# The Updated Promising Practices Guidelines for Residential Substance Use Disorder Treatment

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.*

BJA's RSAT PROGRAM

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# Today's Speaker

**Roberta C. Churchill, MA, LMHC**

*Senior Justice Associate*

Advocates for Human Potential, Inc.

# Learning Objectives

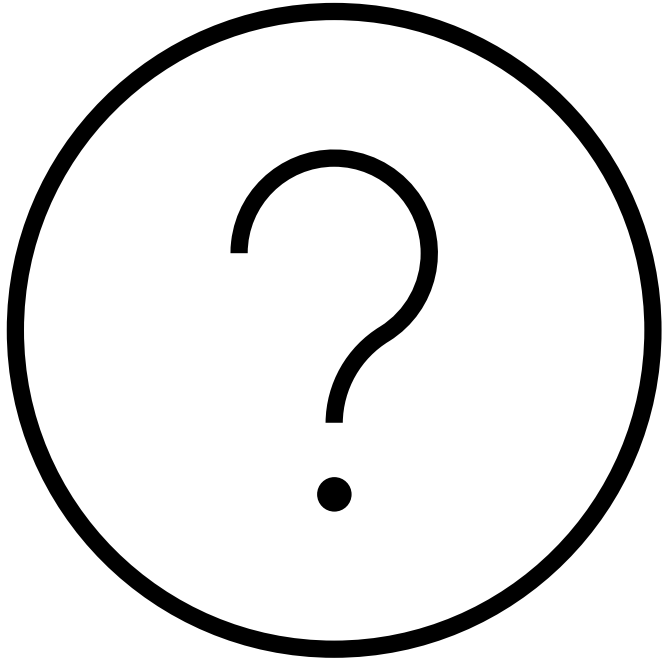
Upon completion of this presentation, participants will be able to:

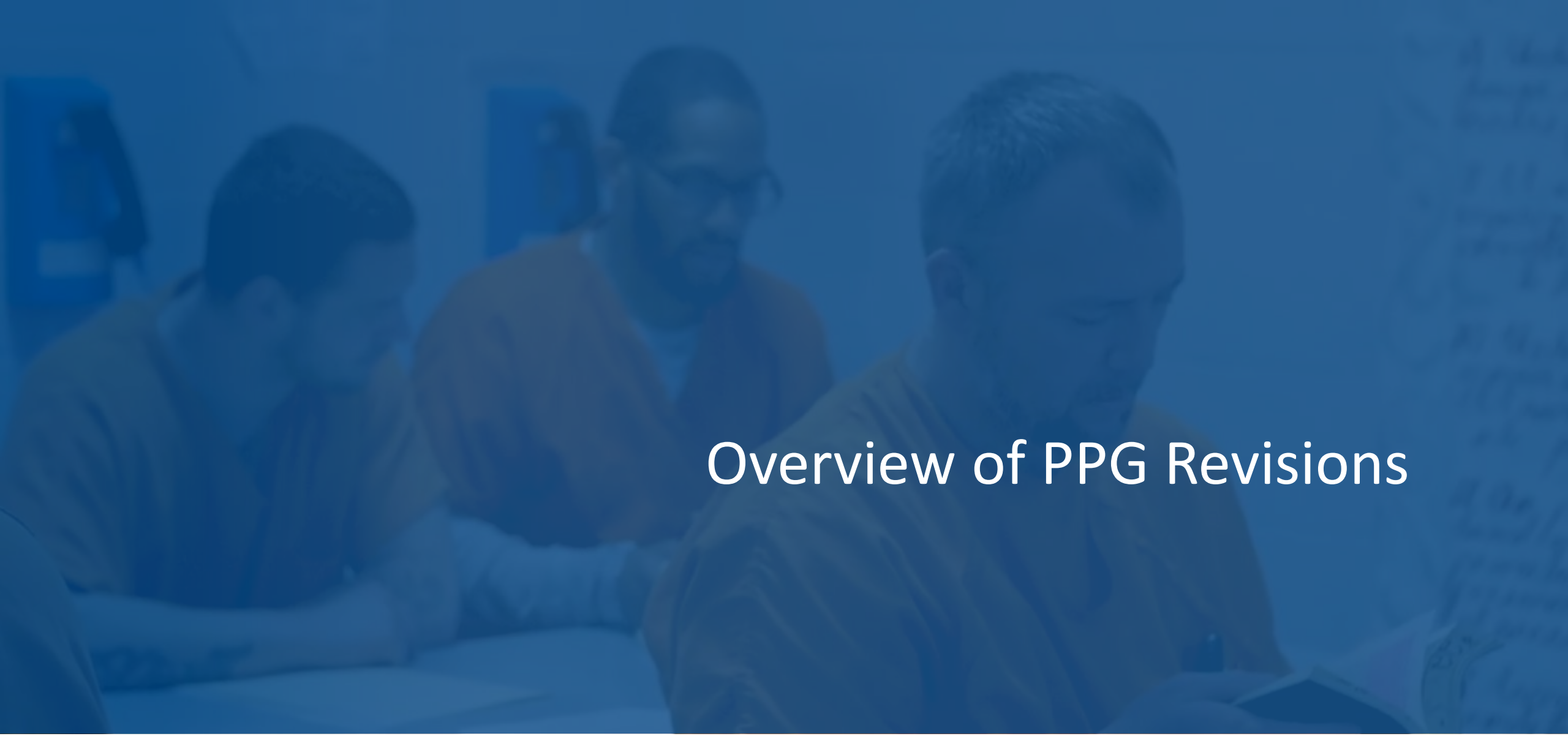
- List the nine promising practices guidelines (PPGs) for Residential Substance Abuse Treatment (RSAT) programs and become familiar with principal subcomponents.
- Identify those areas within the RSAT program(s) you manage / oversee that are not in alignment with the PPGs for RSAT.
- Develop a plan for those areas within the RSAT program that need support, training, or other assistance to improve alignment with the PPGs for RSAT.

# Poll #1

**How familiar are you with the PPGs for RSAT?**

- I have never heard of them.
- I have a copy.
- I read through them at least once before.
- I refer to them in my work.
- LIVE BY THEM! Try to align our RSAT funded program with the PPGs.

