



Pennsylvania

PRISON PROGRAMS

Adams County Adult Correctional Complex
Pennsylvania Department of Corrections

COUNTY JAIL PROGRAMS

Allegheny County Jail
Beaver County Jail
Bucks County Correctional Facility
Fayette County Jail
Franklin County Jail
Lawrence County Jail

Prison Programs



Adams County Adult Correctional Complex

FY2021 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT program at the Adams County Adult Correctional Complex (ACACC) is called Transition to Recovery. The program provides treatment and services to individuals entering the program who have a history of opioid and alcohol use. Participants are not segregated from the general population. Groups and services are provided to all individuals within the facility depending on their assessment results used to identify level of care, criminogenic needs, substance use and mental health disorders, history of trauma, and readiness to change. The program is a jail-based substance use treatment program that varies in length depending on a participant's sentence and treatment needs. Participants are provided evidence-based services and trauma informed care (TIC), as well as medication assisted treatment (MAT) in the form of naltrexone (Vivitrol).

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

All individuals who enter the Adams County Adult Correctional Complex (ACACC) are administered the American Society of Addiction Medicine (ASAM) Level of Care Assessment (LOCA) to help recommend either intensive outpatient or outpatient services. All receive a medical screening and intake and treatment intake within five days of entry into the facility as well. The Level of Service Inventory-Revised (LSI-R) is also administered to identify criminogenic risk/needs. Along with the results of the ASAM LOCA, the LSI-R and treatment intake, a proprietary biopsychosocial is also administered that obtains more detailed information about a person's substance use and mental health history, as well as family history. Mental health, probation, and treatment staff meet to review results from these instruments and intakes to assess level of care. Those who are identified with opioid use disorder or with a history of opioid use, plan to reside in Adams County upon release, and are under supervision of the Adams County Department of Probation Services, are provided information about the facility's RSAT-funded Transition to Recovery program. Initial case plans are developed from these original intake results.

Assessment results inform the creation of individualized case management plans that follow participants throughout their time in the facility into community-based aftercare. Ongoing treatment planning is a collaborative process between participant and staff member.

Though ACACC's Transition to Recovery is not a separate RSAT Program, there are substance use treatment services and groups available to those assessed at intensive outpatient and outpatient service levels of care. ACACC offers evidence based manualized curriculum, trauma-informed coping skills, relapse prevention, clinical/intensive case management, anger management, educational opportunities, and more.

MODALITY OF RSAT PROGRAM

ACACC does not have a separate unit for the Transition to Recovery program and participants are in groups with others in treatment but not specifically in the Transition to Recovery program. The length of programming and services vary by the individual since it is a voluntary program, although staff make a concerted effort to engage potential participants as soon as they enter the facility and are identified as eligible candidates.

The program initiates the treatment and medication process for participants then arranges for a "warm hand-off" to community providers where continued treatment is provided. Community-based treatment agencies have their own phases for participants on medication for OUD.

Participants are offered trauma-informed groups and counseling, cognitive-behavioral and dialectical behavioral therapy, relapse prevention and other evidence-based treatment throughout the course of incarceration.

MAT PROGRAMMING

ACACC provides naltrexone (Vivitrol) for eligible individuals prior to release for opioid use disorder. Individuals who choose this option, plan to live in Adams County upon release, and are under Adams County Department of Probation supervision are also eligible to participate in the Transition to Recovery program. People who enter the facility on prescribed medication for OUD may continue it if information is obtained that they are in "good standing" with their treatment provider, they are using medication as prescribed and no other illicit substances are being used as determined by drug testing upon entry, and the Warden and ACACC on-call provider approves the continuation. Naloxone is available to those with OUD upon release.

CONTINUING CARE/REINTEGRATION

Every Wednesday, probation staff, ACACC treatment specialist and community / county-based alcohol/drug abuse providers meet to discuss the aftercare needs of individuals such as housing, health insurance, and continuing substance use and mental health disorder services within the community. Program participants sign a release which allows the sharing of information between these various entities. The provider of mental health services within ACACC is also one of the local sources for mental health counseling within Adams County. Telehealth is utilized at times and there is a link to a local community behavioral healthcare partner. Upon release, an individual is assigned a community based institutional probation officer for case management.

Individuals are released with a three-day supply of medication for mental health issues. If the medical department know ahead of time when a person is being released, the psychiatric provider will also write a 30-day prescription to be given to the person in addition to a three-day “bridge dose”. Vivitrol injections are available prior to release and an outpatient appointment with a Vivitrol provider in the community is scheduled.

CONTINUING CARE PROVIDERS

True North Wellness

44 S Franklin St.
Gettysburg, PA 17325
717-334-9111

Positive Recovery Solutions

378 W Chestnut St #103
Washington, PA 15301
412-660-7064

PROGRAM CONTACT INFORMATION

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Information updated 7/26/2023



Pennsylvania Department of Corrections

Current FY2022 RSAT funded program

OVERVIEW OF PROGRAM

The Pennsylvania Department of Corrections (PA DOC) utilizes its RSAT funds for medication assisted treatment (MAT) in the form of naltrexone (Vivitrol) in therapeutic communities and outpatient programs. These programs are also funded by PA DOC's budget for the Bureau of Treatment Services. According to archived records, RSAT funds were first awarded in 1996 to two state prisons for their therapeutic communities. More recently, RSAT funds have gone to provide monies for MAT throughout PA DOC state prisons.

