

Recent Updates to the Promising Practices Guidelines for RSAT

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

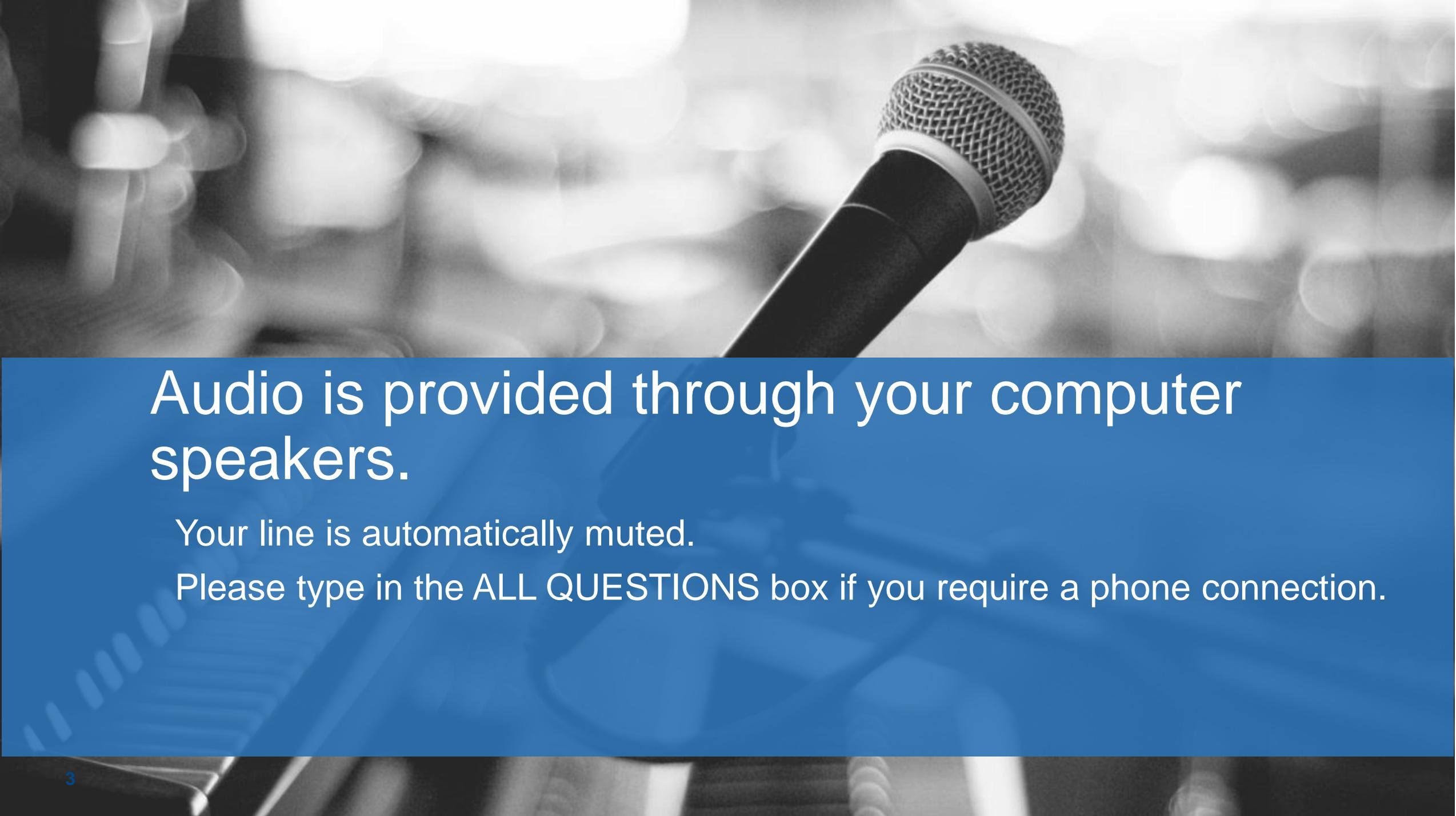
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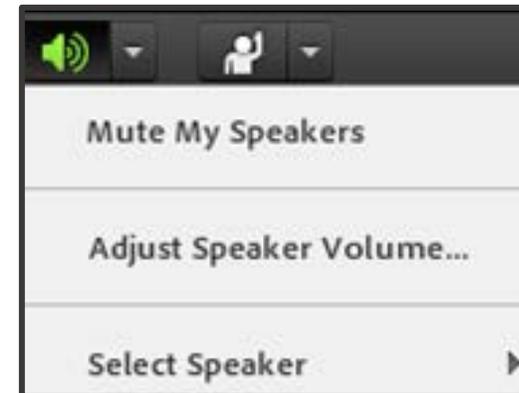
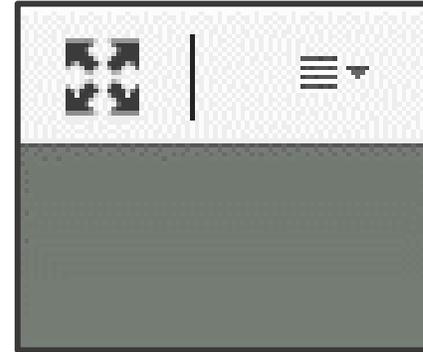
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Virtual UDS Visits Defined.pdf	87 KB
Table 5 Addendum.pdf	158 KB
Nurse Visits for UDS Reporting.pdf	225 KB
Today's Slide Deck	9 MB