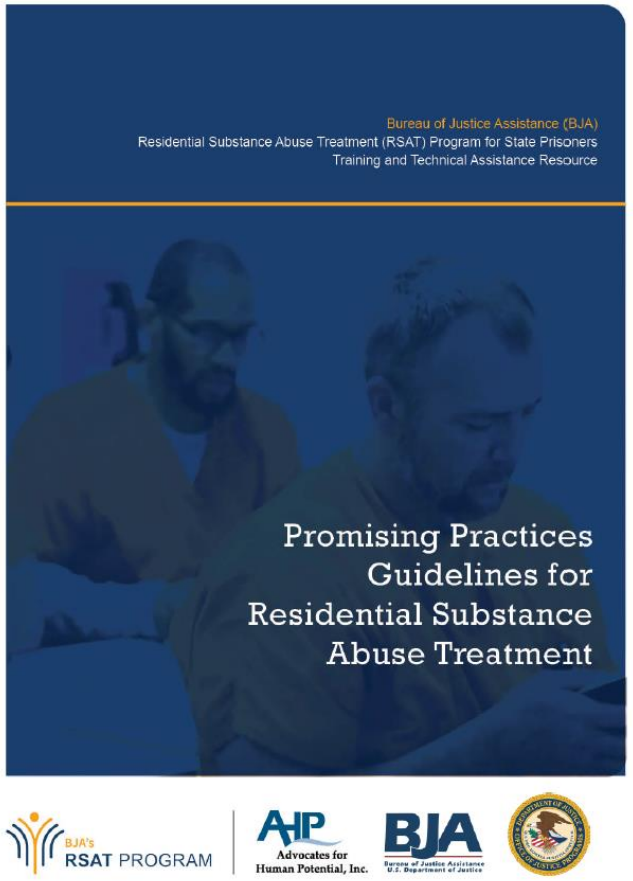




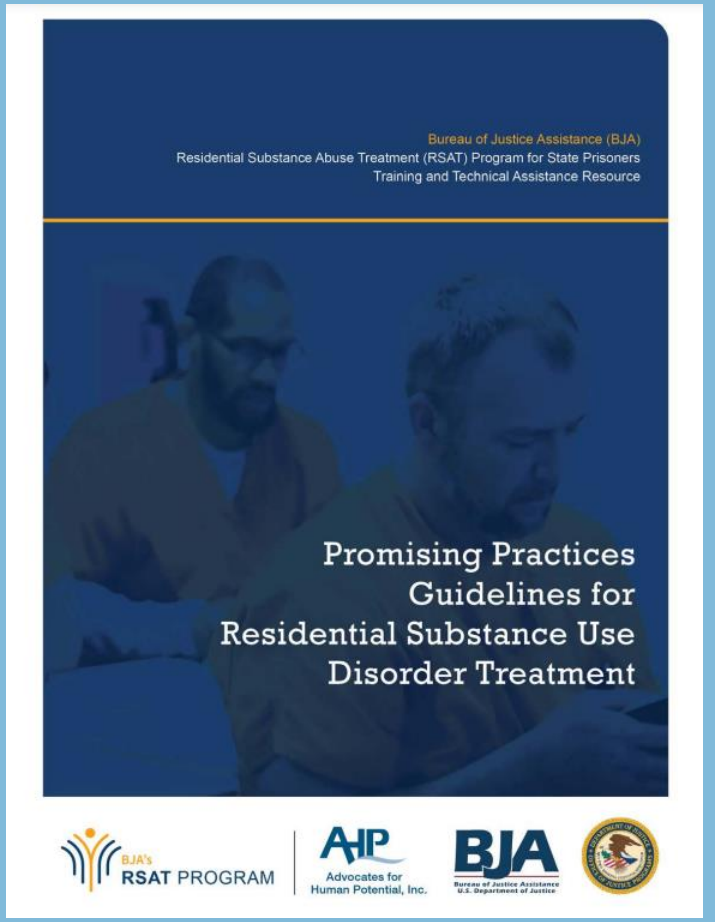
# Overview of PPG Revisions

# PPGs for RSUDT

Previous PPGs for RSAT (2021)




Revised PPGs



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# PPGs

## Previous PPGs for RSAT (2021)

### Table of Contents



## Revised PPGs

### Table of Contents

# Major Updates

**Diversity, Equity, and Inclusion** (DEI)

- DEI has its own section.
- DEI principles and practices are also throughout sections of the PPGs.

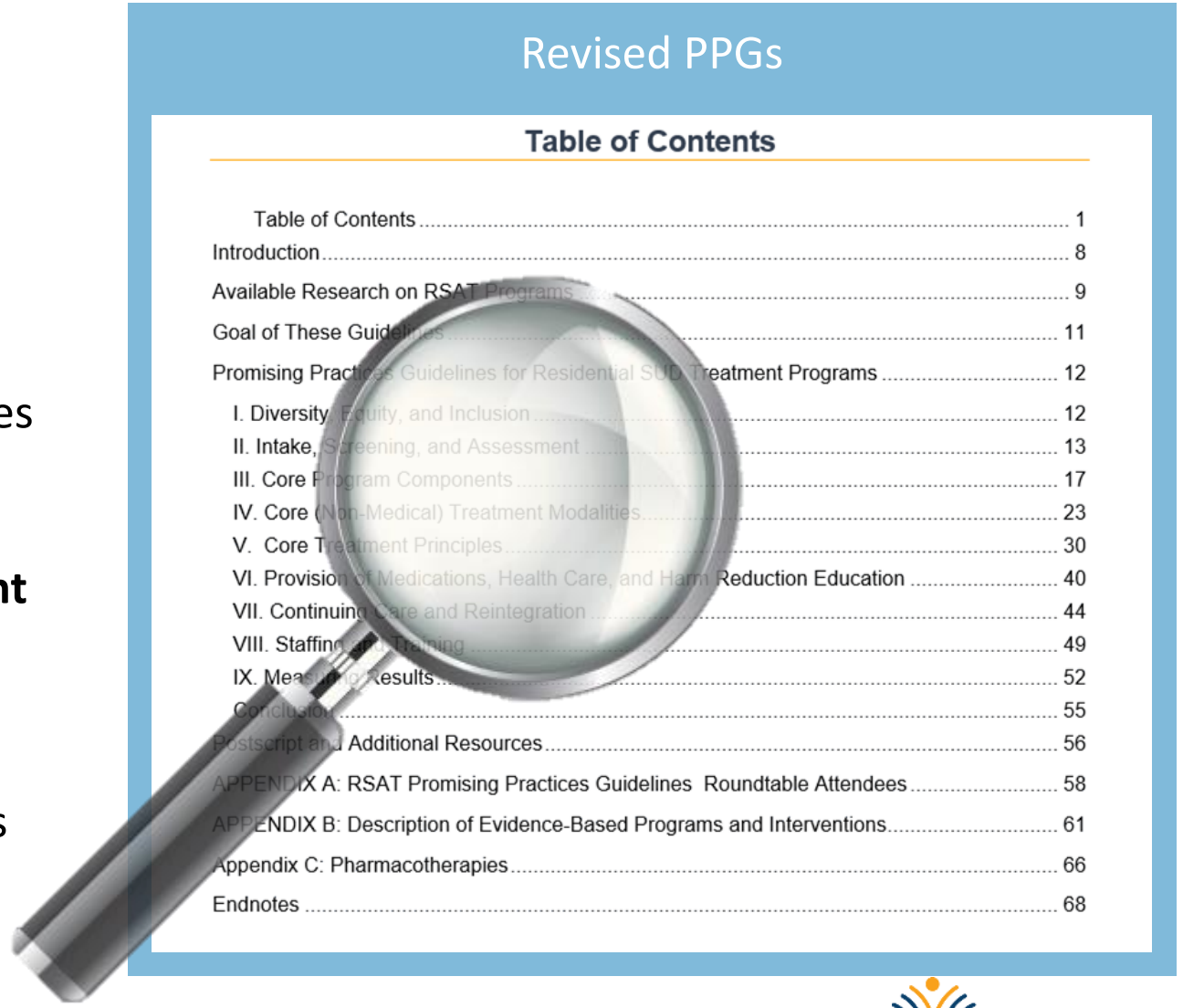
**Harm Reduction Education**

- Harm Reduction principles and practices have been expanded.