More than 1000 men and women have received Vivitrol prior to release from state prisons in Pennsylvania; 444 individuals received a Vivitrol injection in a one-year period from 9/1/17 to 8/30/18. Successful program completion is defined as an individual who has not returned to state prison in the year since the first shot. In this one-year period, there were 288 successful completions and 156 unsuccessful completions, for a 35 percent recidivism rate.

Eligibility for the MAT program includes all incarcerated men and women who have less than 18 months until their minimum sentence date (may also be re-parole candidates). They must have a history of alcohol and/or opioid misuse, not be experiencing liver failure, not have acute hepatitis or other liver problems, and be committed to remaining drug-free and to participating in community-based treatment services while taking Vivitrol.

MAT is considered one way to address a person's substance use disorder. Depending on the severity of their opioid and/or alcohol use disorder, PA DOC will classify individuals into programs utilizing the following methods.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Men and women entering the DOC are assessed with the Texas Christian University Drug Screen-II (TCUDS-II) to identify the presence and severity of substance use. Individuals are also administered

the Risk Screen Tool, which was developed expressly for PA DOC. If scores are high on both instruments, a four-month therapeutic community (TC) is recommended.

Mental health issues are also included in the assessment process. Depending on individual needs in this area, a co-occurring TC or a regular TC with a co-occurring track or co-occurring outpatient sessions may be recommended. Similarly, for those individuals who have been diagnosed with an opiate use disorder (OUD) and a mental health disorder, options include an OUD TC and a co-occurring OUD TC. MAT is offered during incarceration for both programs.

MODALITY OF RSAT PROGRAM

Four of the more intensive programs within the PA DOC are therapeutic communities located in their own units.

PA DOC's general TC lasts approximately four months. It is organized into three phases after an orientation period (primary treatment, relapse prevention, and continuing care), and offers a structured schedule that includes daily self-help meetings. The curriculum is based on cognitive behavioral therapy and is gender specific. The TCs include leadership roles and crews who are responsible for daily operations in the program and are supervised by the RSAT team, which includes treatment staff, corrections officers, and unit managers. Every resident has a job that is determined by the phase he or she is currently in. Pro-social behavior is rewarded by awards that are handed out to those who are doing well and going above and beyond in their community. There is likewise a check system when a resident engages in negative behaviors. All participants are taught conflict-resolution skills and facilitate educational presentations to help the process within the unit.

The co-occurring track within the general TC is offered for those residents with ongoing mental health disorders whose symptoms are currently stable. Individual counseling sessions are provided at minimum monthly for 30 minutes unless an individual indicates the need for more. There is a 1:25 staff to inmate ratio. General population TCs average 50-75 individuals in the program.

The state's Co-Occurring Therapeutic Community (COTC) lasts approximately 6 months, to allow time to address the mental health component, as well as substance use issues. Psychology staff are consistently present alongside drug and alcohol treatment staff, to ensure a well-rounded treatment model. This program offers the same components as the general TC, but the curriculum includes more mental health-focused sessions. This community is appropriate for those individuals with ongoing mental health needs that require more care to increase stability. Individual sessions run twice a month for 30 minutes each. Caseloads for staff are 1:15 due to the populations' needs. There are approximately 30-45 individuals in COTC, depending on the facility and staff availability.

The Opioid Use Disorder Therapeutic Community (OUDTC) is the newest program for PA DOC and includes the same components as the general TC, except that opioids must be the identified primary drug of choice and the individual must have a short minimum sentence. MAT is offered during incarceration. The OUDTC lasts approximately 6 months and is much the same as the COTC, except it includes the added track for those diagnosed with OUD, and MAT is offered during incarceration.

Although RSAT funds are not traditionally used in this manner, PA DOC also operates outpatient programming offering 41 sessions that are 90 minutes each and held 2-3 times a week. The curriculum is being revised to include more cognitive behavioral concepts. Currently, programming includes criminal thinking, motivational enhancement therapy, commitment to change, and relapse prevention topics. Groups are limited to 15 participants. Individual sessions are not currently mandatory but may be requested in addition to groups.

The Co-Occurring Outpatient Program consists of 47 hour-long sessions meeting 2-3 times a week. The sessions cover substance use disorder issues, medication management, family, and relapse prevention, as well as continuing care. The psychology staff participate in this program and facilitate approximately 16 of the 47 sessions. Drug and alcohol treatment staff and psychology staff are each responsible for 2 individual sessions throughout the course of the 47 sessions.

Vivitrol education and continuing-care seminars are presented to all therapeutic communities and outpatient programming on a consistent basis. As other forms of MAT are offered within the PA DOC, these seminars will expand as well.

Correctional officers play a major role of “right authority” within the program. They can give awards, are consulted on phase-ups, and discuss behaviors on the unit with the participants. Correctional officers are encouraged to participate in TC experiential training to understand program conceptualization and operation, and their essential role within the program. The four-day training is facilitated by a combination of drug and alcohol treatment staff and security staff.

MAT PROGRAMMING

Program participants are eligible for MAT in the form of naltrexone (Vivitrol) in both the therapeutic communities and outpatient programs.

CONTINUING CARE/REINTEGRATION

The Pennsylvania Board of Probation and Parole (PBPP) has designated a central office parole manager to serve as a liaison with PA DOC. The manager will notify the district director, deputy district director, or designee and supervising agent of the anticipated date of release of a RSAT participant. The parole agent will oversee attendance in recommended treatment, as well as the continuation of Vivitrol injections, for up to 11 months after the participant is released from PA DOC, and will also provide positive reinforcement.

