

RSAT Promising Practices Guidelines: 2025 Learning Community Series

Facility Level Interventions

Wednesday, July 9th 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.



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RSAT-TTA Presenter



Becky Berkebile, MA

Managing Director – Mid-Atlantic & Southern States

Advocates for Human Potential, Inc.

Learning Objectives

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

1

Describe at least 2 models for implementing MOUD services within jail and prison facilities.

2

Explain the role of cross-training security, treatment, and healthcare staff to support evidence-based, recovery-oriented programming.

3

Demonstrate understanding of the importance of withdrawal management protocols.

Today's Agenda

- Presentation by RSAT-TTA staff
 - Withdrawal Management
 - Medication for Opioid Use Disorder
 - Medicaid Enrollment
 - Security & Staff Training
- Best Practice Highlight
- Breakout Discussion

Withdrawal Management

All individuals upon entry in jails and prisons should be **screened for alcohol and substance use disorders upon entry** using a validated assessment tool. Those on prescribed medications should be **continued on those medications**; those experiencing symptoms of withdrawal should be **assessed for withdrawal management** overseen by medical staff.

[Promising Practices Guidelines](#), pg. 8

Withdrawal Management

Comprehensive Intake & Withdrawal Screening



Validated Tools for Screening

Implement validated assessments for substance use disorder, mental health, and criminogenic risk upon intake.



Early Identification of Withdrawal Risk

Screen all individuals for opioid use disorder (OUD) and alcohol use disorder (AUD) withdrawal symptoms at entry using structured protocols.



Suicide Risk Monitoring

Assess suicide risk at intake and periodically, especially for individuals in withdrawal or with co-occurring disorders.



Policy Integration and Staff Training

Integrate screening protocols into facility policy and ensure staff are trained in recognizing withdrawal and suicide risks.

Withdrawal Management

Key Principles

Clinical Protocols for Withdrawal

- Follow BJA/NIC recommended protocols to mitigate withdrawal symptoms and prevent complications.

MOUD Continuation

- Continue prescribed medications for OUD and AUD upon entry to facility to stabilize patients.

Supervised Medical Monitoring

- Establish daily symptom checks and vital monitoring for individuals undergoing withdrawal.





GUIDELINES FOR MANAGING SUBSTANCE WITHDRAWAL IN JAILS

A Tool for Local Government Officials, Jail Administrators,
Correctional Officers, and Health Care Professionals

June 2023



BJA
Bureau of Justice Assistance
U.S. Department of Justice



NIC
National Institute of Corrections



Medication for Opioid Use Disorder

Medications for substance and alcohol use disorder and mental health disorders should be provided in conformity with contemporary standards of care and in accordance with the American Disability Act.

[Promising Practices Guidelines](#), pg. 34

Overview of FDA-Approved MOUD

	Medication Type	Function	Administration
Naltrexone	Antagonist	Blocks opioid receptors, preventing euphoric and sedative effects of other opioids. Does not treat withdrawal but does reduce cravings.	Daily Monthly injection
Buprenorphine	Partial Agonist	Partially activates opioid receptors to suppress cravings and treat withdrawal symptoms. Partially blocks the effects of other opioids. Unlike full agonists, doses beyond a certain ceiling do not increase euphoria or sedation.	Daily Weekly or monthly injection
Methadone	Agonist	Fully activates opioid receptors in a dose-dependent fashion, reducing cravings and treating withdrawal. Partially blocks the effects of other opioids.	Daily

Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA), 2019, *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*. Rockville, MD: U.S. Department of Health and Human Services, SAMHSA, National Mental Health and Substance Use Policy Laboratory, HHS Publication No. PEP19-MATUSECJS

Answer in the Chat

What concerns or misconceptions about MOUD exist among staff or leadership?



Models of MOUD Implementation Seen at RSAT Facilities

Facility managing OTP services	Facility collaboration with an offsite OTP
<ul style="list-style-type: none">• Facility becomes a licensed and accredited OTP• Facility obtains DEA hospital/clinic registration	<ul style="list-style-type: none">• Facility becomes a satellite unit/medication unit of a licensed OTP• Facility arranges for an OTP mobile unit to deliver and dispense methadone at the facility• Facility transports medication from an OTP to the facility for administration by licensed medical staff of the facility• Facility transports individuals from their facility to a community-based OTP for dosing and other services

Source: Adapted from Health Management Associates, 2023, [Options to Ensure Access to Methadone for Treatment of Opioid Use Disorder in Corrections Settings](#).

