RSAT Fidelity Assessment Instrument (FAI) Report

Southern Male Prison – Men's RSAT Center

Spring, 2019

Based on Promising Practices Guidelines for Residential Substance Abuse Treatment

Table of Contents

RSAT Fidelity Assessment (FA) Site Visit

Southern Male Program - Men's RSAT Program

Spring, 2019

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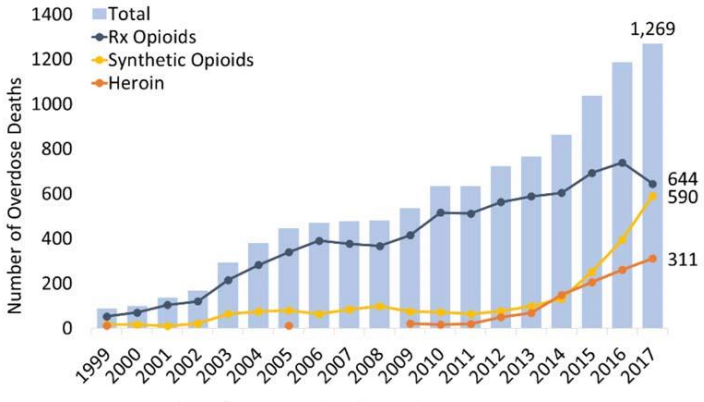
Introduction

The Men's RSAT Program (MRP) located in a southern state contains two separate facilities that serves men and women. The Southern Male Prison (SMP) can house a maximum of 978 adult males. The RSAT Program within the SMP holds approximately 128 men. There are other Units developed for men with Serious Mental Health Disorders, Work Units and Special Management Units. The small town in which it is located borders a neighboring state and is approximately an hour's drive from a major city. The small town in which it is located had a population of less than 1000 in 2017, median income of $21, 964 and poverty rate of 31.3%. However, the men sentenced to the SMP have lived and will be released back into every part of the southern state. Men come from other facilities and the Orientation Site within the state's Department of Correction (DOC) to participate in treatment while serving their sentences.

The state's median income based on 2017 statistics was $51,340 with 15% of people living at or below the poverty line. Many of those people living in poverty are black (22%), American Indian (21%), Hispanic (21%) or mixed raced (21%). The overall racial composition of the state is Caucasian (78%), Black (17%), Hispanic (5.5%), mixed race (2%), Asian (2%), and Native American (.25%). Less than 4% of people live in a household in which Spanish is spoken at home. All other languages spoken made up less than .03% or less of the state's households.



This southern state has one of the highest rates of opioid abuse in the country. The state currently ranks third in the nation for opioid prescribing and fourth for overdose deaths. In 2017, there were 1,269 overdose deaths involving opioids in the state—a rate of 19.3 deaths per 100,000 persons, which is higher than the national rate of 14.6 deaths per 100,000 persons. The greatest increase in opioid deaths was seen in cases involving synthetic opioids (mainly fentanyl): a rise from 77 deaths in 2012 to 590 in 2017. Deaths involving heroin also increased dramatically in the same 5-year period: from 50 to 311 deaths.

There is a state Medicaid Program. It provides healthcare to mostly low-income pregnant women, parents or caretakers of a minor child, children and individuals who are elderly or disabled. Most men

reintegrating back into the community from prison receive a maximum of six months of the state's Medicaid Program coverage.

Executive Summary

The Southern Male Prison (SMP) Men's RSAT Program (MRP) recently opened in February of 2018. It has followed the same successful path of its sister program within the same campus and has been developed as a strong therapeutic community with emphasis on evidence-based interventions and recovery. All treatment and security staff were initially trained and continue in ongoing workshops on therapeutic principles and implementation, evidence-based treatment and interventions. A basic tenet of the SMP is that peers as well as the community are the agents of change. Staff are knowledgeable, experienced and seem genuine in their commitment to SMP residents.

From initial screening /assessment to treatment plans to final re-entry services, the SMP follows evidence based and promising practices throughout. The entire SMP uses Therapeutic Communities based upon the American Society of Addiction Medicine's (ASAM) level of care model. The MRP is considered a longer-term in-patient level of care. Although the program is described as 9 – 12 months, a MRP resident completes the program when he has achieved all treatment plan goals and objectives, completed written work and can show to MRP staff and community that he is ready for the next step beyond the program. Re-Entry begins even prior to their entry to MRP and continues with collaboration of Parole / Probation Officers and/or DOC Re-Entry Centers located throughout the state. It is noted that MAT is not provided at the SMP. Although there was a short-term pilot program, the funds were moved due to low treatment retention rates once released.

One of the strengths of the both the men's and women's facilities is the Certified Peer Recovery Specialist (CPRS) Program. A Certified Peer Recovery Specialist (CPRS) is a person who has lived experience of a mental illness, substance use disorder or co-occurring disorder, who has made the journey from illness to wellness, and who now wishes to help others. After a year or more of training and supervised practicum, a CPRS can provide services to other residents within the MRP and other SMP Units. This program reinforces a MRP resident's own recovery as well as prepares them with education, certification and work experience prior to release. Upon release, a CPRS is eligible for employment in long-term substance abuse programs, halfway house and other community-based programs.

A Family Reunification Program is also a program that prepares eligible men for reintegration into the dynamics of family life and loved ones. After completing a program as well as satisfying security concerns, men and their family members meet three times prior to their release to address issues important to recovery, pro-social support and re-entry. Such is the success of the program, that men ineligible for this program have asked for support in reaching out to their loved ones in other ways to educate them about addiction, the concept of "enabling", co-dependency and other topics to prepare them for their imminent release.

Like most new programs, there are a few areas that would benefit the program with more attention to training such as Motivational Interviewing skills. MI Training should include opportunity for ongoing

practice and feedback from and MI Trainer. Treatment staff would also improve by understanding and utilizing culturally responsive skills to a greater degree. Finally, Naloxone (Narcan) training is a life-saving education workshop akin to CPR that not only staff should be know but also SMP residents and their family members.

Overall, it is surprising that the MRP is as structured and operational as it is for such a young program. The commitment to the MRP Program from the DOC, the Warden and other leadership within the facility ensures that MRP staff and residents see and feel the support. As one young resident stated, "This is the first place I've been that I've even felt safe."

Pilot Fidelity Assessment
Southern Male Prison – Men's RSAT Program
Spring 2019

I. Intake, Screening, and Assessment

A. RSAT programs should have clear eligibility criteria, primarily based on substance use disorder screening and assessments and criminogenic risk assessments.