**Core Treatment Principles and Core Treatment Modalities** are separated and are now two guidelines.

**New and expanded sections** within guidelines based on updated research.

## Revised PPGs



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# Core Program Components

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# The Nine Guideline Categories

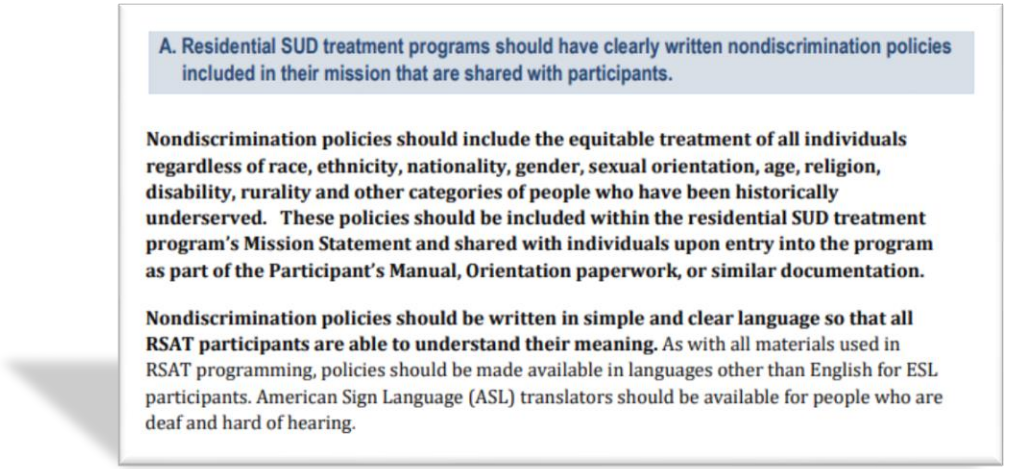
I. Diversity, Equity, and Inclusion.
II. Intake, Screening, and Assessment.
III. Core Program Components.
IV. Core (Non-Medical) Treatment Modalities.
V. Core Treatment Principles.
VI. Provision of Medications, Health Care, and Harm Reduction Education.
VII. Continuing Care and Reintegration.
VIII. Staffing and Training.
IX. Measuring Results.

# Diversity, Equity, and Inclusion Principles and Practices

# I. Diversity, Equity, and Inclusion

**A. Residential SUD treatment program should have clearly written nondiscrimination policies included in their mission that are shared with participants.**

- Nondiscrimination policies should include the equitable treatment of all individuals regardless of race, ethnicity, nationality, gender, sexual orientation, age, religion, disability, rurality and other categories of people who have been historically underserved.
- Nondiscrimination policies should be written in simple and clear language so that all RSAT participants are able to understand their meaning.



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**Nondiscrimination policies should include the equitable treatment of all individuals regardless of race, ethnicity, nationality, gender, sexual orientation, age, religion, disability, rurality and other categories of people who have been historically underserved. These policies should be included within the residential SUD treatment program's Mission Statement and shared with individuals upon entry into the program as part of the Participant's Manual, Orientation paperwork, or similar documentation.**

**Nondiscrimination policies should be written in simple and clear language so that all RSAT participants are able to understand their meaning.** As with all materials used in RSAT programming, policies should be made available in languages other than English for ESL participants. American Sign Language (ASL) translators should be available for people who are deaf and hard of hearing.

# DEI throughout the PPGs - Examples

Gender specific and culturally responsive **screening and assessment** instruments should be used when possible.

Residential SUD treatment programs should consider race, ethnicity, nationality, gender, sexual orientation, age, religion, disability, justice involvement, and other relevant areas when providing **peer support services**.

Residential SUD treatment programs should recognize and offer specialized treatment for participants with intergenerational and/or historical **trauma**.

Residential SUD treatment programs should offer **integrated treatment** for participants with co-occurring SUD and mental health disorders.

Residential SUD treatment programs should utilize **curricula** that is responsive to race, ethnicity, nationality, gender, sexual orientation, age, religion, disability, and other relevant areas.

Residential SUD treatment staff should support participants by expanding **continuing care** that is responsive to race, culture, ethnicity, national origin, sex, gender identity, sexual orientation, disability, age, and other needs.

Both treatment and security staff should receive, at minimum, annual **training** in the principles of diversity, equity, and inclusion and related topics.