MOUD – Legal and Policy Considerations

Americans with Disabilities Act (ADA)

The ADA is a federal law that extends civil rights protections to individual with disabilities in many areas of life. It defines disability as a physical or mental impairment that substantially limits one or more major life activities including major bodily functions, and of which there is a record of such as being an impairment. **The ADA considers people in treatment or recovery from OUD to be disabled**

[The ADA and Opioid Use Disorder: Combating Discrimination Against People in Treatment or Recovery | ADA.gov](#)

The Eighth Amendment to the U.S. Constitution

Federal courts and the U.S. Department of Justice have declared that a jail’s **“deliberate indifference” to the treatment needs of persons diagnosed with OUD represents a violation of the eighth amendment**, which bars cruel and unusual punishment. This begins with appropriate withdrawal management for individuals entering under the influence of opioids and includes follow up treatment, including access to FDA approved medications, a component of the contemporary standard of care for persons with OUD.

<https://www.rsat-tta.com/Files/Manuals-Curricula/RSAT-Suicide-SUD-Policy-Brief>

Medications for Opioid Use Disorder Resources

American Society of Addiction Medicine (ASAM) – [National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update](#)

Health Management Associates (HMA) – [Naltrexone Formulations in Correctional Settings](#), 2020

Journal of the American Medical Association (JAMA) Open Network – [Is Providing Medications for Opioid Use Disorder to Incarcerated Individuals a Cost-effective Strategy?](#) 2023

Providers Clinical Support System (PCSS) – [Practice-Based Guidelines: Buprenorphine in the Age of Fentanyl](#), 2023

SAMHSA – [Waiver Elimination \(MAT Act\)](#)

Additional Resources

OTP Resources

Substance Abuse And Mental Health Services Administration (SAMHSA) –
[How To Become An Accredited And Certified Opioid Treatment Program \(OTP\)](#)

National Commission On Correctional Health Care (NCCHC) – [Standard For OTP Accreditation](#)

Commission On Accreditation Of Rehabilitation Facilities (CARF) – [Opioid Treatment Program Hub](#)

Drug Enforcement Administration (DEA) –
[Narcotic Treatment Program Manual](#)

Anti-Diversion Resources

Journal of Substance Abuse Treatment -
[Uncommon and Preventable: Perceptions of Diversion of Medication for Opioid Use Disorder in Jail](#)

SAMHSA/BJA – [Medication-assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#)

NIH, The HEAL Initiative, JCOIN – [15 Key Buprenorphine Dosing Recommendations for Jail-Based Treatment Programs](#)

Medicaid Enrollment

Residential SUD treatment programs should ensure that participants have whatever **health insurance** they are eligible for and **other public benefits prior to release** where possible and be referred for care coordination in the community upon release to assist with obtaining health and public benefits.

[Promising Practices Guidelines](#), pg. 41

Medicaid

Suspension vs. Termination

Termination upon Incarceration

- Ends Medicaid eligibility
- Requires reapplication post-release, delaying care

Suspension Policies

- Pauses Medicaid during incarceration and enables rapid reinstatement upon release
- Suspension facilitates continuity in MOUD, mental health, and medical services
- Requires systems for data sharing between correctional and Medicaid agencies

Medicaid

Suspension vs. Termination

- Currently, **states can choose** to suspend or terminate Medicaid during incarceration, with most opting to suspend.
- Alabama, Georgia, and Texas still require termination.
- Starting in 2026, the Consolidated Appropriations Act of 2024 **will require all states to suspend coverage instead.**

New research on correctional Medicaid

- **Short jail stays, unpredictable release dates, and limited resources** were identified as challenges to completing enrollment or suspension processes.
- The study found that **effective coordination between jails and Medicaid agencies** was associated with smoother enrollment and suspension processes.
- New federal policies (e.g., 1115 waivers) were noted as creating additional opportunities for providing care before release but **also require additional infrastructure and planning.**

<https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-024-00311-7>

Security & Staff Training

Both treatment and security staff should receive training about substance use disorders (SUDs), signs and symptoms of withdrawal, mental health disorders, suicide prevention, trauma, and specific training about the residential SUD treatment program including Promising Practices Guidelines for RSUDT, the program's philosophy, mission, and objectives.

