

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

RSAT Fidelity Assessment
Instrument (FAI)

Assessor's Version – Revised
1.2022

Section I: Intake, Screening and Assessment

A. Eligibility Criteria

Focus: RSAT programs should have clear eligibility criteria, primarily based on substance use disorder and co-occurring mental health disorders screening and assessments and criminogenic risk / need assessment.

Key Issues to Address: Reference - *Promising Practices Guidelines, Section I-A*

- (1) What are the eligibility criteria for the RSAT Program?
- (2) How are individuals with substance use disorders identified? How are people with co-occurring mental health disorders identified?
- (3) How are criminogenic risk / needs and responsivity determined?

Scoring Checklist:

1. Admission into RSAT program is based upon diagnostic criteria and evidence-based assessments / screenings that identify co-occurring disorder.
2. Admission into RSAT program is based upon diagnostic criteria and evidence-based assessments / screenings that identify moderate to severe substance use disorder.
3. Admission into RSAT program is based upon diagnostic criteria and evidence-based assessments / screenings that identify medium to high criminogenic risk.

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Two criteria are checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

B. Biopsychosocial Assessment

Focus: Individuals should receive a full biopsychosocial assessment to inform the development of individualized treatment plans and case management.

Key Issues to Address: Reference: *Promising Practices Guidelines, Section 1-B*

- (1) What kind of information is gathered in additional screenings / assessments that are administered to RSAT participants once they enter the program?
- (2) How are the results of these screenings / screenings utilized?
- (3) What policy / standard helped determine what information was to be included in a comprehensive assessment? (Note- Assessor may ask if there is an RSAT policy which determines this information.)

Scoring Checklist:

1. RSAT participants are administered additional screening / assessments upon entry into the program, **OR** have access to results to screening / assessments completed upon intake, that include at least 3 of the 4 below:
 - Substance use history / severity
 - Criminogenic risk/needs
 - Trauma and/or mental health
 - Literacy / educational level
2. Results of screening / assessments are used for individual treatment plans and to establish continuing care plans.
3. The RSAT program / facility follows a specific standard / policy that determines what information to include in a comprehensive assessment / screening process.

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Criteria 1 and 2 are checked.

1 – LOW or NON-COMPLIANCE: Criterion 3 and one other is checked **OR** one or none of the criteria are checked.

C. Motivation to Change

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

Key Issues to Address: Reference - *Promising Practices Guidelines, Section 1-C*

- (1) How are program participants assessed for their readiness to change / motivational level? (Are staff using a standardized screening / assessment or is it part of a larger assessment that is administered)
- (2) What kind of adaptations are made for RSAT participants assessed with low motivation?
- (3) What motivational enhancement therapies / techniques are in place to help participants to address substance use disorder treatment and commitment to change?

Scoring Checklist:

1. RSAT participants are assessed for level of motivation / readiness to change using an evidence-based / standardized screening / assessment.
2. The RSAT program provides services and/or adaptations for participants with low motivation / earlier stage of the change process.

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: One of the criteria is checked.

1 – NON-COMPLIANCE: Neither criterion is checked.

Section I: Intake, Screening and Assessment Total Score

out of 15 =

Section II: Core Treatment Components

A. Evidence-Based / Promising Practices

Focus: (§ 10421) - RSAT Programs should provide a course of comprehensive individual and group substance abuse treatment services that are effective and science based.

Key Issues to Address: Reference - *Promising Practices Guidelines, II-A*

- (1) What evidence-based / promising practices treatment interventions for justice populations are being utilized?

Scoring

1. The RSAT program utilizes evidence based / promising practices for the justice population (examples listed below):
 - Manualized curriculum
 - Cognitive behavioral interventions / therapy and/or other forms such as dialectical behavior therapy and rational emotive behavioral therapy
 - Motivational Interviewing and/or other forms of motivational enhancement programs including contingency management
 - Therapeutic community (TC) or modified TC
 - Coping skills such as anger / stress management
 - Peer Mentoring, Recovery Coaches, and similar peer-based Support
 - Clinical / intensive case management
 - Criminal thinking interventions such as problem solving, thinking about consequences of one's behaviors, etc.
 - Educational / vocational services
 - Prosocial and recreational activities
 - Family and social support
 - Relapse prevention

5 – FULL COMPLIANCE: 9 - 12 criteria are checked.

