RSAT Fidelity Assessment Instrument (FAI)

Revised Version 2021
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

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 3 criteria are checked.

3 – PARTIAL COMPLIANCE: 2 criteria are checked.

1 – POOR 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

Scoring Checklist:

1. ☐ RSAT participants are administered additional screening / assessments upon entry into the program that include at least 3 of the 5 below:
   - Substance use history / severity
   - Criminogenic risk/needs
   - Trauma and/or mental health
   - Literacy / educational level
   - Physical health

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 3 criteria are checked.

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

1 – POOR or NON-COMPLIANCE: Criterion 1 is 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

Scoring Checklist:

1. ☐ RSAT participants are assessed for level of motivation / readiness to change.

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: Criterion 1 is checked.

1 – NON-COMPLIANCE: Neither criteria 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

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 – POOR 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*

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**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 used CBT are monitored on a regular basis to ensure fidelity to technique.

5 – FULL COMPLIANCE: All 3 criteria are checked.

3 – PARTIAL COMPLIANCE: Criteria 1, 2 with no Officer CBI interaction, and 3 are checked.

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

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

Scoring

1. □ RSAT program staff use motivational interviewing skills in individual and group sessions.

2. □ RSAT staff use motivational interviewing when administering screening / assessments, cases management and other program-related tasks.

3. □ RSAT staff integrate MI into daily interactions with participants including both:
   - □ RSAT staff
   - □ RSAT officers

5 – FULL COMPLIANCE: All 3 criteria are checked.

3 – PARTIAL COMPLIANCE: Criteria 1, 2 and 3 are with no officer MI interaction are checked.

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

NOTE: Criterion 3 DOES NOT apply to officers if they not involved in ANY aspect of RSAT programming (i.e., “bubble” units).
3. Therapeutic Communities (TC)  
   [for RSAT Programs that have adopted this modality]

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

**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.

4 – PARTIAL COMPLIANCE: Criterion 2 is checked.

3 – PARTIAL COMPLIANCE: Criterion 3 is checked.
Emphasis on participation by all members of the program in the overall TC Mission: in general, reducing substance use, recidivism, and mental health symptoms.

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, 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, but rarely ever inmates.
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

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 there are gradated 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: None of the criteria are 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

Scoring

1. RSAT programming should be accessible to participants who have experienced trauma and should include:
   - Staff trained to provide trauma-informed services
   - 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: 4 - 5 of the criteria are checked.

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

1 – POOR or NON-COMPLIANCE: 1 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*

<table>
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<tbody>
<tr>
<td>5 – FULL COMPLIANCE: All 3 criteria are checked.</td>
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<td>3 – PARTIAL COMPLIANCE: 2 of the 3 criteria are checked.</td>
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<td>1 – POOR or NON-COMPLIANCE: 1 or none of the criteria are checked.</td>
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| 1. | ☐ There are specialized services and/or groups for RSAT participants who have co-occurring substance use and mental health disorders. |
| 2. | ☐ There are established procedures for collaboration with mental health treatment and RSAT staff. |
| 3. | ☐ 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. |
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

Scoring Criteria

1. □ Initial RSAT participant treatment plans are based on:
   □ 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, and to 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 3 criteria are checked.

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

1 – POOR 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

<table>
<thead>
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<tbody>
<tr>
<td>1. □ If it's a prison RSAT program - it is at least six months in duration.</td>
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<td>OR</td>
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<tr>
<td>□ If it's 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”.</td>
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<tr>
<td>2. □ The RSAT program has its own unit / pod separated from the other incarcerated / detained individuals.</td>
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<tr>
<td>OR</td>
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<tr>
<td>□ If it’s physically impossible for the RSAT to be located in its own unit / pod, then all groups / classes must be separated from other incarcerated / detained individuals within the facility.</td>
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</table>

5 – FULL COMPLIANCE: Both 1 and 2 of the criteria are checked.
3 – Either 1 or 2 of the criteria 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

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 protocols 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: None of the criteria are 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

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

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**Scoring Criteria**

1. RSAT staff are trained in cultural competence; 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, activities, and/or curriculum are offered within the RSAT Program on an ongoing basis.

3. Cultural competence is reflected in RSAT demographic data, and/or throughout management and operations within the program.

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5 – FULL COMPLIANCE: All 3 criteria are checked.

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

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

Scoring Criteria

1. RSAT Participants are regularly and randomly tested over the course of RSAT programming.
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: None of the criteria are 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

Scoring Criteria

1. ☐ RSAT participants are offered medication for alcohol and opioid use disorder and mental health disorders if medically / psychiatrically appropriate.

2. ☐ RSAT participants continue receiving prescribed medications for alcohol and opioid use disorders and mental health disorders pending medical / psychiatric assessments.

OR

☐ RSAT participants are provided science-based withdrawal management to minimize risk of death and mitigate discomfort.

3. ☐ Arrangements are made to continue medication for alcohol and opioid use disorder and medications for mental health disorders upon release.