Promising Practices Guidelines, pg. 43

Security & Staff Training

Role of Security and the Collaborative Model



Positive Reinforcement

Security staff reinforce prosocial behaviors and treatment goals in daily interactions.



Consistent Modeling of Expectation

Officers model appropriate behavior and support therapeutic norms within the unit.



Cross-Training with Treatment Staff

Security and treatment should receive joint training.



Unified Treatment Environment

Security becomes part of the treatment team, fostering a stable, supportive community.

Poll Question

How are custody staff currently involved in supporting treatment goals (if at all)?

- Fully integrated into RSAT programming
- Some cross-training but no role in program
- Only responsible for security/movement



Security & Staff Training

Staff Cross-Training Needs

Cognitive Behavioral Techniques

Regular training – at least once every three years

Training should be for everyone implementing CBT interventions

Motivational Interviewing

Annual training or regular “community of practice”

Trauma-Informed Approaches

Basic understanding of trauma as a concept

Focus on reducing possible re-traumatization

Ongoing Supervision & Peer Coaching

Regular feedback and practice to sustain fidelity to evidence-based approaches

Wrap Up

Facility-Wide Implementation Strategies

Interdepartmental Coordination

- Align leadership, custody, medical, behavioral health, and reentry staff around shared goals; foster regular communication and joint problem-solving.

Policy Development & Written Protocols

- Establish clear, written policies that reflect evidence-based practices, define roles, and ensure consistency across staff and shifts.

Staff Onboarding & Continuous Training

- Provide comprehensive initial training and ongoing skill-building in areas like MI, CBT, trauma-responsive care, and cross-disciplinary collaboration.

Data-Driven Quality Improvement

- Use outcome data and fidelity monitoring to guide continuous program refinement.

Leadership Support

- Active support from facility and system leadership is critical to prioritize treatment and recovery within a secure environment.

Facility Best Practice Highlight

RSAT Community Best Practice Experts

Margaret Dickson, MS, LCPC, LCADC-S, NCC

MAT Program Manager/Clinician

Washoe County Sheriff's Office

Washoe County, Nevada

- Demographics
 - 2023 population: 501,673
 - 6,315.9 sq miles
- Services three primary municipalities:
 - Reno
 - Sparks
 - Incline Village
- Washoe County Detention Facility
 - FY 2022-2023
 - Annual Bookings: 14,790
 - Average Daily Population: 1,247
 - Average Length of Stay: 17 days



Washoe County Sheriff

Detention Services Unit

- The Washoe County Sheriff's Office is dedicated to creating relationships with community providers in building a safe, healthy, positive, supportive relationship with those individuals who live in our community.
- To reduce re-offense through continuity in counseling, recovery, programming, mental and medical health, well-being, and educational care for those in custody and upon transition when released.



Washoe County Sheriff

Detention Services Unit Staffing

- 1 Sergeant
- 6 Deputies
- 4 Civilians
 - **Specialty Courts Coordinator** - Julie Vann
 - **Nevada Department of Health and Human Services Employee** - Elizabeth Posada
 - **Human Services Case Worker** - Stacey Fleck (Social Worker)
 - **Medication Assisted Treatment** - Margaret Dickson, MS, LCPC, LCADC-S, NCC



Traditional uniform is different for commissioned members of DSU

Separates from standard "cop" appearance to assist in developing a rapport with inmates and community

Helps provide a warm hand off to community partners

Washoe County Sheriff

Opioid Treatment Program – Medication Assisted Treatment (MAT)

- Washoe County Detention Facility was licensed and certified as an **Opioid Treatment Program (OTP)** in Fall of 2019 following the election Sheriff Darin Balaam in 2018.
- Sheriff Balaam's dedication to assist our population in **getting treatment** for harmful use of opioids and alcohol is one of his **primary pillars**.
- The **Medication Assisted Treatment (MAT) Program** began the same month after the OTP was licensed.