Men are classified to the SMP at the state's Orientation site at another location within the state. Eligibility includes a substance use disorder. Once here, people are further assessed using the Static Risk and Offender Needs Guide—Revised (STRONG-R), that was validated specifically for the state's criminal justice system. The men are also assessed using the Texas Christian University's Drug Screen, an opiate specific screening tool and a DOC bio-psycho-social intake form.

Depending on what the specific needs of an individual are, some men may be most appropriate for the RSAT Program. Other men may be mandated or recommended for the RSAT Program by the Parole Department. These men will be released on parole supervision once they successfully complete the RSAT Program. Other men may request that they be transferred to the SMP to attend the Men's RSAT Program (MRP). These men, who have heard about the program from either Orientation staff or human services staff at their own facility, are screened and reviewed by a multi-disciplinary team. Mental health, medical, security and intake staff participate in the decision to accept a person into the MRP at the SMP.

Opioids must be one of the three most problematic substances used by an individual to be eligible for the MRP. There have been exceptions made in the case where opioid use was short-lived but resulted in overdose(s). Potential RSAT residents must also have enough time on their sentence to complete the program.

B. Programs should screen and assess individuals for co-occurring mental disorders.

Prior to admission into the MRP, incarcerated men receive a comprehensive intake that includes screening for mental health disorders and other treatment needs while held at the Orientation Reception Facility. Referrals to specialized treatment and services are made based on these results. Mental Health appraisals utilize the DSM-V and the DOC mental health screening instruments. For individuals with primarily mental health disorders, there is a specialized Unit within the SMP. However, men with co-occurring substance use and mental health disorders who meet RSAT Program eligibility can participate and complete the MRP successfully.

When treatment staff and RSAT Officers suspect that a MRP resident may be manifesting behavioral health symptoms, mental health staff are contacted and the resident is assessed. MRP residents who are

identified with a co-occurring disorder will be referred to a specific mental health provider and are included in a database for all residents receiving these types of services. Needs identified in the mental health screening and assessment process will be integrated into their treatment plan. Referrals for medication consideration and ongoing management are made to an Advance Practice Nurse within the Medical Department. An annual interview is required with a psychiatrist as part of the delivery of services within the facility.

C. Individuals should receive a full biopsychosocial assessment to inform the development of individual treatment plans and case management.

The MRP Program Administrator provided FAI assessors a packet of materials that included their biopsychosocial process. They include:

- Texas Christian University (TCU) Drug Screen 5 Plus Opioid Supplement Form
- TCU Drug Screen V Form
- TCU Motivational Form
- TCU Social Functioning Form
- TCU Criminal Thinking Scales Form
- TCU Psychological Functioning Form
- State DOC intake form

The SMP provides settings that offer various levels of care as much as possible according to American Society of Addiction Medicine (ASAM) criteria, from out-patient care to intensive therapeutic community.

More than assessment and screening results, present behavior and issues affect a RSAT resident's schedule. Their current needs take precedence when it comes to scheduling and treatment plan revision. Since every RSAT resident has an individualized treatment plan, everyone has specific goals and needs.

Intake assessments and screening results are considered guides. RSAT Program staff believe that getting to know the person and then comparing intake results vs current assessment and observation of behaviors provides more meaningful and relevant information. There are weekly teleconference calls with the Orientation facility to discuss these matters and to ensure that the SMP / RSAT Program are receiving the most appropriate referrals. This is another way that screening / assessment results are utilized within the facility.

D. Participation in RSAT should not depend on an individual's motivation to change.

Readiness to change scales (TCU Motivational Form) are used within the program to help RSAT residents understand their own motivation. RSAT staff understand that those residents with low motivation to address certain need areas require a different intervention than those residents already actively involved in their self-change process. RSAT staff utilize non-confrontational strategies that are more

educational to engage those residents who are still contemplating about making changes in their life. It is acknowledged that the highest turnover is in Phase 1. It was likewise acknowledged that those RSAT residents with lower motivation will be more likely to receive pull-ups and other consequences.

A new program has been designed to prepare men for the more intensive RSAT therapeutic community and to improve retention when they progress into the RSAT Program. It provides basis communication skills through engagement and treatment readiness programming.

II. Core Program Components and Structure

A. Treatment should target factors associated with criminal behavior in addition to substance use disorders.

The RSAT Program utilizes evidence-based curriculums that address criminal thinking. RSAT staff use cognitive behavioral treatment skills in therapeutic groups to address anger management. Phase 1 of the RSAT Program allows the counselor to collaborate with their RSAT caseload resident to develop individual goals that reflect attitudinal change.

There are a variety of groups and classes that address and challenge a RSAT resident's criminal behaviors and thinking. Groups such as parenting, anger management, integrity and encounter groups provide opportunities for residents to explore and work on issues in non-aggressive manners. There is a 12-week Victim's Impact course that helps residents address the various criminal behaviors they have committed. The emphasis is on listening, taking others' perspectives and providing feedback.

B. RSAT programs should offer treatment interventions that are evidence-based or based on promising practices.

RSAT staff use role play in groups, cognitive behavioral treatment, dialectical behavioral therapy and motivational interviewing skills within a therapeutic community milieu. Staff have been trained to know which modalities are most effective for people in varied stages of treatment readiness, for younger men and for men with special needs as indicated by the STRONG-R (e.g. domestic violence).

The RSAT Program in the SMP are under constant assessment to ensure program security, integrity and data collection. There is open communication between Program Directors and Program Administrators which includes the Wardens, and state Administrators. The whole reason that the SMP became a treatment facility for incarcerated men was because DOC administrators on the state level saw the need, collaborated with legislators, other DOC Wardens and the Statewide Director of Addiction Treatment and Recovery Services.

C. Medications should be considered part of the contemporary standard of care for the treatment of individuals with alcohol and opioid use disorders and also for individuals with co-occurring mental illness.

The SMP did pilot a MAT/Vivitrol program within the last two years but because of poor retainment upon release, the funding was moved to another area of the state's criminal justice system.

D. RSAT length requirement should be considered minimum, and RSAT programming should be offered in phases.

The Men's RSAT Program is 9 – 12 months in duration depending upon how the individual resident progresses throughout the course of the program. There are three phases of RSAT that can last 3 – 4 months each dependent on the individual.

There are milestones that each resident must achieve prior to progressing to the next RSAT Phase. There are also individual goals/objectives that must be achieved as well before a RSAT resident can advance. For those men who have a difficult time with homework, tutors and mentors help with reading and writing. Some may get paired up with another RSAT resident in a higher phase for additional assistance and motivation.

RSAT residents are eligible for graduation when they complete all three Phases, complete pre-tests and post-tests, complete all written work, meet individualized treatment plan goals and all RSAT staff agree they are ready to move to their next lower level of treatment and supervision.

