



# DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS

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## Program Statement

**OPI:** MEDICAL  
**Number:** 6050.3A  
**Date:** March 9, 2010  
**Supersedes:** 6050.3 (3/03/08)  
**Subject:** Residential Substance  
Abuse Treatment  
Program (RSAT)

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1. **PURPOSE AND SCOPE.** To establish policy and procedures for providing a therapeutic community substance abuse treatment program for DOC inmates housed at the Central Detention Facility (CDF) and the Corrections Corporation of America (CCA) Correctional Treatment Facility (CTF).
2. **POLICY.** It is the DC Department of Corrections (DOC) policy to provide substance treatment abuse programs for inmates with drug and alcohol addictions, to include monitoring and testing.
3. **PROGRAM OBJECTIVES.** The expected results of this program are:
  - a. To provide diagnosis and treatment plans, establish goals and objectives, provide education, counseling, treatment, relapse prevention and management, discharge planning and transition that support an improved outcome post release.
  - b. To provide a structured program that promotes accountability for self and others and that identifies physical, social, medical, mental health, community and spiritual needs.
  - c. To provide linkage to community based programs upon inmates return to the community.
4. **NOTICE OF NON-DISCRIMINATION**
  - a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2.1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination

that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

- b. Inmates with disabilities, including temporary disabilities, are housed in a manner that provides for their safety and security. Housing used by inmates with disabilities, including temporary disabilities, is designed for their use and provides for integration with other inmates. Programs and service areas are accessible to inmates with disabilities who reside in the facility. Discrimination on the basis of disability is prohibited in the provision of services, programs and activities.

## 5. **AUTHORITY**

- 1) DC Code § 24-211.02, Powers; Promulgation of Rules
- 2) D.C. Code § 21-2210 Health Care Decisions
- 3) D.C. Code § 21-2210 Health Care Decisions
- 4) Title 7, Human Health Care and Safety, Chapter 12 Mental Health Information, §7-1201.1 through §7-1202.6
- 5) Title 2, Americans with Disabilities Act (ADA) of 1990, USC §§ 12131-12134 and 28C.F.R. § 35.104.
- 6) Health Insurance Portability and Accountability Act of 1996 (HIPAA) DC Privacy Rules
- 7) Law S. 1435, the "Prison Rape Elimination Act of 2003
- 8) Agreement Regarding Provision of Medical/Surgical Care for Saint Elizabeth Hospital Sentenced Prisoner Patients and Pre-Trial Criminal Defendants
- 9) "Protection of Human Subjects, "45 CFT, Part 46, and 42 CFR, Part 2,
- 10) "Confidentiality of Alcohol and Drug Abuse Patient Records,
- 11) Title 29, Chapter 23 of the D.C. Municipal Regulations: Certification Standards for Substance Abuse Treatment Facilities and Programs.

**6. DIRECTIVES AFFECTED**

- a. Rescinded. None
- b. Referenced
  - 1) PS 6000.1 Medical Management
  - 2) PS 1300.1 District of Columbia Freedom of Information Act (FOIA)
  - 3) PS 1300.3 Health Information Privacy
  - 4) PS 1010.1 Organization of the Department of Corrections
  - 5) PS 3040.6 Personnel Security and Suitability Investigations
  - 6) PS 4020.1 Orientation Program
  - 7) PS 5031.1 CDF Emergency Plan

**7. STANDARDS REFERENCED**

- a. American Correctional Association (ACA) 4<sup>th</sup> Edition, Standards for Adult Local Detention Facilities: 4-ALDF-5A-04, 4-ALDF-5A-05, 4-ALDF-5A-06, 4-ALDF-5A-07 and 4-ALDF-5A-08.
- c. Title 29, Chapter 23 of the D.C. Municipal Regulations: Certification Standards for Substance Abuse Treatment Facilities and Programs.

**8. POLICIES AND PROCEDURES**

- a. The DC Department of Corrections shall serve as the governing body and shall establish policies for its programs of which the RSAT, "Progress Towards Empowerment" shall be subject to and exercise general direction over the RSAT program daily operations which will be guided by the policies and procedures included within this manual, referenced agencies and other applicable State and Federal laws. The agency director or designee shall serve as the source of authority for the program. (Reference Chapter 23; 2313.1, 2313.2, and, 2313.3)
- b. The DC Department of Corrections shall provide a formal management system for policies and procedures that govern department's administration, operations and maintenance. This system shall ensure employees and managers participate in formulating and updating policies, procedures and programs. It shall also ensure that new or revised policies and procedures are disseminated, where appropriate, to contractors,

volunteer, visitors, inmates and the public prior to implementation.  
(Reference Chapter 23; 2313.3)

- c. Program Statements (PS) are the most widely utilized permanent directives that reflect DOC policies and procedures and must be approved and signed by the Director of the Agency. Program statements are issued without predetermined cancellation dates but are reviewed at a minimum annually. Program Statements of substantial length or detail and used to describe operating or management of a specific function area may be formatted as a Manual and divided into chapters.
- d. The RSAT Program Manual describes specific functions, operations and maintenance of the program, and shall be available for review. The Program Manual shall be disseminated to DC DOC management, Warden, RSAT staff, external auditors/surveyors, program participants and/or their legal representatives. The RSAT Program Manual is reviewed by the Project Director annually and new or revised policies and procedures are made available prior to implementation to designated staff and volunteers. Program employees are afforded the opportunity to participate in the formulation of policies, procedures and program changes. (Reference Chapter 23;2313.3, 1-TC-6B-5; 1-TC-6B—6; 1-TC-6B-7)

## 9. **PROGRAM MISSION**

- a. The Residential Substance Abuse Treatment (RSAT) Programs mission is to provide comprehensive diversified treatment interventions and support service linkages upon release to inmates with addictive behaviors for the purpose of developing and enhancing the effective coping skills necessary to the recovery process and becoming productive members of their communities. The program approach promotes individuals helping themselves and others as opposed to a service model.
- b. RSAT PTE opportunities within the treatment program are offered with a clear understanding that the participants take responsibility for choosing between destructive or constructive mediums. Continued participation is based on the individual's willingness and ability to learn to make constructive choices.

## 10. **RSAT GOALS**

- a. The RSAT model employs all of the elements of the public health model and specifically includes all of the following key factors that we feel are essential to successful sustained substance abuse recovery upon release to the community:
  - 1) Assessment at Intake,
  - 2) Integrated into a comprehensive correctional health care model,

- 3) Identification and treatment for Mental Health and Medical issues
  - 4) Community linkages that promote continuity of care,
  - 5) Committed collaborative relationships and partnerships across a broad spectrum to support the model.
  - 6) Aftercare program linkages that include the medical, mental health and substance abuse needs at a minimum.
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- b. The overall goal of the department's Residential Drug Program model is tri-fold: improved substance abuse outcomes, continuity of care upon re-entry that supports improved inmate outcomes and decreased levels of recidivism.
  - c. Many program participants may present with co-occurring mental health and chronic health concerns, therefore, the Modified Therapeutic Community (MTC) will be utilized. The MTC adapts the principles and methods of the therapeutic community to the circumstances of the client, making three key alterations: increased flexibility, more individualized treatment, and reduced intensity. The latter point refers especially to the conversion of the traditional encounter group to a conflict resolution group, which is highly structured, guided, of very low emotional intensity, and geared toward achieving self-understanding and behavior change. The MTC retains the central feature of TC treatment; a culture is established in which clients learn through mutual self-help and affiliation with the peer community to foster change in themselves and others.
  - d. Our model recognizes the importance of integrated care for the abuser that includes medical, mental disorder and substance abuse concerns as a part of the overall treatment plan. The RSAT program views substance abuse and addiction through the lens of a chronic disease concept. Like all long term chronic diseases that are directly related to or controllable through lifestyle choices, modification of behavior will be paramount to realistically addressing chronic substance abuse. The RSAT therapeutic community utilizes the strengths of the community with the support of program staff supervision, to assist program members in focusing on the individual, recovery and the community.
  - e. The purpose of the program is to provide a certified and accredited residential substance abuse treatment program to select participants at the DC DOC CDF and CTF facilities. RSAT is dedicated to the development, implementation and delivery of on-site substance abuse treatment services to select DC DOC participants that will improve upon the quality of their life and support their drug free re-entry in to the community upon release.