We offer all three FDA approved medications to treat Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) in our program:

- Buprenorphine with naloxone (Suboxone)
- Methadone
- Naltrexone (Vivitrol)

Opioid Treatment Program – Medication Assisted Treatment (MAT)

Medication is combined with individual, and group behavioral counseling as outlined by the Substance Abuse and Mental Health Services Administration (SAMSHA).

The goal of MAT is to stabilize the patient utilizing medication so that they can fully engage in behavioral counseling to address the underlying reasons of harmful use and to build coping skills and life skills that will increase their success in long term recovery.

<https://www.samhsa.gov/medications-substance-use-disorders>

Washoe County Sheriff – MAT Program

Multidisciplinary Team

- **Dr. Elliot Wade**, MAT Provider
 - Naphcare Inc., Regional Corporate Medical Director
- **Sergeant Mark Kester**
 - WCSO Detention Services Unit Supervisor
- **Margaret Dickson**, MS, LCPC, LCADC-S, NCC
 - WCSO MAT Program Manager
- **Gina Rodriguez**, RN
 - Naphcare Inc., MAT Nurse
- **Position Currently Vacant**
 - WCSO - MAT Discharge Planner
 - Grant funded

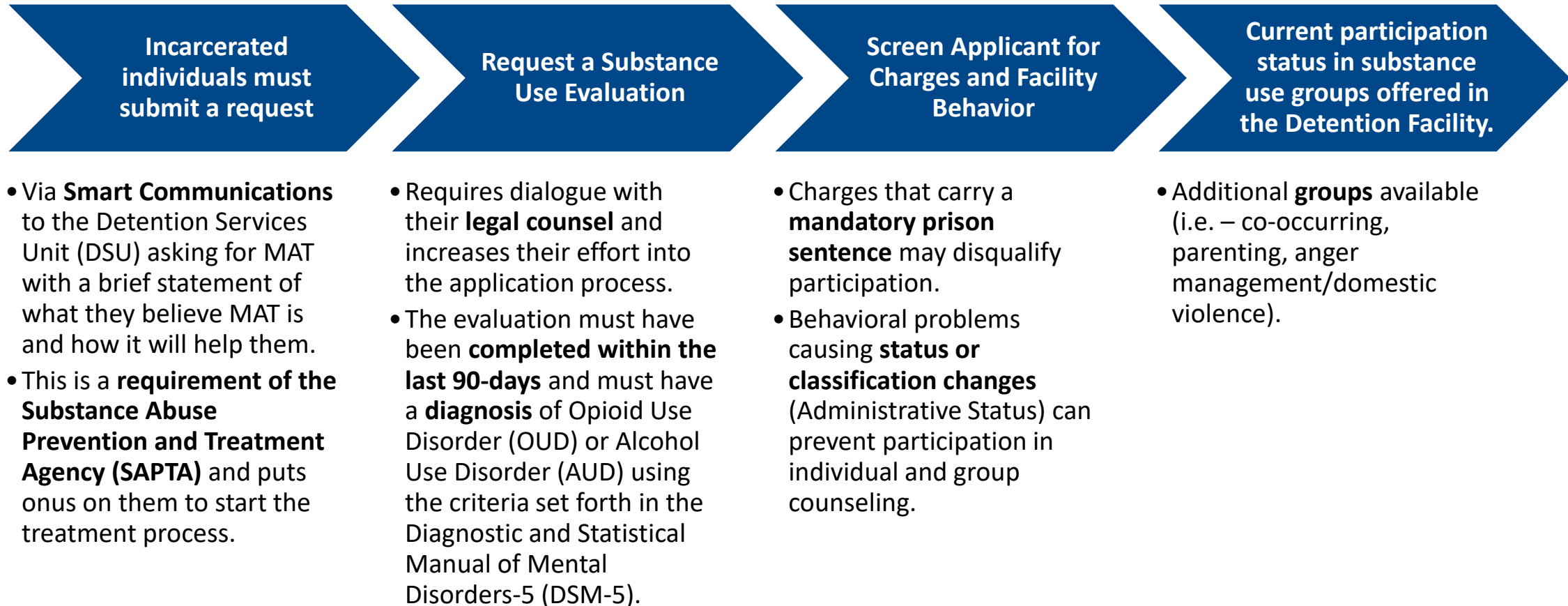
Weekly Staffing Meetings

- Virtual platform
- MAT Specialty Court (Second Judicial District Court - 2JDC)
- Northern NV Hopes

