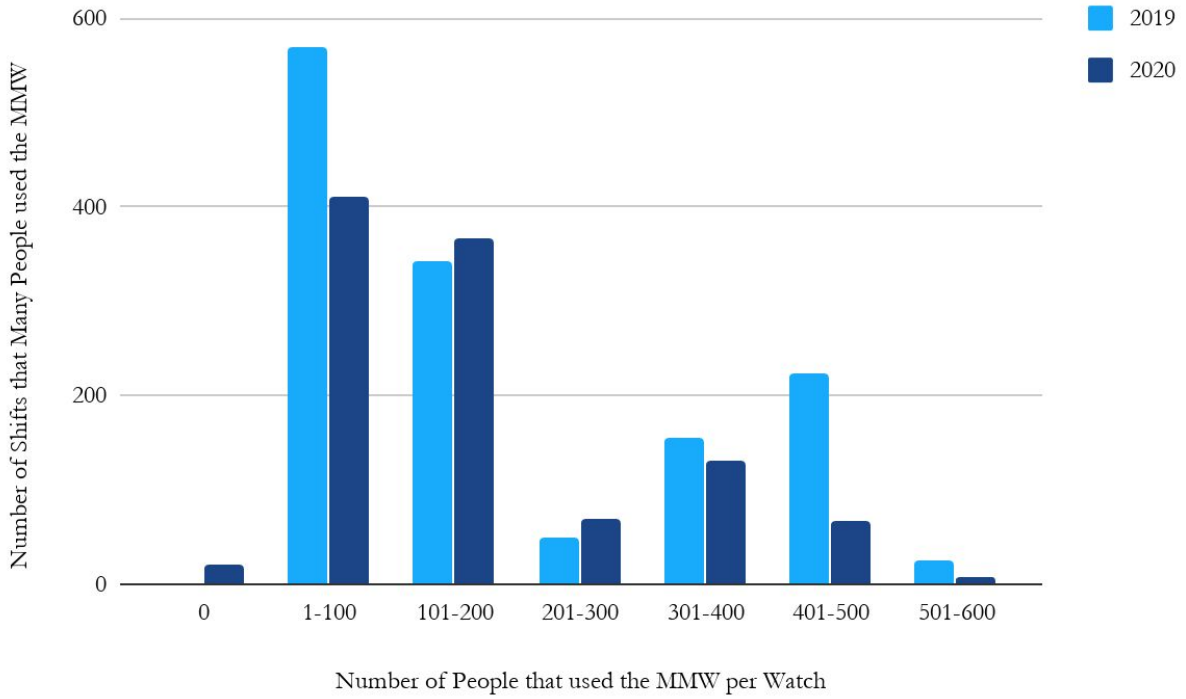

Figure 4. SATF Number of Employees that Used the MMW Entrance Screening Technology Across All Shifts, by year

Similar to the above data, Table 22 displays the daily average number of employee items scanned per shift each year. Just like with the MMW data, the B/P employee data indicates more scans a day in 2019 compared to 2020, and that most scans occur during the second watch.

Table 22: Yearly Averages of Employee Items that were Screened through the BP Scanner Per Watch, SATF (Nov. 2018-June 2020)

SATF	2018	2019	2020
First Watch	Missing data	117	92
Second Watch	Missing data	392	298
Third Watch	Missing data	71	84
Daily Total	Missing data	580	474

Overview of MMW and B/P Visitor Usage

Visitor MMW and B/P data range from May 2019 through mid-March 2020. There were 217 daily log entries for visitors in 2019, and 67 in 2020. The averages of daily visitors across 2019 and 2020 were similar (see Table 23). Not surprisingly more adults visited than children, and the number of items scanned roughly equals the number of persons that entered the facility. Figure 5 displays the number of times a visiting day had a particular number of adult visitors use the MMW screening technology, in hundreds. Since visiting was stopped in March 2020, the year 2019 has more cases across all values. Aside from that, 1-50 visitors per visiting day was the most common, followed by 101-150 visitors.

Table 23: Yearly Averages of Visitors Screened through MMW or B/P Scanners Per Day, SATF (Nov. 2018-March 2020)

SATF	2018	2019	2020
Adult Visitors MMW	Missing data	85.7	85.5
Child Visitors MMW	Missing data	19.3	17.7
Items B/P	Missing data	101.1	100.7

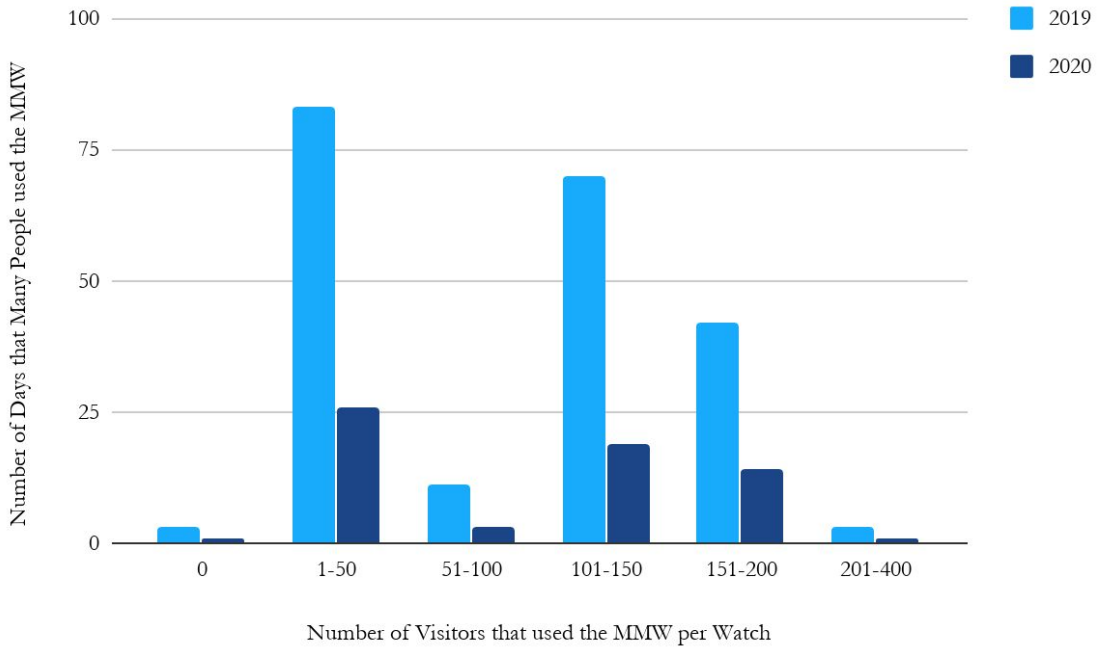

Figure 5. SATF Number of Visitors Screened by MMW Entrance Technology Daily (by Year)

Entrance Screening Violations

The data set for entrance screening include multiple variables to assess violations at SATF. This includes categories of type of violation, type of screening, category of individual entering the facility, and total counts of violations. These data begin in November of 2018 at the start of CIPP and end in June 2020.

Entry screening violations were an average of 5.5 per month in 2018, 15.4 per month in 2019 and 9.5 per month in 2020. 2019 has the highest count of entry screening violations with 185; 73% of the total entry screening violations over the duration of CIPP. Please see Table 24.

Table 24: Entry Screening Violations, SATF (Nov. 2018-June 2020)

SATF	Number of Months	Count	Monthly Average
2018	20	11	5.5
2019	20	185	15.4
2020	20	57	9.5
Total		253	12.7

There were 253 entry violations at SATF during the CIPP. Of these violations, 90% were classified as staff and visitors. The remaining 10% of violations were classified as N/A, Contractors, and Volunteers. Please see Table 25 below.

Table 25: Individuals Contraband Recovered From via Entry Screening, SATF (Nov. 2018-June 2020)

SATF	Count	Percent
Staff	124	49.0
Visitor	104	41.1
N/A	20	7.9
Contractor	3	1.2
Volunteer	2	.8
Total	253	100.0

In terms of Table 26 (below), it is important to note 83% of contraband discovered was classified as "other" (see Appendix E for a list of these classifications). 9% of contraband discovered was classified as N/A, and about 6% classified as cell phone. Controlled substances, paraphernalia, and weapons account for only 2% of the classifications of contraband discoveries. It should be noted that effective March 2020, inmate visitation to correctional facilities was stopped as a result of COVID-19 pandemic emergency declaration.

Table 26: Type of Contraband Discovered via Entry Screening, SATF (Nov. 2018-June 2020)

SATF	Count	Percent
Cell Phone	14	5.5
Controlled Substance	2	.8
N/A	23	9.1
Other	210	83.0
Paraphernalia	1	.4
Weapon	3	1.2
Total	253	100.0

The most common method contraband was introduced was within personal effects (54%), with the second most common way being on a person (36%; see Table 27). N/A (8%), vehicle (1%) and other (.4%) account for about 10% of the mechanisms used to introduce contraband into the facility at entry. Please see Table 27 below.

Table 27: Method Contraband Introduced, SATF (Nov. 2018-June 2020)

SATF	Count	Percent
N/A	21	8.3
On Person	92	36.4
Other	1	.4
Vehicle	3	1.2
Within Personal Effects	136	53.8

Total	253	100.0

In terms of how contraband was discovered, the most common method was the baggage and parcel scanner (54%), followed by the MMW scanner (34%). Together, these two new methods accounted for about 89% of the methods by which contraband was discovered. The other 11% of discovery methods included K-9, staff search, low dose body scanner, walk through metal detector, N/A, and other. Please see Table 28 below.

Table 28: Method of Contraband Discovery, SATF (Nov. 2018-June 2020)

SATF	Count	Percent
Baggage and Parcel Scanner	137	54.2
K-9 Alert	2	.8
Low Dose Full Body Scanner	2	.8
MMW Scanner	87	34.4
N/A	21	8.3
Other	1	.4
Staff Search	1	.4
Walk-through Metal Detector	2	.8
Total	253	100.0

Of the 253 entry screening violations, only 3 resulted in arrest and 3 had criminal charges filed (see Table 29). 49 did not have criminal charges filed and 201 were classified as N/A.

Table 29: Number of Arrests and Filed Criminal Charges, SATF (Nov. 2018-June 2020)

SATF	Arrest Made	Criminal Charges Filed
N/A	204	201
No	46	49
Yes	3	3

Total	253	253

In terms of Table 29: these data indicate that staff and visitors represent the majority of entrance violations. Most violations were discovered through the baggage scanner and the MMW scanner. Discoveries were most often made within personal effects and on individual persons. Cell phones and the "other" category account for the majority of contraband discovered. Controlled substances were not discovered frequently. Items considered "other" are widely varied and include such things as phone chargers, steel toed boots, glow sticks, girdle, etc. A more detailed list of items classified as "other" are attached in Appendix E.

Entry Screening—K-9

K-9 data cover the time period of November 2018-June 2020. Data include totals of vehicles entering SATF and totals of vehicles searched at entry. Data also include the location of search and whether or not contraband was discovered during a search. These data included substantial missing values and were only able to provide descriptive detail on vehicle entry. Table 30 below shows the number of K-9 searches of vehicles upon entry. A total of 22% of vehicles were subject to search of 95,646 vehicles that entered SATF during the CIPP evaluation. Contraband is infrequently discovered through K-9 searches at .1% of the time (N=2).