Program participants live at either an approved home plan residence or a selected community correction center. A selected treatment facility will provide an appropriate level of care assessment and treatment recommendation based on completion of the American Society of Addiction Medicine (ASAM). If a reentrant decides to terminate his or her involvement in the program, the parole agent will notify his or her supervisor or designee, who will notify the parole manager, who in turn will notify the DOC/MAT coordinator. When necessary, referrals should also be made for wraparound

PROGRAM HIGHLIGHT

MAT will be expanding into the implementation of a Sublocade pilot program that accomplishes the goal of increasing the types of MAT available within the PA DOC.

services such as occupational assistance, housing assistance, or counseling for other needs (mental health, family).

PROGRAM CONTACT INFORMATION

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PA DOC — Bureau of Treatment Services
1920 Technology Parkway
Mechanicsburg, PA 17050

Information updated 12/27/2018

County Jail Programs



Allegheny County Jail

Current FY2021 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT funded program at Allegheny County Jail can serve 60 men and 10 women, including pregnant people within the program. The men's unit is separate from general population; however, since the women's program serves a small number, the women are now housed with the general population. Services are provided for individuals through a 12-week in-house substance use disorder (SUD) program and a 16-week county-funded re-entry program. The RSAT Program supports a medication assisted treatment (MAT) initiative that provides buprenorphine, naltrexone, methadone as well as psychoeducational programming.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

The facility uses an evidence-based screening and assessment process to identify moderate to severe SUD which are eligibility criteria for the RSAT Program. All individuals are screened for mental health issues and as necessary, provided a full assessment to address psychiatric needs. The facility uses the Level of Service Inventory-Revised (LSI-R) standardized risk/need/responsivity instrument to identify medium-high to high-risk individuals. Staff also utilize various proprietary screening tools to assess moderate to severe SUD upon admission and throughout programming.

RSAT staff administer additional biopsychosocial instruments to attain further information about history and severity of SUD, family history, social history, trauma, educational level, and mental health. Staff also utilize initial assessments which include history of trauma and mental health. Information collected is used to develop treatment plans and for continuing care upon reentry. Advancement from one phase to the next is used as a measure of readiness to change. RSAT Program participants provide peer support to motivate individuals toward change.

MODALITY OF RSAT PROGRAM

The RSAT program is either 4 months or 10 months in duration, depending on need and sentence. RSAT participants progress throughout phases based on individual needs until completion of the

program. In addition, there are built-in pro-social activities that are important components of the RSAT Program. Some activities include peer-run AA/NA meetings, recreational activities, and a volunteer mindfulness group (pre-COVID-19).

MAT PROGRAMMING

RSAT Program participants with alcohol and/or opioid use disorders are assessed for eligibility criteria for the MAT program which provides naltrexone, buprenorphine (including Sublocade), methadone (pregnant women only), and substance use counseling. Program participants have access to MAT for the duration of the program. Prior to release or parole, individuals can also be referred for access to a Vivitrol injection through an RSAT referral, self-referral, or referral from other staff. Medical Department staff will draw lab work, ensure there is a negative drug screen preceding an injection, then schedule an injection.

If an individual enters the facility on prescribed methadone (pregnant people only) or buprenorphine, they may continue receiving medication if clinically appropriate. The program will also facilitate conversion to MAT for pregnant people with an opioid use disorder in a medically monitored setting. If an individual enters the facility under the influence of alcohol or illicit substances, medical department staff follow withdrawal protocols for opioid, alcohol, and/or benzodiazepine withdrawal. Participants are provided naloxone (Narcan) upon release. Additionally, overdose education is integrated into programming. A resource book is also provided to all participants on how to administer naloxone, including signs and symptoms of an overdose.

Individuals entering the facility are not discontinued from medication without a mental health evaluation or specific clinical reason. Psychiatric medications are reviewed upon intake, and a 30-day bridge dosage is ordered to provide continuity of care until the individual is seen by psychiatric staff.

RSAT Program staff, Medical Department staff and mental health staff all assist participants in preparing for re-entry, including obtaining healthcare benefits. There are several aftercare resources that provide ongoing services through the following organizations: Consumer Health Coalition, Jail Diversion, and Alternative Housing Programs for RSAT Program participants.

CONTINUING CARE/REINTEGRATION

There is a Discharge and Release Center and Justice Related Services that offer many resources which begin with a reentry needs assessment. Additionally, Parole Officers coordinate reintegration services. Services include providing medical referrals and making appointments prior to release when possible. Referrals are made for after-care appointments and mental health follow-up care in the community. A relapse prevention plan is completed as part of the final treatment planning which includes support provided through AA/NA. Allegheny Department of Human Service staff conduct an aftercare update on RSAT participants reentering the community through attendance of the first aftercare appointment. Participants can participate in a 7–9-month voluntary re-entry program that includes aftercare resources. There is a community program that connects eligible participants with additional resources such as parenting classes, vocational training, clothing, and housing.

The RSAT Program assists participants on medications for alcohol and opioid use disorder to immediately continue on medications upon release. Upon release from facility, individuals receive a

3-day supply of mental health disorder and medical medication from the facility, and a 30-day prescription is called into the pharmacy of choice. A voluntary Vivitrol injection is provided prior to release and medical staff will schedule an out-patient appointment with a Vivitrol provider in the community and/or provide participants with a list of community mental health and medical providers.

Certified Recovery Specialists provide support to participants who experience SUD and AA/NA supports are also available to participants while participating in the program and upon release. Individuals needing mental health support may be referred to a Certified Peer Specialist upon reentry. Staff stated that RSAT Program participants would benefit from mental health peer support while in the program.