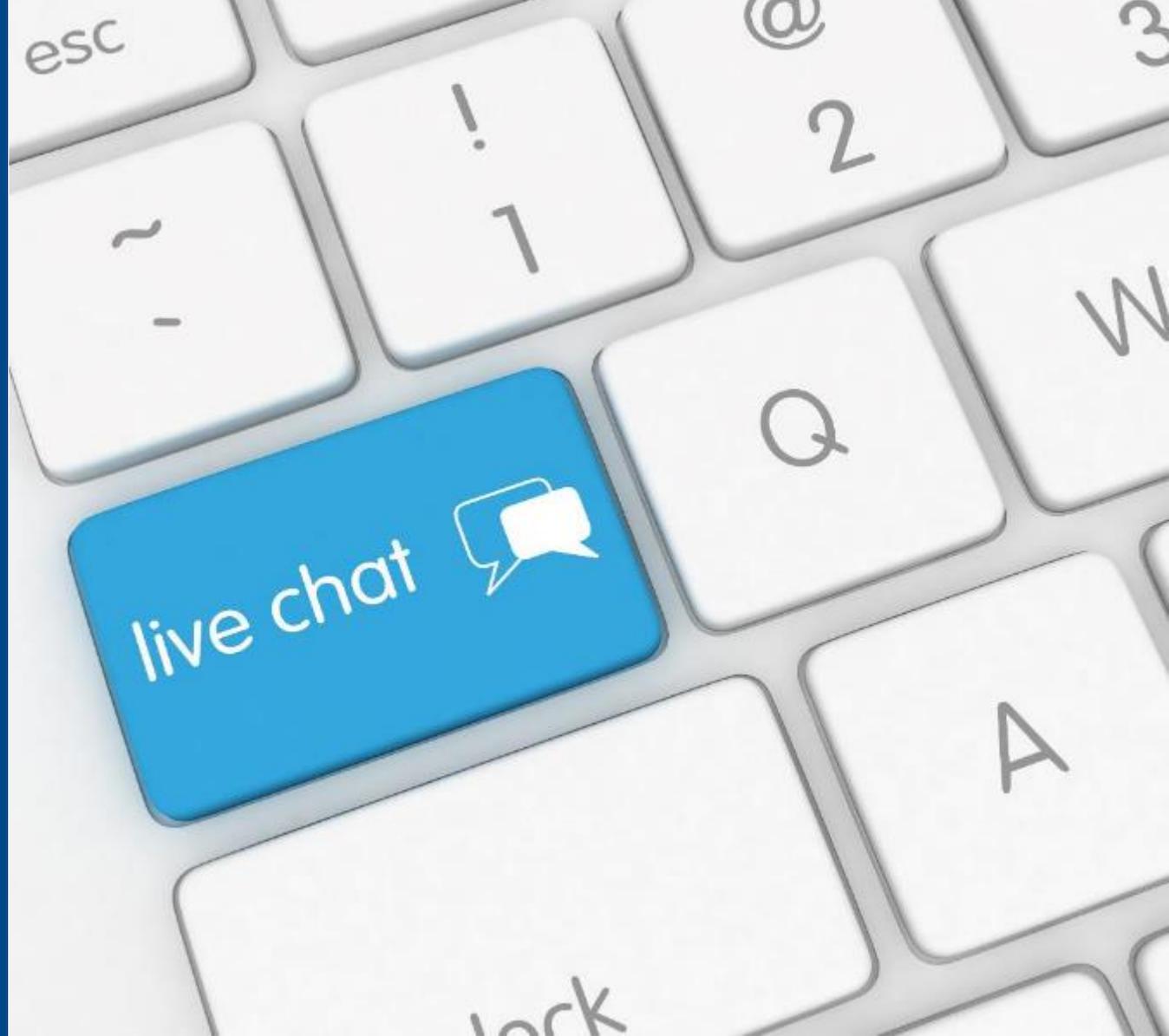
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Today's Speakers



Roberta C. Churchill, MA, LMHC
Senior Criminal Justice Associate
Advocates for Human Potential, Inc.