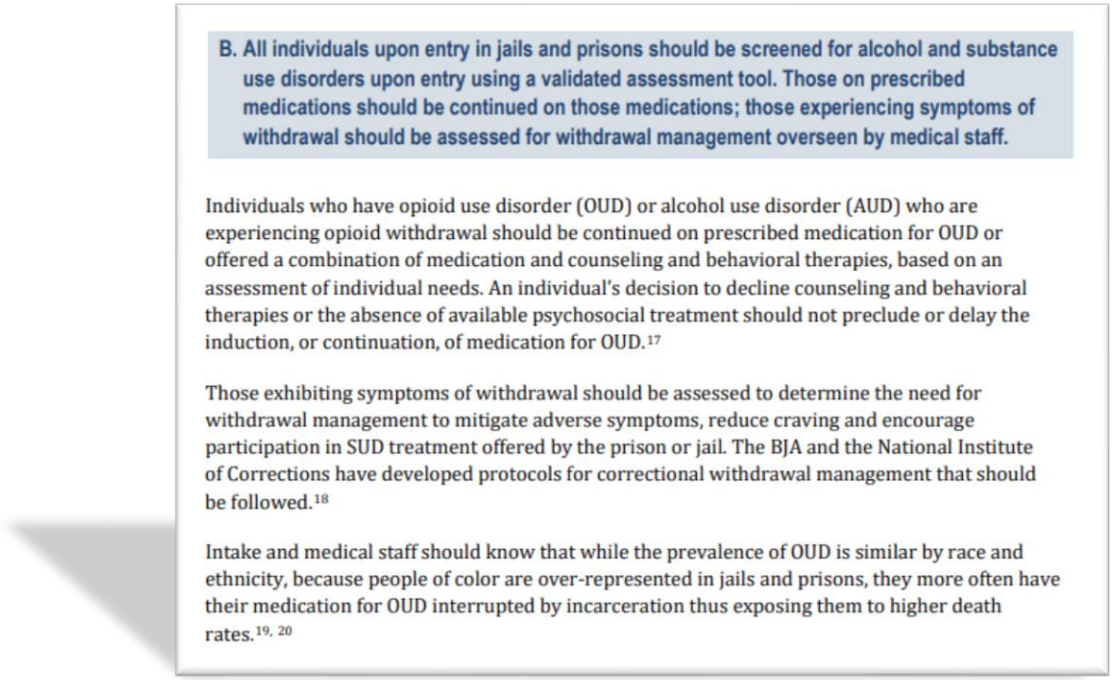
# New and Expanded Sections

# II. Intake, Screening, and Assessment

B. 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.



**B. 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.**

Individuals who have opioid use disorder (OUD) or alcohol use disorder (AUD) who are experiencing opioid withdrawal should be continued on prescribed medication for OUD or offered a combination of medication and counseling and behavioral therapies, based on an assessment of individual needs. An individual's decision to decline counseling and behavioral therapies or the absence of available psychosocial treatment should not preclude or delay the induction, or continuation, of medication for OUD.[17]

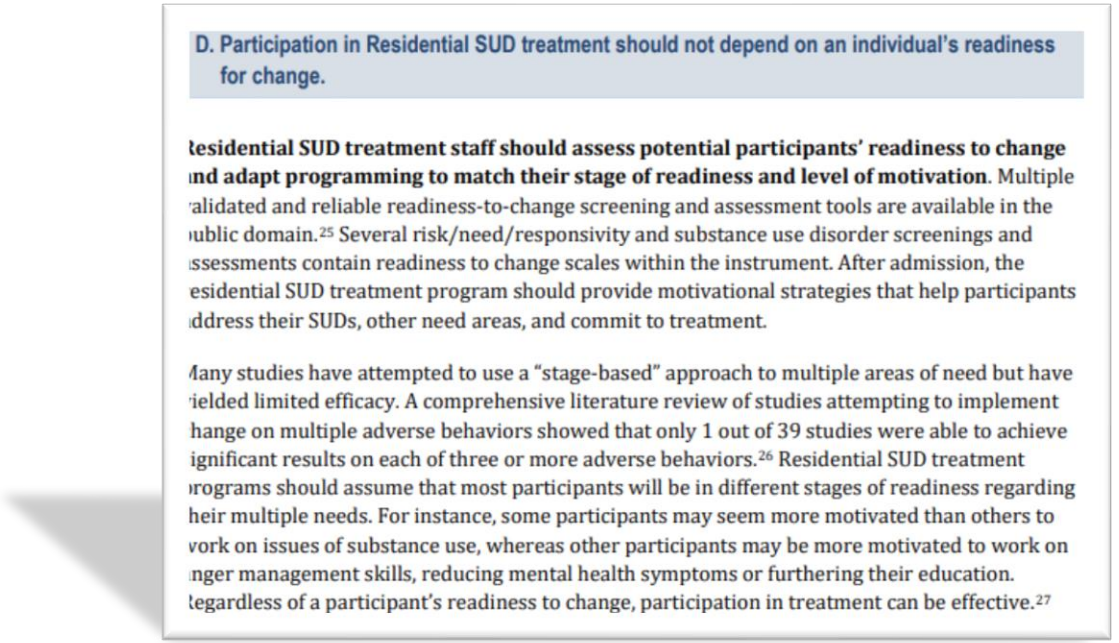
Those exhibiting symptoms of withdrawal should be assessed to determine the need for withdrawal management to mitigate adverse symptoms, reduce craving and encourage participation in SUD treatment offered by the prison or jail. The BJA and the National Institute of Corrections have developed protocols for correctional withdrawal management that should be followed.[18]

Intake and medical staff should know that while the prevalence of OUD is similar by race and ethnicity, because people of color are over-represented in jails and prisons, they more often have their medication for OUD interrupted by incarceration thus exposing them to higher death rates.[19, 20]

# II. Intake, Screening, and Assessment

## D. Participation in residential SUD treatment should not depend on an individual's readiness for change.

- It should be assumed that most participants will be in different stages of readiness regarding their multiple needs.
- Programs that are responsive to participants' varying readiness to change can provide effective treatment.



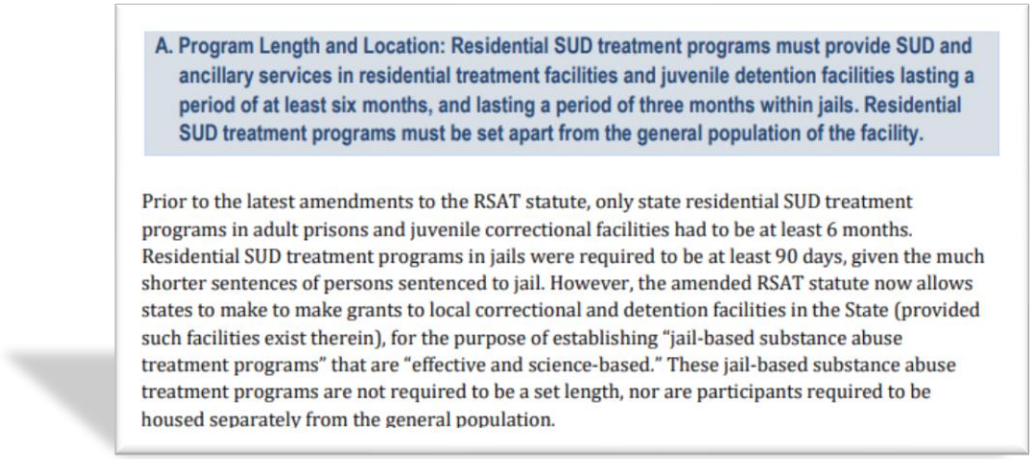
D. Participation in Residential SUD treatment should not depend on an individual's readiness for change.

**tesidential SUD treatment staff should assess potential participants' readiness to change nd adapt programming to match their stage of readiness and level of motivation**. Multiple alidated and reliable readiness-to-change screening and assessment tools are available in the ublic domain.[25] Several risk/need/responsivity and substance use disorder screenings and ssessments contain readiness to change scales within the instrument. After admission, the esidential SUD treatment program should provide motivational strategies that help participants ddress their SUDs, other need areas, and commit to treatment.