COMMUNITY PARTNER

Jade Wellness Center

412-380-0100

PROGRAM CONTACT INFORMATION

Dr. Ashley L. Brinkman

Deputy Health Services Administrator

412-350-7855

Information updated 7/26/2023



Beaver County Jail

Current FY2022 RSAT funded program

OVERVIEW OF PROGRAM

The Beaver County Jail utilizes its RSAT funding to ensure the continuing implementation of a strong array of assessment tools. While there is not a traditional RSAT Unit or Program within the facility, its jail-based substance use treatment program follows evidence-based and promising practices, as well as provides trauma informed care (TIC). The program serves men and women experiencing a substance use disorder (SUD) and a co-occurring mental health disorder (COD). Participants are housed within the facility's general population.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Beaver County Jail has developed a strong system of evidence-based assessments to identify substance use and mental health issues. Beaver County is in the process of implementing the AC-OK Screen for Co-Occurring Disorders for all individuals entering the facility, both pretrial and sentenced. In addition to mental health, substance use, and trauma specific issues, Beaver County has modified the AC-OK Screen to also identify poverty, housing insecurity and vocational/educational needs. They also use the George Mason RNR (Risk-Need-Responsivity) Simulation Tool to assess level of criminogenic risk and need.

Results of the initial assessment using the AC-OK screen are used to determine further assessment needs. Individuals will be referred to either an American Society of Addiction Medicine (ASAM) Assessment if a substance use disorder only is indicated by the AC-OK screen, or to a further Co-Occurring Disorder (COD) Assessment protocol. The assessment philosophy at Beaver County is individualized and needs based. The results of these screenings/assessments are used to develop individual case management plans that will follow the individual through release from the facility and reentry into the community.

There is a section on the ASAM based assessment that addresses readiness to change. There is also a harm reduction approach to help individuals in earlier stages of the change process. Facility staff are also trained in Motivational Interviewing (MI) and utilize those skills to help individuals move to the next stage of readiness.

MODALITY OF RSAT PROGRAM

Beaver County has many treatment opportunities for people within the facility including the use of evidence-based curricula, group counseling, Wellness Recovery Action Plan (WRAP), parenting and family dynamic classes, anger management, and more. Eligible individuals can also receive a naltrexone injection prior to release from the facility.

MAT PROGRAMMING

The Beaver County Jail will provide naltrexone for eligible individuals prior to release for opioid and alcohol use disorder. Individuals will continue to receive prescribed medications for mental health disorders or their formulary equivalent and are offered medications as appropriate. Upon release from the facility, all individuals are provided with naloxone (Narcan) along with an information packet with graphics and instructions on the use of naloxone, signs and symptoms of overdose, and local resources. This information is also sent to the individual's family or emergency contact.

Beaver County Jail works with Beacon Health Options, the managed care organization in the area, to provide access to an expedited medical assistance application for all individuals reentering the community. Using this process, they can ensure that health benefits are reactivated within 5 to 15 days of release.

CONTINUING CARE/REINTEGRATION

Beaver County Jail staff, Beaver County Behavioral Health, probation, the Institutional Parole Officer, Mental Health Advocates, and other community resources work together to coordinate reintegration needs including linkages to health care, case management, continued treatment services, and public assistance application help. Planning for reentry starts at intake, with assessments used to connect individuals to resources in the community. Those community resources often start within the facility so that a warm handoff is possible in order to increase the likelihood of continuation of services post-release. Aftercare services, including peer support access, are funded through different sources and are available upon release.

The RSAT Program assists participants on medications for alcohol and opioid use disorder to immediately continue medications upon release. Upon release from the facility, individuals receive a 3-day supply of medications from the facility and a prescription is called in to the pharmacy of their choice. Vivitrol injections are available prior to release and an outpatient appointment with a Vivitrol provider in the community is scheduled.

Individuals within Beaver County Jail have access to AA and NA supports and other faith-based networks, as well as community-based peer support via Mental Health Advocates (MHA). Connections to MHA continue post-release and provide peer services for individuals with co-occurring mental health disorders.

COMMUNITY PARTNERS

Beaver County Rehabilitation Center (BCRC)

131 Pleasant Drive, 2nd Floor
Aliquippa, PA 15001
724-378-4750

Merakey

260 Ohio River Blvd
Baden, PA 15005

724-869-2023

Pinnacle Treatment Center

400 Woodlawn Road
Aliquippa, PA 15001
724-857-9640

Provide Services in the Jail

The Mental Health Association

105 Brighton Ave
Rochester, PA 15074
724-775-4165

Deliverance Ministries

392 Franklin Ave
Aliquippa, PA 150013
724-203-4669

PROGRAM CONTACT INFORMATION

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Information updated 7/27/2023



Bucks County Correctional Facility

Current FY2021 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT funded Healing, Empowering and Recovering Together (HEART) Program began in March 2018 and serves women at Bucks County DOC. HEART Program utilizes therapeutic interventions and a core curriculum which includes cognitive behavioral therapy (CBT), cognitive behavior interventions (CBI) and standardized workbooks throughout the duration of the program.. Attributes of the program include recognition of the community as recovery-based, peer supported interactions, evidenced based treatment, and recognition of person-centered goals and accomplishments. There is also a Medication Assisted Treatment (MAT) program which provides naltrexone/ Vivitrol and substance use counseling for participants with alcohol and/or opioid use disorder.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

HEART Program eligibility is based on evidence-based screening and assessment for moderate/severe substance use disorder (SUD), having enough time remaining on one's sentence to complete the program, a negative urinalysis, and demonstrating willingness to change. The facility uses a standardized risk/need/responsivity instrument to identify medium-high to high-risk individuals. Individuals are screened for mental health needs and provided a comprehensive assessment to address psychiatric needs as necessary.