RSAT Management are aware that treatment retention is vital. The program is structured so that although there are groups on most days, there is also time to address individual needs. Mental health staff and RSAT counselors work with RSAT security staff in a collaborative manner. Residents are encouraged and supported to sit and talk with Unit Managers, RSAT counselors, RSAT Security staff and other residents when they have a question or problem. All are trained to look for behavioral signs and symptoms that would necessitate mental health intervention.

There are also Certified Peer Recovery Specialists available several times a week on the RSAT Unit. Peer Recovery Specialists are usually RSAT graduates and are in a lower level of care and supervision within the facility. They have been trained and certified to provide support for others who have had similar experiences and need someone to listen without judgment.

F. **RSAT Programs should be culturally competent.**

There is no specific training to educate RSAT staff on culturally responsive skills. There were likewise no culturally responsive curriculum and/or groups being held within the RSAT. When asked, volunteers from diverse religious faiths came in to meet with the men on a regular basis.

A demographic breakdown of RSAT residents and RSAT staff was not available. It is noted that the DOC does keep data on the demographic data of all state prison inmates and staff as a whole.

G. Positive Programming should account for the majority of the participants' day.

There are treatment groups from 8:30 – 10:30 and 12:30 – 2:30 on Mon., Tues and Thurs. Family Meetings, Family Reunification Groups, and Tutoring happen regularly throughout the week. There is a 1.5-hour Big Brother / Little Brother Meeting Groups where newcomers and their mentors spend time in specialized activities. There is also a 2.0-hour Integrity Group where the whole RSAT Unit meets as a community for pull-ups, push-ups and Unit news. There are optional Support Groups (NA/AA) offered in the evening Mon – Fri.

The RSAT Program has no access to computers or tablets for participant use. The only computers are in the library but are not used for treatment purposes.

H. Recovery Support is a critical component of ongoing recovery success during RSAT and after release.

The SMP provides the opportunity for residents to apply and become Certified Peer Recovery Specialists (CPRS). A Certified Peer Recovery Specialist (CPRS) is a person who has lived experience of a mental health disorder, substance use disorder or co-occurring disorder, who has made the journey from illness to wellness, and who now wishes to help others.

The first step toward becoming a CPRS is to complete the required training. After the first part of the application is approved, residents are enrolled in an intensive five-day (40-hour) training, which covers recovery, communication, values, ethics, motivation, co-occurring disorders, trauma-informed care, and wellness.

After training, residents have one year from the date of graduation to provide at least 75 hours of peer recovery services overseen by an approved supervisor. This includes leading peer support groups, teaching recovery education classes (Wellness Recovery Action Plan WRAP®) or conducting one-on-one sessions with peers. Residents must provide three professionals references for a final application to be accepted. Once a resident is released from custody, this Certification is recognized by the state regardless of prior incarceration and/or conviction.

The process of becoming a CPRS reinforces an individual's recovery as well as provides support for residents within the RSAT Program and beyond. They also facilitate several groups per week in the RSAT Program although the role is not to provide counseling but peer education and support. CPRS are also asked to talk to other men in specialized Units who have voiced suicidal ideation since many CPRS have been diagnosed with co-occurring disorders.

RSAT staff role model boundaries, pro-social behavior, empathy and compassion. They also role model respect by interacting with colleagues and residents alike by listening, acknowledging others' presence, following through on case management, following the chain of command and apologizing when necessary.

I. There should be more rewards than sanctions to encourage pro-social behavior and treatment participation.

Treatment progress and pro-social behaviors are reinforced with positive affirmations from staff and other RSAT residents, shout-outs in group meetings, and during Integrity Meetings with Push-Ups (supportive statements, applause, handshakes to let another resident know their behavior and/or attitude supports the community's values). Community wide reinforcers include monthly incentives (i.e. earning take-out pizza), talent shows, guest speakers, outside musicians and other ideas suggested by the Creativity Committee within the RSAT Program.

A reinforcer that stands out is when the Sergeant joins an Integrity meeting and completes the DEAR MAN exercise either individually or in front of the community. DEAR MAN is a dialectical behavioral treatment (DBT) interpersonal effectiveness exercise that focuses on the skills of being assertive without being aggressive or submissive during confrontation.

When a RSAT resident moves to the next phase, they must compose their own song based on their philosophy, then sing or perform it to the community. Achievements are also recognized by receiving a group pass or being able to be first in line for med pass, coffee, or the microwave for a day.

Responsibility for behavioral changes is not only up to the individual resident but upon the RSAT community. Pull-ups are methods by which a resident is made aware of negative attitudes / behaviors by other residents in a group setting in order to bring awareness to the behavior, be more accountable for their behavior and reinforce attitudes of mutual self-help. Non-compliant behaviors are preferably handled in this manner. When behaviors have escalated to the point where treatment staff are involved, learning experiences are developed with the resident that are timely, related to the non-compliant behavior and in proportion to the non-compliance. There may be mental health referrals involved if there are behaviors are thought to be indicative of emotional distress. Behavioral contracts with clear expectations may be used as a last resort to keep a community member within the program.

III. Staffing and Training

A. In group activities, the ratio of RSAT participants to staff should be no more than 20 to 1.

The RSAT Program Group schedule has been updated over the last year. There are currently 128 beds within the Unit and the Program is full. The Unit is split in half: A Group and B Group. Both A and B Group are split into 4 groups each when having classes in the morning or afternoon (about 16 men). Group ratio is 16:1 at most.

There is always one uniformed RSAT Officer within the Unit on all shifts. During the dayshift, there are two Sergeants on duty who are oversee the RSAT Program and the Work Release Program "next door". During other shifts, there is only one Sergeant.

There are four RSAT treatment staff (counselors) and a Program Administrator. Community-based and faith-based volunteers provide services on a regular basis to RSAT residents Monday – Friday in the evenings. During the day shift, in between groups, the ratio of RSAT staff to participants ranges from a low of 25:1 to 18:1 depending on the amount of staff within the Unit.

B. Both treatment and security staff should receive training about substance use disorders, mental illness, and trauma, as well as specific training about the RSAT program itself, including its mission, operations, policies and practice.

When the SMP opened in March of 2018, the SMP Sergeant, SMP Correctional Officer, along with all other SMP treatment staff were fully trained in Therapeutic Community operations. Training was facilitated by two vendor staff in an immersive, experiential four-day workshop. Topics included Therapeutic Community Model, Stages of Change, Rational Authority, Staff Roles and Chain of Command, Learning Experiences, Celebrations and Rituals, DEAR MAN, and Conflict Management. New staff are trained "on-the-job".
SMP treatment staff have also participated in the following vendor trainings:

- Clinical Documentation
- Group Facilitation
- Treatment Planning
- DBT in Residential Treatment
- Victim Impact
- Discharge and Continuing Care Planning
- Trauma Informed Care

The treatment vendor has provided staff numerous training opportunities in the community. SMP staff have attended these training at their own expense except for one:

- Not your Usual Ethics Training
- Ethics for the Addiction Professional
- Overdose Risk Reduction and Relapse Prevention
- Psychopharmacology of Addiction
- DSM-5 Training

Several SMP staff are also planning to attend the state's regional Association of Alcoholism and Drug Abuse Counselors Annual Conference in April 2019**.** Workshops include Self-Care for the Addiction Professional, Suicide Prevention, Ethics, and ASAM Criteria.