Table 30: K-9 Search Vehicle Entry, SATF (Nov. 2018-June 2020)

SATF	Count
Total Vehicles Entering	95646
Total Vehicles Searched	20996
Contraband Discovery	2

Specific K-9 search locations were the vehicle sallyport (48%, N=383), main front entrance (34%, N=274), or missing (18%, N=141). Please see Table 31 below.

Table 31: Location of Vehicle K-9 Search, SATF (Nov. 2018-June 2020)

SATF	Count	Percent
Missing	141	17.7
Main (Front) Entrance	383	48.0
Vehicle Sallyport	274	34.3

Total	798	100.0

These data were collected throughout the duration of the CIPP from November 2018 through June 2020. The year 2019 shows significantly more entry violations than 2018 and 2020 ($p<.05$). This is likely because 2019 is the most complete year of CIPP data collection. These data gives us an indication of the most frequent entry violations. However, it should be noted that MMW requirements for entry changed in 2020 (the last year) of the CIPP evaluation. Thus it is difficult to determine the effectiveness of the new entry screening technology given policy changes allowing for alternative front entry search methods (as explained in the Warden's letter) attached as Appendix D.

Count and Length of Time that Entrance Screening was not Utilized

Data from this current section is from November 2018-May 2020, as that is when the variable needed was available. During that time there were 3,459 total log entries that were noted, however about a third of the shifts did not contain data on the total persons that entered the facility that shift. Further, data were not collected on the type of employed person that entered the facility (e.g., CDCR employee, contractor, etc.).

Between November 2018-May 2020 there were numerous shifts that had issues and/or non-operation of one or both of their entrance screening machines. Overall, there were higher averages per shift of items not scanned through the B/P scanner than averages of people through the MMW scanner, with the most drastic difference occurring in 2020 with an average of 130.87 items not scanned (B/P) per shift when a machine issue occurred versus 31.31 people (MMW). Please see Table 32 below.

Table 32. Average Number of Individuals or Items that were Not Scanned per Shift When a Machine Issue Occurred by year, SATF (Nov. 2018-May 2020)

SATF	2018	2019	2020	Total (3 years)
B/P Scanner	0	28.23	130.87	123.92
MMW Scanner	0	23.16	31.31	25.94

*B/P had 7.9% of log entries missing data, and MMW had 5.4% of log entries missing data

Table 33 (following page) displays the number of items that were not scanned via the B/P scanner per shift in which there was an issue with said scanner. There was no information for scanned items in 2018 (November-December). 2019 had very few issues overall. However, in 2020, a variety of issues were experienced, resulting in hundreds of items not being scanned prior to entering SATF. One shift even reaching between 400-500 items that were not scanned. No additional information on these items is available due to missing data (log entries).

Table 33. SATF Number of Items that were Not Scanned by B/P per shift When a Machine Issue Occurred, by year (Nov. 2018-May 2020)

	0	1-100	101- 200	201- 300	301- 400	401- 500
2019	1	13	0	0	0	0
2020	2	92	53	15	18	1

*27 shift entries from 2018 were missing, 178 from 2019, and 69 from 2020, and 2993 shifts assumed to have no issues (thus 0)

There are multiple scanning options available depending on a variety of factors (i.e. when one scanning machine or the other may be non-operational). Compared to the B/P scanner, the MMW scanner had fewer persons entering the facility without being scanned. Most of the time the quantity of persons not scanned was below 20, with the most common group being at or below 10 individuals not scanned. Further, 2019 experienced more persons not scanned compared to 2020, but that is likely because the data is not for a full year. Please see Table 34 below for additional information.

Table 34. SATF Amount of Individuals that were Not Scanned by MMW per Shift When a Machine Issue Occurred, by year (Nov. 2018-May 2020)

	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91- 105
2019	12	6	3	3	4	1	2	0	0	0
2020	5	1	4	2	1	0	1	0	0	2

*31 shift entries from 2018 were missing, 133 from 2019, and 24 from 2020, and 3224 shifts assumed to have no issues

The next table shows the average amount in minutes that a scanner was not used if one or both were non-operational during a shift. Between the two scanners, the B/P Scanner had the highest average amount of time the machine was not in use compared to the MMW Scanner. In addition, averages for both machines in 2020 were higher than 2019. Please see Table 35.

Table 35. SATF Average Amount of Minutes Scanner was not used per Shift in which there was Some Issue, by year (Nov. 2018-May 2020)

SATF	2018	2019	2020	Total (3 years)
B/P Scanner*	0	143.69	426.98	391.56
MMW Scanner**	0	56.64	315.33	171.15

*7.9% missing information on shifts when B/P machine was not used, 86.5% of shifts had no issues with B/P machine
**5.4% missing information on shifts when MMW machine was not used, 93.2% of shifts had no issues with MMW machine

Beyond examining averages, the below chart shows how often across the eight hours of a shift the B/P scanner was down across the three years. 2019 seemed to have relatively good numbers in terms of a large number of shifts the B/P scanner was operational (2025) and the times in which it was not (13 shifts, with 178 shifts unknown). However, five months of 2020 almost reached the same amount of missing data, and has had 78 complete 8-hour shifts in which the machine was not in use, compared to 1 shift in 2019 and 0 shifts in 2018. We do not know the reasons for why the scanner was not used for these 78 shifts. Please see additional information that speaks to this point in Table 36 below.

Table 36. SATF Amount of times that B/P Scanner was not used per Shift, by year

	Missing data	0 hours	.1-1 hour	1.1-2 hours	2.1-3 hours	3.1-4 hours	4.1-5 hours	5.1-6 hours	6.1-7 hours	7.1-8 hours
2018	26	294	0	0	0	0	0	0	0	0
2019	178	2025	6	0	0	3	1	2	0	1
2020	144	683	7	2	1	1	0	1	0	78

Again, beyond examining averages, the below chart shows how often across the eight hours of a shift the MMW Scanner was down across the three years. Similarly to the previous chart and analysis, 2019 had a high number of shifts with no issues (1971), and a low number of shifts with issues (35, with 21 shifts unknown). However, 2020 has already far surpassed the same amount of missing data (117 shifts unknown as of May), and has had 16 8-hour shifts in which the machine was not in use for some reason, compared to the 3 from 2019 and the 0 shifts from 2018. However, the total number of shifts with issues is lower for 2020 than 2019. Please see Table 37 below.

Table 37. SATF Amount of times that MMW Scanner was not used per Shift, by year

	Missing data	0 hours	.1-1 hour	1.1-2 hours	2.1-3 hours	3.1-4 hours	4.1-5 hours	5.1-6 hours	6.1-7 hours	7.1-8 hours
2018	5	283	0	0	0	0	0	0	0	0
2019	21	1971	29	3	0	0	0	0	0	3
2020	117	655	7	2	0	1	0	1	0	16

Reasons for Entrance Non-Screening

Lastly, Table 38 below shows the reasons given in the various logs for non-operation of either the B/P or MMW scanners. First, the gray row shows the number of shifts across each year in which the machines were labeled as "no refusals or positives," which is assumed to mean that the machines were both in working condition. The most common machine and reason for non-use was the B/P scanner being either non-operational, showing an error code, or undergoing maintenance. However, it is important to note that the vast majority of its issues have occurred in the first five months of 2020 (206), compared to 13 in 2019, and 0 in 2018, perhaps due to the machines' continued use. This is also different from the MMW scanner which has only had 60 shifts with any issues whatsoever, that are pretty evenly distributed across 2019 and 2020. Another area of concern is the lack of information kept, as seen in "action taken not documented" (77 total shifts), or some issue with one or both logs not filled out (93 total shifts).

However, one positive thing to note is that there were only 3 instances when both machines at one entrance were down, although coincidentally they all occurred in 2020 (e.g. one was from a power outage, and the other two simply indicated that admin ordered one or both machines shut down). Another reason not documented here was that members of the staff voiced health concerns about having to walk through the MMW scanner for every shift. To address this, the warden issued a letter letting employees know of alternative procedures (see Appendix D).

Table 38. SATF Reason for Entrance Non-Screening (or Lack of Information of Screening), by year (2018-2020)

	2018	2019	2020	Total (3 years)
No Refusals or Positives*	284	1972	656	2912
Action Taken Not Documented	1	66	10	77
B/P Scanner Not Operational, Error Code, or Maintenance	0	13	206	219
MMW Scanner Not Operational, Error Code, or Maintenance	0	32	28	60
B/P and MMW Not Operational	0	0	3	3
No Information Provided in B/P Log	5	22	3	30
No Information Provided in MMW Log	10	22	0	32

Neither Log Fully Completed	11	20	0	31

*Shifts in which there were no issues with either machine

Objective #6 -Comparison between SATF CIPP Program Evaluation and RJD Comparison Institution Analysis.

The data and analysis of the SATF CIPP program evaluation often makes comparisons between research domains with RJD as a research "control" institution. In this case, the analysis is made after the relevant tables and charts found throughout this evaluation report. Comparisons between SATF and RJD on these research objectives are found throughout relevant research domains as well as the final report discussion section.

Objective #7 - Medication-Assisted Treatment (MAT) Program Evaluation and Analysis.

Another key CIPP strategy program evaluation component was the Medication-Assisted Treatment (MAT) Program. The Treatment program consists of psychosocial interventions including motivational enhancement, cognitive behavior therapy and 12 step facilitation and/ or medications indicated for alcohol and or opioid use disorders chosen from *oral naltrexone, injectable naltrexone* and *acamprosate*. Psychosocial interventions were conducted by Clinical Social Workers (CSWs). We have data and focus on key MAT Program key performance measures for the 13 month period it was in operation at SATF (and a RJD for several months) during the evaluation period.

Objective #7 MAT Program data gathered/collected/analyzed is from November 1, 2018 through December 31, 2019. MAT was succeeded by the ISUDT Program in January 2020.

There are a number of MAT variables and metrics included in the evaluation research for Objective #7 in the CIPP program evaluation analysis and include the following:

- Number of patients initiated on MAT housed (SATF and RJD) by ethnicity, age, and sex.

- MAT Patient Treatment Days-- The number of MAT treatment days received by patients: less than 30 days, 30-90 days, 91-180 days, 181-365 days, and 365+ days. (SATF and RJD)

- MAT Patient Outcomes- Left Prison, Living, Deceased: (SATF and RJD).

- Number of Patient Deaths within 24 hours of MAT Treatment Initiation (SATF and RJD).

- Number of Drug and Alcohol Overdoses by MAT Patient (SATF and RJD).

- Unexpected MAT Patient Deaths at SATF and RJD.

- MAT Patient Potentially Avoided Hospitalizations at SATF and RJD.

- MAT Financial Analysis- analyze health care costs and financial data. For example, the cost of MAT Program hospitalization at an outside hospital/

specialists) or related costs for MAT patient treatment consistent with intended program performance and securing positive outcomes for MAT Program participants.