3 – PARTIAL COMPLIANCE: 5 - 8 criteria are checked.

1 – LOW or NON-COMPLIANCE: 4 or less criteria are checked.

1. Cognitive Behavioral Therapy (CBT) and interventions (CBI)

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

Key Issues to Address: Reference - *Promising Practices Guidelines, II-A1*

- (1) Describe some of the cognitive behavioral interventions that are utilized within the RSAT Program by both uniformed and non-uniformed staff outside of groups and classes.
- (2) How is the effectiveness of the CBT interventions measured / ensured?

Scoring

1. CBT and/or CBI is being used in groups and classes by treatment staff to target “distorted cognitions” of criminogenic risk factors, substance use disorders and co-occurring mental health disorders.
2. CBIs are utilized during other meetings and within the Unit during daily interactions by:
 - RSAT staff
 - RSAT officers
3. Groups that use CBT are monitored on a regular basis to ensure fidelity to technique.

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 and one other criterion is checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

NOTE: Criterion 2 DOES NOT apply to officers if they not involved in the programming aspect of RSAT Unit (i.e., “bubble” units, security only).

2. Motivational Interviewing

Focus: Motivational Interviewing for substance use disorders can help strengthen participants' motivation to stop using substances, make other pro-social changes and constitutes an important component of RSAT programming.

Key Issues to Address: Reference - *Promising Practices Guidelines, II-A2*

- (1) Describe how RSAT staff use motivational interviewing (MI) skills and/or other motivational enhancement programs within the Unit.

Scoring

1. RSAT program staff use MI skills in individual and group sessions.
2. RSAT staff use MI skills when administering screening / assessments, during case management / treatment planning and other program-related tasks.
3. RSAT staff integrate MI skills into daily interactions with participants including both:
 - RSAT staff
 - RSAT officers

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 and one other criterion is checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

NOTE: Criterion 3 DOES NOT apply to officers if they not involved in the programming aspect of RSAT Unit (i.e., “bubble” units, security only).

3. **Therapeutic Communities (TC)**
4. **[for RSAT Programs that have adopted this modality]**

Much of the information of whether a program is a therapeutic community or not should be part of the requested materials sent by the RSAT Contact. There is rarely a need to go through the checklist on the following page during the interview.

Focus: Therapeutic communities should be adapted to function within a prison or jail without sacrificing the essential components of a therapeutic community.

Key Issues to Address: Reference - *Promising Practices Guidelines, II-A3*

If the RSAT Program is described as a Therapeutic Community (TC):

- (1) What are the defining features of the RSAT program's TC? (see RSAT Program Therapeutic Community Checklist on following page)

Scoring

1. If the RSAT program is run as a TC or modified TC, they meet 8 – 10 of the criteria on the RSAT Program TC Checklist.
2. If the RSAT program is run as a TC or modified TC, they meet 5 -7 or more of the criteria on the RSAT Program TC Checklist.
3. If the RSAT program is run as a TC or modified TC, they meet 4 or less of the criteria on the RSAT Program TC Checklist.

5 – FULL COMPLIANCE: Criterion 1 is checked.

3 – PARTIAL COMPLIANCE: Criterion 2 is checked.

1 – LOW COMPLIANCE: Criterion 3 is checked.

*RSAT Program Therapeutic Community Checklist

- Emphasis on participation by all members of the program in the overall TC Mission: in general, reducing substance use, recidivism, mental health symptoms (if co-occurring program).
- Use of community and peers (sometimes facility staff) as agents of change or key instrument of change.
- Utilizes a phase model in which participants progress through several levels of treatment. As they progress, their level of responsibility also increases (more opportunities for work, mentoring, etc.)
- Takes place in a residential setting apart from others. The community eats, has recreation, medical, and other correctional services apart from other incarcerated individuals as much as possible.
- Treatment includes aftercare and reentry services as a means of providing support, relapse prevention and continued care after they leave the TC – whether that means re-entering the community or being classified to another part of the correctional facility / system.
- There are rituals and traditions, daily / weekly community-wide meetings with a common language, songs, etc. that promote a strong sense of community for participants, staff, and Officers.
- TC's usually have leaders / mentors / elders in the last treatment phase who help orient new people into the Unit, support other participants with their learning and act as peer role models.
- The locus of control is shared between participants running the Unit, and staff and Officers providing services, and security acting as the “rational authority” and pro-social role models.
- There is a pro-social code of morality that is usually outlined in the TC's rules and regulations – “right living”. It promotes empathy, open communication, honesty, trust, positive work ethic, community responsibility, etc.
- TC participants may be referred to as residents, brothers/sisters, participants, but rarely ever inmates or offenders.

