RSAT Promising Practices Guidelines: 2025 Learning Community Series

Program Administration

Wednesday, June 25th 2025

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)

Program for State Prisoners

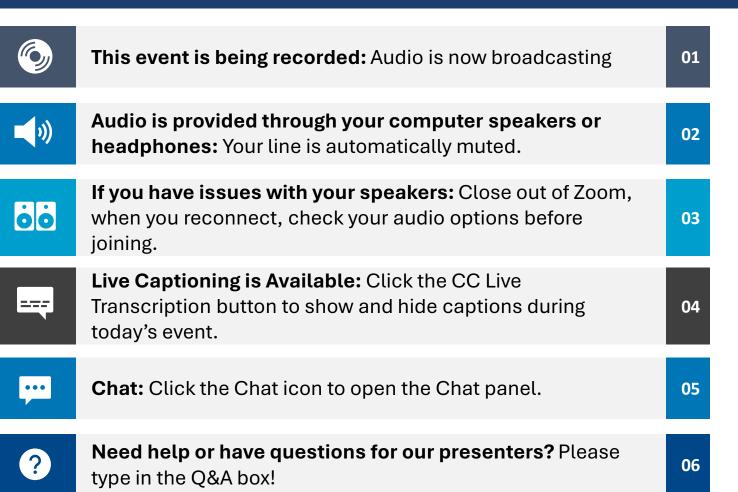
Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.





Housekeeping







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RSAT-TTA Presenter



Erin Allain, MS

Consultant

Advocates for Human Potential, Inc.



RSAT Community Best Practice Experts



Sandra Violette, MSW LADC

Director

CT Department of Correction-Addiction Treatment



Kendall Richardson, LADC

Clinical Supervisor

CT Department of Correction-Addiction Treatment



Learning Objectives

Upon completion of this webinar, the participant will be able to:

1

Describe best practices for staff training and staff-to-participant ratios in RSAT-funded residential substance use treatment programs, based on the RSAT Promising Practice Guidelines.

2

Identify key performance measures and data management strategies that support program fidelity, effectiveness, and continuous improvement.

3

Describe current strengths and challenges of staff training, collecting performance measures, and data management in your own facility.



Today's Agenda

- Presentation by RSAT-TTA staff
- Best Practice Highlight
- Peer Learning Opportunity
- Breakout Discussion



Program Administration: Staffing, Training, & Performance Measures



"Tell me and I forget. Teach me and I may remember. Involve me and I learn."

Confucian saying



Staff to Participant Ratio

- In group activities, what is the ideal ratio between residential SUD treatment participants and staff?
 - 20 to 1
 - Why 20 to 1?
 - Focus on individualized goals
 - Fewer distractions
 - Able to provide more positive reinforcement
 - Other benefits?



Staff Training

Both treatment and security staff should receive training on:

- Treatment standards
- Philosophy
- Benchmarks
- Objectives

Think about your own experience with training in this field. What was your <u>favorite</u> training? Why?



Training Topics for Staff

Examples include:

Substance use disorder 101

Signs and symptoms of withdrawal

Mental health and co-occuring disorders

Suicide prevention

Adverse events

Program model (philosophy, mission, objectives, etc.)

Screening and assessment tools

Treatment modalities

Stigma

Civil rights & individual backgrounds

What other key training topics do you recommend?



Language Matters

Updating Our Language—Non-Stigmatizing Alternatives 138	
STIGMATIZING LANGUAGE	CONSIDER AN ALTERNATIVE
Substance abuse or misuse	Substance use, substance use disorder
Dope sick	A person in withdrawal
Addict, abuser, alcoholic, junkie, etc.	A person who uses alcohol, drugs, substances, or a person with substance use disorder
When referring to urinalysis results, clean or dirty	Negative or positive urinalysis results
Get clean	A person who is currently abstinent from drugs or alcohol, or in some cases, a person in recovery
Relapse, lapse, slip	Recurrence of substance use, resumed substance use

RSAT Promising Practice Guidelines, 2023 (p. 43-45)



Performance Measures

- Why are performance measures/reliable data important for your program?
 - Determine if you're doing what you set out to do- fidelity
 - Effectiveness of your model
 - Seek feedback from program participants
 - Change course as needed





What performance measures are important to collect **DURING** programming?