Table 39: Number of Patients (SATF) Initiated on Medication Assisted Treatment (MAT) by Ethnicity and Sex: 11/1/2018-12/31/2019

Month-Year	Black	Hispanic	Mexican	Other	White	Total (Range)
November 2018	0	0	0	0	0	0
December 2018	0	0	0	0	0	0
January 2019	0	0	<5	0	0	1-4
February 2019	0	0	0	0	0	0
March 2019	0	<5	<5	0	<5	3-12
April 2019	<5	5	<5	0	5	12-18
May 2019	<5	<5	5	<5	<5	9-21
June 2019	<5	<5	<5	0	6	9-18
July 2019	<5	5	7	0	8	21-24
August 2019	0	<5	<5	<5	<5	4-16
September 2019	0	7	5	<5	8	21-24
October 2019	0	<5	<5	<5	<5	4-16
November 2019	0	<5	<5	<5	<5	4-16
December 2019	0	<5	5	0	6	12-15
Total (Range)	4-16	24-45	29-50	5-20	38-53	100-184

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 39 describes the number of patients housed at SATF initiated on MAT by ethnicity and sex. All patients are male. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of

numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a large number of table cells.

Based on the small sample size and patient confidentiality, we are only able to calculate ranges for Number of Patients (SATF) Initiated on Medication Assisted Treatment (MAT) by Ethnicity. Based on ethnicity, the total range of MAT patients identified as Black (4-16), Hispanic (24-45), Mexican (29-50), Other (5-20), and White (38-53) for a total range of 100-184 MAT patients participating over the program evaluation period.

Table 40: Number of Patients (RJD) Initiated on Medication Assisted Treatment (MAT) by Ethnicity and Sex: 11/1/2018-12/31/2019

Month-Year	Black	Hispanic	Other	White	Total
November 2018	0	0	0	0	0
December 2018	0	0	0	0	0
January 2019	0	0	0	0	0
February 2019	0	0	0	0	0
March 2019	0	0	0	0	0
April 2019	0	0	0	0	0
May 2019	0	0	0	0	0
June 2019	0	0	0	0	0
July 2019	0	0	0	0	0
August 2019	0	0	0	<5	1-4
September 2019	0	0	0	0	0
October 2019	0	<5	<5	<5	3-12
November 2019	<5	0	<5	<5	3-12
December 2019	0	<5	0	<5	2-8

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 40 describes the number of patients housed at RJD initiated on MAT by ethnicity and sex. All patients are male. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a large number of table cells.

There were few MAT patients at RJD. RJD had 5 patients who received MAT for a few months during the evaluation period: 3 patients were Male Community Reentry Program (MCRP) failures/returns, who were on MAT in the MCRP but were then tapered off over 2-3 months as RJD did not have a MAT program. 2 patients were started in the last two months of 2019 and were being treated under the new ISUDT model that was rolling out in January 2020.

Table 41: Number of Patients (SATF) Initiated on Medication Assisted Treatment (MAT) by Age: 11/1/2018-12/31/2019

Month-Year	20-29	30-39	40-49	50-59	Over 60
November 2018	0	0	0	0	0
December 2018	0	0	0	0	0
January 2019	0	<5	0	0	0
February 2019	0	0	0	0	0
March 2019	<5	<5	<5	<5	0
April 2019	<5	7	<5	0	0
May 2019	<5	7	5	<5	0
June 2019	<5	8	<5	0	0
July 2019	<5	8	<5	5	0
August 2019	<5	7	<5	0	<5
September 2019	5	11	5	0	0
October 2019	0	6	<5	0	0
November 2019	<5	<5	<5	0	0
December 2019	<5	<5	8	<5	0
TOTAL:	13-37	58-70	25-60	8-17	1-4

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 41 (previous page) describes the number of patients housed at SATF initiated on MAT by age. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a large number of table cells.

In terms of the range of numbers of SATF MAT participant data by age, the 20-29 age category range was 13-37 patients, the 30-39 age category range was 58-70 patients, the 40-49 age category range was 25-60 patients, and the over 60 age category range was 1-4 patients. Thus, most MAT patients were found in the 30-39 year age category and the over 60 age category was very small (i.e. 4 or less patients).

Table 42: Number of Patients (RJD) Initiated on Medication Assisted Treatment (MAT) by Age: 11/1/2018-12/31/2019

Month-Year	20-29	30-39	40-49	50-59	Over 60
November 2018	0	0	0	0	0
December 2018	0	0	0	0	0
January 2019	0	0	0	0	0
February 2019	0	0	0	0	0
March 2019	0	0	0	0	0
April 2019	0	0	0	0	0
May 2019	0	0	0	0	0
June 2019	0	0	0	0	0
July 2019	0	0	0	0	0
August 2019	0	0	<5	0	0
September 2019	0	0	0	0	0

October 2019	<5	<5	<5	<5	0
November 2019	0	<5	<5	0	0
December 2019	<5	<5	<5	<5	<5

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 42 (above) describes the number of patients housed at RJD that initiated MAT by age. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a large number of table cells.

There were very few participants in the RJD MAT program for just a few months over the CIPP evaluation period. RJD MAT participant data by age is widely dispersed across all age categories: 20-29, 30-39, 40-49, 50-59, and over 60.

Table 43: Medication Assisted Treatment (MAT) Patient Treatment Days (SATF): 11/1/2018-12/31/2019

Month-Year	Under 30 Days	30-90 Days	91-180 Days	181-365 Days	365+ Days	Total (range)
November 2018	<5	0	0	0	0	1-4
December 2018	0	0	0	0	0	0
January 2019	<5	0	0	0	0	1-4
February 2019	<5	<5	<5	0	0	3-12
March 2019	<5	<5	5	0	0	7-13
April 2019	10	5	6	0	0	21
May 2019	12	15	<5	<5	0	29-35
June 2019	9	24	6	5	0	44

July 2019	22	15	16	5	0	58
August 2019	13	28	26	6	0	73
September 2019	15	29	26	8	0	78
October 2019	5	25	32	16	0	78
November 2019	14	14	29	21	<5	79-82
December 2019	18	15	20	25	<5	79-82
Total (Range)	122-134	113-119	168-176	87-90	2-8	492-527

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 43 (above) describes the number of treatment days for patients housed at SATF receiving MAT treatment: for less than 30 days, 30-90 days, 91-180 days, 181-365 days, or greater than 365 days. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS. Days are counted starting from the MAT treatment's start date to the MAT treatment's end date or end of the month (whichever comes first).

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a large number of table cells.

Due to small numbers of unspecified MAT patients early in the implementation process, we had to calculate estimations of the range of participants so there is some variation here over the actual numbers. This issue is discussed in further detail in the external events and research/data obstacles in the next section of this report.

From November 2018 through April 2019, the SATF MAT program was just getting started and there were not many participating patients. By May 2019, there were increasing numbers of patients in all data categories (except 365+ days). In terms of SATF MAT patient treatment data, there were 122-134 MAT patients with under 30 days of treatment, 113-119 MAT patients with 30-90 days of treatment; 167-176 MAT patients with 91-180 days of treatment; 87-90 MAT patients with 181-365 days of treatment; and 2-8 MAT patients with 365+ days of treatment.

Table 44: Medication Assisted Treatment (MAT) Patient Treatment Days (RJD): 11/1/2018-12/31/2019

Month-Year	Under 30 Days	30-90 Days	91-180 Days	181-365 Days	Total (range)
November 2018	0	<5	0	0	<5
December 2018	0	<5	0	0	<5
January 2019	0	0	<5	0	<5
February 2019	0	0	0	0	0
March 2019	0	0	0	0	0
April 2019	0	0	0	0	0
May 2019	0	0	0	0	0
June 2019	0	0	0	0	0
July 2019	0	0	0	0	0
August 2019	<5	0	0	0	<5
September 2019	0	<5	0	0	<5
October 2019	<5	<5	0	0	(2-8)
November 2019	<5	<5	<5	0	(3-12)
December 2019	6	<5	<5	<5	(9-18)

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 44 (above) describes the number of treatment days for patients housed at RJD receiving MAT treatment for less than 30 days, 30-90 days, 91-180 days, 181-365 days, or greater than 365 days. Patients are only included in a month if their first MAT medication prescription started during the month. MAT prescriptions must have been initiated while the patient was housed at SATF or RJD in SOMS. Days are counted starting from the MAT treatment's start date to the MAT treatment's end date or the end of the month (whichever comes first).

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis.

The cases and data are not enough to conduct meaningful statistical analysis, particularly when many “0s” and “<5s” populate a good number of table cells.

There were few participants in the MAT program at RJD over the CIPP evaluation period. Most patient participation occurred in October, 2019 through December, 2019.

Table 45: Medication Assisted Treatment (MAT) Patient Outcomes (SATF): 11/1/2018-12/31/2019

Month-Year	SATF- Left Prison	SATF-Living	SATF-Deceased	Total (range)
November 2018	0	0	0	0
December 2018	0	0	0	0
January 2019	0	0	0	0
February 2019	0	<5	0	1-4
March 2019	0	8	0	8
April 2019	<5	10	0	11-14
May 2019	0	25	0	25
June 2019	0	35	0	35
July 2019	0	44	0	44
August 2019	<5	57	0	58-61
September 2019	<5	72	0	73-76
October 2019	<5	76	<5	78-84
November 2019	<5	73	0	74-77
December 2019	<5	79	0	80-83
Total: (range)	6-24	480-484	1-4	487-512

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 45 (above) describes the number of MAT patients by status outcomes per month housed at SATF. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. There are three outcomes included in Table 45, Left Prison, Living, or Deceased. Patients are considered deceased if an 'Initial Inmate Death Record' form or a 'Death Record' form is entered into EHRS at any point in the

month.Patients are considered to have left prison if their location in the Strategic Offender Management System (SOMS) is DISCHARGED, PAROLE, or ESCAPE at any point in the month.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a good number of table cells.

In terms of specific outcomes, few SATF MAT patients left prison directly after the treatment program. Less than 5 patients (i.e. 1-4) left prison in each of six months of the 13 month of MAT program operation at SATF. Most SATF MAT patient outcomes were in the Living category (N=480-484) with most of the participation found from the 6 month mark (May 2019) through the MAT program ending in December 2019. The Deceased category had 4 or less patients (occuring in October 2019).

Table 46: Medication Assisted Treatment (MAT) Patient Outcomes (RJD): 11/1/2018-12/31/2019

Month-Year	RJD- Left Prison	RJD- Living	RJD- Deceased
November 2018	0	<5	0
December 2018	0	<5	0
January 2019	<5	<5	0
February 2019	0	0	0
March 2019	0	0	0
April 2019	0	0	0
May 2019	0	0	0
June 2019	0	0	0
July 2019	0	0	0
August 2019	0	0	0
September 2019	0	<5	0

October 2019	0	<5	0
November 2019	0	<5	0
December 2019	0	<5	0
Total: Range	1-4	7-28	0

Note: due to small numbers in many categories <5 = 1 to 4 MAT participants

Table 46 (above) describes the number of MAT patients by status outcomes per month housed at RJD. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. There are three outcomes included in Table 45, Left Prison, Living, or Deceased. Patients are considered deceased if an 'Initial Inmate Death Record' form or a 'Death Record' form is entered into EHRS at any point in the month.Patients are considered to have left prison if their location in the Strategic Offender Management System (SOMS) is DISCHARGED, PAROLE, or ESCAPE at any point in the month.

Small Number "N" of Cases- In order to maintain MAT patient confidentiality, we were unable to utilize patient data that may have personally identifiable information. Thus, in data reporting, when we only had 1-4 patients, these values were coded as "<5" to preserve patient confidentiality. This coding does not allow for precise patient counts in the smaller ranges of numbers. Instead, we utilize category ranges for totals and descriptive statistics for analysis. The cases and data are not enough to conduct meaningful statistical analysis, particularly when many "0s" and "<5s" populate a good number of table cells. There were very few participants in the MAT program at RJD over the CIPP evaluation period with most participation occurring in October through December, 2019.