B. Rewards vs. Sanctions

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

Key Issues to Address: Reference - *Promising Practices Guidelines, II-B*

- (1) How are treatment progress and desired behaviors positively reinforced within the RSAT Program?
- (2) How is non-compliant behavior handled within the RSAT Program? (For example, are there sanctions imposed, clinical interventions?)
- (3) How are RSAT participants made aware of rewards for progress and consequences for non-compliance?

Scoring

1. RSAT participants' positive behaviors and progress throughout the program are reinforced with "social reinforcers" such as recognition for progress and sincere effort towards treatment / community goals.
2. Non-compliant behaviors are met with individualized clinical-based responses or are graduated sanctions that are consistent, predictable, and clear that swiftly follow the non-compliant behavior.

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 is checked.

1 – NON-COMPLIANCE: Criterion 1 is not checked.

C. Trauma-Informed services

Focus: RSAT Programs should be trauma-informed. Trauma-specific services should be provided or referrals made to such programming, if available, outside of the RSAT Program.

Key Issues to Address: Reference - *Promising Practices Guidelines, II-C*

- (1) What are some trauma-informed services / techniques / interventions / groups that are available and used within the RSAT Program?
(Remember that referral to mental health staff for trauma-informed individual counseling or groups is acceptable for some of the criteria)

Scoring

- RSAT programming should be accessible to participants who have experienced trauma and should include:**
 - Provision of services to enhance safety, minimize triggers and prevent re-traumatization**
 - Provision of trauma-informed mental health / substance use counseling**
 - Provision of trauma stabilization and coping skills**
 - Provision or referral to trauma-specific groups**

5 – FULL COMPLIANCE: At least three of the criteria are checked.

3 – PARTIAL COMPLIANCE: At least two of the criteria are checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

D. Co-occurring Disorders

Focus: RSAT Programs should offer integrated treatment for participants with co-occurring substance use and mental health disorders

Key Issues to Address: Reference - *Promising Practices Guidelines, II-D*

- (1) How are services and support provided for RSAT participants with co-occurring disorders?
- (2) Describe the collaboration between RSAT staff and Mental Health staff.

Scoring

1. **The RSAT program has been adapted to / developed to provide services for people with co-occurring substance use and mental health disorders.**
2. **There are specialized services and/or groups for RSAT participants who have co-occurring substance use and mental health disorders.**
3. **There are established procedures for collaboration with mental health treatment and RSAT staff.**

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 and one other criterion is checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

E. Treatment Plans

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

Key Issues to Address: Reference - *Promising Practices Guidelines, II-E*

- (1) How are RSAT participants' treatment plans developed? On what are they based? (Are plans collaboratively developed with participants?)
- (2) Describe the process of re-assessment for RSAT Program participants' changing needs, including lack of progress towards treatment goals/objectives?
- (3) How are re-entry needs incorporated into treatment plans?

Scoring Criteria

1. RSAT participant treatment plans are based on both:
 - Results from substance use, mental health, criminogenic risk/need/responsivity screenings and assessments.
 - Other collaborative goals agreed upon between RSAT participant and staff
2. RSAT program staff meet with participants on a regular basis to review treatment plan progress, revise and develop new goals according to their changing needs.
3. Treatment planning includes developing continuing care needs within the community to support a pro-social lifestyle.

5 – FULL COMPLIANCE: All three criteria are checked.

3 – PARTIAL COMPLIANCE: Two of the three criteria are checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.