Learning Objectives

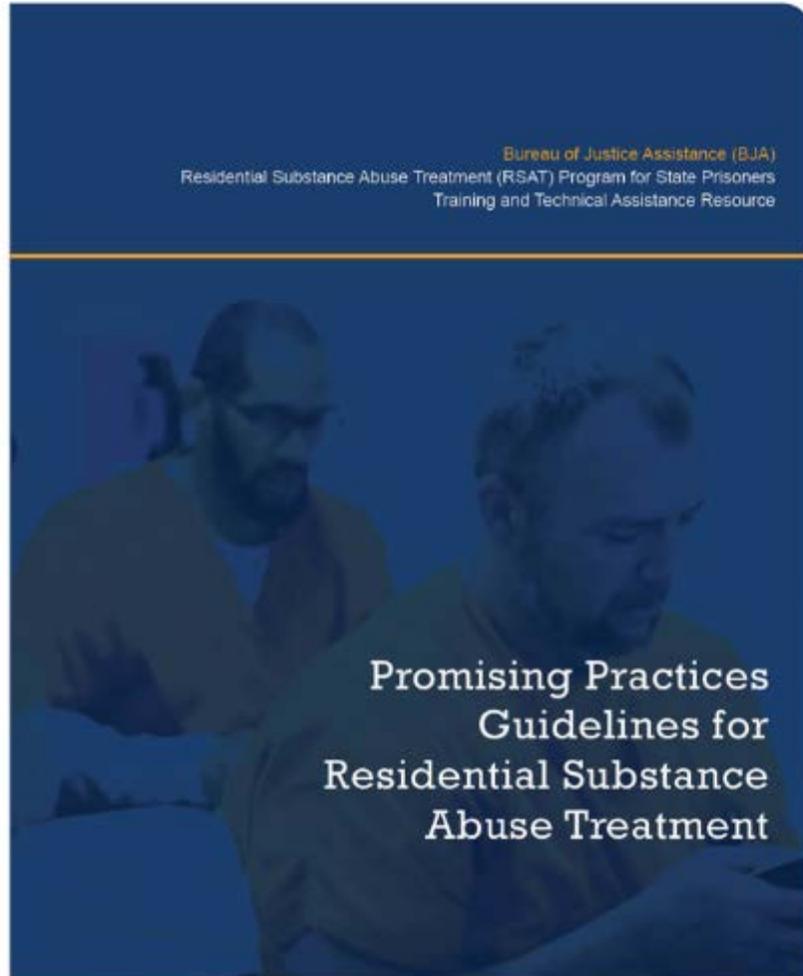
- List the seven Promising Practices Guidelines (PPGs) for RSAT programs and become familiar with guideline subcomponents.
- Identify those areas within the RSAT program(s) you manage / oversee that are not in alignment with the PPGs for RSAT.
- Develop a plan for those areas within the RSAT program(s) that need support, training, and/or other assistance to help them be in better alignment with the PPGs for RSAT.

Poll # 1

How many of you are familiar with the Promising Practices Guidelines for RSAT?
(never heard of them, have a copy, read through them, refer to them, keep a copy under my pillow)



PPGs for RSAT



- Download it today during webinar
- Download it at RSAT-TTA website <https://www.rsat-tta.com/Home>
- Originally published in November 2017
- Revised and released in January 2021
 - Updated research
 - Increase efficiency of use
 - Re-organize for clarity
 - Include new state and county examples and updated research

The Seven Guideline categories

- I. Intake, Screening, and Assessment
- II. Core Treatment Components
- III. Core Program Components
- IV. Provision of Medications and Health Care
- V. Continuing Care and Reintegration
- VI. Staffing and Training
- VII. Measuring Results