Many studies have attempted to use a "stage-based" approach to multiple areas of need but have ielded limited efficacy. A comprehensive literature review of studies attempting to implement hange on multiple adverse behaviors showed that only 1 out of 39 studies were able to achieve ignificant results on each of three or more adverse behaviors.[26] Residential SUD treatment rograms should assume that most participants will be in different stages of readiness regarding heir multiple needs. For instance, some participants may seem more motivated than others to work on issues of substance use, whereas other participants may be more motivated to work on nger management skills, reducing mental health symptoms or furthering their education. tegardless of a participant's readiness to change, participation in treatment can be effective.[27]

# III. Core Program Components

A. Program Length and Location: Residential SUD treatment programs must provide SUD and ancillary services in residential treatment facilities and juvenile detention facilities lasting a period of at least six months and lasting a period of three months within jails. Residential SUD treatment programs must be set apart from the general population of the facility.



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Prior to the latest amendments to the RSAT statute, only state residential SUD treatment programs in adult prisons and juvenile correctional facilities had to be at least 6 months. Residential SUD treatment programs in jails were required to be at least 90 days, given the much shorter sentences of persons sentenced to jail. However, the amended RSAT statute now allows states to make to make grants to local correctional and detention facilities in the State (provided such facilities exist therein), for the purpose of establishing "jail-based substance abuse treatment programs" that are "effective and science-based." These jail-based substance abuse treatment programs are not required to be a set length, nor are participants required to be housed separately from the general population.

The RSAT statute allows states to make grants to local correctional and detention facilities for "jail-based substance abuse treatment programs".

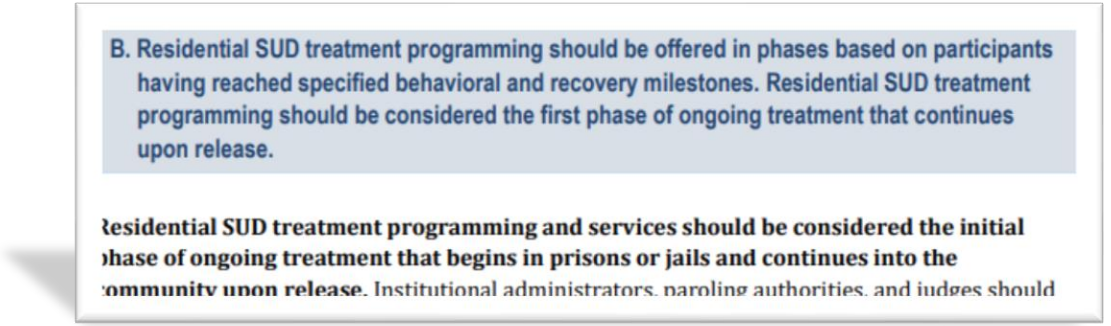
These treatment programs are not required to be a set length, nor are participants required to be housed separately from the general population.

PPGs for Jail-based Substance Abuse Treatment (J-SAT) programs are forthcoming since there are significant differences due to the population being served, the priorities, and goals of J-SAT program and services.

# III. Core Program Components

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

- There are differences in the lengths of time it takes for participants to successfully complete each phase of a residential SUD treatment program due to the individualized process of progress towards recovery and wellness.
- Phases should be flexible and based upon the individual participant's areas of need.


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

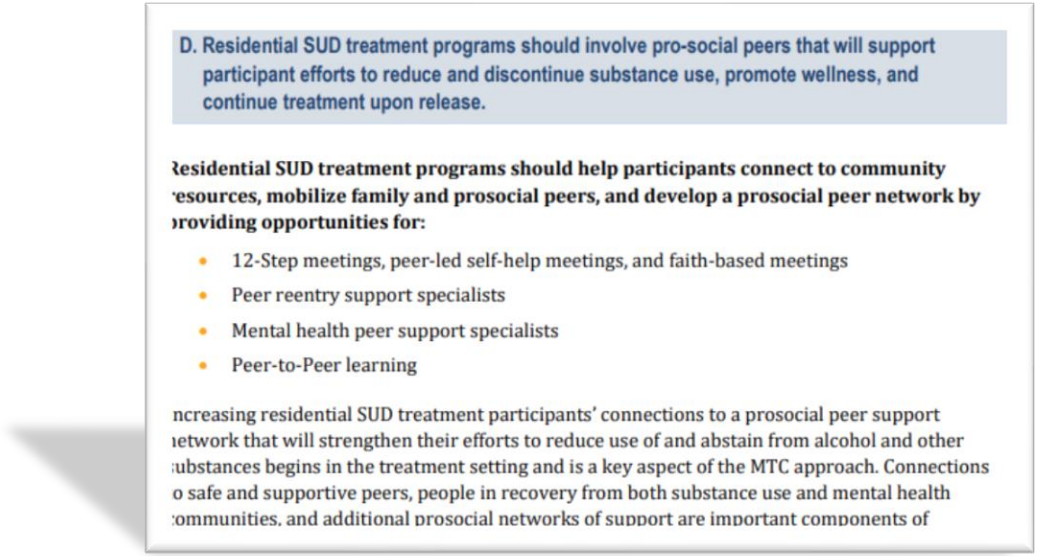
Residential SUD treatment programming and services should be considered the initial phase of ongoing treatment that begins in prisons or jails and continues into the community upon release. Institutional administrators, paroling authorities, and judges should

# III. Core Program Components

## D. Residential SUD treatment programs should involve pro-social peers that will support participant efforts to reduce and discontinue substance use, promote wellness, and continue treatment upon release.

Residential SUD treatment programs should help participants connect to community resources, mobilize family and prosocial peers, and develop a prosocial peer network by providing opportunities for:

- 12-Step meetings, peer-led self-help meetings, and faith-based meetings.
- Peer reentry support specialists.
- Mental health peer support specialists.
- Peer-to-Peer learning.


D. Residential SUD treatment programs should involve pro-social peers that will support participant efforts to reduce and discontinue substance use, promote wellness, and continue treatment upon release.