All staff are expected to participate in the DOC's Annual in-service training.

C. Correctional Officers with specific training and interest in working with RSAT programs should assigned to RSAT Units.

Current Officers within the RSAT Program heard about it's opening and volunteered for it. They are assigned to one year at a time to the RSAT Program. Officers can always ask for the RSAT Program, but if there no current opening, they must wait for an availability.

There is much collaboration between treatment staff and Correctional Officers within the RSAT Program. Although Officers do not attend weekly treatment / case management meetings, they do attend morning rituals, pullups and all skits. The Sergeant for RSAT and the Work Unit is a consistent presence within the RSAT Program during the day and occasionally will participate in DEAR MAN exercises and skits.

When a resident is out of compliance, RSAT Officers typically talk to the person to find out what the situation is rather than respond with discipline. Almost always, a RSAT Officer communicates with a counselor about a non-compliance to allow this behavior to be handled from a treatment perspective. The exceptions to this are when the safety of the resident of other RSAT participants are in danger.

The RSAT Officers shared that they feel like they are helping the RSAT residents by listening to them, being a role model for "right authority" and helping them get paperwork. There is a team effort that goes beyond uniform within the RSAT in the SMP. One Officer who has been in the program for a short while is looking forward to the next Therapeutic Community training so he can "understand how to do the work better".

D. Treatment and correctional officers should be represented in program administration.

Collaboration was also observed between administration and RSAT staff. The Warden and Associate Warden of Treatment as well as the Statewide Director of Addiction Treatment and Recovery Services are regular visitors to the RSAT Program. All involved are invested in the RSAT mission, evidence-based treatment and interventions and genuinely cared about the men being served.

RSAT staff meet with others on a weekly basis to review new intakes and any programs issues / concerns. The Institutional Parole Officer is always invited to these meetings and RSAT staff keep in contact with the IPO regarding mutual clients.

IV. Treatment and Service Interventions

A. RSAT programming should be responsive to a diverse population; include both group and individual counseling delivered in a way that supports and reinforces the acquisition of skills that aid and sustain recovery; and be periodically reviewed to ensure adopted methods are the best fit for participants.

The RSAT Manager and staff described the RSAT Program as a Therapeutic Community that utilizes cognitive behavioral therapy, motivational interviewing skills, and dialectical behavior therapy. It also relies on peers as the agent of change and has a strong Certified Peer Recovery Specialist program. Family reunification is a strong aspect for those men who are being released upon completion of the RSAT Program.

The RSAT Manager approves all the curricula which are evidence-based and includes Hazelden's New Direction, SAMHSA's Anger Management and Texas Christian University Curriculum.

When asked, the SMP RSAT Manager stated that most of her staff have degrees in counseling / substance abuse counseling. When looking for new staff, she prefers experience in substance use settings, corrections experience and licensure.

B. Cognitive Behavioral Therapy (CBT) and interventions should not be limited to specific CBT sessions, but instead should be practiced and reinforced by all program and staff, including both treatment staff and correctional officers.

RSAT staff were knowledgeable regarding cognitive behavioral therapy (CBT), talking about thoughts affecting behavior and that changing one's core beliefs being essential to overall behavioral change. It was understood that CBT is effective in changing any negative / unhealthy behavior including substance use and criminal behavior.

SAMHSA's Anger Management was mentioned as an example of CBT based curriculum as well as Hazelden's New Direction. Some of the Learning Opportunities that are given to residents as a result of non-compliance are CBT based exercises. DEAR MAN, which is an interpersonal communication skill training tool and used regularly within the SMP RSAT, is DBT based. DBT is based upon CBT with more of a focus on emotional and social aspects. It is more commonly utilized to help people cope with extreme or unstable emotions and harmful behaviors.

Treatment staff and RSAT Correctional Officers shared anecdotes about everyday interactions with RSAT residents during which they are modelling pro-social, communication, assertiveness, anger management skills, empathy and listening skills. They agreed that daily talks and check-ins are often the best time for staff and Officers to provide an opportunity for behavior rehearsal and offer feedback.

SMP RSAT treatment staff have all attended a DBT in Residential Treatment training.

C. Therapeutic Communities should be adapted to function with a prison or jail without sacrificing the essential components of a therapeutic community.

SMP RSAT treatment staff and Officers participated in an immersive, experiential four-day Therapeutic Community (TC) training prior to the Unit opening. Topics included:

- Therapeutic Community Model
- Stages of Change
- Rational Authority
- Staff Roles and Chain of Command
- Learning Experiences
- Celebrations and Rituals
- DEAR MAN
- Conflict Management

New staff are trained "on-the-job" in TC concepts and implementation.

RSAT Treatment staff and Officers understood the concepts and operations of a TC. There are rituals, daily and weekly meetings where pull-ups and pull-ups are utilized, phases that grant more responsibility as residents progress, and the recognition of the community and peers as the agents of change. There are resident committees that make wise use of free time including the skit committee, newcomer committee and recreation committee. There are recognition rituals for when residents phase-up, earn their HiSet, and graduate. All RSAT staff understood their roles as "right authority", setting boundaries and modelling pro-social skills through interactions with residents.

One treatment staff stated that the RSAT community was much like any outside community with jobs, accountability and consequences for one's actions.

D. Motivational Interviewing for substance use disorders can help strengthen participants' motivation to stop using substances and constitutes an important component of RSAT programming.

RSAT treatment staff stated that use MI skills on a regular basis. They described as not forcing residents to make decisions but letting them come to a plan of action themselves. Another staff person also stated that she would allow a resident to provide examples of how to make changes. All agreed it was more empowering to do so since so many choices had been taken away from residents, and that they were not used to making decisions to change.

Although provided with many trainings that RSAT staff and Officers had participated in, there was no specific Motivational Interviewing training listed. However, treatment staff seemed aware of the basic skills and principles of MI. There was no mention of ongoing MI practice / feedback sessions.

E. Treatment Plans must be assessed and modified periodically to meet changing needs of participants and must incorporate a plan for transition into the community.