Review patient status

- Treatment planning
- Medication review
- Court updates
- Facility behavior / Line staff reports
- Release dates
- Discharge planning

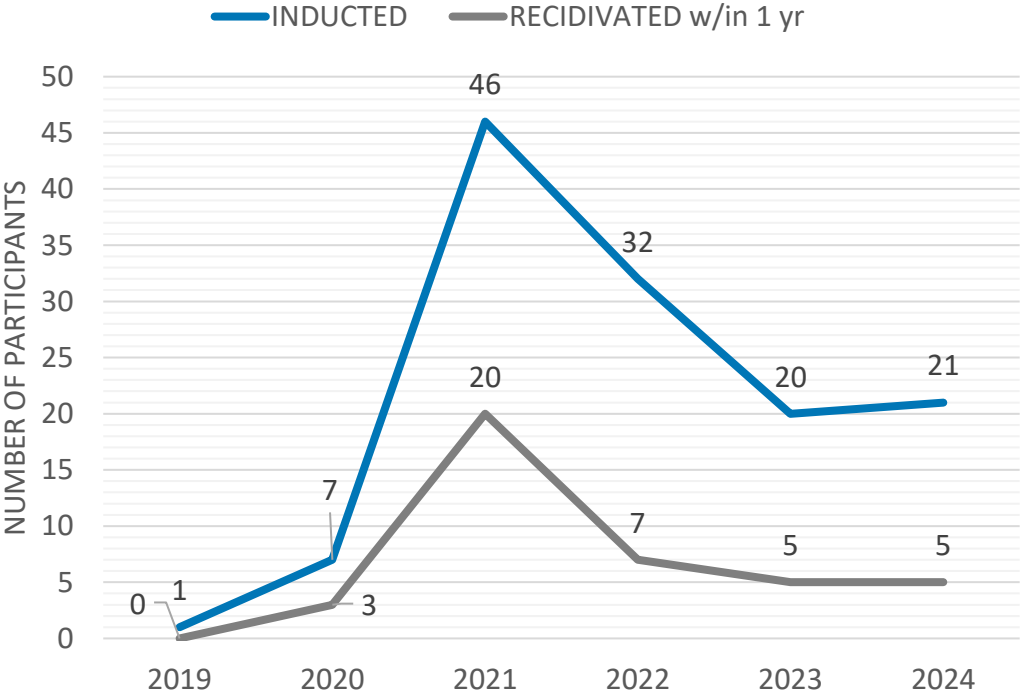
Washoe County Sheriff - MAT Program Process



