

Barnstable House of Correction RSAT Program Guide

Introduction

Barnstable County is located on Massachusetts' Cape Cod. The Barnstable House of Correction serves all incarcerated offenders from the county's several District Courts and the County Superior Court, as well as felons with sentences of 2 and ½ years or less per charge. The daily inmate population runs between 400 and 500 inmates.

County Houses of Correction in Massachusetts are run by county sheriffs, although funded as part of the state budget. James M. Cummings has served as Barnstable Sheriff since elected and sworn into office January 1999.

The Barnstable House of Correction RSAT program was inaugurated several years before Cummings became Sheriff. Initially, the RSAT program was housed in several Quonset Huts separated from the main facility but within the perimeter walls of the facility.

In 2002, an independent U.S. Department of Justice, National Institute of Justice funded evaluation of the Barnstable RSAT program was completed.¹ The research utilized a matched sample. The evaluation was designed to answer the question: "Can a correctional program for chronic criminal offenders deter inmates from committing additional crimes, even though they have a history of serious disruption due to substance abuse and other factors?"

The researchers found the answer to be "yes."

Researchers followed both sets of inmates for one year after release. The RSAT program, according to the research findings, "roughly halved the likelihood of a criminal incident in the year after release for inmates who completed the program." The non-RSAT group had a .85 probability of being arrested within one year of release compared to the .27 probability of the RSAT completers being arrested within one year of release.

¹ Klein, A. & D. Wilson (2002). An Outcome Evaluation of a Residential Substance Abuse Program, BOTEC Analysis Corp. Waltham, MA.

Interestingly, those who did not complete the program included a large proportion of inmates who were paroled as low risks to the community. Notwithstanding this, the researchers found that those who were paroled before they completed the program had a .54 probability of arrest within one year of release.

As a result of this study, the parole board made program completion a stipulation for early release.

A subsequent study followed the inmates for another two years post release and found the RSAT population continued to remain arrest free longer than comparison inmates. The long term benefits of the RSAT program were impressive given that the program at that time did not focus on transitional services or reentry. Only slightly more than a quarter of the RSAT inmates were receiving any counseling or correctional supervision upon release.

Barnstable House of Correction RSAT, 2014

Although begun and initially staffed by AdCare Criminal Justice Services, a nationally recognized criminal justice substance abuse treatment agency, the RSAT program today is staffed by county employees under the direction of Roger Allen, the head of the jail's Human Services Department. AdCare Criminal Justice Services continues to provide clinical supervision, technical assistance, and training of the jail's human service clinicians and provides independent monitoring of the RSAT program. The program continues to follow the offender change Accountability Training® model that was introduced to the facility in 1998.

Since the 2002 study, a new jail and house of correction facility has been built and the RSAT program continues to be housed in a separate pod (M Pod) in the new facility. It is one of a dozen such pods. Each pod is self-contained with a small gym/basketball court. Only RSAT inmates can earn access to a small exterior yard area. Although M Pod can hold 72 inmates, at the time of the filming of the video there were 54.

Referred to generally as the “SHOCK” program, the Barnstable RSAT program has two phases. The “Prep” phase is at least two months. To advance to the next stage, inmates must learn and conform to program rules as well as demonstrate an understanding of substance abuse and what they need to do to prevent future substance abuse and criminal behavior.

A unique feature of the Barnstable RSAT program is its adoption of military bearing required of inmates. The model has its origins in the former therapeutic community/boot camp correctional programs popular a couple of decades ago. The RSAT program dropped the negative aspects of the boot camp approach but kept the military bearing as a valued learning tool to facilitate self-awareness, self-confidence, structure, accountability, and discipline. Its intent is to make the pod environment calm, orderly and quiet to promote the RSAT community and allow inmates to deal with their issues; it also permits inmates to communicate with their peers, correctional officers and treatment staff in an environment far removed from the inmate culture featured in other pods. Inmates in this RSAT model learn that they never have authority over another inmate, but they do have responsibility to each other and the community. The model has a strong component of peer mentoring and peer support.

By maintaining this environment, correctional officers can talk one on one with RSAT inmates without compromising their authority or the inmate’s standing with his fellow inmates.

The following “60 Day Treatment and Curriculum Review” form is used to evaluate each inmate’s progress and determine whether or not the inmate is promoted to Phase II.

Community Member: _____ *Date:* _____

Staff Present at oral review of participant:

- Roger Allen
- Joe Trabucco
- Mona Hogan
- Meagan Pavao
- Officer

PREP ⇌ SHOCK Review

Results/Recommendations:

- Appropriate for advancement to SHOCK status

PREP ⇌ SHOCK Treatment Review

- Has demonstrated knowledge of community standards and rules (packet).
- Has demonstrated knowledge of the Disease Model and can define Addiction;
- Has demonstrated knowledge of Denial;
- Has demonstrated knowledge of physical, social, and mental consequences of addiction.
- Can recognize his triggers and high risk situations for relapse;
- Can acknowledge the importance of self-help groups for recovery from addiction;
- Knows the 4 steps of cognitive change, 5 steps of decision making, and can describe the cognitive cycle and the use of a thinking report;
- Has met community standards of behavior:

Needs Improvement in the following area(s) before approval;

_____	_____
_____	_____
_____	_____
_____	_____

To Be Completed in 60 Days

Treatment Plan Goals: (Progress, Changes)

Community Participation:

Behavioral:

Other:

Participant _____ Date: ____/____/____

RSAT Staff Member _____ Date: ____/____/____

Supervisor _____ Date: ____/____/____

The second phase of the program is called SHOCK, which stands for “Sober, Healing, Outstanding, Committed, Knowing.” It lasts generally for four months. When inmates successfully graduate this program they are often then eligible for immediate parole or release. If they have more time to serve, they generally are moved to the work release or minimum-security pod until they are released. For these inmates an “after-shock” peer support group, facilitated by RSAT staff, meet on a weekly basis.