Section II: Core Treatment Total Score

out of 40 =

Section III – Core Program Components

A. Program Length and Location

Focus: (§ 10424): Residential Substance Abuse Treatment programs must provide substance abuse treatment services, lasting a period of at least 6 months, in residential treatment facilities set apart from the general population of a prison or jail. In local correctional and detention facilities program length is not specifically defined by the statute, but shorter programs, under 90 days have not been found to be effective. RSAT program participants should be housed in a separate facility, housing unit, or pod. The physical layout of a facility may require creative scheduling, closed classrooms, or similar efforts to separate RSAT participants from the general population.

Key Issue to Address: Reference – *Promising Practices Guidelines, III-A*

- (1) How long does it take for an RSAT participant to successfully complete the RSAT Program?
- (2) How have you been able to keep the RSAT separate from the rest of the incarcerated people within the facility?

Scoring Criteria

1. If it is a prison RSAT program - it is at least six months in duration.

OR

- If it is a jail or detention RSAT program – it can be shorter than six months but not shorter than 90 days in duration as long as it is “effective and science-based”.

2. The RSAT program has its own unit / pod separated from the other incarcerated / detained individuals.

OR

- If it is physically impossible for the RSAT to be located in it’s own unit / pod, then all groups / classes must be separated from other incarcerated / detained individuals within the facility.

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: Either Criterion 1 OR Criterion 2 is checked.

1 – NON-COMPLIANCE: Neither of the criteria is checked.

B. RSAT Program Phases

Focus: RSAT programming should be offered in phases based on participants having reached specified behavioral and recovery milestones. RSAT programming should be considered the first phase of ongoing treatment that continues upon release.

Key Issues to Address: Reference - *Promising Practices Guidelines, III-B*

- (1) How do RSAT participants progress throughout the program? What makes participants eligible to move on to the next phase of treatment – and to be eligible for program completion?
- (2) How is it assured that participants will be able to stay within the RSAT program long enough for successful completion?

Scoring Criteria

1. **RSAT participants progress throughout treatment in phases **AND/OR** according to individual treatment needs based on specified treatment and behavioral goals.**
2. **There are policies in place that allow RSAT participants to stay in the program until successful completion.**

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 is checked.

1 –NON-COMPLIANCE: Criterion 1 is not checked.

C. Pro-social Programming

Focus: Pro-social programming should account for the majority of the participants' day.

Key Issues to Address: Reference - *Promising Practices Guidelines, III-C*

- (1) What other classes, groups, activities, etc. are offered outside treatment and educational classes for RSAT participants?

Scoring Criteria

1. **RSAT participants are offered opportunities for additional groups, classes and activities that reinforce pro-social behaviors.**

5 – FULL COMPLIANCE: Criterion 1 is checked.

1 – NON-COMPLIANCE: Criterion 1 is not checked.

D. Cultural Competence

Focus: RSAT programs should be culturally competent.

Key Issues to Address: Reference - *Promising Practices Guidelines, III-D*

- (1) How are RSAT staff trained and assessed in culturally responsive clinical and treatment skills?
- (2) What culturally responsive curriculum and/or groups are utilized and offered within the Program?
- (3) What kind of accommodations are made within the program for participants from diverse cultural backgrounds?
- (4) How are accommodations for individuals identified as LGBTQIA+ participants addressed?
- (5) Staff should also have an understanding of their own culture and how that affects interactions with clients from other and similar cultures.ⁱ According to the U.S. Department of Health and Human Services, cultural competence “refers to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of

individuals and families receiving services, as well as staff members who are providing such services. Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time.”ⁱⁱ Culturally responsive skills can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes. Cultural competence is an essential ingredient in decreasing disparities in behavioral health.ⁱⁱⁱ **(May be helpful for new assessors to describe / explain / understand what is meant by cultural competence for now until the new PPG revisions are completed in Spring 2022)**

Scoring Criteria

1. RSAT staff are trained in cultural competence / diversity, equity, inclusion; how identification with one or more cultural groups influences each client’s worldview, beliefs and traditions surrounding initiation of use, healing and treatment.
2. Culturally responsive groups, clinical skills, activities, and/or curriculum are offered within the RSAT Program on an ongoing basis.

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: One of the criteria is checked

1 – NON-COMPLIANCE: None of the criteria are checked.