RSAT counselors develop the first treatment plan for a resident based upon screening and assessment results. After 30 days, residents collaborate on a Master Treatment Plan identifying their strengths and barriers to success. All staff agreed that after 30 days, counselors have a better idea of their clients and residents also have a better idea of what they want for their goals and objectives.

Every 90 days, counselors will review the Master Treatment Plan with their client, or more frequently if a goal has been attained. When asked how a resident knows when they have achieved a treatment plan goals / objective, staff replied together, "They'll let you know!", meaning that residents are following their own progress very keenly.

F. RSAT programs should include compatible treatment and social services.

Re-Entry planning begins on Day 1 stated one RSAT treatment staff member. Re-Entry staff explained that it takes about two years to prepare before re-entry prior to release. Re-Entry staff will begin to meet with a person 2 years prior to release, then one year prior and at six months, a re-entry plan will begin to develop. Staff will also meet with the RSAT resident 60 and 30 days prior to release to ensure that the Re-Entry Plan is fully complete and that all other needs have been met.

There are many re-entry needs that can be met while a RSAT resident is within the Unit, depending on individual needs. RSAT staff can assist with getting copies of their identification cards, drivers' license, birth certificate and social security cards. Staff also assist in finding half-way houses, continued treatment in the community, food stamps and link them to services within the area in which they will be living. The medical department provides them with 30 days of medication upon release and makes medical and mental health appointments as necessary for a warm hand-off.

Veteran Administration representatives and potential employers recently participated in a job fair which was very successful. Prior to that, staff had met with RSAT residents soon to be released to prepare resumes, assess job interests and role-play interview questions. There are plans for Job Fairs to happen on a regular basis.

The Family Reunification Program is offered to men who are about to re-enter the community. As part of a family / parenting course, family members are brought in for counseling with the RSAT participant for at least three visits. This is an opportunity for many issues to be addressed prior to release when the risk of relapse / recidivism may be heightened with family strain.

G. RSAT programs should be trauma-informed regardless of whether trauma-specific services are provided.

All RSAT staff have been trained in trauma-informed treatment. There are four substance use counselors and one mental health counselors who have worked with people with PTSD and trauma-related issues before. A mental health therapist makes regular rounds and sees each client on a regular basis. There is also a psychiatric nurse available.

For those residents who RSAT staff believe are having a difficult time with trauma-related issues, individual sessions and resources are provided by either one of the Unit staff or a mental health

therapist. If staff believe a person may be manifesting symptoms of trauma / PTSD, they will contact the mental health team who will reach out, assess them and provide individual sessions as needed.

H. RSAT programs that serve individuals with co-occurring disorders should offer integrated treatment as appropriate.

All RSAT staff and Correctional Officers have been trained to recognize signs and symptoms of mental health issues. There are four substance use counselors and one mental health counselors who have worked with people with co-occurring disorders before. A mental health therapist makes regular rounds and sees each client on a regular basis. There is also a psychiatric nurse available.

If treatment staff or an Officer believe that a resident may be manifesting mental health symptoms, they complete a referral to the mental health department. If the situation is severe, such as suicidal ideation, manic behavior, self-injurious threats / behaviors, the resident is seen immediately. If the situation is less severe, they will usually be seen the same day or the very next day depending on when notified.

RSAT staff "compare notes" with mental health staff on a regular basis and talk formally once a week about mutual clients.

V. Drug-Free Environments

A. Urine testing should be supervised, periodic, and random. In addition, it should be done to ensure abstinence for participants who will be provided medication-assisted treatment prior to their release.

All RSAT residents are tested initially. If they test positive, it is built into their treatment plan and will help inform staff regarding the severity of their substance use. All residents are tested randomly throughout the program and are tested upon graduation. The facility is transitioning to a computerized system which will enable easier access to track graduates upon release.

If a RSAT resident tests positive, they are dismissed from the program. They may have the opportunity to return to the program or they may be transferred to another facility depending on the individual circumstances. If they are not transferred to another facility, the treatment team will be able to meet with them to support their recovery. They will be clinically assessed to provide them options for the future.

VI. Transition and Aftercare Planning

A. Continuity of Care is essential for people with substance use disorders who are re-entering the community.

Re-Entry staff have access to RSAT residents' assessments, criminal history and history within the program. Prior to release, there are weekly individual interviews to determine post-release needs.

Re-Entry staff communicate with prison staff by phone or in person regarding their clients' needs. Community-based treatment staff are contacted by phone / email when setting up services post-release.

In this state, there are daytime reporting centers for anyone who has been released from prison to obtain help and support. They can provide case management and referral to a variety of services including housing, treatment and job training. For those on probation and parole supervision, Officers can provide support and assistance to those released RSAT graduates who ask for it. Even if one's own Officer is not available at the moment, there is still help available or those who ask.

B. Pre- and Post-Release Case Management systems should be included in RSAT programming to help support a smooth transition to the community.

Other than what was previously explained, medical and mental health staff make appointments within the community for those RSAT residents who need it upon release. Re-Entry Plans are developed using a computerized program that must include mental health and medical referrals as necessary. Probation and Parole Officers have access to the individualized plans of their respective supervisees prior to their release. All residents receive their own copy upon release.

Project Return supports and coaches individuals through their transitions from incarceration to the community. They assist people with individualized job search strategy, assistance with housing, utilities, medical/dental/vision services, substance abuse services, counseling, childcare, obtaining identification documentation, food, clothing, bus passes and transportation services. Project Return comes in once a quarter to the SMP and was recently at the RSAT Job Fair. There are plans to begin a computer coding class this April to provide employment skills post-release.

When asked what incentives there are for RSAT residents to follow up with appointments and services once released, the response was, "A lot want to do better for themselves once released".

C. RSAT programs should work with their correctional systems to encourage state Medicaid managed care contract provisions that require plans to provide care coordination services to individuals upon release from jail or prison and recommend that eligible participants enroll in them. RSAT participants should be screened for their eligibility for Medicaid – and any other health insurance or public benefits – and should receive education on basic health care literacy.

A representative from the Center of Human Services assists residents with obtaining medical assistance upon release. A card is given each resident where a nurse can be contacted online to help get medical assistance. There is no Medicaid Program within this state. People recently released from prison may

be eligible for a temporary medical benefit for 6 months, but after that they must pay for their own medical insurance or find a job with insurance benefits. If a person has chronic health issues and needs medications, there is assistance to help apply with for SSI or SSDI.

D. If individuals will be under correctional supervision upon release, the RSAT program should collaborate with probation / parole workers to incorporate aftercare treatment and services.

RSAT staff communicate on a weekly basis with the Institutional Parole Office (IPO) who also attends weekly team meetings. Communication with Probation Officers isn't as consistent depending on what part of the state they are sited. However, all contact notes, re-entry planning and more can be accessed through the statewide computer system. RSAT staff do have regular contact with certain Probation Officers.