Following please find the 180 SHOCK review form.

RSAT Staff Member _____ Date: ____/____/____

Supervisor _____

Community Member: _____ Date: _____

SHOCK ➔ POST-GRADS / IN HOUSE PROGRAM COMPLETION

With reference to Treatment Plan and Oral Review:

Results/Recommendations:

- Program COMPLETE.
- Needs Improvement in the following areas before approval;

SHOCK ➔ POST-GRADS Treatment Review

- Has passed written exam;
 - Has achieved personal goals as stated in treatment plan;
 - Can identify the influence of peer group on choices, self-image, and values;
1. Can demonstrate Active Listening skills and Assertive Communication skills;
 2. Can demonstrate cognitive skills necessary to manage anger, anxiety and stress;
 3. Can demonstrate a knowledge of how substance abuse and criminal behavior have affected their family;
 4. Can describe a dysfunctional family system and a healthy family system;
 5. Can demonstrate a knowledge of relapse prevention skills specific to self;
 6. Has completed a relapse prevention plan and had it approved by staff member;
 7. Can identify: Personal high risk behaviors, Consequences of these behaviors, Thinking behind these behaviors, How to change this thinking, and the ability to practice new thinking and behavior;
 8. Has successfully completed and reviewed with Staff their RE-ENTRY ACTION PLAN

Treatment Plan Goals: (Progress, Changes)

Community Participation:

Behavioral:

Other:

Participant _____ Date: ____/____/____

Reentry and Transitional Planning

The re-entry planning process begins early in inmate's sentence by identifying and prioritizing needs upon release. Six weeks before an inmate's anticipated release, the reentry task force begins to review the inmates' reentry plan. The task force, which meets every two weeks, is comprised of Sheriff's Office staff (medical, classification officer, mental health, substance disorder, probation and parole) along with community service and treatment providers. This task force assists the inmate to make a successful reentry into the community as well as identifying his/her long-term treatment needs. Before release, all inmates are enrolled in MassHealth if eligible, the state Medicaid program for indigent, or a subsidized plan thru the state Health Market Place.

Medicated Assisted Treatment (MAT), Injectable Naltrexone

The Barnstable House of Correction RSAT Programs was one of the first in the country to offer RSAT inmates injectable Naltrexone three days before release. Marketed as VIVITROL®, the non-narcotic, FDA approved medication blocks the euphoric effects of opioids or alcohol and reduces cravings. Unlike other medications that must be taken daily, one injection lasts for 28 days.

The company that makes it, Alkermes, Inc., provides one dose per inmate without charge to the Barnstable House of Correction as well the other correctional facilities across the state that now also provide it to inmates before release. After inmates are released, subsequent injections are covered by the state's Medicaid insurance program which covers most of the inmates, at least until they find employment. According to the company, "Alkermes, Inc. is committed to assisting county and state comprehensive reentry efforts to provide returning citizens with tools and resources to support post-release recovery from opioid or alcohol dependence. There are currently more than 75 state and local initiatives across the country that are incorporating the use of non-addictive medication, such as VIVITROL® (naltrexone for extended-release injectable suspension), with counseling as part of their correctional and/or reentry services."

For more information on Vivitrol or Alkermes, Inc., please contact

governmentalaffairs@alkermes.com.

More information about the use of Vivitrol in RSAT programs can be obtained from both the Barnstable House of Correction RSAT program, Jessica Burgess, Assistant Director of Health Services, Barnstable County Sheriff's Office, or Middlesex House of Correction RSAT program, Sean McAdam, Superintendent, Middlesex County Sheriff's Office.

Barnstable House of Correction RSAT Basic Principles

Although a short video cannot provide detailed information covering all aspects of the program, the Barnstable RSAT program probably cannot be replicated in exact detail across the country. What is important to understand (and hopefully the video highlights) are the basic principles on which the Barnstable RSAT program has successfully based itself. These include:

- a close collaboration between correctional officers and treatment staff to promote a 24/7 therapeutic community, as well as model the behavior the program is trying to teach inmates;
- the use of peers to mentor and assist inmates learn and adopt new behaviors
- robust aftercare and reentry programming, including offering inmates access to medication assisted treatment featuring injectable naltrexone (Vivitrol) provided three days before release to appropriately screened and identified inmates with a follow-up appointment for counseling and their second injection scheduled.
- clinical supervision of counselors to maintain quality of treatment in a stressful environment
- regular cross-training of officer and clinical staff to ensure consistency and program fidelity
- strong administrative support from the correctional administrators.

Contact Information

If you are interested in learning more about the Barnstable House of Correction RSAT Program, please contact Roger Allen, Director of Inmate Services at rallen@bsheriff.net or sign up to attend the next RSAT Mentor Host Site Training Program held in Massachusetts that features the Barnstable House of Correction RSAT Program as well as other model Jail RSAT programs in Middlesex, Norfolk and Berkshire Counties. Check the rsat-tta website (www.rsat-tta.com) for training Host Site training dates.