¹ Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. <https://doi.apa.org/doi/10.1037/a0032595>

¹ Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. (2003). *Developing cultural competence in disaster mental health programs: Guiding principles and recommendations* (HHS Publication No. [SMA] 3828). U.S. Department of Health and Human Services. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>

¹ Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series No. 59 (HHS Publication No. [SMA] 14-4849). <http://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf>

E. Urinalysis

Focus: (§ 10422): Urinalysis or other proven reliable forms of testing, including both periodic and random testing before entering and during RSAT and after release if the person remains in custody of the state is required of all RSAT participants.

Key Issues to Address: Reference - *Promising Practices Guidelines, III-E*

- (1) Describe the RSAT Program's urinalysis protocol.
- (2) What are the consequences of a positive test?

Scoring Criteria

1. **RSAT Participants are tested prior to admission into RSAT, regularly and randomly tested over the course of RSAT programming, and post-RSAT if still in custody.**
2. **Positive drug tests during the RSAT program are used as an opportunity for therapeutic intervention and treatment plan revision and not necessarily discharge from the program.**

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 is checked.

1 –NON-COMPLIANCE: Criterion 1 is not checked.

Section III: Core Program Total Score

out of 25 =

IV. Provision of Medications and Health Care

A. Medications for alcohol / opioid use disorders and mental health disorders

Focus: (§10424 Medications should be considered part of the contemporary standard of care for the treatment of individuals with alcohol and opioid use disorders and those with co-occurring mental health disorders.

Key Issues to Address: *Reference – Promising Practices Guidelines, IV-A*

- (1) What kind of medication is offered for people with OUD and/or AUD? (Please note which medications)
- (2) Are people prescribed medications for mental health disorders?
- (3) What is the procedure when a person is taking prescribed medication for AUD / OUD (methadone, buprenorphine, disulfiram, etc.) and/or medication for mental health disorders upon booking? (If a facility does NOT continue prescribed medication for AUD / OUD / mental health issues upon entry – please details what [withdrawal and tapering] protocols are followed, including medications)
- (3) How do RSAT participants obtain information on overdose prevention?
- (4) Are naloxone and overdose education / information provided for participants at risk, or their families / loved ones, during the reentry process?

Scoring Criteria

1. RSAT participants are offered medication for alcohol and opioid use disorders if medically / psychiatrically appropriate.
2. RSAT participants are offered medication for mental health disorders if medically / psychiatrically appropriate.
3. RSAT participants continue receiving prescribed medications for alcohol and opioid use disorders pending medical / psychiatric assessments.
4. RSAT participants continue receiving prescribed medications for mental health disorders pending medical / psychiatric assessments.
5. Participants are provided naloxone and overdose prevention education prior to or upon release.

5 – FULL COMPLIANCE: All 5 criteria are checked.

3 – PARTIAL COMPLIANCE: Criteria 1 - 4 are checked.

1 – LOW or NON-COMPLIANCE: Criteria 1 – 4 are **NOT** checked.

B. Health Coverage

Focus: (§10422): RSAT programs must assist participants with aftercare services, which may include case management services and a full continuum of support services, including medical treatment or other health services.

Key Issues to Address: Reference - *Promising Practices Guidelines, IV-B*

- (1) How do you ensure that every released RSAT participant has medical insurance and other public benefits they may be eligible for upon reentry or shortly thereafter?
- (2) What kind of support services are in place once a participant with healthcare issues is released to assist them with medical case management and other wraparound services?

Scoring

1. **Every eligible RSAT participant has applied for or has health insurance (Medicaid or not) prior to release.**

OR

- Has been referred to a care coordinator within the community to assist with obtaining health benefits**

5 – FULL COMPLIANCE: Criterion 1 is checked

1 –NON-COMPLIANCE: Criterion 1 is not checked

C. Health Care Literacy

Focus: RSAT programs should provide and encourage health literacy. Participants should be taught how to obtain, process, and understand basic health information needed to make appropriate health decision and access health care services.

Key Issues to Address: Reference - *Promising Practices Guidelines, IV-D*

- (1) Where do participants find out how to ask for testing for medical issues within the institution?
- (2) Where do participants learn about accessing medical services upon release, finding out about affordable care options, how to talk with providers and navigate the health system?
- (3) How do participants become educated about, and how to decrease their risk of becoming infected and transmitting HIV, Hepatitis C and B, TB, sexually transmitted diseases and other infectious diseases?