Staff administer a biopsychosocial assessment that further attains a broad range of risk factors including geographic history, mental health, family, substance use history, trauma, literacy/educational level, and social history. Results of the assessment are used to develop recovery goals and establish continuing care plans.

Staff utilize moral reconnection therapy (MRT) as a measure of motivation for change. Workbooks, individual consultation, and group therapy is also used to assess and monitor progress. A "Change Plan" is also developed and worked on throughout the program. Women are offered a list of class options they may choose from to promote self-empowerment, self-advocacy and motivation.

MODALITY OF RSAT PROGRAM

The average length of HEART Program is 4 months; however, program completion is based on the time it takes a woman to progress through the phases. The RSAT programming is offered in phases based on behavioral and recovery milestones.

Pro-social activities are important elements of the program and include an 8-week self-advocacy program called “Worth It”, yoga, life skills classes, spirituality, art and music therapy, awareness events such as Recovery Month, Mental Health Awareness Month, Fetal Alcohol Syndrome Day, and movie nights.

Clinical services include psychological, psychiatric, and medical services. Case management staff prepare a home plan with each participant and coordinate continuing care upon reintegration. A strength of the program is the focus on trauma. Clinical staff are trained in evidence-based interventions and promote an emphasis on trauma informed practices, a trauma informed environment, and work collaboratively toward the program mission. Staff utilize Motivational Interviewing (MI) techniques.

A strength of the program is the commitment of the women to the program philosophy, adherence to the seven program principles, and the monetary incentives afforded to the women through progression of the moral reconnection therapy (MRT) program component. Staff utilize a core curriculum complemented by therapeutic interventions throughout the program. Individuals refer to each other as family and promote a pro-social environment.

MAT PROGRAMMING

HEART Program participants with alcohol and/or opioid use disorders (OUD) are assessed for eligibility criteria for the Medication Assisted Treatment (MAT) program which provides naltrexone/Vivitrol and substance use counseling. Program participants will have access to Vivitrol upon admission to the program and can receive monthly injections for the duration of the program.

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

HEART Program staff, in collaboration with mental health staff, assist participants in preparing for re-entry, including obtaining healthcare benefits, providing referrals, and making appointments prior to release as necessary.

CONTINUING CARE/REINTEGRATION

HEART Program staff, clinical staff, and Institutional Parole Officers collaborate to coordinate some reintegration needs including intensive case management, medical and mental health referrals and organizing appointments prior to release as needed. Participants also have access to a resource guide created by a HEART Program staff member.

The RSAT Program assists participants on medications for alcohol and opioid use disorder to immediately continue on medications upon release. Upon release from facility, individuals receive a bridge dose medication from the facility and a 30-day prescription is called into the choice of pharmacy. A voluntary Vivitrol injection is provided prior to release and medical staff schedule an out-patient appointment with a Vivitrol provider in the community.

Certified Recovery Coaches support participants experiencing co-occurring difficulties. Alcoholics Anonymous/Narcotics Anonymous supports are also available to HEART Program participants while participating in the program and upon release.

CONTINUING CARE PROVIDERS

Centers of Excellence (COE)

Penn Foundation Inc.
807 Lawn Ave
Sellersville, PA 18960
215-257-6551

Family Service Association of Bucks County

215-757-6916

A Woman's Place

225 West State Street
Doylestown, PA 18901
215-340-0120

Career Link

1268 Veterans Highway
Bristol, PA
215-781-1073

PROGRAM CONTACT INFORMATION

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Bucks County Department of Corrections

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Information updated 7/27/2023



Fayette County Jail

Current FY2020 RSAT funded program

OVERVIEW OF PROGRAM

RSAT programming at the Fayette County Jail serves individuals with a substance use disorder (SUD) while they are incarcerated and after their release. Alcohol and opioids are the drugs of choice for the majority of individuals identified as experiencing SUD. The program is also supported by a grant from the Fayette County Drug and Alcohol Commission (FCDAC).

The program provides participants with evidence-based services and medication assisted treatment (MAT) in the form of naltrexone (Vivitrol) while incarcerated. Additionally, FCDAC provides maintenance and outpatient detoxification services that include Vivitrol, Revia, and Suboxone. If a client requires methadone or Subutex, they are referred to area providers.

Due to COVID-19 restrictions, in-jail treatment has been suspended, though some individuals have been referred to inpatient settings for SUD services. The jail released a significant amount of its population to alleviate overcrowding and prevent the spread of COVID. Some individuals are being provided case management and certified recovery specialist (CRS) services via telehealth.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Individuals who enter the program must be incarcerated in the Fayette County Jail and must have been diagnosed with an SUD. They may be referred by the Probation and Parole Department, a judge, or counselors in the jail. Initially, staff conduct a “fact sheet” screening for demographic information, drug and alcohol usage, and an individual’s legal and mental health information. Case managers conduct a level of care assessment using the Pennsylvania Web Infrastructure for Treatment Services (PA WITS) tool developed by the Department of Drug and Alcohol Programs

(DDAP). During the intake, the treatment specialist administers the Michigan Alcohol Screening Test (MAST) and the Drug Abuse Screening Tool (DAST) and conducts a biopsychosocial assessment. The individual must meet the outpatient level of care according to American Society of Addiction Medicine (ASAM) criteria. If the individual voluntarily accepts the referral, he or she is admitted into the program and works with the treatment specialist to develop an individualized treatment plan.