4. ☐ Participants are provided naloxone and overdose prevention education prior to or upon release.

5 – FULL COMPLIANCE: All 4 criteria are checked.

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

1 – NON-COMPLIANCE: Two or less of the criteria are 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

Scoring

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

   OR

2. ☐ Community care and other service providers have met or communicated with RSAT participants prior to their release to assist with benefits and services (Veterans Administration, Housing representatives, Health Administrators, Peer Specialists, etc.)

3. ☐ There is a process in place that links all individuals with health care issues to medical providers and/or medical case management.

5 – FULL COMPLIANCE: All criteria are checked.

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

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

Section IV: Provisions of Medications and Health Care

Scoring

1. There is information provided and/or regular classes on the following topics:
   - Symptoms and reducing risk of infectious diseases (HIV, Hepatitis B and C, Tuberculosis, sexually transmitted diseases, Covid-19, etc.)
   - Accessing medical services within correctional facility and after release
   - Accessing affordable care options
   - Communicating with providers
   - Navigating the behavioral health / medical care system

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

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

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

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

**Scoring**

1. [ ] Reintegration (reentry, transition, continuing care) plans are developed with each participant prior to release that include at the minimum:
   - [ ] Housing
   - [ ] Continued substance use and co-occurring treatment services
   - [ ] Finances (public benefits)
   - [ ] Family and social relationships (peers)

2. [ ] There are information-sharing protocols in place between correctional staff, post-release supervisors and community-based treatment.

3. [ ] There are strong linkages in place with community-based service providers, volunteers, and state / federal agencies that allow some continuing care to begin prior to release.

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: 4 or more criteria are checked.

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

1 –LOW or NON-COMPLIANCE: Less than two of the criteria are checked.
**B. Continuing Medications upon Release**

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*

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<td>5 – FULL COMPLIANCE: All criteria are checked.</td>
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<tr>
<td>3 – PARTIAL COMPLIANCE: Criteria 1 and 2 are checked.</td>
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<td>1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.</td>
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1. RSAT participants that are continued on or inducted on medications for alcohol / opioid use disorder or mental health disorder medication must have a plan that allows them to continue to obtain prescriptions in a timely manner upon release.

2. RSAT participants should be 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.

3. 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.
C. Self-Help and Peer Group Programs

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

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<tr>
<td>1. RSAT participants should be provided the opportunity for pro-social peers through at least two of the three methods below:</td>
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<tr>
<td>- Peer Mentors within the program / facility</td>
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<tr>
<td>- Community-based and/or facility-based Peer Support Specialists / Recovery Coaches</td>
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<td>- Engagement in AA/NA, mutual self-help and faith based networks</td>
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<tr>
<td>2. There are linkages to peer recovery center(s) or similar prosocial peer support networks within their community of release.</td>
</tr>
<tr>
<td>3. There are similar services and opportunities in place for RSAT participants with co-occurring mental health disorders</td>
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<tr>
<td>4. RSAT participants have a role within the program in helping peers within the Unit separate from staff.</td>
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<tr>
<td>5 – FULL COMPLIANCE: All criteria are checked.</td>
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<tr>
<td>3 – PARTIAL COMPLIANCE: Criteria 1 and one other is checked.</td>
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<tr>
<td>1 – LOW or NON-COMPLIANCE: One or none of the criteria are checked.</td>
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Section V: Continuing Care / Reintegration Total Score

out of 15 =
VI. Staffing and Training

A. Ratio of RSAT participants to 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

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.

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

**Scoring**

1. □ Both RSAT staff and officers receive training in RSAT program standards, philosophy, operations, and objectives.

2. □ Both RSAT staff and officers should be involved in cross-training; officers should have an understanding of:
   - Symptoms of substance use disorder
   - Symptoms of mental health disorder
   - Trauma-informed services

3. □ 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.

5 – FULL COMPLIANCE: All criteria are checked.

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

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

**NOTE:** If Criteria 1 and 2 apply to treatment staff but not officers, it is NOT checked – UNLESS officers are not involved in ANY aspect of RSAT programming (i.e., “bubble” units).
C. RSAT Treatment and Intervention Training

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

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

**NOTE:** Criteria 2, 4 and 5 do NOT apply if officers are not involved in ANY aspect of RSAT programming (i.e., “bubble” units).

**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: Criteria 1, 3, 5 if applicable) and 6 are checked.

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

**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

**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*

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**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

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<tr>
<td>1. □ The RSAT program has been evaluated or is seeking evaluation by an independent researcher.</td>
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<tr>
<td>2. □ The RSAT program has internal processes to measure for fidelity to treatment standards / RSAT mission / staff performance, and other factors.</td>
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5 – FULL COMPLIANCE: Both criteria are checked.

3 – PARTIAL COMPLIANCE: At least one criterion 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

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. (i.e., jail or prison database, shared database, Excel or Access database)

5 – FULL COMPLIANCE: Criterion 1 is checked.

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

Section VII: Measuring Results Total Score

out of 15 =