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	OPI:	PROGRAMS	
	REVIEW DATE:	November 17, 2016	
	Approving Authority	Thomas Faust Director	
	SUBJECT:	RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM (RSAT)	
NUMBER:	6050.3B		
Attachments:	Attachment A – RSAT Orientation Handbook Attachment B – RSAT Referral Form Attachment C – RSAT Case Conference Form Attachment D – Termination of Service Form		

SUMMARY OF CHANGES:

Section	Change
§14	§14, "RSAT HOST FACILITY"- Revised in its entirety.
§15	§15, "PROGRAM STAFF"- Revised in its entirety.
§18	§18, "REFERRAL PROCESS"- Revised in its entirety.
§19	§19, "ADMISSION PROCESS"- Revised in its entirety.
§20	§20, "ORIENTATION PROCESS"- Revised in its entirety.
§21-31	§21-31, contains revisions throughout sections.

APPROVED:



Thomas Faust, Director

11/17/2015

Date Signed

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1. **PURPOSE AND SCOPE.** To establish policy and procedures for providing a therapeutic community substance abuse treatment program for Department of Corrections (DOC) participants housed at the Corrections Corporation of America (CCA) Correctional Treatment Facility (CTF).
2. **POLICY.** It is the policy of the DC Department of Corrections to provide substance abuse treatment programs for participants 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 supports 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 participants 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, status as a victim of an intrafamily offense, 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.

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5. AUTHORITY

- 1) DC Code § 24-211.02, Powers; Promulgation of Rules
- 2) D.C. Code § 21-2201 et seq., Health Care Decisions
- 3) D. C. Code Title 7, Human Health Care and Safety, Chapter 12 Mental Health Information, §7-1201.1 through §7-1202.6
- 4) Title 2 of the Americans with Disabilities Act (ADA) of 1990, 42 USC § 12101 et seq., 28 C.F.R. Part 35
- 5) 45 C.F.R. 164.501 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- 6) 5 U.S.C. 552a, Federal Privacy Act
- 7) Public Law 108-79, Prison Rape Elimination Act of 2003
- 8) Memorandum of Understanding between the Department of Corrections and the D.C. Department of Mental Health Concerning the Transportation and Security of Pretrial Patients for Emergency Medical/Surgical Care Purposes
- 9) 45 CFR, Part 46, Protection of Human Subjects
- 10) 42 CFR, Part 2, 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
- 12) 42 U.S.C. §290dd-2, Confidentiality of Records

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6. DIRECTIVES AFFECTED

a. Rescinded

- 1) PS 6050.3A Residential Substance Abuse Treatment Program (RSAT)
(3/9/10)

b. Referenced

- 1) PP 1010.1 Organization of the Department of Corrections
- 2) PM 1300.1 Freedom of Information Act (FOIA)
- 3) PM 1300.3 Health Information Privacy
- 4) PP 1310.3 Volunteer Services Program
- 5) PS 2000.2 Retention and Disposal of Department Records
- 6) PP 3040.6 Personnel Security and Suitability Investigations
- 7) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct
- 8) PP 4020.1 Inmate Orientation
- 9) PS 5010.3 Contraband Control
- 10) PS 5031.1 CDF Emergency Plan
- 11) PM 6000.1 Medical Management
- 12) PS 6050.2 Drug Testing of Inmates

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7. STANDARDS REFERENCED

- a. American Correctional Association (ACA) 4th Edition, Standards for Adult Local Detention Facilities: 4-ALDF-4C-37, 4-ALDF-5A-04, 4-ALDF-5A-05, 4-ALDF-5A-06, 4-ALDF-5A-07, 4-ALDF-5A-08, and 4-ALDF-5B-13.
- b. 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 Residential Substance Abuse Treatment (RSAT) Program. The DOC shall exercise general direction over the RSAT program's daily operations which will be guided by the policies and procedures included within the RSAT 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.