Participation

Completion rates

UA results

% slots in TCs used for medium and high criminogenic risk individuals

Feedback from participants

Eligibility review



What performance measures are important to collect AFTER programming?

Successful vs unsuccessful completions

Rearrests

Reincarcerations

Initiation and retention in treatment

Abstinence or length of time to recurrence

Overdoses

ER visits

Overdose deaths

Service connections



Data Management Best Practices

- Where do you store performance metrics?
- How often do you review your data?
- How are staff trained on data entry?
- How is data used to make programmatic or policy changes?





Facility Best Practice Highlight



About the Facility

Connecticut is a Unified Correctional System, 13 Correctional Facilities across that state.

Carl Robinson Correction Institution (1992)

- Security level 3, serving the entire state of CT
- Facility capacity is 1,356, serving a male population
- TIME Program (This I Must Earn) houses 82 inmates
- Vocational Village- focused educational opportunities including culinary arts, machine tooling, small engine repair and community college courses and securing a CDL license

Osborn Correctional Institution (1995)

- Security level 3, serving the entire state of CT
- Facility capacity is 1,300, serving a male population
- The New Horizon Program houses 70 inmates

York Correctional Institution (1992)

- Security level 2-5, only facility in the state serving the female population the entire state of CT
- Facility capacity is 900, female population
- Marilyn Baker program houses 80 female inmates

Willard/ Cybulski Correctional Institution (2016)

- Security level 2, serving the entire state of CT
- Facility capacity is 680, male population
- Change Program (Changing Honesty Allows for New Growth Experience) - a modified Therapeutic Community with a heavy concentration of Driving Under the Influence (DUI) inmates; houses 110 inmates



Pros & Cons of a Unified System

Pro:

- Staff move from one facility to another
- Promotional opportunities
- Training is facility and job duty specific
- The opportunity to work in gender specific facilities
- Ability to bring all staff together for training
- Easy to move inmates from one facility to another
- Males receive very similar treatment regardless of facility

Con:

- Staff are not hired near their home
- 3 facilities are close in proximity and York is approximately 1.5 hours away (training difficulty)
- No on-sight Clinical Supervision
- Staff who are hired for the specific facility might not be a good match for the RSAT program



Training – Pre-COVID

RSAT Programs – referred to as Tier IV Programming:

- Regular training on RSAT concepts / Therapeutic Communities and program structure facilitated by senior and supervisory staff
- NA/AA support meetings weekly
- Regular feedback regarding morning meeting, environment, program and inmate management
- Training for all sites completed on a regular basis; Staff would be given an opportunity to train on site specific programming
- Regular staff meetings to discuss ongoing / real-time programmatic issues
- Monthly Clinical Supervision





Training – During COVID

- Training opportunities became almost non-existent
- Training could only be achieved facility specific
- Staffing numbers were very low unit wide due to intermittent staff illnesses
- Programming needed to be managed very creatively due to inmate containment
- Population released to the community to decrease facility census
- Limited programming options due to the threat of cross contamination
- NA/AA support meetings were discontinued





Training – Post COVID

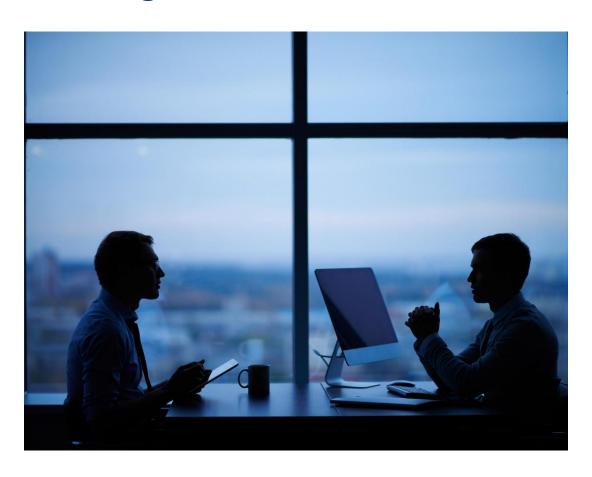


- Training needed to be re-established statewide
- Training was video taped to replay information in segments to new staff
- Osborn needed to work programming around a window project
- Re-establishing all aspects of programming (i.e. program census & structure)
- Staff and inmate buy-in for the program re-set
- The introduction of SMART Recovery as an enhancement grouping opportunity for the population
- Reinstatement of volunteers i.e. NA/AA support meetings