**Residential SUD treatment programs should help participants connect to community resources, mobilize family and prosocial peers, and develop a prosocial peer network by providing opportunities for:**

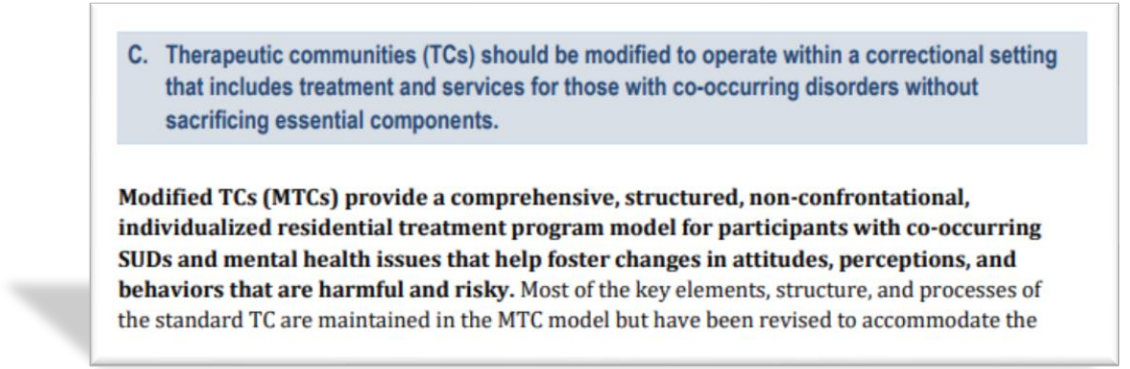
- 12-Step meetings, peer-led self-help meetings, and faith-based meetings
- Peer reentry support specialists
- Mental health peer support specialists
- Peer-to-Peer learning

Increasing residential SUD treatment participants' connections to a prosocial peer support network that will strengthen their efforts to reduce use of and abstain from alcohol and other substances begins in the treatment setting and is a key aspect of the MTC approach. Connections to safe and supportive peers, people in recovery from both substance use and mental health communities, and additional prosocial networks of support are important components of

# IV. Core (Non-Medical) Treatment Modalities

## C. Therapeutic communities (TCs) should be modified to operate within a correctional setting that includes treatment and services for those with co-occurring disorders without sacrificing essential components.

- The defining features of modified TCs are their emphasis on the power of the community and participants / peers as agents of change and having a community or unit separate from the rest of the general population.

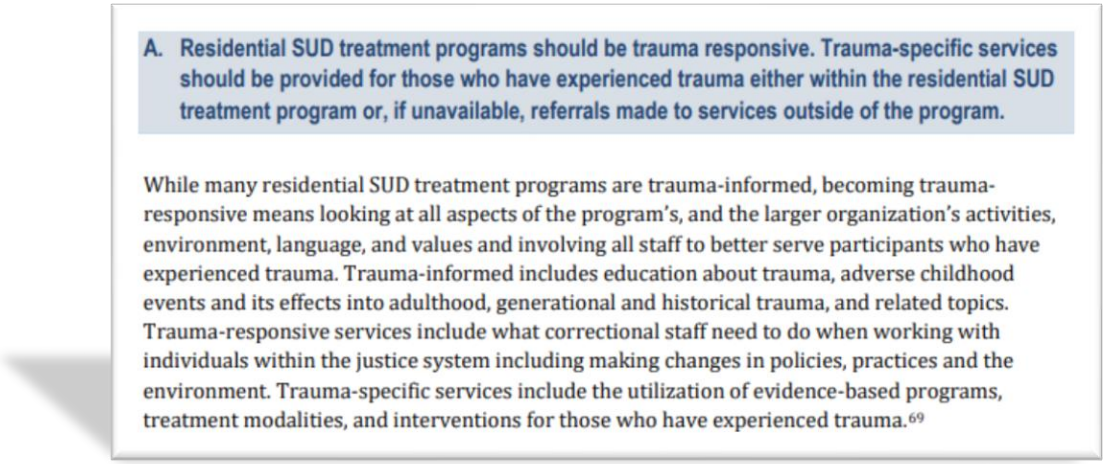

C. Therapeutic communities (TCs) should be modified to operate within a correctional setting that includes treatment and services for those with co-occurring disorders without sacrificing essential components.

**Modified TCs (MTCs) provide a comprehensive, structured, non-confrontational, individualized residential treatment program model for participants with co-occurring SUDs and mental health issues that help foster changes in attitudes, perceptions, and behaviors that are harmful and risky.** Most of the key elements, structure, and processes of the standard TC are maintained in the MTC model but have been revised to accommodate the

# V. Core Treatment Principles

## A. Residential SUD treatment programs should be trauma responsive. Trauma-specific services should be provided for those who have experienced trauma either within the residential SUD treatment program or, if unavailable, referrals made to services outside of the program.

- Residential SUD treatment programs should integrate trauma responsive practices to increase the accessibility of substance use and mental health treatment for individuals who have experienced trauma.
- Cognitive-behavioral trauma-specific interventions that include emotional regulation and resiliency training should be available for residential SUD treatment program participants to help them learn skills that will increase their engagement in effective recovery programming starting within jail/prison and continuing upon reentry into the community.



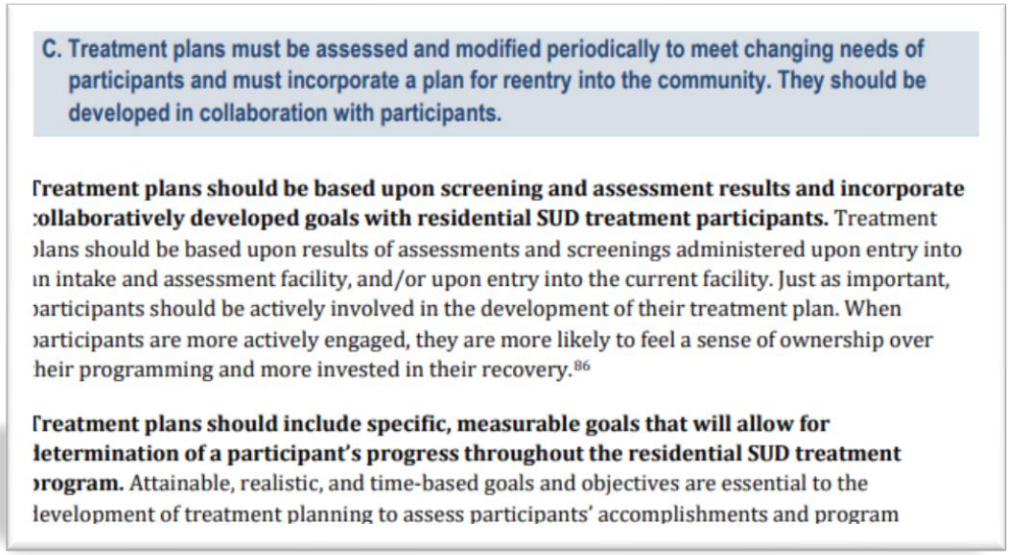
A. Residential SUD treatment programs should be trauma responsive. Trauma-specific services should be provided for those who have experienced trauma either within the residential SUD treatment program or, if unavailable, referrals made to services outside of the program.