9. PROGRAM MISSION

- a. The Residential Substance Abuse Treatment (RSAT) Program's mission is to provide comprehensive diversified treatment interventions and support service linkages, upon release, to participants 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. Opportunities within the RSAT 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 PROGRAM MODEL

- a. The RSAT model includes all of the following key factors that are essential to successful sustained substance abuse recovery upon release to the community:

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- 1) Assessment at Intake,
 - 2) Identification and treatment of Mental Health and Medical issues,
 - 3) Community linkages that promote continuity of care,
 - 4) Committed collaborative relationships and partnerships across a broad spectrum to support the model, and
 - 5) Aftercare program linkages that at a minimum, include the medical, mental health and substance abuse.
- b. The overall goal of the DOC's RSAT Program model is tri-fold: improved substance abuse outcomes, continuity of care upon re-entry that supports improved participant 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 where 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 health 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.

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- e. The purpose of the program is to provide a certified and accredited co-occurring residential substance abuse treatment program to select participants at CTF. RSAT is dedicated to the development, implementation and delivery of on-site substance abuse treatment services to select DC DOC participants that will improve 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 participants with disabilities. A disability is a physical or mental impairment that substantially limits one or more major life activities; a record (or past history) of such an impairment; or being regarded as having such an impairment.

11. RSAT SCOPE OF SERVICES

- a. The DOC operates a one hundred (100) bed co-occurring Modified Therapeutic Residential Substance Abuse Treatment Community which provides access to substance abuse services, including education and treatment. Up to seventy-five (75) males and up to twenty-five (25) females will be housed at any time in the RSAT program at the CTF facility. A Correctional Officer will be assigned to monitor and secure the unit.
- b. Mentors and staff will monitor the program and answer questions. The unit will have reserved beds/slots for the Mentors and Tutors who may be graduates of the program. No more than five (5) beds/slots will be reserved on the male unit and three (3) beds/slots on the female unit for Mentors. No more than three (3) beds/slots will be reserved on either unit for tutors depending on the program needs. Mentors are allowed to remain on the unit for sixty (60) to ninety (90) days maximum. The program is funded through the support of grants and DOC local budget for services.
- c. 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 improved outcomes post release.

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- 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 participants return to the community.
- d. 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.
 - e. The DC DOC RSAT Program subscribes to a 10-point philosophy of care:
 - a. Offering cost-effective quality care that is personalized for individual needs.
 - b. Fostering independence for each program participant.
 - c. Treating each participant with dignity and respect.
 - d. Promoting the individuality of each participant.
 - e. Encouraging each participant to actively participate in, their care, lifestyle and informed decision making choices.
 - f. Protecting the right to privacy and nurturing the spirit of each participant.
 - g. Involving family and friends, as appropriate, in care planning and implementation.
 - h. 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.
 - i. Making the DC DOC RSAT program a valuable asset within the DC DOC Service model.

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- j. Adhering 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, source of income, status as a victim of an intrafamily offense, 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 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 in-service training that addresses emergency situations, CPR, first aid, signs and symptoms of mental illness, intellectual disabilities, and chemical dependency, and patient transfer procedures. The pre-service and annual in-service 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 the special needs of individuals 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 mental health services are provided.

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- e. In addition, participants, as well as all other DOC inmates, are afforded the right to access the DOC's grievance system under the DOC program statements for complaints related to health care and program services. 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 confidentiality is strictly maintained in the handling of all program member identifying materials.
- f. Some of the program participants who may need residential treatment upon re-entry into the community may be linked with the Department of Behavioral Health (DBH) continuum of care upon release without interruption based on bed availability. Other participants who may not need residential treatment 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 deter 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 strives to involve families and interested parties, to the extent possible, in the everyday lives of our program participants. 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.

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- b. 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.
- c. RSAT maintains an Orientation Handbook (Attachment A) that includes written “cardinal rules” and that is provided to participants in the program upon admission and discussed during orientation. Clinical and unit correctional staff shall also receive and review a copy of the participant handbook during orientation.

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 its and the jail’s operations. RSAT complies with all applicable facility security regulations including contraband searches that are conducted at least weekly. RSAT adheres to PS 5010.3, *Contraband Control* for handling physical evidence in connection with a violation of the law and/or facility.
- b. The RSAT Program Manager meets as needed with the Deputy Warden for Programs and Case Management to discuss outstanding program issues and the status of the program. These meetings 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 Deputy Warden works closely with the Program Manager to ensure that disruptions to the program are minimized without compromising security.