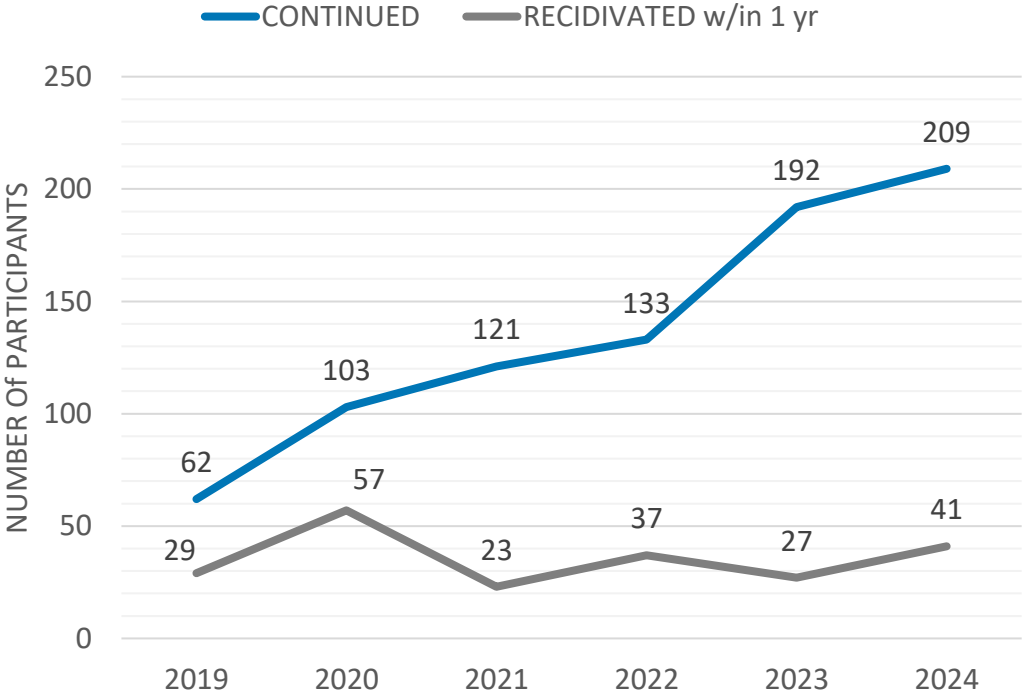
Washoe County Sheriff

MAT Data Analysis – Recidivism Raw Numbers

MAT - WCSO Inducted

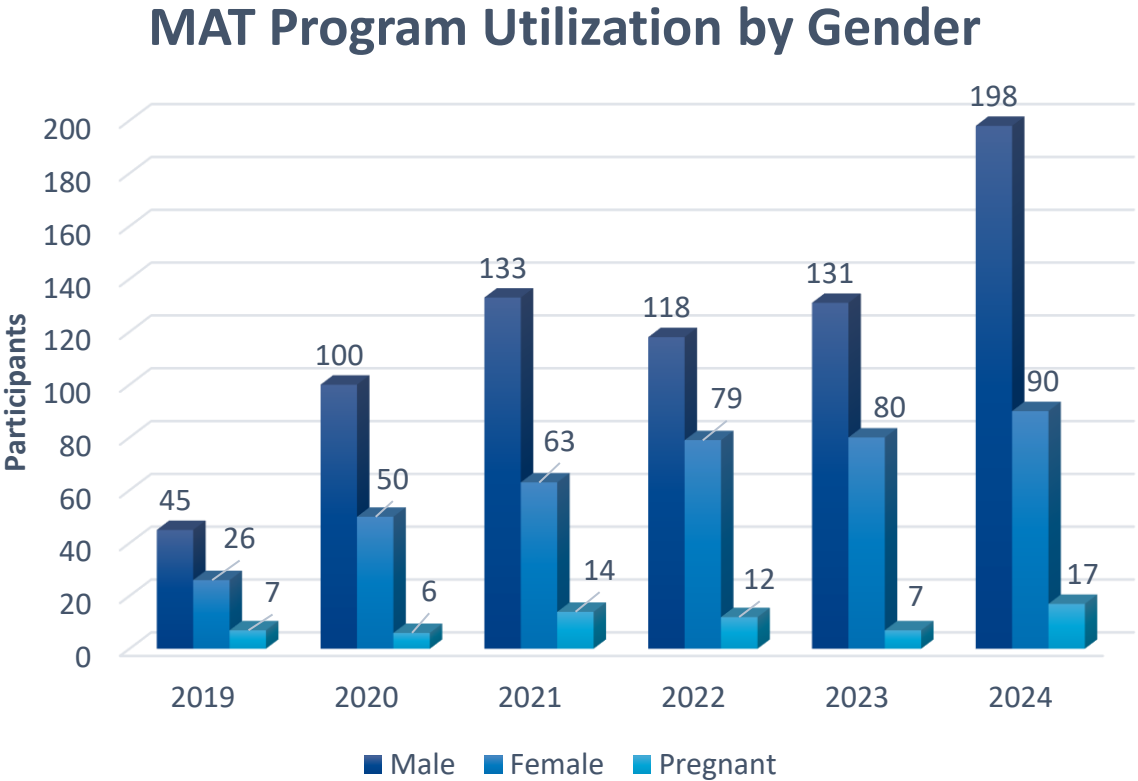


MAT - Continued from Community



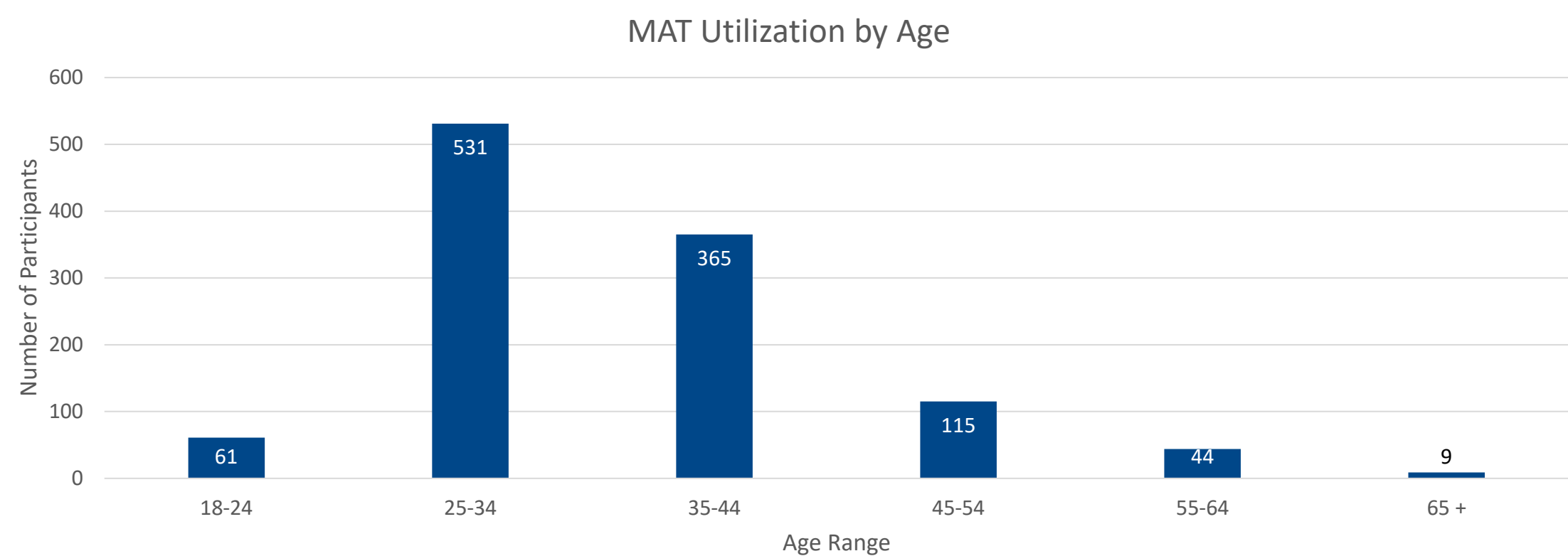
Washoe County Sheriff

MAT Data Analysis – Program Utilization by Gender



	Male	Female
MAT Only	65%	35%
Total Facility Population	75%	25%

MAT Data Analysis – Program Utilization by Age



Washoe County Sheriff – MAT Program

Since inception of the OTP/MAT Program in 2019, we have provided services to over 825 participants, 200 repeat participants.

The current MAT Program recidivism rate is 36% compared to the national average* of 44% (within one year of release).

Participants are required to engage in weekly substance use group and in individual counseling sessions monthly.

Narcan kits are provided to identified opioid users during the release process.

- Provided by CASAT (University of Nevada, Center for the Application of Substance Abuse Technologies) through the SOR (State Opioid Response) Grant.
- Average identified opioid users: 146 per month (2024) | Average kits accepted: 197 (2024)
- Xylazine and Fentanyl Test Strips are included in each kit
- Continuing education in the inmate orientation video (in progress)

Implementation of evidence-based journal workbook curricula.

*<https://worldpopulationreview.com/state-rankings/recidivism-rates-by-state#:~:text=The%20United%20States%20has%20some,first%20year%20out%20of%20prison>

Washoe County Sheriff – MAT Program

We continue to expand and **collaborate with different agencies** and programs within the community.

- Second Judicial District Court (2JDC) – Specialty Courts
- Nevada Department of Corrections
- Department of Alternative Sentencing
- Northern NV Hopes
- Parole & Probation
- Justice and Municipal Courts

Training implementation for all detention personnel

- **Online platform** delivering facts about addiction as a chronic disease
- Myths about MAT medications
- FDA approved medications and drug facts

New Nevada **Legislation** introduced – AB156 / Session 2023

- If passed in next session it will make **MAT services mandatory in jails and prisons.**
- The bill is designed to battle the opioid crisis and address statewide challenges with fentanyl use and overdoses.