In terms of specific outcomes, few MAT patients left RJD directly after the treatment program. Less than 5 patients (i.e. 1-4) left prison over the period of RJD MAT program operations. Most RJD MAT patient outcomes were in the Living category-- there were seven months of less than 5 patients outcomes. There were no RJD MAT participants that were Deceased in the evaluation period (11.1/2018 through 12.31.2019).

Table 47: Number of Patient Deaths within 24 Hours of MAT Initiation (SATF and RJD): 11/1/2018-12/31/2019

Institution	Number of Deaths Associated within 24 hour Initiation of MAT
SATF	0
RJD	0

Table 47 (above) presents data on the number of patient deaths within 24 hours of initiation into the MAT program at SATF and RJD. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. Patients are considered deceased if an 'Initial Inmate Death Record' form or a 'Death Record' form is entered into EHRS. In addition, patients are only included in a month if their first MAT medication prescription started during the month, and initiated while the patient was housed at SATF or RJD in SOMS.

There were no patient deaths associated with the initiation of MAT at SATF or RJD.

Table 48: Number of Drug and Alcohol Overdoses by MAT Patient (SATF and RJD): 11/1/2018-12/31/2019

Institution	Number of Drug/Alcohol Overdoses (MAT patients)
SATF	0
RJD	0

Table 48 (above) presents data on the number of drug/alcohol overdoses by MAT patients at SATF and RJD over the evaluation period. Patients are considered deceased if an 'Initial Inmate Death Record' form or a 'Death Record' form is entered into EHRS. In terms of data sources, patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. A count of patients with Count of patients with one or more community hospital inpatient or ED claim with a primary ICD10 diagnosis indicating possible SUD overdose send out, which is defined by codes included in the following series: F10-F16, F18-F19, T40, T423-T424, T426-T427, T436-T439, T509, T51, T6589-T6594.

There were no drug or alcohol overdoses by MAT patients during the evaluation period at SATF and RJD.

Table 49: Unexpected MAT Patient Deaths (SATF and RJD): 11/1/2018-12/31/2019

Month, Year (SATF, RJD)	Patient Count
November 2018	0
December 2018	0
January 2019	0
February 2019	0
March 2019	0

April 2019	0
May 2019	0
June 2019	0
July 2019	0
August 2019	0
September 2019	0
October 2019	<5
November 2019	0
December 2019	0
RJD, All Months	0
Total (SATF & RJD)	1-4

Table 49 analyzes the data on the numbers of unexpected MAT Patient Deaths at SATF and RJD. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. Patients are considered deceased if an 'Initial Inmate Death Record' form or a 'Death Record' form is entered into EHRS.

The data indicates there were 4 or less unexpected deaths of MAT patients during the program evaluation period at SATF. There were no deaths among RJD patients in the MAT program over the evaluation period. It is important to note that RJD only had 5 patients who received MAT (and only for a few months) during the CIPP evaluation period.

Table 50: MAT Patient Potentially Avoidable Hospitalizations (SATF and RJD): 11/1/2018-12/31/2019

Month, Year (SATF and RJD)	Hospitalization Count
November 2018	0
December 2018	0
January 2019	0
February 2019	0
March 2019	0

April 2019	0
May 2019	0
June 2019	0
July 2019	0
August 2019	0
September 2019	1
October 2019	2
November 2019	3
December 2019	1
RJD, All Months	0
Total (SATF & RJD)	**7**

Table 50 data indicates the number of potentially avoidable hospitalizations of MAT patients during the program evaluation period. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. The data source analyzed are Third Party Administrator Claims.

The definition of Potentially Preventable Hospitalization is found in the sum of the number of Emergency Department (ED) or hospital stay measures rates on the following:

1. Overdose; 2. Agency for Healthcare Research and Quality (AHRQ) Ambulatory Care Sensitive Conditions (ACSC); 3. CCHCS Ambulatory Care Sensitive Conditions; 4. Skin and Soft Tissue Infection; 5. Injury or Other Poisoning.

SATF had a total of 7 potentially avoidable hospitalizations and RJD had no potentially avoidable hospitalizations for MAT patients during the CIPP evaluation period.

Table 51: 30-Day MAT Patient Hospital Readmissions (SATF and RJD): 11/1/2018-12/31/2019

Institution	Number of 30-Day Hospital Readmissions
SATF	0
RJD	0

Table 51 indicates the number of ED and community hospitals 30-day readmissions for MAT patients. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month. SATF and RJD had no 30-day hospital readmissions for MAT patients. This variable is defined as the percentage of community Emergency Department (ED) or hospital stays during the reporting period that were linked to a previous ED or hospital stay for the same patient, with no more than 30 days between the two episodes of care. Multiple, continuous admissions not broken by an Emergency Department visit are assumed to be direct transfers and are combined together into one hospital episode, unless the patient returns to the institution between the hospital stays.

*** Readmissions to any hospital on the same or next day are counted as one hospitalization, unless the readmission was classified as an Emergency Department visit, in which case they are kept separate.

There were no 30-Day Readmissions at SATF and RJD for MAT patients.

Table 52: MAT Cost SATF: 11/1/2018-12/31/2019

MAT Cost items (SATF)	**Cost ($)**
Provider Appointments- 518 Total Appointments	$33,670
Nursing (Pill Administration)- 15,545 Total Dispenses	$8,636
Medication cost- 642 Total Dispenses	$247,051
Hospitalization- 9 Total Patients	$29,795
Triage and Treatment Area (TTA)- 43 Total Patients PCP Cost- $4615 Nursing Cost- $3692	$8307
Urgent PCP Referral- 0 Total Patients	$0
Specialty- 141-150 Total Patients	$28,182
Total:	$355,641

Table 52 calculates SATF MAT cost information from November 1st, 2018 through December 31, 2019. Total SATF MAT cost was $355,641. Descriptions of cost items and methodology are discussed in a summary of MAT service provision cost information across the entire 13 month program performance period. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month.

Cost of appointments for MAT provisioned providers was calculated by using the following formula: Cost = # of appts x .5 hr (avg time per encounter) x $130 per hour (based on 261 workdays, and salary of $270k). The MAT provider must have entered a form into

Electronic Health Record System (EHRS) on the same day as the completed appointment for the appointment to be included in the calculation.There were a total of 518 appointments for a total cost of $33,670 at SATF.

Nursing (Pill Administration) cost was calculated using the following formula: Cost = # of dispense hours (assume 45 dispenses per hour) x $25 per hour (based on 261 workdays and salary of $54k). There were a total of 15,545 dispenses for a total cost of $8,636 at SATF.

Medication cost was calculated by multiplying the number of pills dispensed by the average cost of a pill for that medication. There were a total of 642 dispenses for a total cost of $247,051 at SATF.

Hospitalization was calculated as the Number of MAT patients with at least one Community Emergency Department or Inpatient Hospitalization with cost of visits. Visits and costs are pulled from hospital claims data. There were a total of 9 patients hospitalized for a total cost of $29,795 at SATF.

Triage and Treatment Area (TTA)-- the Number of MAT patients with at least one encounter for TTA with average cost of visit. A patient is considered to have visited the TTA if an 'Emergency Severity Index' (ESI) form is entered into EHRS and a 'TTA Triage', or a ' TTA Services/First Medical Responder-DCT ', or a 'TTA Progress Note' is entered into EHRS by a PCP on the same day as the ESI form. PCP cost was calculated using the following formula: Cost = # of days with ESI form x .5 hr (avg time per encounter) x $130 per hour (based on 261 workdays, and salary of $270k). Nursing cost was calculated using the following formula: Cost = # of days with ESI form x 1hr x $52 per hour (based on 261 workdays and salary of $110k). There were a total of 43 patients in TTA during the evaluation period with a PCP cost of $4,615 and Nursing cost of $3,692 (total cost of $8,307) at SATF.

Urgent PCP Referral is the number of MAT patients receiving at least one urgent PCP referral and average cost of visit. Count of 7362 Medical Urgent/Emergent Follow Up orders completed in a month. There were no MAT patients that received a Urgent PCP Referral during the program evaluation period at SATF. There was no cost here.

Specialty is the number of MAT patients receiving at least one specialty care service and average cost of service. This includes the count of Specialty and Radiology orders completed in a month. Costs are pulled from hospital claims data. There were a total range of 141-150 patients utilizing specialty services during the evaluation period with a total cost of $28,182 at SATF.

Total SATF MAT cost was $355,641.

Table 53: MAT Cost RJD: 11/1/2018-12/31/2019

MAT Cost items (RJD)	**Cost ($)**
Provider Appointments- 3 Total Appointments	$195
Nursing (Pill Administration)- 295 Total Dispenses	$169

Medication cost- 4 Total Dispenses	$126
Hospitalization- 0 Total Patients	$0
Triage and Treatment Area (TTA)- 0 Total Patients PCP Cost- $0 Nursing Cost- $0	$0
Urgent PCP Referral- 0 Total Patients	$0
Specialty- 0 Total Patients	$0
Total:	$490

Table 53 calculates MAT program cost from November 1st, 2018 through December 31, 2019 at RJD. Total RJD MAT cost was $490. Descriptions of cost items and methodology are discussed in a summary of MAT service provision cost information across the entire 13 month program performance period. Patients are only included in a month if prescribed a MAT medication and housed at SATF or RJD on the first day of the month.

Cost of appointments for MAT provisioned providers was calculated by using the following formula: Cost = # of appts x .5 hr (avg time per encounter) x $130 per hour (based on 261 workdays, and salary of $270k). The MAT provider must have entered a form into Electronic Health Record System (EHRS) on the same day as the completed appointment for the appointment to be included in the calculation.There were a total of 3 appointments for a total cost of $195 at RJD.

Nursing (Pill Administration) cost was calculated using the following formula: Cost = # of dispense hours (assume 45 dispenses per hour) x $25 per hour (based on 261 workdays and salary of $54k). There were a total of 295 total dispenses for a total cost of $169 at RJD.

Medication cost was calculated by multiplying the number of pills dispensed by the average cost of a pill for that medication. There were a total of 4 dispenses for a total cost of $126 at RJD.

Hospitalization was calculated as the Number of MAT patients with at least one Community Emergency Department or Inpatient Hospitalization with cost of visits. Visits and costs are pulled from hospital claims data. There were a total of 0 patients hospitalized for a total cost of $0 at RJD.

Triage and Treatment Area (TTA)-- the Number of MAT patients with at least one encounter for TTA with average cost of visit. A patient is considered to have visited the TTA if an 'Emergency Severity Index' (ESI) form is entered into EHRS and a 'TTA Triage', or a ' TTA Services/First Medical Responder-DCT ', or a 'TTA Progress Note' is entered into EHRS by a PCP on the same day as the ESI form. PCP cost was calculated using the following formula: Cost = # of days with ESI form x .5 hr (avg time per encounter) x $130 per hour (based on 261 workdays, and salary of $270k). Nursing cost was calculated using the following formula: Cost = # of days with ESI form x 1hr x $52 per hour (based on 261 workdays and salary of $110k).