15. PROGRAM STAFF

- a. DC DOC seeks to provide a professional therapeutic team to holistically address the participant’s substance abuse and other co-occurring problems that might impede recovery. 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

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committed to excellence and believe in fostering quality of care and service delivery.

- b. RSAT staff shall meet the regulatory standards of the DC Health Professional Licensing Administration (HPLA) and DOC staff hiring guidelines.
- c. RSAT provides ongoing staff development and training based on the needs of the staff as determined by an assessment by the project director and staff input. RSAT staff has experience working in co-occurring therapeutic communities and completes an extensive pre-service orientation upon hiring, which includes 40 hours of didactic training on institutional management, operations, and policies. All staff must repeat this training on an annual basis.
- d. 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 unit will receive therapeutic community specific training. They are considered a part of the therapeutic milieu and collaborate with staff to support the therapeutic process. They will be resources for participants and be knowledgeable about concerns related to substance associated behaviors in addition to their normal security activities.
- e. RSAT therapeutic community program staff receives on-going clinical supervision in accordance with Federal and state laws and standards. RSAT staff will meet weekly to address clinical issues and assess the functioning of the therapeutic community program.
- f. RSAT staff will, at all times, maintain an attitude of integrity, professionalism and high ethical standards that encourage hard work, values, privacy, recognizes confidentiality and privacy rights, and places primary emphasis on the needs and well-being of program participants.
- g. The primary function of each RSAT staff member is to assist the participant through their program journey and 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.

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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 to assist the participant through the RSAT program and develop 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, DBH staff, family members, peer specialists, 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 that seeks 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 program participants are subject to drug testing as provided in the DOC policies and procedures, APRA requirements, and local and federal laws and regulations.
- c. Each participant is expected to adhere to RSAT's climate of self- respect and community respect. Program members, staff and correctional officers are provided with, as a part of orientation, an Orientation Handbook that is inclusive of cardinal rules and sanctions.

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18. REFERRAL PROCESS

- a. RSAT works closely with other health and corrections officials to identify program members most likely to benefit from the program. DOC/RSAT maintains open access to all participants that meet eligibility criteria, based on bed availability. Referrals are accepted from a variety of sources including, but not limited to, correctional staff, medical/mental health staff, criminal justice system partners, case managers and self-referrals and shall be submitted on the RSAT Referral Form (Attachment B).
- 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 Manager of RSAT.
- d. Participants may self-refer by placing completed referral forms in the case management unit's mail box, or on their housing unit via sick call slip, or through their case manager or health care provider.

19. ADMISSION PROCESS

- a. The eligibility criteria for RSAT placement is:
 - 1) Evidence of substance abuse in last twelve (12) months,
 - 2) Able to participate in RSAT Program for a minimum of thirty (30) days,
 - 3) Custody Clearance by DOC,
 - 4) Medical/Mental Health clearance if applicable,
 - 5) Clearance and acceptance by RSAT Program team, and
 - 6) Have not been in the RSAT Program in the last twelve (12) months.
- b. The RSAT program eligibility criteria reflects those indicators that the health, corrections and RSAT team feel, at a minimum, are necessary to participate in the RSAT program.

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- c. Upon receipt of referral, the Team will investigate to see if the participant meets the minimum criteria for the program.
- d. Applicants may receive an admission screening.
- e. The RSAT Program Manager makes the final determination of acceptable applicants for the program.
- f. A waiting list of eligible offenders may be maintained when the program is at capacity.

20. **ORIENTATION PROCESS**

- a. Participants admitted to the RSAT program will receive an in-depth induction and orientation on program conditions, goals, philosophy and activities, including: rules and regulations, consequences of rule violations, rights and responsibilities, and information pertaining to confidentiality. The orientation is aimed at assimilating new program participants into the therapeutic community. Mentors are utilized to provide support in assimilation of new participants. Individual and group orientation interviews and presentations are held with the RSAT Team.
- b. 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.

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

- a. The DOC RSAT 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, and experiential learning. The individual criminal behaviors, risks, strengths, needs, and life history, are all factored in to the development of a personalized program treatment plan with targeted interventions to address each participant's specific needs.
- b. Each new program participant receives an assessment and an admission drug urinalysis test within thirty (30) days.