- f. It is DOC policy to prohibit discrimination in the reasonable accommodation and provision of work, services, programs, and activities that are accessible and usable by staff, volunteers, visitors and inmates with disabilities. A disability is a physical or mental impairment that substantially limits one or more major life activities to include but may not be limited to caring for oneself, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning.

## 11. **RSAT SCOPE OF SERVICES**

- a. The DOC operates a one hundred twenty-two (122) bed Modified Therapeutic Residential Substance Abuse Treatment Community which provides access to substance abuse services, including treatment, for up to five hundred (500) participants annually. Up to seventy two (72) males will be housed at CDF and up to fifty (50) females at the CTF. There will be up to eight (8) male beds devoted to potential participants awaiting admission. While they are in the unit, they are not in the treatment program. They will be assigned a Phase and responsible for assisting with questions and groups. The unit will also consist of graduates and/or mentors, who will be housed there. The program is funded through the support of grants and DOC program services.
- b. The RSAT program objectives are:
  - 1) To provide diagnosis and treatment plans, establish goals and objectives, provide education, counseling, treatment, relapse prevention and management, and discharge planning and transition that support an improved outcomes post release.
  - 2) To provide a structured program that promotes accountability for self and others and that identifies physical, social, medical, mental health, community and spiritual needs.
  - 3) To provide linkage to community based programs upon inmates return to the community.
- c. The RSAT program process will identify, plan, execute and evaluate physical, psychological, social, environmental, medical, mental health, community and spiritual needs of the program participant through the provision of screenings, assessments, counseling, linkages, testing and participant engagement and disclosure. RSAT will provide support services with the goal of enabling the program participants to become law-abiding and drug free.

- d. The DC DOC RSAT subscribe to a 10-point philosophy of care:
- 1) Offering cost-effective quality care that is personalized for individual needs.
  - 2) Fostering independence for each program participant.
  - 3) Treating each participant with dignity and respect.
  - 4) Promoting the individuality of each participant,
  - 5) Encouraging each participant to take advantage of active participation, their care, lifestyle and informed decision making choices.
  - 6) Protecting the right to privacy and nurturing the spirit of each participant.
  - 7) Involving family and friends, as appropriate, in care planning and implementation.
  - 8) Providing a safe, therapeutic residential environment that places emphasis on individuals helping themselves and others, using the influence of positive peer pressure within a structured social environment.
  - 9) Making the DC DOC RSAT program a valuable asset within the DC DOC Service model.
  - 10) Adhere to all applicable Federal, State, and local laws, rules, regulations and requirements.

## 12. **Access to Care**

- a. RSAT's acceptance policy prohibits discrimination in accepting referrals on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, medical, source of income, or place of residence or business.
- b. One of the primary goals of this program is to provide participants with access to comprehensive health care, including mental health services, and support services during incarceration and upon re-entry into the community that will facilitate continuity of care and help them maintain their sobriety.
- c. DOC Provides comprehensive health care services through the auspices of its medical contractor that include but are not limited to: (24) twenty four-hour emergency medical, dental and mental health care. Staff, volunteers

and contractors receive pre-service and annual training that address emergency situations, CPR, first aid, sign and symptoms of mental illness, retardation and chemical dependency, and patient transfer procedures. The pre-service and annual training include a comprehensive presentation on suicide prevention, interventions, and the importance of integrated health and mental health services with the substance abuse treatment program.

- d. The DOC recognizes the need to accommodate special needs of individual and approves health education training to staff and participants in both prevention and control of threatening diseases. Allowances and appropriate modifications to the clinical program are made to ensure that health mental health services are provided.
- e. In addition, participants, as are all DOC inmates, are afforded the right to a grievance system, which is informal and formal, under the DOC program statements for complaints related to health care. Participant's rights and responsibilities are explained to them upon admission to the program verbally and in writing in a language that they can understand and participant's confidentiality is strictly maintained in the handling of all program member identifying materials.
- f. Some of the program participants who may need residential aftercare upon re-entry into the community may be linked with APRA's continuum of care upon release without interruption based on bed availability. Other participants who may not need in-patient aftercare in the community will be linked with out-patient aftercare resources and other community based supportive services to help maintain their sobriety upon release and defer a return to the correctional setting.
- g. DC DOC believes that with quality supportive care and services provided in a therapeutic setting, many members of this special population can reach their maximum potential upon re-entry and remain viable members of society at the community based level. RSAT staff provides quality support to program participants using innovative specialized programs developed for each individual.
- h. DC DOC assists our participants in developing skills for working and living in the community as well as skills for coping with everyday societal demands. RSAT strives to maintain a program that is conducive to active treatment and community living.
- i. The RSAT program recognizes the value of family, significant others and advocacy, and also strives to involve families and interested parties in the everyday lives of our program participants, where allowed within DC DOC regulation constraints. The RSAT program provides and integrates the components necessary to meet the general and extraordinary everyday needs of participants struggling with addiction.

### 13. PROGRAM CLIMATE

- a. The RSAT program utilizes formal and informal interactions of positive peer pressure, including confrontation and supportive feedback as well as staff counseling that is focused on changing negative behavior and attitudes. RSAT promotes the need to maintain abstinence as a prerequisite to recovery and through the presence of therapeutic signs, slogans, teachings, interactions, confrontations, etc, encourages participants to adapt pro-social values of right living and expected behaviors (truth, honesty, self-responsibility accountability, responsibility for self and peers, etc) and maintain a substance abuse free environment. RSAT maintains an on-going glossary of program terminology that includes written “cardinal rules that is provided to participants in the program handbook upon admission and discussed during orientation. Clinical and unit correctional staff shall also receive and review a copy of the inmate handbook during orientation. (Attachment-1 Handbook)

### 14. RSAT HOST FACILITY

- a. RSAT is a program that operates under the oversight of the Department of Corrections and as such recognizes the mission and role of the Director and Warden in it's and the broader jail's operations. RSAT complies with all applicable facility security regulations including contraband searches that are conducted at least weekly. RSAT adheres to DOC PS.5010.3 *Contraband Control* for handling physical evidence in connection with a violation of the law and/or facility.
- b. The RSAT Project Director meets no less than monthly with the Warden to discuss outstanding program issues and the status of the program. These meeting also ensure that areas of authority, responsibility and accountability are upheld and that smooth program operations occur. There is a high level of interaction between the two departments that foster an institutional climate that support the therapeutic community. The Warden works closely with the Project Director to ensure that disruptions to the program are minimized without compromising security. During the meetings, which are held monthly but no less than quarterly, the following discussions that are focused on maintaining the integrity of the program while still securing the facility may occur:
  - 1) Program member behaviors
  - 2) Control limits between program members and correctional staff
  - 3) Discussion of program hours
  - 4) Role of correctional officers on unit in programming

- 5) Review of incidents involving program members and distinguishing which incidents and program member behaviors are directly program related and/or how they are to be reported and managed by clinical and security staff.
- 6) Any other topic that either side feels needs to be addressed.