There were a total of 0 patients in TTA during the evaluation period with a PCP cost and Nursing cost of $0 (for a total cost of $0) at RJD.

Urgent PCP Referral is the number of MAT patients receiving at least one urgent PCP referral and average cost of visit. Count of 7362 Medical Urgent/Emergent Follow Up orders completed in a month. There were no MAT patients that received a Urgent PCP Referral during the program evaluation period at RJD and no cost associated.

Specialty is the number of MAT patients receiving at least one specialty care service and average cost of service. This includes the count of Specialty and Radiology orders completed in a month. Costs are pulled from hospital claims data. There were a total of 0 patients utilizing specialty services from RJD during the evaluation period and no cost associated.

Total RJD MAT cost was $490.

Total SATF MAT cost was $355,641.

Total sum SATF and RJD MAT cost was $356,131.

The number of patients initiated at the SATF MAT Program range from 100 to 184 patients over the evaluation period. This translates to a range of per participant costs from $3,556 to $1,933. Given much fewer numbers of RJD MAT Program patients, costs were not calculated due to data estimation limitations (low number of MAT patient numbers and low program cost (i.e. $490). These per participant values are not helpful in comparison with the larger SATF MAT program.

DISCUSSION

This section of the CIPP program evaluation reviews several key report findings from research objectives found earlier in the report. There are many linked subjects of inquiry found in the CIPP evaluation because of numerous program research objectives and related questions. We pull some of these important themes out from previous analysis as they relate to how contraband is introduced within SATF (and to some degree RJD.)

A discussion of previous findings provides the context for the Objective #1 evaluation and related cost-benefit analysis. The Objective #1 analysis ties together the previous research domains and findings from earlier into a discussion of what strategies are the most cost effective in reducing inmate drug use.

In addition, we discuss program outcomes and external issues (i.e COVID-19) that have significantly impacted California, CDCR, correctional facility administration/management and staffing. These areas have also impacted CIPP data collection and analysis. Finally, we discuss CIPP policy implications in the report conclusion.

Key Evaluation Report Findings

CIPP coordinated and implemented contraband and drug use treatment programs to comprehensively focus on reducing illicit behavior, substance abuse/overdose problems, reduce violence, and enhance treatment and rehabilitative options for state prisoners through prevention and enforcement means. The project involved multiple research strategies to evaluate and analyze indicators, metrics, and outcome variables. These specific areas of interest were evaluated in their respective "Research Domains" and discussed in detail in previous report sections. In previous evaluation report sections, we analyzed and evaluated research Objectives #2 through #7. In this report section, we review and discuss key findings and previous analysis on various research objectives/questions found within all seven CIPP research domains.

Visitation

Another prospective means of contraband entering the facility relates to visitation. We conducted some analysis as the relationship between visitation and potential introduction of contraband into the correctional facility. The most common type of visitor at SATF was immediate family, averaging to be about 2,100 a month, followed by friends, then extended family, unknown relationship, and then finally professional visits (see Table 11). However as the totals indicate in Table 12- was removal of visitors for excessive physical contact. Of particular interest to the current study are the numbers of contraband found on visitors, which before CIPP totaled 9 and after totaled 1. Similarly, excessive physical contact, which could be a way that contraband is passed from visitor to inmate, totaled 104 instances before CIPP and 37 after CIPP. So CIPP has made some impacts on the amount of excessive physical contact with the numbers of contraband found on visitors.

CIPP Estimated Impact on SATF Inmate Substance Abuse

The first point to discuss is the estimated impact of the success of CIPP in the reduction of inmate substance abuse. In terms of CIPP Contraband Discipline (SATF), data indicated disciplines for possession of a controlled substance occurred 525 times (an average of 12.2 incidents per month). Possession of unauthorized drug paraphernalia occurred 80 times, an average of 1.8 per month. Distribution of a controlled substance occurred 11 times (.2 times per month average). Possession of cell phones 871 cases, about 20.2 per month and possession of wireless device 42 (.9 per month) (Table 5.) To better understand the differences in contraband discipline by year, an analysis of variance is estimated to look at differences between groups and data grouped by year to understand if there are differences in contraband discipline between years prior to CIPP, during the CIPP years, and if there are significant differences before and after CIPP. Monthly averages of contraband discipline are compared between years 2016-2020 for SATF. There are significant differences between years for possession of controlled substances, positive UA and UA refusal, and under the influence ($p<.05$). There are differences between years for other aspects of contraband discipline, but these are not statistically significant ($p>.05$).

Table 6 indicates that possession of a controlled substance is significantly less frequent at SATF in 2019 and 2020. Positive UA is less frequent in 2018 and 2019, but does increase in 2020. UA refusal is at its lowest frequency in 2019 and 2020, and under the influence also shows lower frequency in 2019 and 2020. Looking specifically between years at SATF to see if Positive UA and indicators of controlled substance consumption have also been minimal in 2019 and 2020. Possession of controlled substances is significantly more frequent at SATF compared to RJD, but is less frequent between 2018-2020 within the facility. This would suggest that CIPP played a positive role in reduced amounts of contraband disciplines and also reduced positive/ refused UA rates than before CIPP was implemented.

OBJECTIVE 1 DISCUSSION AND COST ANALYSIS

In this section of the report we discuss budget and cost analysis components of the CIPP program evaluation in terms of research Objective #1. CDCR requested $9.1 million General Fund in 2018-19 and $8.3 million General Fund in 2019-20 to implement a two year Contraband Interdiction Program at SATF. The program deployed contraband interdiction devices at the front entrance areas, employed a staffing complement to operate the devices, expanded SATF canine teams, conducted enhanced vehicle and institution searches. CDCR requested $7.1 million General Fund in 2018-19, and $6.5 million General Fund in 2019-20 to implement this comprehensive and multi-layered approach to contraband interdiction (CIPP) at SATF.

Additionally CDCR requested $1.8 million in 2018-19 and $1.8 million in 2019-20 to institute the Medication-Assisted Treatment (MAT) program. MAT is a substance use disorder treatment model for inmates with a history of substance use problems. CDCR worked with partner CCHCS to develop a MAT pilot program for California's institution system.

Objective #1 - Assess the relative cost-effectiveness in reducing drug use of each contraband interdiction strategy.

Research Question (R1): What is the most cost-efficient approach in reducing drug use among each contraband interdiction strategy?

Pilot-program contraband interdiction strategies included:

1. Deploy contraband interdiction devices at the front entrance areas, and employ a staffing complement to operate the devices.

Interdiction devices at the front entrance areas include Transportation Security Agency (TSA) style MMW full body scanners as well as B/P x-ray machines. The objective of MMW and B/P devices is to provide a comprehensive search of every individual entering the SATF secured perimeter 7 days a week/24 hours a day.

CDCR implemented the following resources: (Operating Expenses and Equipment (OEE)

Two MMW full body scanners and maintenance contracts

Two B/P x-ray machines and maintenance contracts

Four Privacy Screens

Six additional canines (to include the equipment compliment for each canine team)

CIPP Staffing Support (Limited Term Positions) Required to Implement (Over 2 years)

Front Entrance Correctional Officers - 23.9

Front Entrance Correctional Sergeants - 10.6

Canine Correctional Officers- 6.0

Research Analyst II- 1.0

Total- 41.5 Limited Term Positions

In terms of reviewing key findings from previous data analysis, we discuss the relationship between earlier tables and charts as related to the overall research and evaluation objectives and cost efficiency discussion. The data for entrance screening include multiple variables to assess violations at SATF. This includes categories of type of violation, type of screening, category of individual entering the facility, and total counts of violations. Entry screening violations were an average of 5.5 per month in 2018, 15.4 per month in 2019 and 9.5 per month in 2020. 2019 has the highest count of entry screening violations with 185; 73% of the total entry screening violations over the duration of CIPP (Table 24). There were 253 entry

violations at SATF during CIPP. Of these violations, 90% were classified as staff and visitors. The remaining 10% of violations were classified as N/A, Contractors, and Volunteers. Of the 253 entry screening violations, only 3 resulted in arrest and 3 had criminal charges filed (Table 29). 49 did not have criminal charges filed and 201 were classified as N/A.

Table 26 notes 83% of contraband discovered classified as "other" (see Appendix E for a list of these classifications); 9% of contraband discovered classified as N/A; 6% classified as cell phone; controlled substances, paraphernalia, and weapons account for only 2% of the classifications of contraband discoveries. Table 27 indicates the most common method contraband was introduced within personal effects (54%), on a person (36%), N/A (8%), vehicle (1%) and other (.4%) account for about 10% of the mechanisms used to introduce contraband into the facility at entry.

In terms of key findings for entrance area intervention device strategies, MMW and B/P devices account for a large number of contraband discoveries. For CIPP contraband discovery, the most common method was the baggage and parcel scanner (54%) and followed by the MMW scanner (34%). Together, these two methods accounted for about 89% of the methods by which contraband was discovered. The other 11% of discovery methods included K-9, staff search, low dose body scanner, walk through metal detector, N/A, and other (Table 28). Thus, the entrance device implementation (MMW and BP) are critical and highly effective components of CIPP implementation.

2. Expand SATF Canine Teams.

The expansion in SATF Canine units was also briefly mentioned in the above section on CIPP implementation Staffing and OEE (to include 6 new teams and 6 new canine correctional officers). Under CIPP, canines were positioned for additional coverage at the main vehicle entrance area (and vehicle sally port) during high traffic periods (i.e. between shift changes) and searching entering vehicles on a random basis.

Entry Screening—Canine

When analyzing canine data during the CIPP evaluation period November 2018-June 2020, we are interested in canine entry screening (main entrance or sally port). Data included the total number of vehicles entering SATF and the total numbers of vehicles searched at entry; the location of the search (front entrance or sally port); and whether or not contraband was discovered during a search. 22% of vehicles were subject to search of the 95,646 vehicles that entered SATF during the CIPP timeframe (Table 30). Contraband was infrequently discovered .1% of the time (N=2) by canines in the vehicle entry area searches. This finding suggests that K-9 units lower contraband discoveries in vehicles due to a likely deterrence effect of known/anticipated K-9 searches at institution vehicle entry ways.

3. Conduct Enhanced Vehicle and Institution Searches.

In addition to entry screening, canine teams play a critical role in contraband interdiction through routine searches throughout the institution as well as areas near the perimeter fence. Canine searches assist in the discovery of both controlled and uncontrolled drops. There are many areas within the institution that could benefit from enhanced canine search capabilities with the addition of six new canine teams and correctional officers.

The impact of canine units was discussed in earlier analysis sections of this evaluation report. Between November 2016 and June 2020 there were a total of 182 K9 Searches at SATF. At SATF, 60% of K-9 searches conducted were cell searches (110), 19% were area searches (34), and 18% Air scan searches (33 searches) (Table 1). The rest of K-9 type searches were classified as vehicle, mail, CIPP vehicle, or other. During the same time period, there were a total of 391 K-9 Searches at RJD. 46% of the searches were conducted via area search (N=180) and 39% of searches via Cell Search (N=154). The rest of the searches were conducted in other parts of the facility. Please see Table 1 for specifics on these categories.