E. Treatment planning for people with substance use disorders who are reentering the community should include strategies to prevent and treat serious chronic medical condition such as HIV / AIDS, Hepatitis B and C, tuberculosis, as well as overdose prevention.

The Medical Department offers infectious disease education on a monthly basis for residents during their birthday month. Residents are initially tested for sexually transmitted diseases (STD) at an intake facility. At a resident's request, they may be tested for STDs during their sentence as well. Individuals who have Hepatitis and/or HIV are tested every 3 to 6 months to check their viral load. Concerning the linkage to care, a linkage representative / medical navigator comes to the facility to discuss details with the residents prior to release regarding follow-up appointments due to their health status. Normally a resident completes treatment for Hepatitis C before release. If not, the resident is given their medications upon release to complete their regimen. Their information is given to the Hepatitis C navigator in the appropriate region to follow-up with the resident.

The Family Reunification Program trains family members and loved ones to be a pro-social support for the released SMP / RSAT resident with a substance use disorder. There was nothing specific, however, about overdose and naloxone use / availability mentioned in this or other educational sessions.

VII. Measuring Results

A. Performance Measures during an RSAT program should include a person's participation, completion rates, urine test results, the percentage of slots in therapeutic communities that were utilized for medium to high criminogenic risk individuals, and other relevant activities. Measured outcomes should include rearrests, reincarcerations, initiation and retention in treatment, abstinence or length of time to relapse, drug overdose, emergency room visits, and drug overdose deaths.

The DOC shared computer system with probation and parole allows much data to be collected on those RSAT residents released under supervision. Violations, new arrests and convictions, urinalysis results, employment and housing status can all be tracked. Because the Men's RSAT Program is so new, many of the first year goals were related to staff training, building a therapeutic community and admission of RSAT residents. At the end of its first year, the MRP is to capacity and just celebrated its first graduates several months ago.

B. RSAT programs should encourage independent evaluations to determine how the outcome measures compare to participants involved in other correctional programs or no programming. Programs should also monitor fidelity of service implementation.

The RSAT Program has not been evaluated by an outside independent evaluator however it would be welcomed. Administrators have just submitted a grant request for research within their facility. Fidelity is currently assured through quarterly monitoring visits from DOC and annual inspections. Internal audits within the Department are also scheduled. If an issue is detected and it is repeated, the DOC Statewide Director of Addiction Treatment and Recovery Services is called to visit the site for her own audit.

C. Timely and Reliable Data Entry

The Project Director is responsible for timely submission of completed program and fiscal reports which includes quarterly RSAT Data report (admissions, discharges, reasons for discharges), Semi-annual RSAT Narrative Report, Annual RSAT Recidivism Data Report, Quarterly Program Income Report, annual demographic report and annual equipment summary. Most information for these reports is obtained through computerized data.

Summary of RSAT Fidelity Assessment Strengths, Weaknesses and Recommendations for Improvement

Spring, 2019

Based on Promising Practices Guidelines (PPG) for Residential Substance Abuse Treatment

Strengths

There are many strengths as described in the following section. Following is a brief summary of the most notable organized around the key promising practices identified for RSAT programming.

I. Intake, Screening, and Assessment
IA – I ID (PPG, pg. 7 – 10)

All men are classified to the SMP, and the Men's RSAT Program, from the DOC Orientation site at another location within the state. Eligibility for the RSAT Program is clearly stated and identified by a criminogenic risk/need instrument, and validated substance use disorder screenings. The DOC ensures that all individuals classified to the RSAT Program have enough time on their sentence to complete the program. Mental health screening and assessment also begins at the DOC Orientation site based upon the DSM-V and DOC specific mental health screenings. Based upon results, men are referred to specialized programs, treatment and services with coordinated treatment planning within the SMP and MRP.

Upon entry into the RSAT Program, other screenings make up a more complete biopsychosocial profile to aid with treatment planning. These include motivational, psychological, socialization and criminal thinking screens. When developing the RSAT Program and other therapeutic communities within the SMP, it was decided to use the American Society of Addiction Medicine (ASAM) level of care model to guide assessment, treatment planning and re-entry planning.

Although screening and assessment results guide the Master Treatment Plan, it is recognized that collaboration with SMP residents is essential to a meaningful planning process. Resident's current behavior and staff observations also play a large role in treatment planning. Those residents who have lower motivation to change upon entry are provided with different interventions that those with higher motivation to change. A new program has been designed to prepare those men for the more intensive RSAT therapeutic community and to improve their retention. It provides basis communication skills through engagement and treatment readiness programming.

II. Core Program Components and Structure
IIA and IIB, IID and IIE, IIG - III (PPG, pg. 10 – 11, 13, 14 – 15)

The RSAT Program utilizes evidence-based curriculums that address criminal thinking and hold a variety of groups and classes that address and challenge residents' criminal attitudes and

behaviors. There is a 12-week Victim's Impact course that helps residents address various past criminal behaviors with an emphasis on perspective taking and empathy building. All treatment staff use role-play, cognitive-behavioral treatment, dialectical behavioral therapy and motivational interviewing skills within a therapeutic community milieu by the DOC and through outside conferences and trainings. Staff have been trained to understand which modalities are more effective for various stages of readiness, for younger men and men with special needs (e.g. domestic violence). The RSAT Program is under constant assessment to ensure program security, integrity and data collection.

The RSAT Program is 9 – 12 months in duration depending upon how the resident progresses throughout the course of the program. The program is delivered in three phases that can last 3 – 4 months each dependent on the individual. There are milestones that each resident must achieve prior to progress to the next Phase that include individual goals/objectives that must be achieved. Residents are eligible for graduation when they complete all three Phases, complete pre-tests and post-tests, complete all written work, met individualized treatment plan goals and all staff agree they are ready to move to their next lower level of treatment and/or release.

Along with treatment groups during the day, there are other groups that happen regularly throughout the week as well. There are community-wide meetings for various reasons several times a week and optional NA/AA meetings in the evening.

The SMP provide the opportunity for residents to apply and become Certified Peer Recovery Specialists (CPRS). A CPRS is a person who has lived experience of a mental illness, substance use disorder or co-occurring disorder, who has made the journey from illness to wellness, and who now wishes to help others. After application approval and over a year's supervised training, residents who become certified can help others within the facility as well as be employable upon release at residential treatment centers, halfway houses and other community-based service providers.

Treatment progress and pro-social behaviors are consistently reinforced by both uniformed and non-uniformed staff during everyday interaction and special community-wide incentives. There are rituals that are celebrated within the community when a resident is increasing a phase, graduates, earns their HiSet and other Certificates. Non-compliant behavior, unless violent, is addressed in a clinical manner. Officers will notify counselors of non-compliant behaviors during and allow the consequences to be determined by the treatment team.