#### 15. PROGRAM SATFF

- a. DC DOC seeks to provide a professional therapeutic team to holistically address the inmate's substance abuse and other co-occurring problems that might impede recovery maintenance. The substance abuse treatment services, which includes a comprehensive linkage program, is delivered in a therapeutic community by highly trained substance abuse professionals who are committed to excellence and believe in fostering quality of care and service delivery. The RSAT staff, volunteers, and contractors shall receive pre-service and annual training on facility and program policies including orientation.
- b. RSAT Staff shall meet the regulatory standards of the DC Health Licensing for Professionals Agency (HLP) and DOC staff hiring guidelines.
- c. At a minimum, Program Staff shall have the following:
  - 1) A job description that accurately describes the duties, responsibilities and requirements of the position in the program
  - 2) Training and information provided in writing on work rules, ethics regulations, conditions of employment and related documents. Volunteer and contractors must also receive this training and along with staff acknowledge receipt in writing that they have received and reviewed the materials.
  - 3) Training and information on state and federal workplace regulations, safety and diversity in the workplace, and training on all forms of discrimination and harassment is provided to volunteers and contractors as well as staff.
  - 4) An annual performance review based on defined criteria that is discussed with the employee and reviewed and signed by the employees and the evaluator.
- d. At a minimum, Program Staff shall be provided with the following:
  - 1) Access to a grievance process for all program staff, volunteers and contractors.

- 2) Relief from being harassed for all program staff, volunteers and contractors
  - 3) Equal employment opportunities for all program staff, and volunteers and contractor positions.
  - 4) Information is provided that describes their conditions of employment and they acknowledge that they have received this information in writing that is placed in their personnel file.
  - 5) RSAT staff is subject to the DOC PS series 3000 Human Resources that address personnel rules for the agency.
  - 6) A personnel manual is accessible to program staff that covers at a minimum the following areas:
    - 1) Organizational chart
    - 2) Staff development
    - 3) Recruitment and selection
    - 4) Promotion
    - 5) Job qualification and job description
    - 6) Affirmative action
    - 7) Sexual harassment
    - 8) Grievance and appeal procedures
    - 9) Orientation
    - 10) Employee evaluation
    - 11) Personnel records
    - 12) Benefits
    - 13) Holiday
    - 14) Leave
    - 15) Hours of work
    - 16) Probationary period
    - 17) Compensation
    - 18) Travel
    - 19) Disciplinary procedures
    - 20) Termination
    - 21) Resignation
    - 22) Employee Assistance program
    - 23) Code of Ethics
    - 24) Conflict of Interest
    - 25) Legal Assistance.
- e. RSAT staff is subject to the DC Personnel Regulations, Chapter 16, Part 1 General Discipline and Grievances

- f. DOC operates a drug free environment and the RSAT program maintains a zero tolerance policy for drug use by staff, volunteers contractors and/or program members. The DOC Program Statements and RSAT Program manual provides and describes the agency and program support of a drug free environment which includes at a minimum the following:
  - 1) Prohibition of the use of illegal drugs
  - 2) Prohibition of possessions of any illegal drug, except in the performance of official duties
  - 3) Procedures to be used to ensure compliance
  - 4) Opportunities available for treatment/or counseling for drug abuse
  - 5) Penalties for violation of the policy.
  
- g. RSAT provides an ongoing staff development and training plan based on the needs of the staff as determined by an assessment by project director and staff input. RSAT staff has experience working with therapeutic communities and participate in an extensive pre-service orientation upon hiring, which includes 40 hours of didactic training on institutional management, operations, and policies.
  
- h. Staff shall receive forty (40) hours of on-site therapeutic training as a part of the staff development and training plan which includes experiential learning and therapeutic and community specific training activities that promote an understanding of the therapeutic community perspective of substance abuse disorders, treatment, and recovery. Staff is provided explicit and comprehensive written materials on the therapeutic community perspective related to substance abuse and access to a library and the internet for additional information.
  
- i. The correctional staff is utilized as part of the treatment Team and is specially trained to work as a part of the therapeutic Team and with the specialized population. The correctional officers selected to work in the RSAT substance abuse unit will have orientation and training of no less than sixteen (16) hours on therapeutic community specific that is both didactic and experiential. They are considered a part of the therapeutic milieu and will participate in groups and activities that provide no option of breach of confidential information about a participant. In the absence of staff, they will be resources for participants and be knowledgeable about concerns related to substance abuse dependence, use and behavior in addition to their normal security activities. (See Appendix # 1 – Training Manual)

- j. In addition, all RSAT staff (program and correctional staff) must complete an annual in-service training for the institution and the program of at least sixteen (16) hours, and participate in on-going therapeutic community specific training.
- k. RSAT therapeutic community program staff receives on going clinical supervision in accordance with Federal and state laws and standards. RSAT staff will meet no less than monthly to address clinical issues and assess the functioning of the therapeutic community program.
- l. RSAT staff will at all times maintain an attitude of integrity, professionalism and high ethical standards that encourages hard work, values privacy, recognizes confidentiality and privacy rights and places primary emphasis on the needs and well being of program participants.
- m. The primary function of each RSAT staff member is to assist the participant through their program journey to facilitate gaining insight, knowledge, skills and the needed community linkages that will help to enhance their chances of maintaining sobriety upon re-entry in to the community. The program team will be a group of professionally trained individuals with a background and/or certification in substance abuse addictions.
- n. The goal of the team is facilitation of the participant through the program and assistance in developing a discharge treatment plan that supports sobriety and stability upon release, decreases the likelihood of re-incarceration, and supports public health and safety.
- o. The team is defined as the staff members of the program and any other providers that are involved in the care, treatment or provision of services for the program participant. Thus the team for an individual program participant *may consist* of the program staff, Community based programs and agencies that facilitate entry into a continuum of programs, a Medical provider, a Mental Health provider, a family member, a discharge planner, an outreach worker, or a community advocate.

## 16. PROGRAM TEAM

- a. The RSAT TEAM is a group of professionally trained individuals with a background and/or certification in substance abuse. Decisions related to the participant's stay or participation in the treatment program is determined by the RSAT TEAM with the program member's input. The goal of the TEAM is facilitation of the participant through the RSAT program and assistance in developing a discharge treatment plan that supports sobriety and stability upon release, decreases the likelihood of re-incarceration and supports public safety.

- b. The TEAM is defined as the staff members of the RSAT program and any other providers that are involved in the care, treatment or provision of services for the program participant. Thus the TEAM for an individual program participant may consist of the RSAT program staff, APRA Counselor, Mental Health provider, family member, outreach worker, a community advocate, and community based service providers. A key member of the TEAM is the program participant, who must be actively involved in his treatment plan in order to affect a successful outcome.