The evaluation study analyzed the location of contraband discovery via K-9 search between 2016 and 2020. At SATF locations where contraband was most frequently discovered was housing units with 151 discoveries (80% of the total) in this location. The next most frequent location of discovery via K-9 search was the mail room with 9 discoveries (5%) and 4 discoveries (2%) made in the visiting room. Few contraband discoveries were made in other locations which included R&R, Family visiting, front entrance, visitor vehicle and "other". These additional locations together account for 13% of all K-9 contraband discovery locations.

At RJD, 329 of 391 K-9 searches discovered contraband in Housing units (84%). While contraband is found in other RJD locations, contraband discoveries are highly concentrated in the housing units. Please see Table 2 below for numbers of discoveries by location at SATF and RJD. Data indicated several similar patterns in contraband discovery between SATF and RJD (as canine units are common across institutions). Contraband was discovered most often with K-9 area searches or cell searches at both facilities. Housing units represent the most frequent location of contraband discovery at both SATF and RJD. Contraband is discovered from inmates most often. Cell phones and electronic devices are the contraband discovered in high frequency at both SATF and RJD. While controlled substances are also discovered, this is minimal by comparison at both facilities.

In terms of program evaluation, K-9 teams are an effective strategy for contraband discovery within institutions, particularly in housing units and mail rooms.

4. Institute Medication-Assisted Treatment (MAT) Program.

CIPP Evaluation Report Research Objective #7 (page 49) analyzed MAT patient outcomes and known cost analysis for the November 1st, 2018 through December 2019 (13 months) evaluation period that MAT was in effect at SATF (and utilized at a greatly reduced rate at RJD). In terms of summary MAT program costs at SATF and RJD, please see below with more detailed financial cost analysis found on Table 52 and Table 53.

Total RJD MAT cost was $490.

Total SATF MAT cost was $355,641.

Total sum SATF and RJD MAT cost was $356,131.

In terms of patient outcomes, we summarize key MAT outcomes from Research Objective #7. Based on the data provided, MAT was very effective at accomplishing key objectives like treatment, care, prevention of overdoses, and ED/Community hospitalization numbers for MAT patients over its short program lifespan (13 months).

MAT OUTCOMES SUMMARIZED

The following CIPP evaluation report MAT outcomes are summarized below:

In terms of anticipated MAT outcome measures, CDCR "anticipated roughly 50 inmates per year per institution with medication assisted treatment, although more can be treated with psychosocial interventions offered within the MAT Program." (CDCR Budget Change Proposal, FY 2018-19). Tables 39 and 40 describes the number of patients housed at SATF and RJD initiated on MAT by ethnicity and sex. All patients are male. Based on the small sample size and patient confidentiality, we only calculate ranges for the number of patients at (SATF) Initiated on MAT by Ethnicity. Based on ethnicity, the total range of SATF MAT patients identified as Black (4-16), Hispanic (24-45), Mexican (29-50), Other (5-20), and White (38-53) for a total range of 100-184 MAT patients participating over the program evaluation period. Thus, the anticipated MAT program range of patients was exceeded at SATF. There were few MAT patients at RJD.

From November 2018 through April 2019, the SATF MAT program was just getting started and there were not many participating patients. By May 2019, there were increasing numbers of patients in all data categories (except 365+ days). In terms of SATF MAT patient treatment data, there were 122-134 MAT patients with under 30 days of treatment, 113-119 MAT patients with 30-90 days of treatment; 167-176 MAT patients with 91-180 days of treatment; 87-90 MAT patients with 181-365 days of treatment; and 2-8 MAT patients with 365+ days of treatment (Table 43). There were few participants in the MAT program at RJD over the CIPP evaluation period. Most patient participation occurred in October, 2019 through December, 2019 (Table 44).

The number of MAT patients by status outcomes per month at SATF and RJD are also analyzed. There are three outcomes included: Left Prison, Living, or Deceased. Few SATF MAT patients left prison directly after the treatment program. Less than 5 patients (i.e. 1-4) left prison in each of six months of the 13 month of MAT program operation at SATF. Most SATF

MAT patient outcomes were in the Living category (N=480-484) with most of the participation found from the 6 month mark (May 2019) through the MAT program ending in December 2019. The Deceased category had 4 or less patients (occuring in October 2019) (Table 45.) Few MAT patients left RJD directly after the treatment program. Less than 5 patients (i.e. 1-4) left prison over the period of RJD MAT program operations. Most RJD MAT patient outcomes were in the Living category-- there were seven months of less than 5 patients outcomes. There were no RJD MAT participants that were deceased in the evaluation period. (Table 46.)

There were no patient deaths associated within 24 hours of initiation of MAT treatment at SATF or RJD (Table 47). There were no drug or alcohol overdoses by MAT patients during the evaluation period at SATF and RJD (Table 48). There were 4 or less Unexpected MAT Patient Deaths at SATF and no deaths among RJD MAT patients in the evaluation period (Table 49). SATF had a total of 7 potentially avoidable hospitalizations and RJD had 0 potentially avoidable hospitalizations for MAT patients during the CIPP evaluation period (Table 50). Table 51 indicates the number of ED and community hospitals 30-day readmissions for MAT patients and is defined as the percentage of community Emergency Department (ED) or hospital stays during the reporting period linked to a previous ED or hospital stay for the same patient. There were no 30-Day hospital readmissions at SATF and RJD for MAT patients.

Based on the MAT costs found at SATF and RJD over the evaluation period, they met many key milestones and accomplished many positive patient outcomes over the 13 month operation period. Based on the key MAT objectives and the data analyzed here, it appears that the MAT treatment program met and exceeded all expectations. Specifically, it treated more patients than anticipated (50+ a year) and was also an efficient use of funding resources.

External Issues Impacting CDCR, CIPP Data Collection, and Program Evaluation:

We include the following section on external issues to discuss external limitations and research/data methodology and collection impacts on the final evaluation report. Throughout the evaluation report, it is clear external issues and research limitations/obstacles should be addressed. These issues often arose after CIPP was implemented and would have been difficult to anticipate in advance. However, these issues have impacted the SATF CIPP evaluation and analysis and imposed limitations and barriers to penal practices studied, and affects an ability to gather/ collect data, make statistical inferences, and know the full impact of some of these strategies analyzed. It is important to make brief mention of these items found below.

COVID-19 Global Pandemic Emergency Response:

The impact of COVID-19 has been tremendous, wide spread, and seen to continue into the foreseeable future. In terms of global impact, we reached the grim milestone of one million deaths worldwide earlier in September 2020 (New York Times, September 29, 2020). As of January 13, 2021 there have been 22.9 million cases reported, 382,682 deaths, and 131,326

currently hospitalized in the U.S. (New York Times, January 13, 2021 accessed at https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html). California has 2,827,000+ total reported cases, 31,150 deaths, and little current Intensive Care Unit (ICU) availability (New York Times, January 13, 2021 accessed at https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html).

California correctional management has seen a tumultuous year with tremendous COVID-19 pandemic concerns statewide and impacts on corrections facilities, and consequent changes relating to staffing and inmates. California penal policy, practices, and prison populations have experienced significant and ongoing change in the COVID-19 era. The global COVID-19 pandemic has dramatically changed how government, criminal justice agencies, and correctional facilities operate since March 2020.

As of January 18th, 2021, CDCR statewide has confirmed 45,573 COV-19 cases with 4,217 active in custody, 662 released while active, 40,419 resolved, and 175 deaths. SATF has 3004 total confirmed cases, 16 active in custody, 18 released while active, 2,964 resolved, and 6 deaths (CDCR, accessed on 1.17.2021 at https://www.cdcr.ca.gov/covid19/population-status-tracking/) RJD has 1001 total confirmed cases, 91 active in custody, 1 released while active, 894 resolved, and 15 deaths (CDCR, accessed on 1.17.21 at https://www.cdcr.ca.gov/covid19/population-status-tracking/)

COVID-19 Impacts on CDCR and CIPP Evaluation:

Continued further change is expected as state prison numbers continue to draw-down from previous decades. Prison populations changes have accelerated since the onset of the global COVID-19 pandemic and State of California emergency response. In April 2020, CDCR expedited the release of almost 3,500 incarcerated persons serving a sentence for non-violent offenses, who do not have to register as a sex offender, and who had 180 days or less to serve (CDCR, retrieved 1.17.21 https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/). California prison population has dropped below 100,000 inmates for the first time in 30 years (San Francisco Chronicle, 2020). COVID-19 has made dramatic changes to correctional facility operation in FY 2020-21 and likely to persist for years into the future.

SPECIFIC CIPP PROGRAM EVALUATION RESEARCH IMPLICATIONS:

There were many complicated evaluation research domains, questions, and analysis found in this pilot program project. Seven sections towards specific research evaluation objectives from various subjects link entrance screening, canine teams, institution violence, and impact of substance abuse treatment programs and prevention. Plus, one additional objective to

link the analysis of specific components together into one comprehensive report. Specific report CIPP Evaluation sections and specific metrics may be useful in understanding the effects and impacts of the pilot program and gain a sense of how effective various interdiction strategies were.

As with all complicated programs such as CIPP and MAT, there are many moving parts in terms of administrative matters, policy changes/modifications made over the project period, data collection and gathering obstacles, statistical analysis challenges, and other prospective external factors that may impact, limit, or otherwise challenge the research evaluation process. This CIPP evaluation report and analysis was impacted by various degrees to extraordinary external factors discussed in this section, like the catastrophic effect of COV-19 on California and the institution system. Several CIPP strategies were directly impacted by external issues and additional factors. Direct CIPP external research implications include the following:

1. COVID-19 emergency response suspended in-person inmate visitation programs in March 2020. As such, there were four months less of data collection to analyze over the program performance period. Visitation- Stopped at all CDCR correctional facilities (including SATF and RJD) as a result of COVID-19 pandemic emergency response. One interesting implication of the lack of visitation to institutions was no major contraband discoveries after inmate visitation was suspended. In addition, there are fewer K-9 vehicle entry point searches and discoveries without regular inmate visitation.

2. There was another minor data collection issue that impacted entrance area interdiction devices. At some point during the pilot program, an alternative search mechanism was employed by those medically (or otherwise unwilling) to use TSA style MMW scanners. In order to accommodate these needs, a front entrance screening alternative measure was put into place (per the Warden's letter found as an attachment to this report.) The alternative method included handheld scanners and pat downs in lieu of MMW scanning and would impact data collection.

3. MAT Program Data- The Fresno State Research and Evaluation Team worked with the CDCR and California Correctional Health Care Services (CCHCS) to access data metrics and measures for the CIPP and MAT performance evaluation as well as related program costs. Many challenges exist in correctional facility medical/health policy data and research as research and evaluation methodologies are a bit more complicated given medical protocols. Gathering valid statistics is done through creating new metrics/variables that gather meaningful data for analysis on complex policy issues and administrative processes. There are however, challenges with MAT data collection/gathering/analysis while maintaining patient confidentiality with small numbers of program participants and evaluating the data. MAT programmatic and data collection/availability issues precluded the Fresno State Research and Evaluation Team from analyzing and drawing any inferential statistics (descriptive statistics only) in MAT research domain evaluation. Many MAT program evaluation data tables for analysis had many cells populated with 0 and <5 (i.e. 4 and less) values. These rendered values make precise answers to several specific MAT program questions of interest difficult due to data limitations.