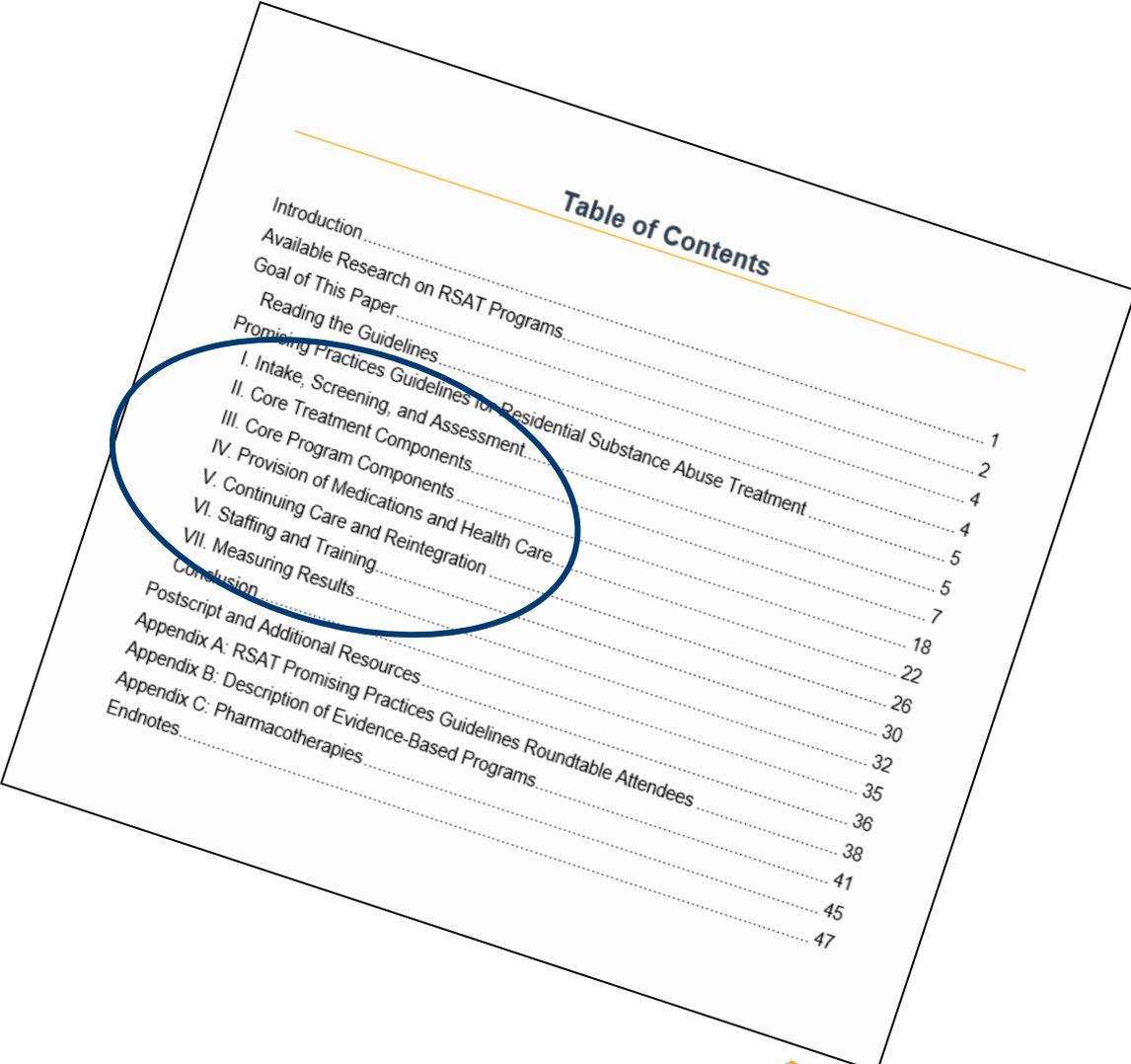


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I. Intake, Screening, and Assessment

A. RSAT programs should have eligibility criteria based upon screening and assessments for:

- Substance use
- Co-occurring mental health disorders
- Criminogenic risk / needs



B. Once accepted into a RSAT Program, individuals should be more comprehensively assessed to help develop an individualized treatment plan.

C. Participation in a RSAT program should **NOT** depend on an individual's motivation to change / level of readiness.

II. Core Treatment Components

A. RSAT programs should provide programming that is informed by research, and is outcome and evidence based.



- Cognitive Behavioral therapy and cognitive behavioral interventions
- Motivational Interviewing
- If a program is a (modified) therapeutic community, it should incorporate certain factors to be most effective

II. Core Treatment Components

A. RSAT programs should provide programming that is informed by research, and is outcome and evidence based. (continued)

- Additional needs must be addressed while in RSAT programming to prepare them for reintegration / reentry:
 - Mental health disorder treatment
 - Housing assistance
 - Trauma informed/responsive specific services
 - Family and social support counseling/services
 - Peer recovery support
 - Vocational and educational services
 - Medical services and case management
 - Overdose training and naloxone provision



II. Core Treatment Components

- A. RSAT programs should provide programming that is informed by research, and is outcome and evidence based. (continued)
- Evidence-based manualized treatment interventions