## **17. PROGRAM CULTURE**

- a. The prevailing mode of interaction is positive peer pressure, including confrontation and supportive feedback, as well as peer feedback that seek to change negative behavior and attitudes through the use of informal and formal interactions and staff counseling throughout daily program activities.
- b. Abstinence is seen as a prerequisite for recovery and as such program participants are subject to urine surveillance as noted in the DOC Program statements, APRA, Chapter 23, and ACA standards.
- c. RSAT maintain a climate of self- respect along with community respect that each participant is expected to adhere to. Program members, staff and correctional officers are provided as a part of orientation, a written glossary of program terminology that is inclusive of cardinal rules and sanctions.

## **18. REFERRAL PROCESS**

- a. RSAT works closely with the other health and corrections officials to identify program members most likely to benefit from the program. DOC/RSAT maintains open access to all inmates that meet eligibility criteria. Referrals are accepted from a variety of sources including but not limited to; correctional staff, medical/mental health staff, criminal justice system and self referrals. (Appendix # 1a Forms – Referral Form).
- b. Correctional/Medical staff may place completed forms for any participant interested in the program in the designated mailbox, where they will be collected daily by RSAT staff.
- c. Courts and court service agencies can make referral via fax or email to the Program Director of RSAT.
- d. Inmates may self refer by placement of completed referral forms in case management unit's mail box, on their housing unit via sick call slip, through their case manager or health care provider.

## 19. **ADMISSION PROCESS**

- a. The RSAT program eligibility criteria reflects those indicators that the health, corrections and RSAT teams feel at a minimum are necessary to participate in the RSAT program.
- b. Upon receipt of referral, the TEAM will investigate to see if the participant meets the minimum criteria for the program.
  - 1) Substance abuse use or history,
  - 2) Willingness to voluntarily commit to program and urine drug and/alcohol testing,
  - 3) All applicants are screened for mental health concerns. Clearance by MH Department and willingness to accept recommended MH level of support that will enable participant to actively participate in the socialization and psychological demands of community life.
  - 4) Sentenced inmates.
- c. Applicants receive an admission screening and assessment that will be utilized to develop a treatment plan which includes input from senior program members. This facilitates the mutual help concept of the program.
- d. The RSAT Project Director and the Warden make the determination of acceptable applicants for the program based on an agreed parameters for the program and security. Program Members are individually accepted in the program only if the applicant meets the agreed upon joint parameters between the Warden/Designee and the RSAT Project Director.
- e. A Transfer of Eligible Participants Memorandum will be generated to the Compliance Officer who will ensure that the inmates are moved to the selected RSAT unit for orientation processing (Appendix # 1 Forms Transfer of Approved Inmates)

## 20. **ORIENTATION PROCESS**

- a. Program members admitted to the RSAT program receive an in-depth induction and orientation on program conditions, goals, philosophy, activities, including special rules and regulations, sanctions, rights and responsibilities, and confidentiality. The orientation stages is aimed at assimilating new program members in to the therapeutic community and senior program members are utilized to provide support in assimilation for

new members. Individual and group orientation interviews and presentations are held with the TEAM, which will consist of the following:

- 1) The Program and its rules are explained in more detail to the applicant.
  - 2) Program procedures such as assessments, urine drug testing rules, levels, change plans, structure, participant rules, responsibilities, sanctions and violations consequences, and other requirements will be explained in more detail.
  - 3) A consent form is signed with the TEAM member as a witness, by the participant. (Appendix# 2 – Orientation Packet.)
- b. In addition to the oral group and individual orientation presentation and interview, each program participant receives in writing another DOC inmate orientation handbook and a participant RSAT handbook on admission which describes institutional rules, program rules, expectations, sanctions, regulations, activities, confidentiality, access to health care, participant's rights and responsibilities during the admission orientation. Documentation of the orientation is kept in the participant's file (Appendix #2- Inmate Orientation and Inmate Handbook)
- c. The DOC RSAT program is a highly structured environment with defined boundaries that program staff and members are oriented to and aware of at admission and via verbal, written and visual demonstration. In order to be successful the program must first adhere to all institutional rules, regulations and program statements, and also has its own graduated sanctions for program violations which are included in the Inmate Handbook (Appendix # 3 Sanctions).
- d. A waiting list of eligible offenders may be maintained when the program is at capacity, which will not exceed 64 program members at one time in a housing unit. Up to 8 beds will be open for inmates awaiting entry into the RSAT program.
- e. The Therapeutic community model requires designated space separate from the general population to be successful. DOC has identified distinct housing and program space that separates program members and staff from the general population. No more than sixty-four (64) participants are enrolled at any one time in the RSAT program.

## 21. **ASSESSMENT/EDUCATION/TESTING/CLEARANCES**

- a. The DOC RSAT PTE Program is a holistic program focused on identifying the program participant's needs and strengths through assessments, self disclosure, self-help and mutual help, positive peer pressure, supportive

interventions, experiential learning and therapy. The individual criminal behavior, risk, strengths, needs, life history, test results, and behavior are all factored in to the development of a personalized program treatment plan with targeted interventions to address their specific needs.

- b. Each new program member also receives bio-psycho-social assessment which shall include an admission drug urinalysis test within ten (10) days of admission to the RSAT unit that are used in the development of an initial treatment plan. This plan identifies program member's strength and weaknesses and is documented in the program members file.
- c. RSAT shall adhere to PS 3050.2 which establishes standard procedures for testing inmates for use of illegal drugs, marijuana, controlled substances or a narcotic unless a physician or qualified health care provider has authorized its use. The RSAT program has specific testing parameters that are more restrictive than the program statement and are a condition of participation in the RSAT program.
- d. Participants will be subject to a number of on-going screenings, assessments, and urine testing as part of the RSAT program. Participants will be informed at admission to the program of what is entailed and required to acknowledge in writing their consent to the program which includes the conduction of non-invasive screenings, assessments, urine testing, and evaluation throughout the program. Participants have the right to refuse entry into the program as it is a voluntary drug treatment program and also are informed of the Department's right to release/dismiss them from the program for failure to participate in program rules and regulations at anytime during the program
- e. As a part of the induction and orientation process, each applicant must have had a mental health screening and assessment by a trained mental health provider prior to admission. Upon acceptance into the program and admission to the RSAT unit, each participant shall receive the following:
  - 1) Admission urine testing for drugs within five (5) business days.
  - 2) ASI assessment within 72 - 120 hours
  - 3) Discharge planning visit for needs assessment and start of preliminary discharge treatment plan x 120 - 148 hrs of admission to unit with subsequent documentation in EMR.
  - 4) Individual and Group Orientation to program and unit within forty-eight (48) hours.
  - 5) Random urine drug testing if stay is beyond thirty (30) days

- 6) Pre-service written testing prior at the start of primary treatment phase and advancement testing for each level.
  - 7) Preliminary testing for educational, cultural, vocational and other deficits and strengths that might impair the individual's progress during the program and impact upon needs at release in to the community.
- f. Any other assessments deemed appropriate by the TEAM to assist identifying the participant's needs
  - g. Final urine prior to graduation.
  - h. Self-assessment by participant initially and prior to graduation
  - i. All eligible program participants have access to all DOC education program that include communication skills, general education , basic academic skills, GED preparation, special education, vocational education, and/or any other DOC programs as dictated by the needs of the program members and the program qualifications.
  - j. The Program utilizes a variety of interventions such as encounters, probes, feelings management, and job groups as primary clinical interventions. Life skills assessment, training and linkages as appropriate to the age, capability, resources and desires of each participant shall be provided in areas such as:
    - 1) Accessing community resources and services
    - 2) Conflict resolution
    - 3) Dating, marriage and family planning
    - 4) Decision making
    - 5) Money management
    - 6) Personal relationships
    - 7) Personal safety
    - 8) Personal hygiene and grooming
    - 9) Time management
    - 10)Peer relations
    - 11)Goal setting