III. Staffing and Training

IIIA – IIID (PPG, pg.16)

The RSAT Program is fully staffed with both treatment and security personnel. The group ratio is 16:1 (participants to facilitator). All staff, both uniformed and non-uniformed were fully trained in Therapeutic Community operations prior to the program's opening in February 2018. Treatment staff have been additionally trained in evidence-based services and interventions including

Trauma-Informed Care and Dialectical Behavior Therapy. Future trainings are scheduled for treatment staff in April 2019 and all staff participate in annual DOC in-service training.

RSAT Correctional Officers volunteer for the assignment and must attend specialized training. Collaboration between uniformed and non-uniformed staff occurs daily. Officers participate in all community meetings, rituals and other TC activities. RSAT Officers and the Sargant who supervises the program are invested and see themselves as part of the "team effort". Officers help with case-management as appropriate, take time to listen to residents, understand their role as "right authority". There is collaboration and support between administration and RSAT staff. Both the Statewide Director of Addiction Treatment and Recovery Services and the SMP Warden make regular visits to the RSAT Program. It is clear how involved TDOC leadership staff are with the success of the mission, evidence-based treatment and genuine care about the men being served.

IV. Treatment and Service Interventions

IVA – C, IVE – H (PPG, pg. 17 – 20, 20 – 24)

As described previously, the RSAT Unit utilizes many evidence-based interventions including cognitive behavioral therapy, dialectical behavioral therapy, motivation interviewing skills within a therapeutic community model. Their use of Certified Peer Recovery Specialists reflects the program's belief as community / peers as agents of change. Curriculum is chosen and approved by the RSAT Manager and utilizes evidence-based cognitive-behavioral skills. Most RSAT staff have degrees in counseling and/or substance abuse counseling with experience in experience in substance use treatment and corrections settings.

The RSAT program is a therapeutic community and all staff have participated in an immersive four-day TC training. The program has daily and weekly rituals, daily and weekly meeting where pull-up and push-ups are utilized, are phases that grant more responsibility as residents progress. Staff are knowledgeable regarding evidence-based interventions for both group formats and individual interactions. All staff, uniformed and non-uniformed, understand their position as role models for pro-social behavior.

An initial Master Treatment Plan is developed for each resident based upon screening and assessment results. After 30 days, residents collaborate in their own plan which is review every 90 days or sooner to identify achieved goals, revise and develop new goals.

Re-Entry needs staff meet with RSAT residents to develop a Re-Entry Plan beginning one year prior to release. They assist with obtaining identification cards, drivers' license, birth certificate and social security cards. Staff also help in finding half-way houses, continue treatment, food stamps and link residents to other services upon release. Veteran's Administration representatives, Project Return and potential employers can meet with RSAT residents to increase work job opportunities as well.

A strength for SMP as well as the RSAT Unit is the Family Reunification Program. It is offered to men who are about to re-enter the community. As part of a family / parenting course, family members are brought in for counseling with the RSAT participant for at least three visits. This is an opportunity for many issues to be addressed prior to release when the risk of relapse / recidivism may be heightened with family strain.

All RSAT staff have been trained in trauma-informed treatment. Both treatment and correctional staff have been trained to recognize signs and symptoms of mental health issues. One of the five RSAT counselors is a mental health counselor who has previously worked with people diagnosed with PTSD and trauma-related issues. Along with a mental health team that is easily accessed, RSAT residents also have peer support and Certified Peer Recovery Specialists that are available any time of day or night.

V. Drug-Free Environments

VA (PPG, pg. 24 – 25)

The SMP RSAT Program is in compliance with RSAT urine testing guidelines. Residents who test positive while in the RSAT Programs are discharged from the program but may have the opportunity to return depending on individual circumstances. Even if they do not return to the RSAT Program, they will be clinically assessed to provide them options for the future.

VI. Transition and Aftercare Planning

VIA-E (PPG, pg. 25 – 29)

Re-Entry staff have access to RSAT residents' assessments, criminal history and program history. Prior to release, re-entry staff meet with RSAT residents to help determine post-release needs. RSAT staff communicate on a weekly basis with the Institutional Parole Office (IPO) who also attends weekly team meetings. Probation, Parole Officers and other prison staff have access to their respective supervises prior to their release / transfer.

The SMP Medical Department offers infectious disease education for residents annually. All residents are initially tested for STDs at an intake facility and upon request, they may be tested again during their sentence at the SMP as well. Individuals with HIV and Hepatitis C are tested every 3 – 6 months or more frequently as necessary. Prior to release, a community-based medical navigator meets with these residents to schedule follow-up appointments due to their health status. Prior to release, medical and mental health staff make appointments and/or referrals within the community for all RSAT residents as necessary. A community-based provider assists residents with obtaining medical assistance upon release.

Daytime reporting centers operated by the DOC throughout the state are available for all released individuals who need help and support. These Centers provide case management for housing, treatment and job training. Project Return also supports newly released individuals.

VII. Measuring Results
VIIA – C (PPG, 29 – 31)

The DOC has a shared computer system with probation and parole that allows a lot of data to be collected on RSAT residents released under supervision. Because the SMP just opened in February 2019, the majority of the first years' goals were related to staff training, building at therapeutic community and admission of RSAT residents. Administrators had just submitted a grant request for research within the SMP at the time of the FAI site visit. Fidelity is currently assured through quarterly monitoring visits from DOC, annual inspections and internal audits.

The Project Director is responsible for timely submission of completed program and fiscal reports. Most of this information is collected through computerized data.

Weaknesses

As with any RSAT program, there are areas that could be improved. It is noted that the MRP's strengths greatly outweigh any weaknesses.

II. Core Program Components and Structure
IIE and IIF (PPG, pg. 11 - 12, 13 – 14)

The SMP / RSAT Program piloted a MAT/Vivitrol program but because of the poor retainment upon release, the funding was moved to the state's Drug Courts instead. At this point, there is no provision for any kind of medication-assisted treatment within the SMP or RSAT Program.

There is no specific training to educate RSAT staff on culturally responsive skills. There were likewise no culturally responsive curriculum and/or groups being held within the RSAT Program aside from volunteers from diverse religious faiths that came to meet residents on a regular basis.

RSAT / SMP staff were unable to provide a demographic breakdown for:

- RSAT residents vs. RSAT staff ratio
- RSAT residents vs SMP residents
- RSAT program completers vs non-completers

IV. Treatment and Service Interventions
IVD and IVE (PPG, pg. 20 - 21)

Although RSAT staff stated that they use Motivational Interviewing skills on a regular basis with residents, there was no MI training listed, nor mention of ongoing MI practice / feedback sessions.