The length of the program varies greatly, depending on when the client is being released from confinement. Sometimes clients participate prior to serving a state sentence if the county jail is not notified of impending state incarceration. Some clients are treated for a few months in the jail, while others only receive a few sessions prior to release.

MODALITY OF RSAT PROGRAM

The RSAT program at the Fayette County jail utilizes the ASAM in both the case management and treatment units. Reality therapy, motivational interviewing, cognitive behavioral therapy (CBT), and dialectical behavioral therapy (DBT) may be used in treatment.

All group and some individual therapy sessions take place offsite at the FCDAC office. Prior to COVID, some individual therapy took place in the jail.

MAT PROGRAMMING

Vivitrol is available to participants in the RSAT program who are in jail. FCDAC provides Vivitrol, Revia, and Suboxone on an outpatient basis. Subutex and methadone are available from providers within the county, as needed.

CONTINUING CARE/REINTEGRATION

A few weeks prior to release, the treatment specialist will reach out to PrimeCare Medical to make MAT continuing care referrals. A few days before the individual is released from custody, PrimeCare ensures that all testing, including bloodwork, is complete and administers a Vivitrol injection. Prior to release, the individual will be provided an outpatient treatment appointment at FCDAC to continue drug and alcohol treatment services. FCDAC will track when the next Vivitrol injection is due and will submit the appropriate paperwork. The individual will be tracked until treatment is completed.

Upon release from incarceration, individuals are given a trifold handout with phone contact information for community partners including the Fayette County Community Action Agency for a food bank and rental assistance, Saint Vincent de Paul and Goodwill for clothing, the city mission for emergency shelter, and Chestnut Ridge Counseling Services for mental health services. The case management unit maintains an expanded list to help clients with other specific needs.

COMMUNITY PARTNERS

**Fayette County Community
Action Agency**

108 N Beeson Blvd
Uniontown, PA 15401
724-437-6050

City Mission

155 N Gallatin Ave
Uniontown, PA 15401
724-439-0201

Chestnut Ridge Counseling

100 New Salem Road
Uniontown, PA 15401
724-437-0729

PROGRAM CONTACT INFORMATION

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Information updated 10/20/2020



Franklin County Jail

Current FY2021 RSAT funded program

OVERVIEW OF PROGRAM

Franklin County's RSAT program, known as Jail to Community Treatment (JTCT), provides individuals experiencing opioid and alcohol use disorder with evidence-based services both during incarceration and after their release. Learning how to develop and maintain supportive communal experiences is an essential part of long-term sobriety, and the core belief of JTCT is that participants need to use available resources to develop those communal supports, regardless of their current living circumstances. The program began with a grant in 2015, that allowed for one naltrexone/Vivitrol injection to be administered to individuals with SUD upon release. Currently, medication assisted treatment (MAT) services include multiple naltrexone/Vivitrol injections combined with SUD therapeutic treatment and a community-based work release program. Generally, the program serves 21 participants.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

The facility uses a standardized risk/need/responsivity instrument to identify medium-high to high-risk individuals and an evidence-based screening and assessment process to identify moderate to severe SUD based on the American Society of Addiction Medicine criteria. All individuals are screened for mental health concerns and provided a full assessment to address psychiatric needs as appropriate.

RSAT staff administer an additional biopsychosocial assessment to attain further information about history and severity of SUD, criminal thinking, trauma, literacy, family, and social history. Information is used to develop recovery plans and reentry planning.

Advancement in the program and through the stages of change is a measure of readiness to change. An important part of the process is the self-advocacy of RSAT participants in assessing motivational level which is demonstrated through a process where individuals take personal responsibility to coordinate continuing care appointments and follow through in attending scheduled appointments.

Treatment plans are individualized to each person's needs. Individuals are seen at least every other week by mental health counselors who oversee the MAT program, to target drug-supportive attitudes and beliefs, as well as any underlying mental health issues responsible for maintaining the use of substances as a coping strategy.

MODALITY OF RSAT PROGRAM

JTCT utilizes cognitive behavioral treatments (CBT) and a trauma-based approach throughout the program. Although the program is not considered a therapeutic community (TC), it has many hallmarks of a TC with the recognition of community as change agent and demonstrated progression in recovery goals and community reintegration.

JTCT Program is generally completed within 90-120 days; however, length of stay may be longer as needed. The programming is offered in phases based on participants having reached specified behavioral and recovery milestones. Because each treatment plan is individualized, there are no named phases. However, there is a first phase that could be considered initiation to treatment and consists of the person requesting assessment (asking for help). The individual must demonstrate “stamina for treatment” as he or she progresses through therapeutic resistance to treatment. The length of time individuals spend in this phase varies depending on their history and other factors. Phase 2 could be considered the action phase. The person begins to enact the various pieces of the treatment plan developed during the first phase. For example, he or she might meet with the medical provider and advocate for him- or herself to be treated with the appropriate medication, secure employment, maintain a low level of security classification, and take an active role in treatment. Phase 2 also includes the development of a “transition to community” plan with the participant. Phase 3 is the actual transition and includes leaving the jail but continuing treatment using the same set of skills as during incarceration. This phase also includes the development of maintenance plans to remain sober and continue to develop a sense of communal support to ensure sobriety. Treatment ends when the participant decides it is over or all the goals have been met and no new goals have been identified.

There are many opportunities to participate in pro-social programming including community peer-run Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) meetings, Life Skills classes, parenting classes, vocational skills classes, and a community work release component where participants may leave the facility and work in the community under the supervision of probation.