 - Implemented according to training / instruction manuals
- B. There should be more rewards than sanctions; consequences for noncompliance should be individually considered and treatment driven whenever possible.



II. Core Treatment Components

C. RSAT programs should be trauma informed / responsive.

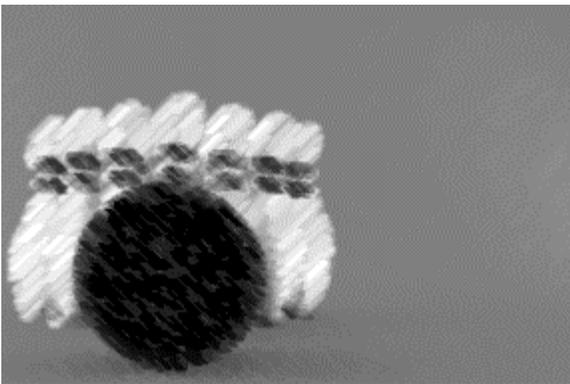
- Integrating trauma stabilization and coping-skills
- Provision of trauma-informed programming and CBT trauma-specific interventions
- Staff who are trained and understand trauma and its impact on COD and recovery process

D. RSAT programs should offer integrated treatment for participants with co-occurring disorders.

- Staff know how to identify participants who may require mental health intervention
 - How mental health disorders can impact substance use disorder treatment and vice versa
- Provide mental health symptom management and recovery services

II. Core Treatment Components

- E. Treatment plans should be reviewed and revised periodically.
- Plans must include a plan for transition into the community



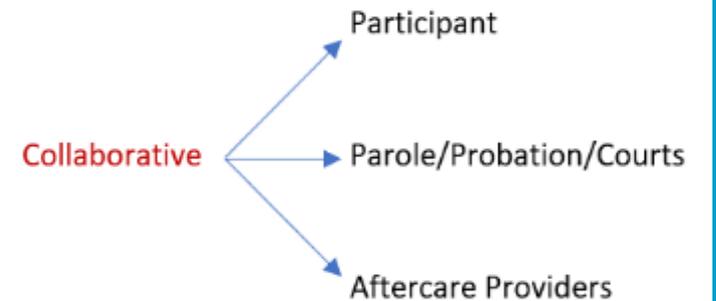
Specific

Measurable

Attainable

Relevant

Time-bound



III. Core Program Components

- A. RSAT programs must provide services and treatment in facilities or housing units apart from all other non-RSAT individuals.
 - RSAT programs must engage participants between 6 – 12 months; jail-based programs should engage participants for at least 3 months

- B. RSAT programming should be delivered in phases based on a participant having reached specified behavioral and treatment goals.
 - RSAT programming should be considered the first phase of ongoing treatment that continues upon release