Scoring

There is information provided and/or regular classes on the following topics:

1. Symptoms and reducing risk of infectious diseases (HIV, Hepatitis B and C, Tuberculosis, sexually transmitted diseases, Covid-19, etc.)
2. Accessing affordable care options
3. Communicating with providers
4. Navigating the behavioral health / medical care system

5 – FULL COMPLIANCE: All of the criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 and at least one other of the criteria are checked.

1 –LOW or NON-COMPLIANCE: Criterion 1 is NOT checked

Section IV: Provisions of Medications and Health Care

out of 15 =

V. Continuing Care / Reintegration

A. Continuity of care

Focus: Continuity of care is essential for people with substance use and mental health disorders who are reintegrating back into the community. Continuing care includes case management services, support services, behavioral health and treatment programs, educational and job training programs, and parole/probation supervision programs.

Key Issues to Address: Reference - *Promising Practices Guidelines, V-A*

- (1) How do RSAT participants prepare for reintegration back to the community? *(Are there re-entry or continuing care plans specifically that participants can leave with upon release?)*
- (2) How is participants' information shared between the program, probation/parole and community treatment providers?
- (3) What kind of linkages are in place for continuing care services for reintegrating RSAT participants, including public health benefits?
- (4) What role does probation / parole play in the reintegration process?
- (5) What kind of aftercare is provided to eligible RSAT participants?
- (6) How is treatment continued upon completion of the RSAT program?

Scoring

1. Reintegration (reentry, transition, continuing care) plans are developed with each participant prior to release that includes a) and at least 3 other criteria (b-e):
 - a) Linkage for those with health care issues to medical providers and/or medical case management
 - b) Housing
 - c) Continued treatment services
 - d) Public assistance (food stamps, SSI/SSDI, WIC, etc.)
 - e) Vocational training and/or educational programs
2. There are information-sharing protocols in place between correctional staff, post-release supervisors and community-based treatment providers.
3. There are linkages in place with community-based service providers, volunteers, and state / federal agencies that allow some continuing care to begin prior to release in person / by phone (Veterans Administration, Housing, Health Administrators, Treatment Providers, Peer Specialists, etc.)
4. There is coordination between RSAT staff and probation / parole supervisory staff prior to release.
5. There is a funded aftercare component that provides services to eligible RSAT participants once released.

5 – FULL COMPLIANCE: Criterion 1, and three or more criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1, and two more criteria are checked

1 –LOW or NON-COMPLIANCE: Criterion 1 is NOT checked

B. Continuing Medications upon Release

MH, MED, RE-ENTRY

Many of these questions may already have been answered through written responses from the Medical Department staff.

Focus: RSAT programs must assist participants on medications for alcohol and opioid use disorder to immediately continue these medications upon release.

Key Issues to Address: Reference - *Promising Practices Guidelines, V-B*

- (1) How is referral to post-release medications treatment (MAT, psychiatric, medical) arranged?
- (2) What kind of medications does the Medical Department provide “bridge doses” for upon release?
- (3) What is the procedure for coordinating appointments with medical providers / medical case management as necessary upon release? (Are medical or re-entry staff making appointments PRIOR to release)

Scoring

1. RSAT participants that are continued on or inducted on medications for alcohol / opioid use disorder have a plan that allows them to continue to obtain prescriptions in a timely manner upon release.
2. RSAT participants that are continued on or prescribed medications for mental health disorder(s) have a plan that allows them to continue to obtain prescriptions in a timely manner upon release.
3. RSAT participants are provided “bridge” doses for certain medications that will supply them with necessary dosages of medications until they are able to attend their first psychiatric / medical / MAT provider appointment in the community.
4. Appointments are made prior to release for MAT providers, psychiatric and medical appointments when medications are prescribed OR supervising agents are responsible for this task for people released on parole / probation.

5 – FULL COMPLIANCE: All criteria are checked.

3 – PARTIAL COMPLIANCE: At least two criteria are checked.

1 –LOW or NON-COMPLIANCE: One or none of the criteria are checked.