12)Peer pressure

## 22. **INDIVIDUAL TREATMENT PLAN**

- a. The results of a preliminary assessment of the participant's needs and any required documents are added to the participant's records within three days of admission to assist in the development of an Individual Treatment Plan for each participant. (Attachment # 2e Forms – Individual Treatment Plan Form) An Individual Treatment Plan shall be developed for each participant within fourteen (14) days of admission into the program. The plan shall identify the following:
- 1) An evaluation that meets the requirements of the early assessment and periodic screening, diagnosis and treatment programs for all participants.
  - 2) A behavior plan, which identifies behavior issues if appropriate.
  - 3) Measurable objectives with time frames leading to the achievement of goals
  - 4) Identification of needs and strengths,
  - 5) Implementation dates and strategies.
  - 6) Individuals responsible for providing support services, implementation and monitoring of the plan.
  - 7) Documentation indicating that the participant, the participant's advocate and family, when appropriate, has been involved in, informed of, and approve of the plan.
  - 8) Educational needs, including special education and related services linkages needed
  - 9) Family relationships.
  - 10)Health care needs which include actions that identify and address medical and mental health concerns outside of addictions.
  - 11)Recreation plans.
  - 12)Vocational training needs and other areas as appropriate.

- 13) Determine problem and/or need areas; notes and assign a number to any additional problems and/or needs that are not listed, but will eventually be included in the treatment plan.
  - 14) Incorporate each participant's ability to perform certain functions (activities of daily living), as well as the need for additional help and psychosocial factors, in addition to others.
  - 15) State the respective participant's goals in specific and measurable terms.
  - 16) Include dates to assess and re-evaluate problems and/or needs and determine the level of achievement on the day of reassessment or re-evaluation, or if appropriate, in a shorter time frame.
  - 17) Include documentation of all observations, treatments, etc in progress in the EMR.
  - 18) Personal, emotional and social development needs and plans to address them.
  - 19) Scheduled length of stay and reason from deviations.
  - 20) The plan and all changes to the plan are signed and dated by program staff and the program member.
- b. The RSAT Team shall ensure that the Individual Treatment Plan:
- 1) Is reviewed and updated at least every thirty (30) days.
  - 2) Is modified as required by the participant's needs, interests and circumstances.
  - 3) Provides documentation of progress toward achievement of goals and estimated length of stay in the treatment file

## 23. TREATMENT CONTRACTS

- a. Upon completion of orientation, assessment and development of the program member's individual treatment plan, a treatment contract is signed that clearly defines the system of reward and advancement based upon clinical progress. RSAT staff supervises the progress using peer review in consideration of program status advancement.
- b. Program members review each other's treatment goals and objectives in therapy groups to facilitate growth through self-help and mutual help.

RSAT will collaborate and partner with the Re-entry program and other existing DC DOC internal and external community partners to provide these resources to program participants.

**24. NORMAL DAILY ROUTINE**

- a. RSAT is a structured program that is focused on providing participants with the necessary knowledge, insight, and skill set to survive upon release and sustain a life that contributes to the society of his/her community. The RSAT community program provides program members with the opportunity to progress through the stages of Orientation, Primary treatment, and reentry. Daily routines and structure enable individuals to stay on track and as such the RSAT program provides a daily routine for program participants.
- b. RSAT program Staff are available as resources and support for program members and a series of seminars are run by program members and staff at least five (5) days per week., including weekends and holidays. The RSAT program emphasizes direct and vicarious learning, including didactic, personal sharing, and redirecting members to the peer and community process. Participants are encouraged to self disclose observations and personal issues to the community while being assured of confidentiality during the process.
- c. There is a written plan of normal daily activities for the program participants and staff. The plan is flexible enough to accommodate the needs of correctional rules, medical and mental health needs, and participant's wishes within reason.

**25. PROGRAM MODULES**

- a. Program members attend all program activities. Each participant in each Level must complete certain modules which include activities, journaling, homework, and interactive lectures. Every Module has key concepts and skills that the participant must learn throughout the program and prior to promotion to a new Level. For instance:
  - 1) Orientation/Intake. Attitude Checks and Readiness Statement Participant Handbook is reviewed and signed (Attachment #2c Orientation Participant Program Hand book)
  - 2) Rational Thinking. Thinking Errors, Rules for Rational Thinking and Challenge and Rational Self-analysis
  - 3) Living with Others. Problem relationship patterns, Anger management strategies and roadblocks, and an Anger Plan

- 4) Criminal Lifestyles. Criminal Thinking Errors, Negative attitudes of manipulation and grandiosity, A Statement of Commitment
- 5) Lifestyle Balance. A balanced lifestyle as a buffer in recovery steps to maintain a balanced lifestyle and Spoke Check (A wheel which represents the areas of the participant's life that he/she must keep in balance)
- 6) Recovery Maintenance. Development of a Safety net and exit strategies to use to maintain sobriety.
- 7) Transition. Pitfalls, Social pressure re-entry Personal Statement of Change.
- 8) Discharge Planning. Development and finalization of a D/C (Going Home) Treatment Plan for re-entry which includes an aftercare plan.

## 26. PROGRAM ACTIVITIES

- a. Each RSAT participant must be actively involved in all aspects of the program activities. These activities as noted before include Case conferences, seminars, treatment, discharge planning, special population and topical theme groups, and 1:1s. Each program member has the responsibility of also adhering to their specific treatment plan goals as they relate to medical and mental health.
- b. One to One (1:1) Counselors meet individually with program members on a regular schedule basis to review their progress and make adjustments, if needed, to the participant's treatment plan. The first One to Ones (1:1) which consist of a face to face meeting between participant and a staff member must be conducted and documented no later than ten (10) days after admission on each participant.
  - 1) Subsequent 1/1s are every two weeks in Level I. A 1:1 may also be held at the request of the participant and because the TEAM deems that an intervention of this level is needed secondary to a concern related to the participant. Level I participant receives 1:1 every two weeks at a minimum or more often as indicated by need.
- c. Case Conference are held to ensure that coordination of care is occurring for each participant among disciplines involved in the treatment of the participant. It includes the participant, where applicable, so that concerns, plans and next steps can be discussed with the program participant.
- d. The first Case Conference is held within twenty-one (21) days after admission. DC Documentation of the conference objectives and outcomes

are documented in the treatment file by the Conference Leader, who is the Project Director and /or his designate. Subsequent Case conferences are held on each participant in all Levels every three weeks, and/or before promotion to the next Level. (Attachment # 2.d Forms – Case Coordination Form).