III. Core Program Components

C. Pro-social programming should account for the majority of a participant's day.

- Tablet based programming and educational options
- Unit jobs and committees
- Outside speakers and special activities
- Fundraisers and volunteer activities



D. RSAT programs should be culturally competent

- Respecting diversity, practicing inclusion and providing equitable opportunities for all participants to progress and complete treatment.
- Curriculum, groups, activities, celebrations
- Multi-lingual curriculum and staff
- Staff training in culturally responsive skills

III. Core Program Components

- E. Urinalysis should occur prior to entering RSAT programming, randomly throughout, and after release if a participant is still in custody.
 - A positive urinalysis should not necessarily be the reason for program discharge



Poll #2

Thinking about the RSAT programs you oversee or are involved in, how closely aligned are they to the three Principles we just reviewed?

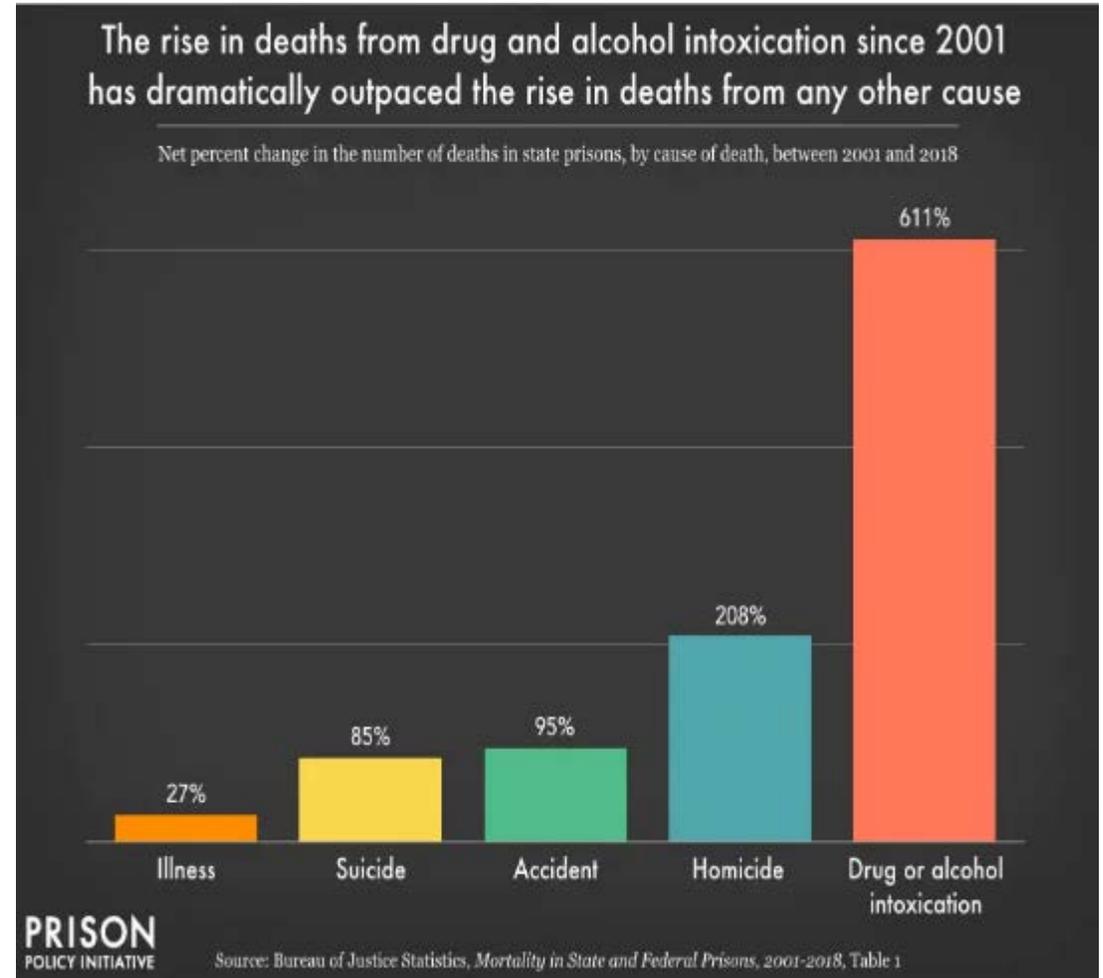
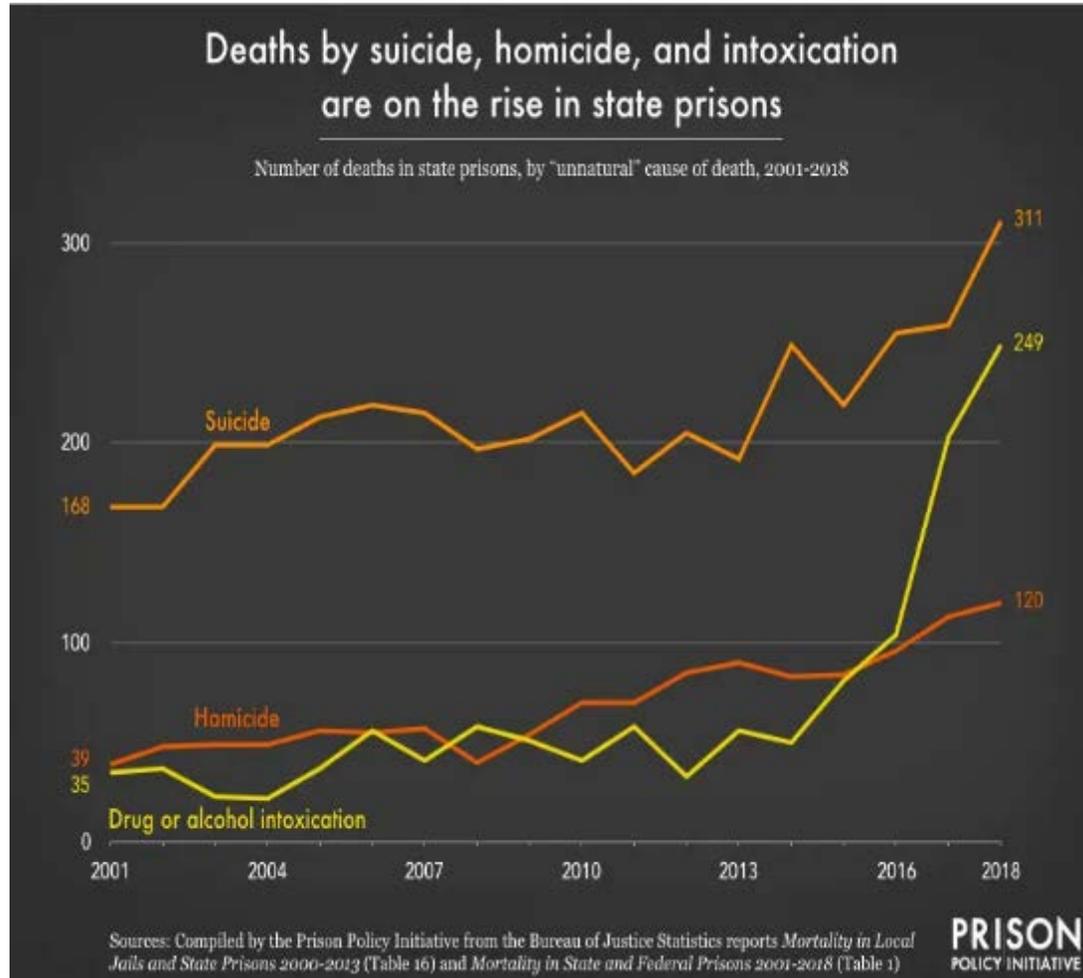
1 = Not at all aligned