Washoe County Sheriff – Planning for the Future

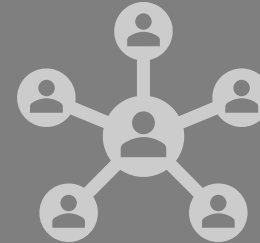


MAT Housing Unit

- Provide structured therapeutic community (TC) that fosters supportive environment.
- Scheduled activities, accountability.
- Counselors and Peers on the unit.
- Assigned duties for participants.

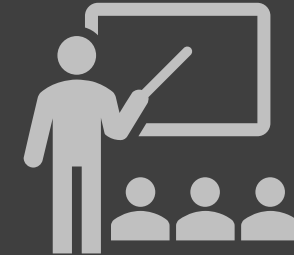


Memorandum of Understanding (MOU) with Community Treatment Providers



PEER Support Program (2026)

- Grant Funded



Approved Supervision Site with the NV State Board of Examiners for Alcohol, Drug and Gambling Counselors (Summer 2025)

- Master level practicum students
- Licensed interns

Breakout Session

Breakout Session

- Two breakout rooms - Jails and Prisons
 - ~20 minutes of discussion
 - Report back to the group after
-

1. Which of these practices are **already in place** in your facility?
2. What **barriers** exist to implementing more of these practices across your facility (e.g., staffing, training, leadership, policy)?
3. How does your facility currently **coordinate across departments** (treatment, security, administration) to support SUD treatment and recovery?
4. If you could implement **one facility-wide change** tomorrow to support better treatment outcomes, what would it be?

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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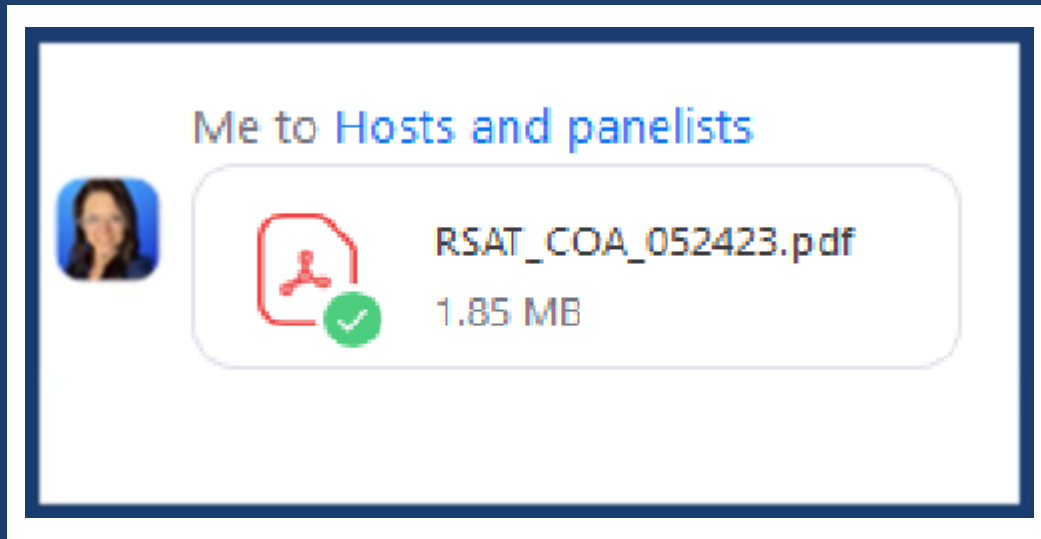
Margaret Dickson, MS, LCPC, LCADC-S, NCC

MAT Program Manager / Clinician

Washoe County Sheriff's Office

MDickson@washoecounty.gov

You can download the certificate of attendance from the chat.





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

Wednesday, July 9, 2025 RSAT webinar CEH quiz link:

<https://survey.alchemer.com/s3/8377974/July-9-2025-RSAT-Webinar-CEH>

CONTACT



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