- e. Special population and topical theme groups. Weekly groups are held for special populations the community or with special themes such as anger management, conflict resolution, decision making, skills, Father's initiative, etc.
- f. RSAT Member and Staff Meetings: The RSAT program promotes self and mutual help among program members. There is a system of shared control between staff and program members, with staff maintaining ultimate program authority.
- g. Positive Peer Pressure is the catalyst for changing attitudes and behavior throughout the RSAT program and the moral imperative fostered is "I am my brother's or sister's keeper". There are daily morning meetings, that help to motivate and energize participants and daily house meetings utilized to handle community business and review program member's progress.
- h. At these meetings, there is a peer process that facilitates immediately addressing negative behaviors and attitude that includes a process for critical feedback that is directed at negative behavior and not the individual's character. This process prides a vehicle for growth on the part of the individual presenting negative behavior/attitude and the community at large. These meeting are chaired by the community leader and staff present at the time of the meeting also attends.
- i. RSAT participants and staff engage in certain tradition and program rituals that foster a shared mission and experience, such as holiday observances, staff led peer support groups, etc. throughout the day.
- j. RSAT Participant's Positions: RSAT program participants engage in several specific functions that are utilized to foster responsibility and as a therapeutic tool. Program members are to keep their own personal area clean and assist in the community maintenance. There is a therapeutic community organizational chart of program member functions that is posted so that all members can know function and hold themselves and others accountability.
- k. Participant Outreach activities: Senior RSAT participants may conduct outreach activities with the general correctional population which may include speaking engagements, flyer outreach, etc.

- I. LEVEL SYSTEM: RSAT employs a progressive Level system with specific objectives and goals for promotion at each level. There is written testing criteria for program member's to advance in the each level. All Levels include on going assessment, case conferences, 1/1 counseling, groups, journaling, interactive participation and self assessment. Program services at all Levels are delivered in presentation mechanisms geared toward participant understanding, engagement and interaction of key concepts and skills. Chalkboard, Rounds with feedback, Open discussion, Role plays, Podium Exercises, Feedback, films, and guest lecturers are examples of modes of presentation that are employed to assist program participants in learning key concepts and skills.
  - 1) Level 1 Orientation Phase. This Level requires thirty (30) days to complete and includes orientation and assessment. The program participant must successfully complete the time and objectives of several orientation modules, participate in all activities, pass a written exam, demonstrate active engagement in the process, and have approval of the RSAT participants, in order to be promoted to the next LEVEL. The modules include Intake/ Orientation, Discharge Planning (*GOING HOME*) Part I, Rational Thinking, Living with Others, Part I and Criminal Lifestyles Part I. In addition, during all Levels, certain participants will be identified as group leaders/facilitators based on their demonstration of commitment and knowledge. Key activities and issues addressed in this LEVEL include but are not limited to:
    - a. Acceptance into the residential program
    - b. Assessment- Addiction Severity Index (ASI)
    - c. Completion of Intake/Orientation Module
    - d. Completion of Rational Thinking
    - e. Completion of Criminal Lifestyle Part 1
    - f. Presenting Problem/Issues: Medical, Employment, Alcohol, Drug, Legal Family/Social and Psychiatric Individualized treatment plan
    - g. Structured self help activities
    - h. Completion of Living with Others Part 1
    - i. Urine drug testing on admission and randomly
    - j. Setting of Treatment Goals

- k. Preliminary Discharge Goals (Going Home) Part 1 which includes a needs assessment that identifies preliminary goals and plans upon release.
  - l. Participation in 1:1 every two weeks
  - m. Participation in group discovery and discussion
  - n. Participation in case conference every three weeks, and prior to promotion.
  - o. Participation in assigned enrichment activities(educational, health awareness, etc)
- 2) If the participant does not complete the module in thirty (30) days, a case conference must be held with the team and participant. Input from the therapeutic committee is considered in formulating a decision to determine the status of the participant in the therapeutic community. The participant must then make an informed choice as to how to proceed. Choices are:
- a. Elect to repeat the Level with a statement of commitment.
  - b. Elect to withdraw from the program if commitment to change continues to be lacking.
  - c. If participant is committed and hasn't completed the module due to extraordinary reasons (illness, learning disability, etc) then he/she may be allowed to repeat the course with the Team's approval and afforded extra assistance.
  - d. If a participant elects to repeat the Level, the TEAM will provide on-going monitoring to ensure that the level of commitment needed to meet the objectives is present. A participant may be terminated from the program if consistent demonstration of commitment is not achieved in the view of the TEAM.
- 3) Program participant who have successfully completed Level I as determined by the TEAM are promoted to Level II which is the Primary Treatment Phase.
- 4) LEVEL II: 31-60 days Primary Treatment Phase. The major goal of the primary treatment phase includes full incorporation in to the community process with a focus on abstinence and behavioral growth. Program Participants that are promoted to Level II are afforded more privileges. This Level extends 31-60 days time and completion of the objective and content of several modules is required. The participant must

successfully complete the modules: Discharge Planning – Part 2, Transitions (Going Home), Living with Others Part 2, Recovery Maintenance, Criminal Lifestyles Part 2, Lifestyle Balance and other journals such as Getting It Right, your Change Plan, as directed by the TEAM. Completion of time and objectives of this level as determined by the TEAM and by program participants will result in graduation with a formal ceremony. Certain graduates, depending on need and sentence structure will be considered for Level 3 – Reentry/Aftercare.

- 5) LEVEL III: 61-90 DAYS - Re-entry Phase/Aftercare. The major clinical focus of the re-entry phase is to prepare program members for transition to independent living and/or continued residential treatment program upon release that support successful and sustained re-entry.
  - a. Utilizing the mechanisms of the COCHC model, RSAT begins the Re-entry phase at the beginning of the program with discharge planning and continues throughout the program. A succession of modules and activities that are focused on preparing the participants medically, mentally, spiritually, socially, vocationally and in other ways to connect with aftercare support groups and other community resources that will facilitate maintaining their recovery, creating a positive life style, and fostering good citizenships without re-incarceration.
  - b. Discharge Planning Treatment Plan. Discharge Planning shall be conducted by RSAT staff. The Discharge Planning Module which is presented at both levels and contains one stages of completion culminates with the final Discharge Planning/Treatment Plan. It is completed in conjunction with the participant and the TEAM.
  - c. During Level I, the Discharge Planning (Going Home) Module essentially focuses on awareness education, prevention, and internal linkages for the participant. The Preliminary Discharge Planning Treatment Plan (Attachment # 2f Forms – Preliminary & Final Discharge Planning Treatment Form) is initiated during this module. It is designed to start at the beginning of admission to the program, assisting the participant in the on-going self assessment and learning part of the program, and finalized near the completion of the program. This is conducted by the participant and the TEAM. Discharge Planning shall be conducted with the RSAT Team.
  - d. Awareness starts with in-services for the participants on a variety of health topics in the different formats (presenters, films, books, etc). Topics shall include Ownership of decisions, HIV, and STDs, Importance of on-going health care, Hygiene, Safe Sex, Mental Health, Family and Cultural history and impact on health.