MAT PROGRAMMING

Program participants with alcohol use disorder and/or OUD are assessed for eligibility criteria for the MAT program which provides naltrexone/Vivitrol and substance use counseling. Program participants have access to Vivitrol upon admission and can receive monthly injections for the length of the program. Prior to release or parole, individuals can be referred for access to a Vivitrol injection through an RSAT referral or self-referral. As determined appropriate, medical staff will draw lab work to ensure a negative drug screen prior to administering the injection, then coordinate the injection.

If an individual enters the facility on prescribed methadone or buprenorphine, medical staff initiate a drug screen, consent form to release information, contact the provider/pharmacy to verify medication and upon confirmation, medication is continued. Additionally, mental health staff meet with the individual. If an individual enters the facility on methadone, the same procedure is followed, and transportation is coordinated with security staff to transport the individual to community treatment and subsequent procedures for medication to be transported to the facility for further administering.

If an individual enters the facility under the influence of alcohol or illicit substances, medical staff adhere to clinically appropriate withdrawal protocols for opioid, alcohol, and/or benzodiazepine

withdrawal. Participants are provided naloxone (Narcan) upon release and have access to naloxone education through written information and as a resource on electronic tablets.

Individuals entering the facility are not discontinued from medication without a mental health evaluation or specific clinical reason. Psychiatric medications are evaluated at intake, and a bridge dose is ordered to provide continuity of care based on an individual need until the person is seen by psychiatric staff.

CONTINUING CARE/REINTEGRATION

JTCT Program staff and a reentry committee work together to coordinate reintegration needs including providing medical referrals and coordinating appointments prior to release. There are many strong community linkages to assist RSAT participants including housing assistance, vocational services, clothing for an employer interview process, and intensive outpatient services. One community partner also provides a “care package” to assist individuals upon reentry. JTCT staff and facility leadership have strong relationships with county government agencies, treatment providers and social service agencies, all of which strongly emphasize successful and supported reintegration. The Franklin County Reentry Council also provides a Resource Guide which offers many additional resources.

For individuals on medications for alcohol and opioid use disorder, upon release from the facility, individuals receive a 3-5-day supply of mental health disorder and medical medication from the facility, and a 30-day prescription is called in to the pharmacy of choice. A voluntary Vivitrol injection is also provided prior to release and medical staff schedule an out-patient appointment with a Vivitrol provider in the community.

Certified Peer Specialists and Certified Recovery Specialists support participants who experience co-occurring difficulties. AA/NA supports are available to JTCT Program participants while participating in the program and upon release. There is also additional peer mentoring through a community church. There is a strong aftercare component where individuals attend intensive outpatient groups upon reentry three times per week.

PROGRAM HIGHLIGHT

Prior to COVID, participants attended treatment in the community in groups with community members, much as they would upon release.

COMMUNITY PARTNERS

Pyramid Health Care Outpatient Treatment Center

124 Chambers Hill Drive
Chambersburg, PA 17201
717-261-9100

pyramidhealthcarepa.com/central-pennsylvania/outpatient-treatment-chambersburg

Keystone Health

111 Chambers Hill Drive, Suite 200
Chambersburg, PA 17201
717-709-7900

KeystoneHealth.org

PROGRAM CONTACT INFORMATION

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Information updated 7/27/2023



Lawrence County Jail

Current FY2022 RSAT funded program

OVERVIEW OF PROGRAM

The RSAT program at the Lawrence County Jail is known as the Sober Treatment Opioid Program (STOP). STOP is designed to support in-house evidence-based programs to help individuals overcome substance abuse and break the cycle of recidivism and overdose deaths. Participants are not segregated from the general jail population but do receive treatment in a segregated area of the facility. The RSAT funded program is a 15-bed unit that began in 2019 serving men and women. Staff utilize cognitive behavioral treatments (CBT) and standardized manuals throughout two phases. The Lawrence County RSAT Program is considered a modified therapeutic community (MTC) emphasizing the importance of responsibility, accountability, structure, participation, and education. STOP participants with alcohol and/ or opioid use disorders (AUD/OD) are assessed for eligibility criteria for the Medication Assisted Treatment (MAT) program which provides naltrexone/ Vivitrol and substance use counseling.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Sober Treatment Opioid Program (STOP) staff administer risk / need assessments using standardized tools including the Level of Service Inventory-Revised (LSI-R) and the Texas Christian University Drug Screen-V (TCUDS) to identify individual risks and needs regarding recidivism and to identify criminogenic risk which are eligibility criteria for the RSAT Program. The facility utilizes a proprietary screening tool to identify co-occurring SUD and mental health concerns. Individuals are referred to psychology and psychiatric services as needed.

STOP staff administer additional biopsychosocial instruments to obtain further information about history and severity of SUD and criminal thinking. Staff also review initial assessments which include history of trauma, mental health, social history, and educational needs.

Individualized treatment plans, including reentry plans are developed through utilizing evidenced based practices designed to promote recovery goals based upon collaboration with an individual's input and additional information collected through a biopsychosocial assessment upon RSAT Program admission and throughout both phases.

MODALITY OF RSAT PROGRAM

The program provides a course of comprehensive individual and group substance abuse treatment services. They use an evidence based manualized curriculum, coping skills such as anger management, clinical / intensive case management, provision of educational opportunities, peers, relapse prevention and more.