C. Self-Help and Peer Group Programs

RE-ENTRY, STAFF

Focus: RSAT programs must involve the coordination of the correctional facility treatment program with other human service and rehabilitation programs to include participation in self-help and peer group programs.

Key Issues to Address: Reference - *Promising Practices Guidelines, V-C*

- (1) What type of peer support services are available to RSAT participants? *(Is there peer support for those with co-occurring mental health disorders)*
- (2) What kind of connections to recovery community resources are available to RSAT participants? *(Remember that this section focuses ONLY on PEER support)*
- (3) In what way do RSAT Program participants and/or other peers within the facility (i.e., RSAT graduates) provide a pro-social recovery network for RSAT participants?

Scoring

1. RSAT participants should be provided the opportunity for pro-social peers through at least two of the three methods below:
 - Peer Mentors within the program / facility
 - Community-based and/or facility-based Peer Support Specialists / Recovery Coaches
 - Engagement in AA/NA, mutual self-help and faith-based networks
2. There are linkages to peer recovery center(s) or similar prosocial peer support networks within their community of release.
3. There are similar peer services and opportunities in place for RSAT participants with co-occurring mental health disorders
4. RSAT participants have a role within the program in helping peers within the Unit separate from staff.

5 – FULL COMPLIANCE: All criteria are checked.

3 – PARTIAL COMPLIANCE: Criterion 1 and at least one other is checked.

1 –LOW or NON-COMPLIANCE: One or none of the criteria are checked.

Section V: Continuing Care / Reintegration Total Score

out of 15 =

VI. Staffing and Training

A. Ratio of RSAT participants to staff

OFFICER, STAFF

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

Key Issues to Address: Reference - *Promising Practices Guidelines, VI-A*

(1) What is the participant limit for treatment groups?

Scoring

1. Treatment groups have no more than a ratio of 20:1 treatment staff to participants.

5 – FULL COMPLIANCE: Criterion 1 is checked.

1 – NON-COMPLIANCE: Criterion 1 is not checked.

B. RSAT Specific Training

Focus: Both treatment and security staff should receive training about substance use disorders, mental health disorders, and trauma, as well as specific training about the RSAT program, including its mission, operations, policies, and practices.

Some of the questions may already be answered through prior questions of the FAI and/or through written responses to *Pre-Interview Questions*.

Key Issues to Address: Reference - *Promising Practices Guidelines, VI-B*

- (1) How are RSAT staff trained in recognizing the symptoms of substance use and mental health disorders – this includes officers as well.
- (2) How are staff trained in trauma-informed services / care / interventions, including officers?
- (3) What kind of training is there to orient staff, including officers, to the RSAT Program mission, operations, philosophy?
- (4) To what extent are Officers involved in the programmatic aspects of the RSAT Unit? (give examples)

Scoring

1. Both RSAT staff and officers receive training in RSAT program standards, philosophy, operations, and objectives.
2. RSAT staff and officers are trained on the signs and symptoms of mental health disorders, de-escalation techniques and recognizing when mental health staff need to be contacted.
3. RSAT staff and officers are trained on the signs and symptoms of trauma, trauma-informed / trauma-responsive care, and recognizing when medical/mental health staff need to be contacted.
4. Both RSAT staff and officers are trained on the signs and symptoms of substance use disorders, withdrawal symptoms and recognizing when medical/mental health staff need to be contacted.
5. Officers are involved with RSAT programming such as facilitating / co-facilitating classes, helping with participants' homework (treatment or educational), attending multi-disciplinary meetings, being involved in accountability / consequences and progress reviews, making themselves available for participants' questions and interactions and co-facilitating groups.

5 – FULL COMPLIANCE: 4 – 5 of the criteria are checked.

3 – PARTIAL COMPLIANCE: 2 – 3 of the criteria are checked.

1 – LOW or NON-COMPLIANCE: One or none of the criteria is checked.

C. RSAT Treatment and Intervention Training

Focus: RSAT staff should be trained in cognitive behavioral therapy (CBT), Motivational Interviewing (MI) skills, and other evidence based and promising practices and interventions that are implemented in the unit, including screenings, assessments, curriculum and other specific programming offered within the program. Correctional officers should also be involved in these trainings.