- e. Part of the module will include a self assessment by the participant of what his health concerns are at the beginning of the program, midway and at the end. It will also include a plan by the participant to address the concerns with guidance and linkages from the TEAM. The participant completes the preliminary part of the Discharge treatment form with assistance from RSAT staff.
- f. The RSAT Discharge Planner will conduct a one on one with the participant for the purpose of completing a needs assessment within seventy-two (72) hours of admission to the unit. The RSAT staff will also present to the TEAM at the Case Coordination meeting the status of the preliminary treatment plan for the participant. This preliminary discharge planning treatment form includes a needs assessment conducted by the participant and the Discharge Planner. Discharge Planning (Going Home) Module is expanded at Level Two to look at needs at and beyond release. During this Level, the participant also begins to look at social concerns and relationships (family) that need to be explored.
- g. The final Discharge planning shall be conducted seven (7) days prior to participant's release. It is also at this time that the participant begins to look at actual discharge needs, such as release to community, community-based treatment program and residence treatment program, etc. The program participant and the TEAM through on-going dialogue and exercises begin to look at what may be best for the individual participant and what linkages need to be made to assist in reaching the Going Home Goals that have been set. These goals are centered on a variety of factors:
  - 1) Housing, medical, mental health, food, treatment, employment, family counseling, continued education and vocational training (when applicable), substance abuse treatment and support, etc and the linkages that must be made to meet the needs.
  - 2) Each participant successfully completing the program requirement will leave with a Going Home Discharge planning treatment form which reflects identified needs and linkages with contact name and numbers and appointments where possible.
- h. Where applicable, Program members may be referred to community residential facilities for a minimum of six (6) months in duration. RSAT maintains Memorandum of Understanding (MOU) with a network of community based aftercare programs who agree to conduct urine surveillance as a mandatory part of treatment for at least three (3) months while in their programs. RSAT participants

are appropriately referred to 12 –Step recovery support groups and alternative support groups as appropriate. RSAT maintains positive relations with community based organizations and justice agencies, responsible for follow-up treatment and aftercare services in the community. By beginning the relationship with the agency responsible for the aftercare during incarceration and follow-up with the agency upon release, The RSAT program participants are encouraged to sign a release form to facilitate disclosure of treatment. RSAT holds regular case coordination/conference meetings for each participant and community based agencies and community supervision officers/probation and parole officers involved in the aftercare program may be invited to participate.

- i. Participant progress, treatment and discharge plans will be documented in the treatment file by RSAT staff, approved consultants and qualified individuals. (a) After-Care Substance abuse treatment plan for in patient or out patient care (b) Medical Follow-up for chronic or acute illnesses, (c) Supply of Release medications that participant was on during the program, (d) Assistance and next steps for continued securing of entitlements, (e) Mental Health Follow-up for acute or chronic conditions with a (Core Service Agency) CSA or private resource (f) Food, housing, clothing linkage as needed for homeless or at risk individuals without other resources (g) Family and/or community resources to connect.
  - j. The RSAT Discharge Planner in coordination with the treatment team shall assume the responsibility of completing the final D/C treatment plan and ensuring that the participant has a copy at discharge. It will address all areas of the participant's life/ needs and provide supportive linkages with documented contact names and numbers and follow-up appointments upon release. Other linkage areas such as vocational, educational, etc. may also be included as a part of the discharge planning treatment plan. A copy of the Discharge Planning Treatment Plan is provided to the participant at release and kept in the treatment file.
- 6) Level III 61 -90 days Activities:
- a. Development of groups and individualized treatment plan
  - b. Completion of Living with Others Part 2
  - c. Completion of Life Style Balance
  - d. Participation in group discovery and discussion

- e. Participation in 1:1 every two weeks
  - f. Participation in Case conferences every week, and prior to promotion/graduation
  - g. Completion of Discharge planning (Going Home) Part 2: Aftercare
  - h. Treatment Plan with community based linkages
  - i. Completion of Recovery Maintenance
  - j. Completion of Criminal Lifestyle Part 2
  - k. Completion of Transition
  - l. Random Urinalysis
- 7) LEVEL-IV: 91-180 DAYS – MENTORING Internship Level.  
Participants must have successfully graduated from Level III, have less than 180 days time, demonstrated their leadership and relationship skills through group leader facilitation, and have an interest in Mentoring others. The program members selected for this position take a responsible role in relation to junior program members and they also conduct outreach activities, as do senior program members, in the broader population.
- a. This Level is geared towards an employment/counseling track for participants who have demonstrated significant insight and progress in his/her own treatment and is ready and willing to help others as determined by the TEAM. There will be a limited number of Level IV slots (never more than 10), and the TEAM makes the recommendation and approval for the slots with community input.
- 8) LEVEL IV: 91-180 Days
- a. Completion of Leadership Module
  - b. Completion of the Mentoring Module
  - c. Evaluating and setting treatment goals.
  - d. Participation in 1:1 every month and as needed.
  - e. Participation in case conference monthly and prior to discharge.
  - f. Reinforcing positive behavior/role model to new program intakes

- g. Recovery Maintenance, Leadership & Community linkages
- h. Completion of Discharge Planning (Going Home) Part 3
- i. Each module and Level that the participant completes requires mandatory, active and documented participation and completion of the objectives of each of the Modules. Attendance at all activities, engagement and positive support and help for self and community members, passing of written test, and recommendation of community group prior to promotion to the next level.

## 27. **WITHDRAWAL/DISMISSAL/REFUSAL OF CARE**

- a. A participant may withdraw from the **RSAT** program by notifying any staff person verbally or in writing. He/she must complete a refusal of services form if withdrawing from the program. (Attachment # 2g Forms –Refusal of Care/Service, Treatment Form). The RSAT program is voluntary in nature, and participants must consent to program treatment services in advance of receiving them. While the participant is afforded certain rights (as noted in patient rights and dictated by law and DC DOC PS) as a program participant and inmate, he/she also has certain responsibilities secondary to being admitted into the program.
- b. Those responsibilities (of which a copy is provided) to the applicant prior to acceptance into the program are geared towards the provision of program services in a manner that maximizes the benefit to all. A participants' failure to adhere to the responsibilities of the program are grounds for dismissal by the Program TEAM at any point during the course of the program. This includes but not limited to aftercare plan.

## 28. **RECORDS, REPORTS, CHARTING AND DOCUMENTATION**

- a. The RSAT program will adhere to DC DOC records, charting and documentation as defined in PS, 6000.1 *Medical Management* and PS 2000.2 *Retention and Disposal of Records* which provides an organized system of program information, analysis, collection, storage, retrieval, reporting and review. RSAT maintains a hard file and an electronic medical file on each program participant as required by the DOC which is bound by DOC policy on confidentiality, access, and maintenance of inmate records. Program participants have access to their own case records and files consistent with applicable Federal and State statutes as well as DOC policy that inmates are provided as a part of orientation to the facility and again at admission into RSAT.

## 29. **VOLUNTEER SERVICES**

- a. DOC operates a volunteer program under the guidance of PS 1310.3 and RSAT often benefits from the volunteer services of this program. DOC's policy is to utilize a diverse group of volunteers to supplement programs, resources and to provide a positive link between DOC, inmates and the community. Volunteers may include local citizens, students in local universities, and members of local businesses and community organizations. Each volunteer completes an appropriate, documented orientation and/or training program prior to assignment of RSAT and is issued an identification card that includes a photograph, and other relevant information. The RSAT program director ensures that all volunteers are registered and receive an identification card 99.