While many residential SUD treatment programs are trauma-informed, becoming trauma-responsive means looking at all aspects of the program's, and the larger organization's activities, environment, language, and values and involving all staff to better serve participants who have experienced trauma. Trauma-informed includes education about trauma, adverse childhood events and its effects into adulthood, generational and historical trauma, and related topics. Trauma-responsive services include what correctional staff need to do when working with individuals within the justice system including making changes in policies, practices and the environment. Trauma-specific services include the utilization of evidence-based programs, treatment modalities, and interventions for those who have experienced trauma.[69]

# V. Core Treatment Principles

**C. Treatment plans must be assessed and modified periodically to meet changing needs of participants and must incorporate a plan for reentry into the community. They should be developed in collaboration with participants.**

- Treatment plans should be based upon screening and assessment results and incorporate collaboratively developed goals with residential SUD treatment participants.
- Treatment plans should include specific, measurable goals that will allow for determination of a participant's progress throughout the residential SUD treatment program.
- Reentry planning should be incorporated into treatment planning to ensure continuing treatment and services within the community.



C. Treatment plans must be assessed and modified periodically to meet changing needs of participants and must incorporate a plan for reentry into the community. They should be developed in collaboration with participants.

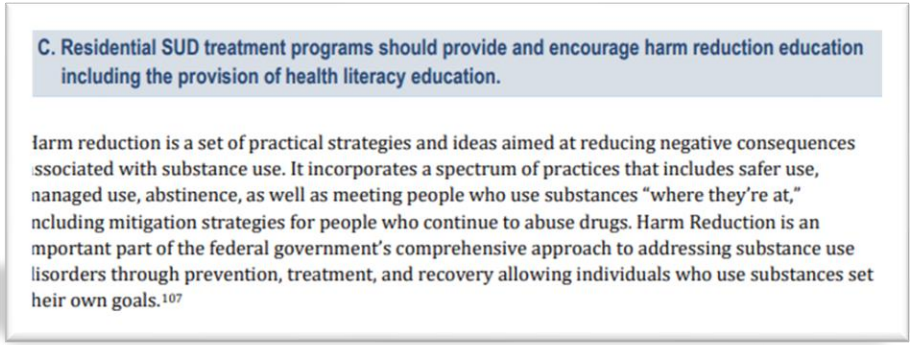
**Treatment plans should be based upon screening and assessment results and incorporate collaboratively developed goals with residential SUD treatment participants.** Treatment plans should be based upon results of assessments and screenings administered upon entry into an intake and assessment facility, and/or upon entry into the current facility. Just as important, participants should be actively involved in the development of their treatment plan. When participants are more actively engaged, they are more likely to feel a sense of ownership over their programming and more invested in their recovery.[86]

**Treatment plans should include specific, measurable goals that will allow for determination of a participant's progress throughout the residential SUD treatment program.** Attainable, realistic, and time-based goals and objectives are essential to the development of treatment planning to assess participants' accomplishments and program

# VI. Provision of Medications, Health Care, and Harm Reduction Education

## C. Residential SUD treatment programs should provide and encourage harm reduction education including the provision of health literacy education.

- Residential SUD treatment participants and their families / loved ones should be provided education on overdose prevention and be provided naloxone upon release to prevent overdose deaths.
- Consistent with federal and state laws, incarcerated individuals with alcohol and substance use disorders should be educated about and offered testing for infectious diseases and receive counseling on their health status and ways to modify risky behaviors.



C. Residential SUD treatment programs should provide and encourage harm reduction education including the provision of health literacy education.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. It incorporates a spectrum of practices that includes safer use, managed use, abstinence, as well as meeting people who use substances "where they're at," including mitigation strategies for people who continue to abuse drugs. Harm Reduction is an important part of the federal government's comprehensive approach to addressing substance use disorders through prevention, treatment, and recovery allowing individuals who use substances set their own goals.[107]

- Residential SUD treatment participants should be provided information about reducing negative consequences associated with substance use.
- All residential SUD treatment participants should be taught how to obtain, process, and understand basic health information needed to make appropriate health decisions and access health care services.

# VII. Continuing Care and Reintegration

## New Standards for Reentry Planning and Aftercare

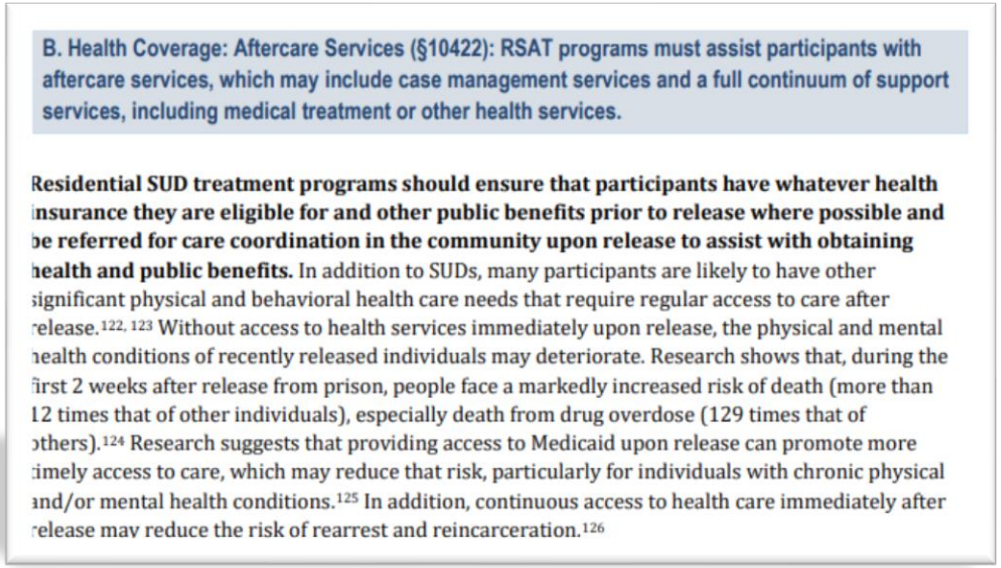
Effective reentry planning and aftercare **requires collaboration** with various departments within a correctional facility and providers within the community of release, including probation/parole and treatment courts.

- Residential SUD treatment staff should **collaborate and meet regularly with medical, mental health, MAT, and reentry staff** to coordinate reentry planning.
- Residential SUD treatment staff should **collaborate with parole and probation departments, and treatment courts** to coordinate reentry and continuing care planning.
- Residential SUD treatment staff should **collaborate and meet regularly with state, regional, and community-based agencies** to increase continuing care opportunities and coordinate reentry planning and referral.
- Residential SUD treatment staff should support participants by **expanding continuing care that is responsive** to race, culture, ethnicity, national origin, sex, gender identity, sexual orientation, disability, age, and other needs.

# VII. Continuing Care and Reintegration

## B. Health Coverage: Aftercare Services (§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.

- 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.
- In Medicaid expansion states, eligible residential SUD treatment participants should be enrolled in their state's Medicaid program (as should all eligible incarcerated populations). Correctional staff should identify participants eligible for Medicaid and begin the enrollment process before release.