VI. Transition and Aftercare Planning

VIE (PPG, pg. 28)

There is no specific training for residents or their families about overdose and naloxone use / availability mentioned in group or Family Reunification Program sessions.

Recommendations for Improvement

II. Core Program Components and Structure

The residents of the RSAT Program and SMP diagnosed with opioid use disorder would benefit from medicated-assisted treatment options. This southern state does provide grant funded MAT through Drug Courts and some local Sheriff Offices. With MAT becoming more widely utilized for opioid use disorder, collaboration between healthcare providers, opioid treatment centers, medical assistance management and the DOC is necessary for continuation of treatment upon release.

There is no specific culturally responsive clinical skills training available to RSAT treatment staff. When asked, RSAT staff stated several faith-based volunteers provide services to the men on a regular basis each week. However, cultural competence is a concept and ongoing development process that encompasses a much broader definition. It refers to the ability to honor and respect the beliefs, languages, interpersonal styles and behaviors of individuals and families receiving services. It requires a long-term commitment that can improve client engagement in services, therapeutic relationships, client retainment and outcomes. It is recommended that RSAT staff are provided culturally responsive clinical skills with a goal to improve even more on an excellent beginning to their program.

Although there is a lot of information collected on RSAT residents, information was not able to be provided regarding specific demographic breakdowns regarding residents. The DOC does collect similar data on it all incarcerated men and women state-wide and its staff but it not broken down by facility. It is noted that RSAT staff and management believed that information requested would be interesting to follow and it is recommended that it should be included in other data collected.

IV. Treatment and Service Interventions

Motivational Interviewing skills is useful with improving and strengthening an individual's motivation to change. Although staff expressed a very basic understanding of MI skills, there was no training available to staff. Some staff stated they had gone to a MI training in the past on their own but there was no follow-up, practice or feedback on existing skills. MI is considered a skill that necessitates practice and feedback either through a MI trainer by audiotapes or supervision. It is very common for treatment staff to believe they are utilizing MI skills correctly when they are not. For this reason, it is important for all RSAT staff to be trained and provided feedback by a MI Trainer.

VI. Transition and Aftercare Planning

Treatment planning for people with substance use disorders who are reentering the community should include strategies for overdose prevention. RSAT residents and their families should be informed on the availability of naloxone (Narcan) and its use to prevent overdose deaths. Where available, they should be encouraged to have the medication on hand in case of emergency. The Family Reunification Program is an excellent start to educate family members and loved ones on overdose prevention, naloxone use and availability. For those residents not eligible for this program yet close to release, the same information would benefit them and their loved ones upon release.

It is likewise recommended that SMP leadership consider training Officers in the use of Naloxone and being able to carry it within the Units. Because of the examples assessors heard of substance use within the facility, this practice could very well save lives.

The RSAT Participant Focus Group voiced a suggestion to help improve reentry and family reunification. For those residents not eligible for the Family Reunification Program, they would like advice and support to educate their families and loved ones about substance use disorder. It is recommended that SMP management and staff follow up with RSAT residents regarding this suggestion reinforcing pro-social attitudes, assertiveness and recovery.

RSAT Participant Focus Group

The four RSAT residents and two Certified Peer Recovery Specialists all spoke about the RSAT counselors care and compassion which helped them to strive to do better in the program. All agreed that those qualities were obvious through interactions that RSAT staff that wanted to help, that some felt a genuine connection and "knew that they wanted the best for me – for us". One resident stated that even when a counselor didn't have a history of substance use or recovery, they still helped him to "deal with my addiction, both physically and mental health wise". Another shared that RSAT staff helped him to "get out of my comfort zone" and appreciated what the program had to offer.

The Victim's Impact program was mentioned as bringing about an awareness of how people have been hurt and are still hurting by their previous behaviors. It was mentioned that it allowed the realization of how many people had been affected by their past criminal acts, including family members. One resident described it as an "a-ha" moment for him.

Overall, residents understood the program as different, layered, structured to bring about progression and transformation. The family reunification program was an example and an opportunity for residents to deal with important issues prior to release. They recognized repetitive themes in anger management classes and said it was needed so it "stays in the brain". Even if there are some residents who didn't always understand what alcohol and drugs do to your body, they eventually start to come around. This is due to the support throughout all phases from peers and staff. "There is always someone there."

There were two ways of thinking when it came to handling disciplinary issues. Some residents thought it was best to address some non-compliance issues within the program, especially when it came to positive drug screens. One resident mentioned that "addicts are not in mind to change what they are doing at the beginning; lapses are part of this." Similarly, others thought that a lapse in judgment on one occasion shouldn't mean program failure. Other residents shared that to be in the RSAT program was a privilege and if a person was not in mind to take advantage of it, then they were taking up space for someone else who did want recovery. As one resident put it, "There are other places you can act like a convict". This discussion had some mediators and there was a "compromise" of solutions among the Focus Group participants such as "three strikes and you're out", "taking each case individually". Everyone agreed that "some people are still here and working on it, learning to get there, just takes longer."

Some other suggestions for RSAT program improvement included:

- Less restricted sites on tablets and computers. Some residents felt frustration because they were not able to obtain materials, facts, and education specifically about drugs that they wanted to facilitate peer-run classes.
- The Family Reunification Program is limited to those residents about to be released, but other residents voiced their desire for help to talk to their families about substance use and addiction. Although they may not be eligible for the Family Reunification Program, some residents would like advice and support to educate their families regarding the concept of addictions as a brain disease.

- Some of the residents would like to have more creativity in the Main Morning Meeting and tossed out ideas that all Focus Group participants liked and added to.
- Space and noise were the final suggestions for improvements for treatment groups, AA/NA groups and for mentors. It was understood that this was difficult to solve, but all agreed it was hard to concentrate and hear others at times.

All residents had positive statements about what they have learned in the RSAT Program.

- "People still care about me. I am needed by others."
- "I'm becoming more assertive. A lot came from my being dishonest. But now I'm trying to be humble, have humility. I'm practicing social skills and letting things go. I give compliments – it's good to be a person who lifts (others) up. You need to make room for that."
- "Slow down. I can't go to the library and run around! I'm trying to adjust. I'm reading."
- "I go to recreation 2 or 3 times a week now, at different times. I'm trying to start a softball team with one of the counselors."
- "I'm recovering from anger. The answer is not violence. By helping people, you are helping yourself. Positive self-talk. I am transformed by experiences".
- "Keep coming back, keep telling your story."

All RSAT residents believed that the program was a community, a structured, safe program that can help change your mindset. The men stated at various times they felt they could trust one another as well as staff. One resident stated that he saw the RSAT program as an enhancement instead of punishment.