### 30. **QUALITY IMPROVEMENT PRACTICES**

- a. RSAT has established measurable goals and objectives that are reviewed annually and updated, as needed. There is an internal system for assessing achievement of goals and objectives, and findings are documented when possible. Program changes may be implemented in response to findings

### 31. **CONTINUOUS QUALITY PERFORMANCE (CQI) IMPROVEMENT PLAN**

- a. Program planning, evaluation, and quality improvement is the goal of DOC to provide a comprehensive organization-wide integrated quality improvement program that assures all inmates receive appropriate, timely services. The established CQI plan will monitor the effectiveness of the performance of services in the health and substance abuse arena and will enhance policies and procedures that affect the delivery of health care and inmate outcomes. All employees are responsible for participating in the quality improvement activities, and the plan shall be reviewed and updated as needed annually.
- b. DOC operates its substance abuse program in accordance to the District of Columbia Register: Certification Standards for Substance Abuse Treatment Facilities and Programs, Chapter 23. The following Chapters are incorporated as part of the DC DOC's *RSAT PTE* CQI Plan.
- c. 2319 Administrative Services – Quality Improvement Standards
- d. 2319.3 The following functions and programmatic indicators shall be included in the comprehensive quality improvement process:
  - 1) Verification of necessary experience, education and ongoing competence of staff for the delivery of substance abuse treatment services;
  - 2) Supervision and training of all personnel;

- 3) Auditing of administrative and participant records to determine accuracy, completeness, quality, and timeliness of entries in the record in accordance with certification standards and program policy;
  - 4) Monitoring of key quality indicators of service delivery and outcomes including: Recovery and recidivism rates; Cost of services; Appropriateness of services; and access to services.
  - 5) Identifying and monitoring of unusual occurrences and the related problems/issues;
  - 6) Reviewing the appropriateness of the level of service on an ongoing basis;
  - 7) Reviewing the utilization of services beyond the usual and customary length of stay consistent with an objective review by unbiased participants; and
  - 8) Obtaining recommendations and feedback from participants, staff and other partners, patients' family members, and community agencies regarding the appropriateness and effectiveness of the facility's or program's services.
- e. 2319.4. A substance abuse treatment facility or program shall monitor any other programmatic indicators identified by the facility, program or the Department.
- f. 2319.8. When a significant problem or quality of service issue is identified, the substance abuse treatment facility or program shall act to correct the problem or improve the effectiveness of service delivery, or both, and shall assess corrective or supportive actions through continued monitoring.
- g. 2319.10. The record system shall contain documentation, including peer and other monitoring reviews, reports, recommendations, corrective actions and the status of previously identified problems, outcomes related to certification standards, or both.
- h. 2319.11. The record system shall be available to the Department for review.
- i. 2319.12. The record system shall include minutes of all quality improvement meetings, with attendance, time, place, date, actions or recommendations for actions noted, achievement of outcomes, and information disseminated to participants and staff concerning improvement.
- j. 2319.13. The Department shall maintain a record of the outcomes of treatment for each substance abuse facility or program. The Department

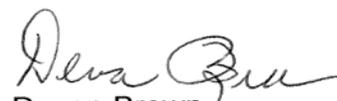
shall treat the record as a public document and shall periodically publish and/or distribute findings to providers, participants, partners and the general public.

- k. DOC recognizes the importance of on-going evaluation and monitoring to determine the effectiveness and impact of program services. The DOC provides a management information system that is capable of providing statistical data necessary for the evaluation and monitoring of Comprehensive Health Services. This program is utilized to collect a variety of data that demonstrates the level, acuity, and effectiveness of health services, to include substance abuse treatment being delivered. The RSAT PTE program will be eventually added to this electronic information program system, but in the meantime, direct substance abuse services will be housed in a manual chart for each participant, and audited as per the DOC performance monitoring protocol.
- l. Health Services Administration (H.S.A.) has been charged with coordination of the evaluation of this program. H.S.A. will utilize a bi-dimensional strategy to evaluate "*Progress Toward Empowerment*". The first component consists of a programmatic Continuous Quality Improvement (CQI) process that measure adherence to predetermined assessments, workshop formats, treatment intervention procedures, recordkeeping, and other relevant operational standards. In addition this component examines the extent to which the curriculum Level goals are being achieved. Comparisons of participants' pre test and post test scores that measure participant knowledge of the effects of substance abuse will be used to make this determination. The program participants will submit to urine samples upon entry, during random urinalysis screening and prior to exiting from the program. Set measurable objectives such as completion of assessments and modules will be evaluated in all Levels.
- m. DOC shall provide quarterly reports which provide information on Metrics and other performance measure audit that have been conducted for the RSAT PTE program. The approved QI performance measurement tools (Attachment – 1 DOC QI Performance Monitoring Tools) will be used to conduct audits and generate report information. The medical contractor and RSAT staff for substance abuse are responsible for the submission of Correction Action Plans, (CAP) in the event that outcomes from The DOC QI audit results are below acceptable standards/levels. H.S.A. will conduct a repeat audit (s) to ensure that sustained improvement has occurred in the deficient area.
- n. The second component of the evaluation strategy assesses the relationships between successful Completion of the Residential PTE program and post –residential program or community adaptation. Participants who voluntarily agree to partake in this phase of the

assessment will be followed up by staff upon their release from incarceration. It is hypothesized that participants who successfully complete “Progress Toward Empowerment” and that are provided with appropriate supportive aftercare, medical and mental health linkages upon re-entry will experience more successful post- incarceration adaptation in the community than those who have substance abuse problems but receive no treatment intervention during incarceration. Successful completion of PTE will result in higher rates of reduced drug/alcohol relapse, re-arrest/re incarceration for criminal activity, unemployment, and other negative behaviors. In addition, these participants will receive continuity of care that supports and maintains their and the public’s health and safety.

- o. To assess the relative effectiveness of the program, the first thirty (30) volunteer participants to successfully complete the PTE program will be assigned to two comparison groups. Comparisons will be made between thirty (30) inmates who have successfully completed the PTE program and been discharged to the community or aftercare program and thirty (30) inmates who have documented substance abuse problems but were not participants in the PTE program during incarceration at the 45 – 6 month interval of release from the program. The evaluation will be repeated on ninety (90) additional volunteer participants at the close of the year to report in the annual report and compare the two groups. PTE shall have the following in place to ensure program planning, evaluation, and quality improvement:
  - 1) A clearly stated written mission in the program,
  - 2) A set of measurable goals and objectives, which is based upon the program’s mission and population served,
  - 3) A periodic review of achievement of goals and objectives,
  - 4) An ongoing quality improvement plan, and
  - 5) Standard procedures to review and evaluate the quality and appropriateness of the services provided.
- p. The DC DOC Health Services Administration Department during its periodic monitoring and process evaluation of the program services and the generation of quarterly/annual reports will focus on the following outcomes:
  - 1) The PTE Program Model and its effectiveness as perceived by participants, staff and other key stakeholders.

- 2) Examine the theory behind the program
  - 3) Examine how the program is administered
  - 4) Examine if the program is administered in accordance to recognized standards of practice and applicable municipal laws.
  - 5) Examine the qualification and supervision of staff.
  - 6) Examine and review recommendations and feedback form staff, program participants, and community agencies.
  - 7) The PTE Program Model and its effectiveness in terms of its impact on the participant, staff, public, reasons for success or failure, whether the program is cost-effective and the need or lack of need for enhanced or broader services based on program, findings and research conducted.
- q. The DOC COCHC Model and the PTE program fit in the Model's goals of improving public health and facilitation of successful community re-entry through discharge planning and community linkages. Evaluation process will examine the following items:
- 1) The level and number of linkages created for participants and the impact on their lives,
  - 2) The number and level of comprehensiveness of the treatment plan that was available upon release,
  - 3) The utilization of linkages services during the program model, and the utilization of linkage services upon release.

  
Devon Brown  
Director