That being said about issues with MAT data collection/gathering/analysis does not take away from the conclusion of the MAT evaluation that it was a successful pilot program at SATF. It was successful because it met the initial CDCR anticipated MAT institution patient

counts; but it also served as a cost effective strategy for substance abuse treatment and prevention for program participants. One key driving objective of the MAT Program was the reduction of drug overdoses and potential issues such as emergency rooms, hospitalizations, and death. Thus, the MAT Program was successful in terms of these objectives as well as meeting cost expectations. While the report had a limited n (sample size) for the MAT Program (because the pilot was small scale); it enabled the Department to engage healthcare and custody staff to see SUD as a chronic health condition and the importance of MAT in the complete care model.

CONCLUSIONS and POLICY IMPLICATIONS

The CIPP final report promulgates several conclusions with related policy implications moving forward on effective contraband interdiction strategies. Study outcomes and variables were measured and statistically analyzed over the evaluation period to assess the results and relative cost-benefit of each contraband interdiction strategy. Each strategy is analyzed independent of one another to estimate relative cost/benefit, and efficiency as well as discussed in a collective and holistic sense. These help guide the following policy implications.

1. Entrance area detection devices (MMW and B/P) are effective at assisting the CIPP contraband discovery screening process. B/P x-ray devices are also helpful in mailroom screening. The evident value of contraband interdiction devices in the SATF pilot program is worth noting another time-- 89% of contraband discoveries. While investment in technology is a sound one, this technology is not inexpensive either. In as much as tight budgets and staff levels exist, allowing for the incorporation of these devices at additional correctional institutions might take some strategic budgeting and finesse to accomplish but these pilot programs findings are encouraging and can serve as areas of future CDCR activity, research, and evaluations projects.

2. The value of canine teams in contraband discovery within the institution is also evident in the data analysis. Canine teams are helpful in both controlled and uncontrolled drop conditions and a valuable interdiction strategy within the institution and near the perimeter fence. While the numbers of canine discoveries at the vehicle entrance area and sally port were small, this may be a good place to innovate and try new policies and practices and see if additional contraband discoveries can be found in vehicles. For example, changing up the random interval of vehicles or to see what is the most efficient time and pattern to screen.

3. On the subject of technology, digital innovation, and prospective contraband interdiction strategies is another policy implication of this evaluation research. The mailroom is a perfect example of where technology can be utilized to digitize inmate mail items and deliver in a digital format electronically. This reduces the amount of distribution of physical mail items inbound at the institution and for inmates. While this would not impact all forms of mail, this could reduce the contraband introduction threat vector for institutions by decreasing the numbers of mail items introduced inside the institution. For example, suspicious mail could simply be sent on to the inmate digitally and the physical mail returned to the sender or disposed of appropriately.

In addition, in March 2020 physical visitation was suspended as a part of the California COVID-19 emergency pandemic response. This suspension has brought to the forefront issues

about the prospective role of technology as a solution to both contraband interdiction policy but also of questions on how to enhance visitation practices that build upon an ability of family from across the state to stay involved in their lives and visit with loved ones and friends. In this case, the increase of virtual inmate visitation hours in the short term is an important value and of necessary consequence. However, continuing forward into the future after COVID-19 regulations and policies have been rescinded-- looking into the possibility and feasibility of a significant amount of virtualized inmate visitation. This would be of particular value for prospective visitors who may otherwise lack the means (financial, health, or otherwise) to visit in person. Virtual visitation hours already currently as a result of COVID-19 pandemic based innovations, but in terms of a long term digital innovation and correctional management strategy for a tech savvy CDCR. Reduced physical visitation should also reduce another potential vector of contraband introduction into the institution.

The COVID-19 pandemic has made incredible changes across society. There have also been many changes to California correctional practices and policies as a result of current emergency conditions in 2020-21. Hopefully we find a way to balance public order with individual rehabilitation and treatment programs for those who may need them. With fair and equitable outcomes moving into the future, CDCR should continue its leadership with the objective of safer institutions and the utilization of technology in the cost efficient fulfillment of the contraband interdiction and treatment missions of the institutional system.

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GLOSSARY OF TERMS

Agency for Healthcare Research and Quality (AHRQ)

Ambulatory Care Sensitive Conditions (ACSC)

Baggage/Parcel X-Ray Scanner (B/P)

California Correctional Health Care Services (CCHCS)

California Department of Corrections and Rehabilitation (CDCR)

California Substance Abuse Treatment Facility and State Prison in Corcoran (SATF)

Clinical Social Work (CSW)

Contraband Interdiction Pilot Program (CIPP)

COMPuter STATistics or COMParative STATistics (COMPSTAT)

Contraband Surveillance Watch (CSW)

Division of Adult Institutions (DAI)

Data Sharing Agreement (DSA)

Daily Information REporting System (DIRS)

Electronics Health Records System (EHRS)

Emergency Department (ED)

End Stage Liver Disease (ESLD)

Enhanced Drug and Contraband Interdiction Program (EDCIP)

Fiscal Year (FY)

Inmate Appeals Tracking System (IATS)

Integrated Substance Use Disorder Treatment Program (ISUDT)

Male Community Reentry Program (MCRP)

Multivariate Analysis of Variance (MANOVA)

Medication-Assisted Treatment (MAT)

Millimeter Wave Full Body Scanner (MMW)

Number (N)

Richard J. Donovan Correctional Facility (RJD)

Rules Violation Report (RVR)

Statement of Work (SOW)

Strategic Offender Management System (SOMS)

Substance Use Disorder Treatment (SUDT)

Transportation Security Agency (TSA)

Triage and Treatment Area (TTA)

Urinary Analysis (UA)

Wavelength Scanner (WL)

LIST OF APPENDICES:

APPENDIX A:

15 CCR § 3999.25

§ 3999.25. Contraband Interdiction Program - Pilot Program

Research and Evaluation

The Department shall ensure an assessment of the pilot program is conducted to monitor the implementation and effectiveness of the various components. A research analyst will be assigned to monitor the functionality of the identified devices at the pilot institution, and determine which services are beneficial and effective. In addition, CDCR's Office of Research will continue to monitor performance measures to assess the effectiveness of the CIPP at SATF. The Department will evaluate the feasibility of expanding this program to all 35 adult prisons.

Source:
https://govt.westlaw.com/calregs/Document/I77A72FC400B442F799C4754352D5DEB7?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

APPENDIX B:

California Penal Code Section 6402.5.

(a) It is the intent of the Legislature that the Contraband Interdiction Pilot Program at the California Substance Abuse Treatment Facility and State Prison, Corcoran authorized by the Budget Act of 2018 be designed in such a way as to provide the Legislature with reliable information about how contraband enters prisons and what strategies are most cost effective in reducing inmate drug use.

(b) The Department of Corrections and Rehabilitation shall design the pilot program and submit a report to the Legislature by February 1, 2021, that includes all of the following:

(1) An assessment of the relative cost-effectiveness in reducing inmate drug use of each contraband interdiction strategy used in the pilot program, including medication assisted treatment.

(2) Data on and analysis of instances of contraband entering the prison, including, but not limited to, the following:

(A) How the contraband was brought or attempted to be brought into the prison.

(B) When the violation occurred.

(C) Whether the person who is alleged to have committed the violation is an inmate, staff member, visitor, volunteer, contractor, or other.

(D) The type of contraband involved.

(E) How the violation was discovered.

(F) Data on and analysis of arrests resulting from the violation, including, but not limited to, the number and type of arrests.

(G) Data on and analysis of disciplinary actions taken against staff or inmates as a result of their participation in efforts to bring contraband into the prison.

(3) An assessment of whether the pilot program caused declines in or any other observable impact on visitation.

(4) An assessment of whether the pilot program caused changes in the prevalence of violence or lockdowns in the prison.

(5) Any other data the department determines has probative value as to the efficacy of the pilot program.

(c) The pilot program shall require that entrance screening be conducted on every individual and package entering the prison and take place 24 hours per day, seven days per week. The department shall track and report on the use of entrance screening technology and equipment throughout the pilot period. To the extent screening does not occur for any period of time on any given day, the department shall document the day of the week, date, and the length of time in which screening does not occur, including starting and ending times. The department shall also

include the reason that screening was not conducted during that time frame, including, but not limited to, technology failures and staffing issues.

(d) (1) A report to be submitted pursuant to subdivision (b) shall be submitted in compliance with Section 9795 of the Government Code.

(2) Pursuant to Section 10231.5 of the Government Code, this section is repealed on January 1, 2022.

(Added by Stats. 2018, Ch. 36, Sec. 25. (AB 1812) Effective June 27, 2018. Repealed as of January 1, 2022, by its own provisions.)

Source: https://codes.findlaw.com/ca/penal-code/pen-sect-6402-5.html

APPENDIX C:

Requested Data Elements:

The list of specified metrics/variables/data field elements and the databases these elements were extracted from are listed below. California State University (CSU) Fresno needed these elements to conduct the evaluation on the Substance Abuse Treatment Facility Contraband Interdiction Pilot Program pursuant to Penal Code section 6402.5.

CSU Fresno received the available data on a monthly basis in excel format through Secure File Transfer until August 30, 2020. However, not all data listed here was available to the research team.

Division of Adult Institution (DAI)

Assessing Cost-Effectiveness

- Cost of all interdiction strategies (before and after implementation of interdiction program)
- Cost of canine team (before and after implementation of interdiction program)
- Cost of vehicle institution searches (before and after implementation of interdiction program)
- New costs of MDMI machines, training staff, and additional staff if needed
- New costs of bag screening, training staff, and additional staff if needed
- New costs of MAT program implementation, training staff, more staff if needed

California Department of Corrections and Rehabilitation (CDCR) Drug Interdiction Program SharePoint

- Controlled Cell Phone Discoveries from COMPSTAT 13 Month report
- Uncontrolled Cell Phone Discoveries from COMPSTAT 13 Month report
- Cell Phone Seizures from COMPSTAT 13 Month report
- Urine Analysis (UA)
    - All other UA data that is available (Specific substance positive, amount of each, etc.)
- Logs of random vehicle checks at front gate per watch
    - Total number of vehicles entering the prison
    - Total count of cars checked
    - Total number of persons in vehicles checked

        - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
    - Number of hits for drugs from dogs
        - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
- Total persons scanned per watch
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
- Total scans (persons) sent for secondary inspection
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
- Total disciplined and/or prosecuted because of scan results
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
- Total bags/items scanned per watch
- Total disciplined and/or prosecuted because of scan results
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc.)
- Total inmates found with drugs and/or contraband
    - Type of drug and/or contraband
    - Where in prison detected? (ex. Cell, yard, etc.)
    - How was it found? (ex. Dogs, etc.)