3 = Fairly aligned

5 = Aligned all the way!

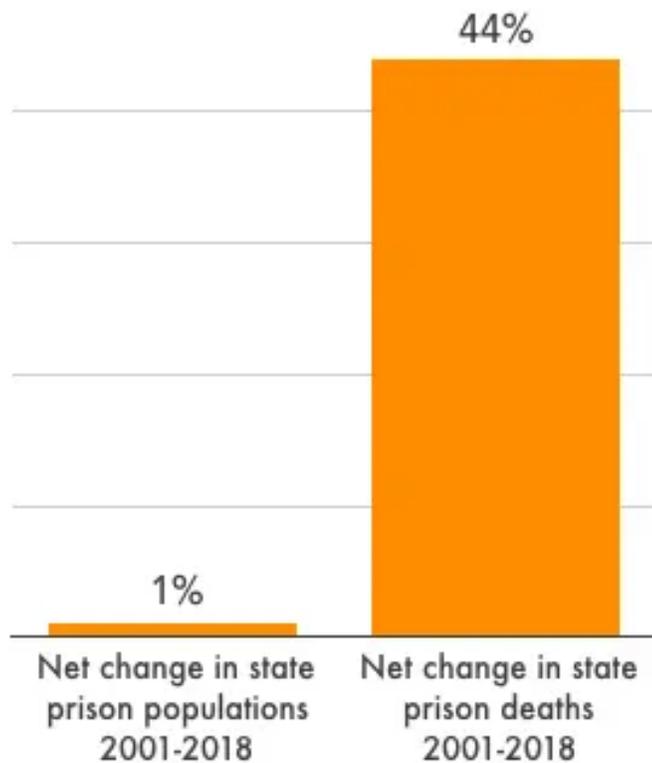


Highlight on State Prison deaths



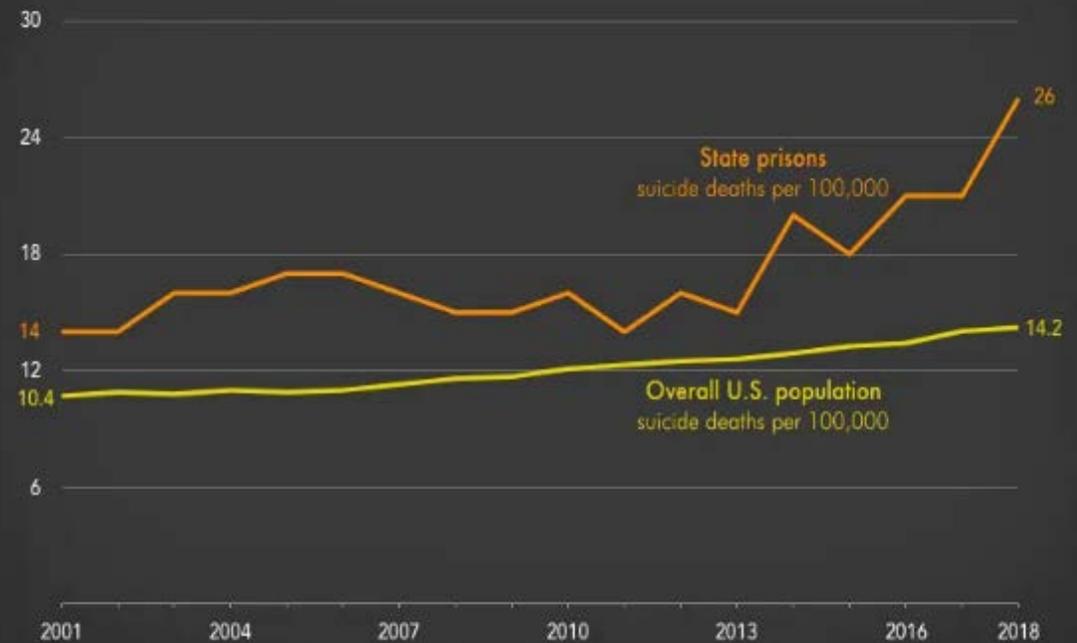
Highlight on State Prison deaths

The rise in state prison deaths has outpaced the growth of prison populations since 2001



Suicide rates have always been higher inside prisons, and the gap is widening

Number of deaths by suicide in state prisons, per 100,000 population, compared to the U.S. general population



Sources: Compiled by the Prison Policy Initiative from the Bureau of Justice Statistics reports *Mortality in Local Jails and State Prisons 2000-2013* (Table 18) and *Mortality in State and Federal Prisons 2001-2018* (Table 4), and "Suicide Statistics" from the American Foundation for Suicide Prevention, based on CDC research

PRISON
POLICY INITIATIVE

IV. Provisions of Medications and Health Care

- A. Medications should be considered part of the standard of care for the treatment of individuals with AUD and OUD and those with co-occurring mental health disorders.
- Medications for OUD and AUD should be made available to those who could benefit from them.
 - People entering jail/prison with valid prescriptions for medications to treat OUD, AUD and mental health disorders should be allowed to continue receiving the medication pending medical and psychiatric assessments.
 - If a person cannot be continued on medications OUD, AUD and mental health disorders, they should be provided science-based withdrawal management to minimize risk for death and mitigate pain and discomfort.

IV. Provisions of Medications and Health Care

- A. Medications should be considered part of the standard of care for the treatment of individuals with AUD and OUD and those with co-occurring mental health disorders.
- Medications for AUD, OUD and mental health disorders require continuation upon release.
 - RSAT participants and their families should be offered overdose / naloxone administration training prior to release.



IV. Provisions of Medications and Health Care

- B. RSAT programs must assist participants with reinstating / applying for health insurance prior to release.

- C. RSAT programs should provide and encourage health literacy.
 - Education about HIV, hepatitis B and C, tuberculosis, sexually transmitted diseases, COVID-19, including ways to modify behavior to reduce risk
 - Testing for the above and receive counseling on health status
 - How to navigate the medical / behavioral healthcare system
 - Importance of regular dental visits, yearly physicals, and gender-specific exams

Poll #3

Thinking about the RSAT programs you oversee or are involved in, what do they provide for people with OUD?

- 1) Agonist medication
- 2) Antagonist medication
- 3) Both
- 4) None

Agonist: methadone, buprenorphine, buprenorphine implant (Sublocade)

Antagonist: long-acting injectable naltrexone (Vivitrol), oral naltrexone

V. Continuing Care and Reintegration

- A. Continuity of care is essential for RSAT graduates who are reintegrating back into their communities.
- A comprehensive case management and reintegration / re-entry plan that takes effect immediately upon release
 - Referrals to community providers start pre-release
 - Communication and information sharing protocols / policies
 - Jail/Prison based aftercare that encourages continued participation in community-based services

- B. RSAT participants must be assisted to continue medications for alcohol / opioid use disorder immediately upon release.
- Arrangements made with medical and community treatment providers prior to their release date



V. Continuing Care and Reintegration

C. RSAT programs must involve self-help and peer group programs.

- Help participants connect to community resources, mobilize pro-social family/peers, involve peer reentry liaisons, involve AA/NA programs, mutual help and/or faith networks
- Support participants increase connections to a pro-social peer support network
- Support participants with co-occurring mental health disorders connect to peer support
- Ensure peers have a role in RSAT treatment settings distinct from that of staff
 - RSAT graduates who have become Certified Peer Supports
 - Participants in last phases of treatment who have shown maturity, responsibility and compassion for fellow residents.