Training

Training – New Staff



- High staff turnover necessitated increased staff training
- 3-4, day long trainings focused on the concepts of RSAT programming
- Shadowing senior staff / reading pertinent program material for references
- Created a TEAMS support meeting for the counselor supervisors to discuss the programs and the concepts used in each program
- Created monthly TEAMS support meeting for newer staff to process RSAT programming requirements
- Increased Clinical Supervision for newer staff around RSAT concepts and program structure



Breakout Session



Breakout Session

Time to chat!

- Two breakout rooms- Jails and Prisons
- ~25 minutes of discussion
- Report back to the group after

Discussion Questions

- What training difficulties did you experience during the COVID pandemic and what, if any, are the on-going difficulties you're experiencing currently?
- How do you currently or how could you use data to improve or strengthen your program?



Breakout Session – Report Back



Open Q&A

What questions do you have for:

- RSAT-TTA staff
- Facility practice highlight presenter
 - Larger RSAT community





Contact Information

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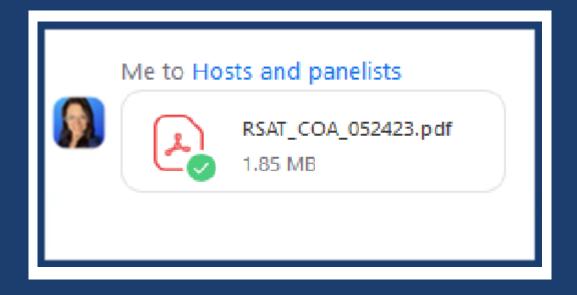
Addiction Treatment Unit

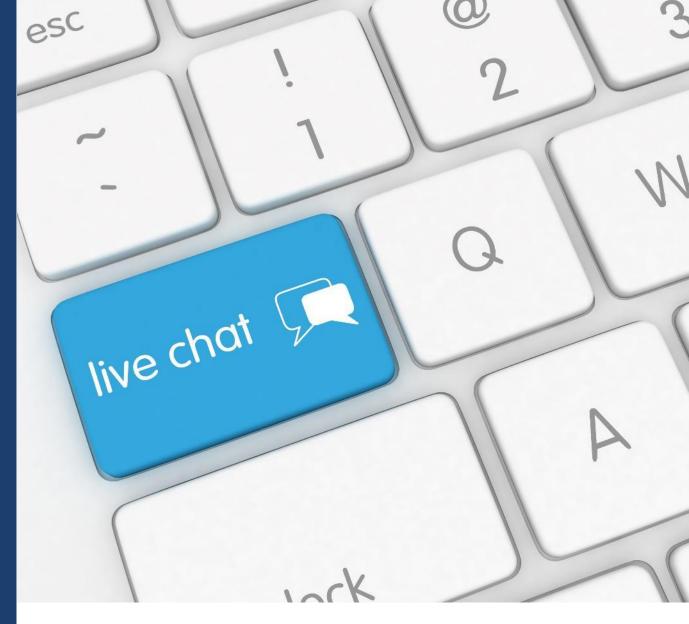
State of Ct. Dept of Correction

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You can download the certificate of attendance from the chat.







Additional Resources







Role of Correctional Officers in Jail/Prison Substance Use Disorder Treatment Programs

RSAT-TTA

Promising Practices
Guidelines

National Institute for Corrections

NIC Learn Center

Bureau of Justice Assistance

Training & Technical Assistance

RSAT-TTA

Role of Correctional

Officers in
Jail/Prison
Substance Use
Disorder Treatment
Programs





CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

June 25, 2025 RSAT webinar CEH quiz link:

https://survey.alchemer.com/s3/8356482/June-25-2025-RSAT-Webinar-CEH



Upcoming in this Series

Facility-Level Interventions

Wednesday, July 9



CONTACT



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