STOP staff utilize *A New Direction* curriculum which is based on Cognitive Behavioral Therapy (CBT). Cognitive Behavior Interventions (CBI) are used in groups, daily interactions, and as learning experiences. The Clinical Supervisor conducts supervision through observation of practices and individually. Progress is monitored monthly. RSAT Program staff also use Motivational Interviewing (MI) in daily interactions, throughout the assessment process, and in treatment planning.

Although the program does not have a separate unit, all services are provided apart from other individuals. The RSAT Program can last from 30 to 90 days with most participants completing the program within 60 days.

There are two phases in the 90-day STOP program. The first phase delivers seven hours of group counseling and one hour of individual counseling each week. It also includes sessions to educate participants about drugs and alcohol, teach them the adverse effects of their substance abuse, and motivate them to change. The emphasis in phase I is on the following:

1. Social skills—teaching participants more socially appropriate behaviors. It does this by increasing each participant's awareness of social mores and expectations, as well as the impact his or her personal style has on others in the group. Upon completion of this module, participants should be more comfortable in and more adept with situations they are likely to encounter in the community to which they will return.
2. Decisions—teaching participants to think ahead. Many participants never developed the capacity to anticipate the future consequences of their behavior, or to plan accordingly. Participants who have completed this module are expected to structure their time more effectively and constructively, avoid repeating old mistakes, understand the relationship between emotions and judgment, and maintain better control of their tempers.
3. Drug and alcohol education—teaching participants about the effects of drug and/or alcohol abuse. Participants who have completed this module are expected to have a better understanding of the harmful effects of drug and alcohol abuse and, as a result, be better able to resist future use.

The second phase includes three hours of group counseling and one hour of individual counseling each week. These activities are meant to take place during evening hours so they don't interfere with program participants' work during the day (if prison jobs are available). The objective of phase II is to teach participants to maintain sobriety, as well as to adjust to life outside prison, by having them participate in a structured daily routine. The emphasis in this phase is relapse prevention—teaching participants about the triggers and cues associated with drug and/or alcohol use, specifically those related to physical, psychological, and social-community factors

The pro-social activities that are offered include educational classes, parenting classes, library, recreational activities, religious programming, and vocational planning. There is a program called, Jails to Jobs which is offered in collaboration with the District Attorney's Office to assist RSAT Program participants in obtaining employment upon reentry. Other activities include a voluntary

Fatherhood Program, and peer-run Alcoholics Anonymous (AA) / Narcotics Anonymous (NA) meetings.

MAT PROGRAMMING

STOP participants with alcohol and / or opioid use disorders are assessed for eligibility criteria for the Medication Assisted Treatment (MAT) program which provides naltrexone / Vivitrol and substance use counseling. Once it is determined that criteria are met for eligibility for naltrexone / Vivitrol, medical department staff obtain a hepatic profile and make determination if the individual qualifies for the naltrexone / Vivitrol injection. Once an order is obtained to proceed with the injection, a urinalysis drug screen is conducted to verify that the individual does not currently have any opioids in their system. The first injection is then administered upon consent. A urine drug screen will be performed by the medical department to verify absence of opioids prior to a second injection.

If an individual enters the facility under the influence of alcohol or illicit substances, Medical Department staff follow withdrawal protocols for opioid, alcohol, and / or benzodiazepine withdrawal utilizing the *PrimeCare Medical Policy J-F-04: Medically Supervised Withdrawal & Treatment*. Individuals are not discontinued from mental health medication without a mental health evaluation or specific clinical reason. Psychiatric medications are reviewed upon intake and a bridge dose is ordered to provide continuity of care until the individual is seen by psychiatric staff.

Participants are provided naloxone (Narcan), overdose prevention education, an information packet, and list of local resources upon release.

Lawrence County Jail RSAT Program staff, medical staff, mental health staff and CRSS's all assist participants in preparing for re-entry, including obtaining healthcare benefits and coordinating all appointments as needed. Individuals continue a relationship with the facility's community partners, PrimeCare and New Horizons, upon release.

CONTINUING CARE/REINTEGRATION

Lawrence County Jail RSAT staff, clinical staff, CRSS's, and parole staff collaborate on reintegration needs including providing medical referrals and making appointments prior to release when possible. Reentry planning begins at intake, utilizing assessments and screenings to identify individual needs and access to resources in the community. Aftercare services and peer recovery support services are coordinated in cooperation with probation / parole, the county drug and alcohol authority, and community providers upon release.

PROGRAM HIGHLIGHT

Narcan training and the distribution of Narcan have been incorporated into the reentry process.

A health literacy component educates STOP participants about the basics of preventing the transmission of COVID-19 while in jail and after release.

Upon release from the facility, individuals on medications for alcohol and opioid use disorder receive a 3-day supply of medications from the facility and a prescription is called in to the pharmacy of their

choice. Vivitrol injections are available prior to release and an outpatient appointment with a Vivitrol provider in the community is scheduled.

CRSS's support participants who experience SUD difficulties and AA / NA supports are also available to participants while participating in the program and upon release.

COMMUNITY PARTNERS

Lawrence County Drug and Alcohol Commission

20 E Washington Street
New Castle, PA 16101
724-658-5580

New Horizons Treatment Center

4 N. Mill Street
New Castle, PA 16101
724-202-6818

Lawrence County District Attorney's office's "Jails-to-Jobs Program"

Gary Filippone, Director
430 Court Street
New Castle, PA 16101
724-656-1916

New Castle Area Transit Authority (NCATA)

311 Mahoning Ave
New Castle, PA 16102
724-654-3130

Positive Recovery Solutions (PRS)

378 West Chestnut St., Suite 103
Washington, PA 15301
412- 660-7064

PROGRAM CONTACT INFORMATION

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