Some of the questions may already be answered through prior questions of the FAI and/or through written responses to *Pre-Interview Questions*.

Key Issues to Address: Reference - *Promising Practices Guidelines, VI-C*

- (1) How are RSAT staff trained in cognitive-behavioral therapy and interventions, motivational interviewing (or other motivational enhancement techniques)? How are RSAT officers trained in the same?
- (2) How are **RSAT** staff trained in the operations of a (modified) therapeutic community (if applicable)? How are RSAT officers trained in the same?
- (3) How are RSAT staff trained in screenings / assessments, curriculum and other specialized programming offered within the RSAT program? Are officers involved in any of these trainings?

NOTE: Criteria 2, 4 and 5 do NOT apply if officers are not involved in the programming aspect of RSAT Units (i.e., "bubble" units, security only).

Scoring

1. RSAT staff receive training in CBT and CB interventions.
2. RSAT officers receive training in CBT and CB interventions
3. RSAT staff receive ongoing training in motivational interviewing.
4. RSAT officers receive ongoing training in motivational interviewing.
5. Both RSAT staff and officers are trained in the model of therapeutic communities (if applicable).
6. RSAT staff are trained on screenings / assessments, curriculum and other specific programming utilized within the RSAT program.

5 – FULL COMPLIANCE: All criteria are checked (**Criterion 5 only if applicable**).

3 – PARTIAL COMPLIANCE: At least three criteria are checked (**two criteria if NOT a therapeutic community**).

1 –LOW or NON-COMPLIANCE: Two or less of the criteria are checked. (**One or none if not a therapeutic community**).

NOTE: Criterion 5 is only applicable to those RSAT programs that are (modified) therapeutic communities.

Section VI: Staff Training Total Score

out of 15 =

VII. Data Collection and Program Evaluation

A. Performance Measures

Most of this section is not based upon interview. It is based upon information provided through previously sent questions.

Focus: Performance measures during a 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.

Key Issues to Address: Reference - *Promising Practices Guidelines, VII-A*

Scoring Criteria

1. Performance measures should include the following (at a minimum):

- RSAT Completion Rates
- RSAT Program non-completion rates
- Urinalysis test results
- % of RSAT beds used for medium-high criminogenic risk individuals
- Rearrests
- Reincarcerations
- Admission and retention in post-release treatment
- Abstinence or length of time to relapse post-release
- Overdose / Overdose deaths post-release
- ER visits post-release

5 – FULL COMPLIANCE: 7 – 10 of the criteria are checked.

3 – PARTIAL COMPLIANCE: 4 – 6 of the criteria are checked.

1 –LOW or NON-COMPLIANCE: 3 or less of the criteria are checked.

B. Independent Evaluations and Fidelity Assessments

Focus: RSAT programs should encourage independent evaluations to determine outcome measures and review all aspects of their operations for fidelity to Promising Practices Guidelines.

Key Issues to Address: Reference - *Promising Practices Guidelines, VII-B*

- (1) Has the RSAT Program or its participants ever been the subject of independent research? Would that be a situation that would be welcome or even planned for?
- (2) In what other ways has the RSAT program been evaluated for fidelity?

Scoring Criteria

1. **The RSAT program has been evaluated or is seeking evaluation by an independent researcher.**
2. **The RSAT program has internal processes to measure for fidelity to co-occurring treatment standards / RSAT mission / staff performance and other factors.**

5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: At least one of the criteria is checked.

1 – NON-COMPLIANCE: None of the criteria are checked.

C. Timely and Reliable Data

Focus: Timely and reliable data entry are key for RSAT programs to make course adjustments to improve participant outcomes.

Key Issues to Address: Reference - *Promising Practices Guidelines, VII-C*

- (1) How are RSAT Program data collected / obtained within the facility? (i.e., jail or prison database, shared database, Excel or other manner?)
- (3) How often is RSAT Participant data collected / obtained and input to the facility's system?

Scoring

1. **There is a system in place to capture data for the RSAT Program with as much accuracy as possible that is recorded in a timely manner.**

5 – FULL COMPLIANCE: Criterion 1 is checked.

1 – NON-COMPLIANCE: Criterion 1 is not checked.

Section VII: Measuring Results Total Score

out of 15 =