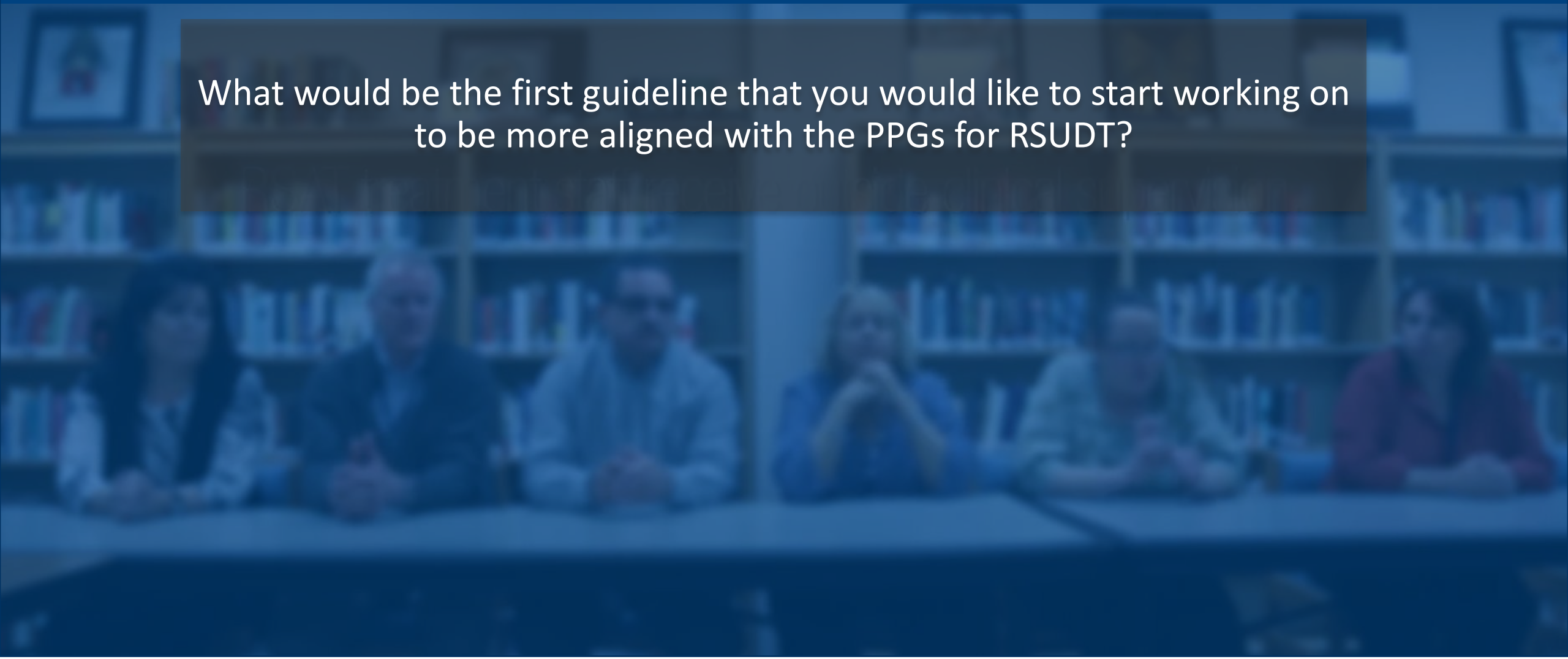
B. Health Coverage: Aftercare Services (§10422): RSAT programs must assist participants with aftercare services, which may include case management services and a full continuum of support services, including medical treatment or other health services.

**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.** In addition to SUDs, many participants are likely to have other significant physical and behavioral health care needs that require regular access to care after release.[122, 123] Without access to health services immediately upon release, the physical and mental health conditions of recently released individuals may deteriorate. Research shows that, during the first 2 weeks after release from prison, people face a markedly increased risk of death (more than 12 times that of other individuals), especially death from drug overdose (129 times that of others).[124] Research suggests that providing access to Medicaid upon release can promote more timely access to care, which may reduce that risk, particularly for individuals with chronic physical and/or mental health conditions.[125] In addition, continuous access to health care immediately after release may reduce the risk of rearrest and reincarceration.[126]

# Poll #2

**How aligned is your program with the PPGs?**

- Full alignment with the PPGs.
- Partial alignment with the PPGs.
- Low or no alignment with the PPGs.


What would be the first guideline that you would like to start working on to be more aligned with the PPGs for RSUDT?

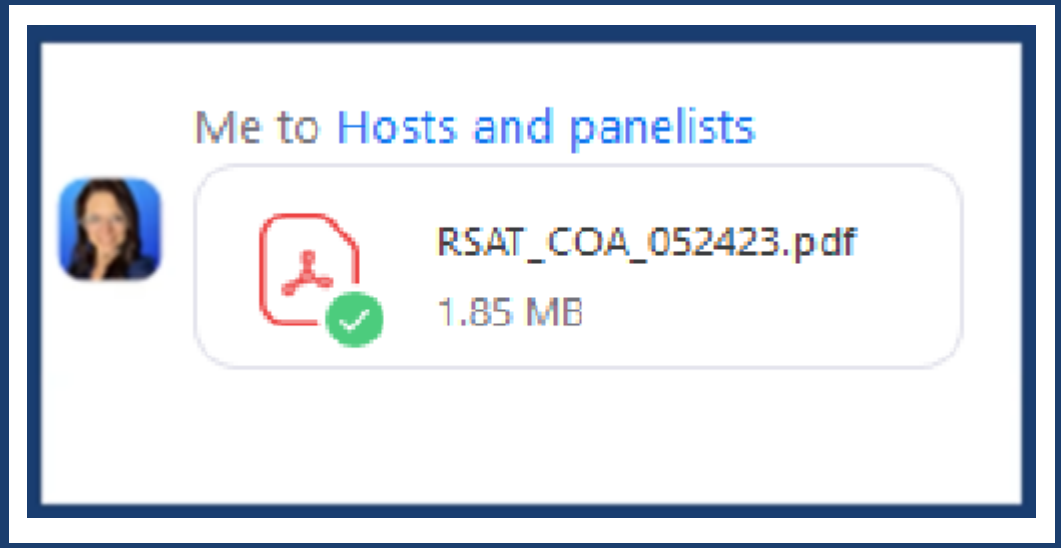
# QUESTIONS

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

**Speaker Contact Info:**

**Roberta C. Churchill** | rchurchill@ahpnet.com

# 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

**July 26, 2023 RSAT webinar CEH quiz link:**

**https://survey.alchemer.com/s3/7428980/July-26-2023-RSAT-Webinar-CEH**

# CONTACT

**http://www.rsat-tta.com**

**Stephen Keller**
RSAT TTA Coordinator | rsattta@ahpnet.com



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