VI. Staffing and Training

- A. The ratio in RSAT groups should be no more than 20:1

- B. Both treatment and security staff should receive training in:
 - RSAT standards, philosophy, operations, and objectives
 - Cross-training including annual in-service training
 - Substance use and mental health disorders, trauma-informed/responsive care
 - Correctional Officers must understand RSAT programming and be involved in programmatic support as much as possible



VI. Staffing and Training



- C. RSAT staff should receive training (as well as involved security staff) in:
- Cognitive Behavioral therapy and cognitive behavioral interventions
 - Motivational Interviewing
 - Screenings / assessments, manualized curricula and other specific programming
 - (Modified) Therapeutic Community training, if applicable

VII. Measuring Results

A. Performance measures for RSAT programs should include:

RSAT Completion Rates
RSAT Program non-completion rates (disciplinary, early parole, etc.)
Urine test results
Number of participants with high criminogenic risks/needs
Rearrests
Reincarcerations
Admission and retention in post-release treatment
Abstinence or length of time to relapse post-release
Drug overdose / drug overdose deaths post-release
ER visits post-release

To achieve greater fidelity to the evidence-based program design, service delivery principle(s), and outcomes:

- Periodic staff performance evaluations
- Staff monitoring of groups with feedback

VII. Measuring Results

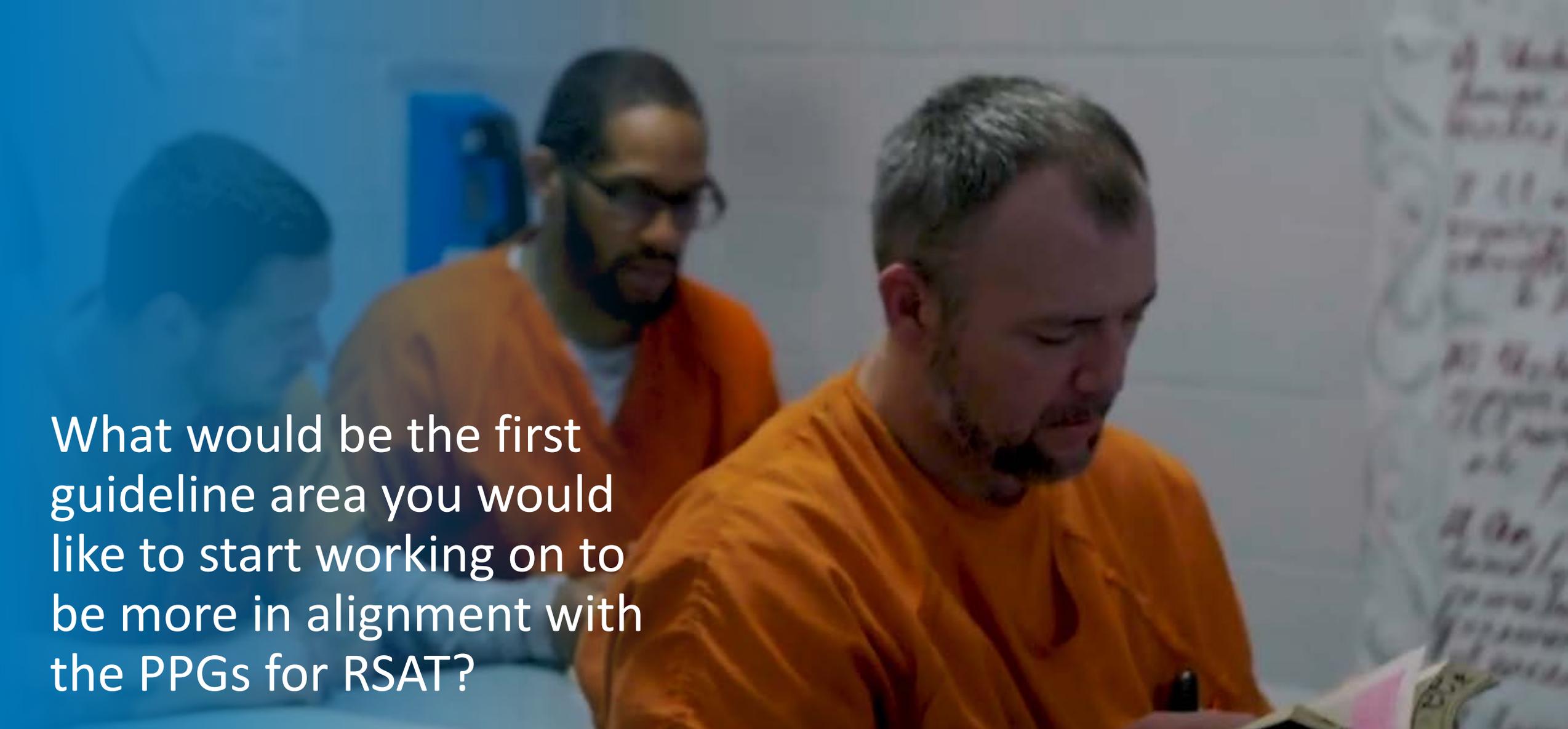
- B. RSAT programs should encourage independent evaluations to determine outcome measures and review all aspects of their operations for fidelity to PPGs for RSAT.
- C. Timely and reliable data entry and analysis is key for RSAT programs to order to revise, adjust, and evolve program service delivery for improved participant outcomes.



Poll #4

How would you assess the RSAT program(s) you oversee or are involved in on the PPGs for RSAT?

5. Fully Aligned with the PPGs
3. Partially Aligned with the PPGs
1. Low Alliance with the PPGs



What would be the first guideline area you would like to start working on to be more in alignment with the PPGs for RSAT?

QUESTIONS

- ▶ Type your questions in the Q&A box on your screen.



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<https://survey.alchemer.com/s3/6393151/June-16-2020-RSAT-Webinar-CEH>

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