Strategic Offender Management System (SOMS)

Inmate Information

- Inmate Count from COMPSTAT 13 Month report
- Inmate Level I (Classification Score of 0-18) from COMPSTAT 13 Month report
- Out of Bed Level I Assignments from COMPSTAT 13 Month report
- % of Out of Level I Assignments from COMPSTAT 13 Month report
- Inmate Level II (Classification Score of 19-35) from COMPSTAT 13 Month report
- Out of Bed Level II Assignments from COMPSTAT 13 Month report
- % of Out of Level II Assignments from COMPSTAT 13 Month report

- Inmate Level III (Classification Score of 36-59) from COMPSTAT 13
- Out of Bed Level III Assignments from the COMPSTAT 13 Month report
- % of Out of Level III Assignments from COMPSTAT 13 Month report
- Inmate Level IV (Classification Score of 60+) from COMPSTAT 13 Month report
- Out of Bed Level IV Assignments from COMPSTAT 13 Month report
- % of Out of Level IV Assignments from COMPSTAT 13 Month report

Drug and contraband variables

- Possession of Controlled Substance/Stimulant/Sedative from COMPSTAT 13 Month report
- Unauthorized Possession of Drug Paraphernalia from COMPSTAT 13 Month report
- Under the Influence of a Controlled Substance/Stimulant/Sedative from COMPSTAT 13 Month report
- Distribution/Introduction of a Controlled Substance from COMPSTAT 13 Month report
- Possession of Cell Phone(s) from COMPSTAT 13 Month report
- Possession of a Wireless Communication Device(s) from COMPSTAT 13 Month report
- UA
    - Positive UA from COMPSTAT 13 Month report
    - UA Refusal from COMPSTAT 13 Month report
- Possession, Manufacture or Attempt to Manufacture a Deadly Weapon or Explosive Device from COMPSTAT 13 Month report

Visitation room metrics

- Total visitors signed in at visiting room
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - Total visitors signed in
- Total visitors who's visitation was terminated
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc)
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - What rule was violated

    - Total number visitors with rule violation
- Total number of visitors that lose visitation privileges
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc)
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - What rule was violated
    - Total number of visitors with lost privileges
- Total visitors disciplined and/or prosecuted
    - Type of visitor (CDCR staff, visitor, employee of other government agency, contractor, volunteer, attorney etc)
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - What rule was violated
    - Total number of visitors who were disciplined and/or prosecuted
- Total inmates visited
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - Total inmates visited
- Total inmates searched after visitation
    - Total inmates searched
- Total inmates found with drugs and/or contraband after visitation
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - Where in prison detected? (ex. Cell, yard, etc.)
    - Type of drug and/or contraband
    - Total inmates found with drug/contraband
- Total inmates found with drugs and/or contraband after placement on CSW after visitation
    - Relationship between inmate and visitor (Father, mother, friend, etc.)
    - Where in prison detected? (ex. Cell, yard, etc.)
    - Type of drug and/or contraband
    - Total inmates found with drug/contraband after placement on CSW after visitation
    - Total inmates placed on CSW after visitation

Total violent incidents that occur each month

- Total Assaults from COMPSTAT 13 Month report
- Assault on a Non-Prisoner from COMPSTAT 13 Month report
- Assault on a Prisoner from COMPSTAT 13 Month report
- Assault on a Peace Officer from COMPSTAT 13 Month report
- Assault with a Deadly Weapon from COMPSTAT 13 Month report
- Total Batteries from COMPSTAT 13 Month report
- Battery on a Non-Prisoner from COMPSTAT 13 Month report
- Battery on a Prisoner from COMPSTAT 13 Month report
- Battery on a Peace Officer from COMPSTAT 13 Month report
- Battery with a Deadly Weapon from COMPSTAT 13 Month report
- Disturbance, Riot, or Strike from COMPSTAT 13 Month report
- Fighting (Inmate Disciplinary) from COMPSTAT 13 Month report
- Threats from COMPSTAT 13 Month report
- Willfully Resisting, Delaying or Obstructing a Peace Officer from COMPSTAT 13 Month report
- Possession, Manufacture or Attempt to Manufacture a Deadly Weapon or Explosive Device from COMPSTAT 13 Month report
- Attempted Murder from COMPSTAT 13 Month report
- Murder from COMPSTAT 13 Month report

Daily Information Reporting System (DIRS)

Drug and contraband variables

- Controlled Substances/Stimulants/Sedatives from COMPSTAT 13 Month report
- Methamphetamine from the COMPSTAT 13 Month report
- Methamphetamine Quantity from COMPSTAT 13 Month report
- Marijuana from COMPSTAT 13 Month report
- Marijuana Quantity from COMPSTAT 13 Month report
- Heroin from COMPSTAT 13 Month report

- Heroin Quantity from COMPSTAT 13 Month report
- Cocaine from COMPSTAT 13 Month report
- Cocaine Quantity from COMPSTAT 13 Month report
- Amphetamine from COMPSTAT 13 Month report
- Amphetamine Quantity from COMPSTAT 13 Month report
- Barbiturates from COMPSTAT 13 Month report
- Barbiturates Quantity from COMPSTAT 13 Month report
- Codeine from COMPSTAT 13 Month report
- Codeine Quantity from COMPSTAT 13 Month report
- Morphine from COMPSTAT 13 Month report
- Morphine Quantity from COMPSTAT 13 Month report
- Synthetic Marijuana – Spice from COMPSTAT 13 Month report
- Synthetic Marijuana - Spice Quantity from COMPSTAT 13 Month report
- Other Controlled Substances/Stimulants/Sedatives from COMPSTAT 13 Month report
- Drug Paraphernalia from COMPSTAT 13 Month report

Total violent incidents that occur each month

- Assault on a Peace Officer or Non- Prisoner (Total) from COMPSTAT 13 Month report
- Assault on a Peace Officer With Weapon from COMPSTAT 13 Month report
- Assault on a Non-Prisoner With Weapon from COMPSTAT 13 Month report
- Assault on a Peace Officer Without Weapon from COMPSTAT 13 Month report
- Assault on a Non-Prisoner Without Weapon from COMPSTAT 13 Month report
- Assault on Inmate (Total) from COMPSTAT 13 Month report
- Assault on Inmate With Weapon from COMPSTAT 13 Month report
- Assault on Inmate Without Weapon from COMPSTAT 13 Month report
- Battery on a Peace Officer or Non- Prisoner (Total) from COMPSTAT 13
- Battery on a Peace Officer With Weapon from COMPSTAT 13 Month report
- Battery on a Non-Prisoner With Weapon from COMPSTAT 13 Month report
- Battery on a Peace Officer Without Weapon from COMPSTAT 13 Month report
- Battery on a Non-Prisoner Without Weapon from COMPSTAT 13 Month report

- Battery on Inmate (Total) from COMPSTAT 13 Month report
- Battery on Inmate With Weapon from COMPSTAT 13 Month report
- Battery on Inmate With Weapon - Causing Serious Bodily Injury (SBI) from COMPSTAT 13 Month report
- Battery on Inmate Without Weapon from COMPSTAT 13 Month report
- “Battery on Inmate Without Weapon from COMPSTAT 13 Month report - Causing Serious Bodily Injury (SBI)" from COMPSTAT 13 Month report
- Aggravated Battery on a Peace Officer from COMPSTAT 13 Month report
- Aggravated Battery on a Non- Prisoner from COMPSTAT 13 Month report
- Riot from COMPSTAT 13 Month report
- Riot - Number of Inmates Involved from COMPSTAT 13 Month report

Institution Reported

Drug and contraband variables

- "In Cell" Incidents (Between Inmates of Same Race) from COMPSTAT 13 Month report
- "In Cell" Incidents (Between Inmates of Different Race) from COMPSTAT 13 Month report
- "In Cell" Battery w/SBI (Between Inmates of Same Race) from COMPSTAT 13 Month report
- "In Cell" Battery w/SBI (Between Inmates of Different Race) from COMPSTAT 13 Month report
- "In Cell" Homicide (Between Inmates of Same Race) from COMPSTAT 13 Month report

Division of Adult Institutions Monthly Contraband Surveillance Watch (CSW) Export to COMPSTAT

Drug and contraband variables

- Inmate Placements on CSW from COMPSTAT 13 Month report
- Count of CSW Items Recovered from COMPSTAT 13 Month report
- CSW Search Warrants Requested from COMPSTAT 13 Month report
- Inmate Placements Exceeding 3 Days On CSW from COMPSTAT 13 Month report
- Inmate Placements Exceeding 6 Days On CSW from COMPSTAT 13 Month report

Inmate Appeal Tracking System (IATS)

Total violent incidents that occur each month

- Lockdown, Modified Programs from COMPSTAT 13 Month report
- Total Modification Orders Issued - All Levels from COMPSTAT 13 Month report
    - Modification Orders Issued - 1st Level from COMPSTAT 13 Month report
    - Modification Orders Issued - 2nd Level from COMPSTAT 13 Month report
    - Modification Orders Issued - 3rd Level from COMPSTAT 13 Month report

APPENDIX D:

Letter from Warden Notifying SATF Staff of Alternatives to MMW Scanning

State of California — Department of Corrections and Rehabilitation

Memorandum

Date : November 9, 2018

To : Contraband Interdiction Program Correctional Staff

Subject: **CONTRABAND INTERDICTION PROGRAM PILOT TEMPORARY ACCOMMODATION**

Staff submitting medical verification regarding reasons as to why they are unable to participate in the Contraband Interdiction Program are to contact the Return to Work Office and begin the Reasonable Accommodation (RA) request (CDC 855) process. Approval of your RA request shall be determined pending review by the Office of Employee Health (OEH). Pending the RA request process with OEH, a temporary accommodation for alternate method of scan/search of your person shall be implemented utilizing a handheld metal detection wand and pat down.

Visitors who are unable to participate in the CIP process due to a medical condition, must present a physician's note indicating such. As a "Temporary" RA for alternate method of scan/search, visitors shall be searched utilizing a handheld metal detection wand and patted down. Refusal of alternate method of scan/search shall result in denial of visit.

If you have any questions or require additional information, please contact the Return to Work office at extension 7131 or 7281.

S. SHERMAN
Warden
California Substance Abuse Treatment Facility and State Prison at Corcoran

APPENDIX E:

List of What is Classified as "Other" Contraband in Entrance Screening Violations

- Personal Lock
- Personal Medication
- Phone Case
- Power Source
- Quarter
- Red Lighter
- Religious necklace
- Scissors
- Shoes
- Steel toe boots
- Stick of gum
- Terry cloth
- Towels
- Travel size package of wipes
- Tweezers and metal nail file
- Unknown contraband
- USB drive
- Eyelash curler
- Factory alarm sticker
- Girdle
- Glass bottle
- Glass bottle of hot sauce
- Handkerchief
- Hotel Key Card
- Inmate tablet and charger
- Ipad
- Iphone charging cord
- Knife
- Lead filled SAP gloves
- Lip Aid ointment packet
- Lip Gloss
- Listerine coolmint pack
- Loose Change
- Metal chain
- Metal eyelash curler
- Metal fork
- Metal Hairbrush
- Metal spoon
- Camillus titanium knife with sheath
- Glass Jar
- Prosthetic breast

- 10 round magazine (empty)
- Canning jars
- Glass jar-salsa
- 6 glass jar-hot sauce
- Glow sticks in bra
- Safety pins
- Wash cloths
- Pocket knife
- Advil pills
- Apple USB charging block
- ATM card
- Lighter
- Socks
- Tissue paper
- Nail
- Metal peeler
- Oily substance in squeeze bottle
- Hard drive
- Loose change
- Hollow tennis shoe with battery and LED light
- Cough drops
- Car keys
- Comb
- Earbuds
- Eyeglass rag

APPENDIX F:

Definitions of Violent Behavior

Barclays Official California Code of Regulations
Title 15. Crime Prevention and Corrections
Division 3. Adult Institutions, Programs and Parole
15 CCR § 3341.9(e)
Definitions of Violent behavior: Pp. 197-198.

https://www.vsp-ifc.org/Title15_2018%20(1).pdf