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- c. RSAT shall adhere to PP 6050.2, “*Drug Testing of Inmates*”, which establishes standard procedures for testing participants 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 will be required to acknowledge in writing their consent to the program. Participants have the right to refuse entry into the program, as it is a voluntary drug treatment program, and are also informed of the Department’s right to release/dismiss them from the program for failure to follow program rules and regulations at any time during the program
- e. As a part of the admission process, each applicant must have had a mental health screening and assessment by a trained mental health provider prior to admission, if applicable. Upon acceptance into the program and admission to the RSAT unit, each participant shall receive the following:
 - 1) Admission urine testing for drugs within the first thirty (30) business days,
 - 2) RSAT Program clinical assessment within seven (7) days of admission,
 - 3) An initial treatment plan within ten (10) days of admission,
 - 4) Preliminary educational/vocational assessments,
 - 5) An initial discharge plan,
 - 6) An initial case conference within 30 days of admission,
 - 7) Self-assessment by participant
- f. All eligible program participants have access to educational programs.

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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 seven days of admission to assist in the development of an Individual Treatment Plan for each participant. An Individual Treatment Plan shall be developed for each participant within ten (10) days of admission into the program. The plan shall contain 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 service 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.

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- 13) The participant's goals in specific and measurable terms.
 - 14) 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.
 - 15) Documentation of all observations, treatments, etc., in progress in the clinical record.
 - 16) Personal, emotional and social development needs and plans to address them.
 - 17) Scheduled length of stay and reason for deviations.
 - 18) The plan and all changes to the plan are signed and dated by program staff and the program participant.
- 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 program.

23. **NORMAL DAILY ROUTINE**

- a. RSAT is a structured program that is focused on providing participants with the necessary knowledge, insight, and skill set to maintain sobriety upon release and sustain a life that contributes to the society of his/her community. The RSAT community program provides participants with the opportunity to progress through the stages of Orientation, Primary Treatment, and Reentry. Daily routines and structure enable individuals to stay on track.

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- b. RSAT Program Staff are available as resources and support for program participants. The therapeutic and/or educational groups are conducted by RSAT staff at least five (5) days per week, as well as by volunteers and consultants. 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 schedule of 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 wishes within reason.

24. PROGRAM MODULES

- a. Program participants attend all program activities. Each participant in each phase 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. Modules include:
 - 1) Orientation
 - 2) Rational Thinking
 - 3) Criminal Lifestyle
 - 4) Living with Others
 - 5) Lifestyle Balance
 - 6) Recovery Maintenance
 - 7) Transition
 - 8) Discharge Planning. Development and finalization of a Discharge (Going Home) Treatment Plan for re-entry which includes an aftercare plan.

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25. PROGRAM ACTIVITIES

- a. Each RSAT participant must be actively involved in all aspects of the program activities. Each program participant has the responsibility of also adhering to their specific medical and mental health treatment plan goals.
- b. Assigned clinicians meet individually with participants on a regularly scheduled basis to review their progress and make adjustments, if needed, to the participant's treatment plan. The initial One to One (1:1), between a participant and their assigned clinician, is to be conducted and documented no later than ten (10) days after admission on each participant.

Subsequent 1:1s are to be conducted at least every two weeks thereafter.
- c. Multidisciplinary case conferences are held to ensure coordination of care for each participant.
- d. The initial case conference is to be held within thirty (30) days after admission. Conference objectives and outcomes are documented in the treatment file on the RSAT Case Conference Form (Attachment C) by the assigned clinician. Subsequent case conferences are held for each participant as needed, and within several weeks of discharge.
- e. There are daily morning meetings to help motivate and energize participants, and daily house meetings utilized to handle community business and review each program member's progress.
- f. At these morning meetings, there is a peer process that facilitates addressing negative behaviors and attitudes that includes critical feedback that is directed at negative behavior and not the individual's character. This process provides a vehicle for growth on the part of the individual presenting negative behaviors/attitudes and the community at large. These meetings are chaired by the community leader and staff present at the time of the meeting.
- g. 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.

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26. **PHASE SYSTEM.** RSAT employs a progressive four (4) Phase system with specific objectives and goals at each level. All Phases include ongoing assessment, 1:1 counseling, groups, journaling, interactive participation and self-assessment. Program services at all phases 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.

a. **Induction Phase: 0-30 days.** The RSAT introduction is heavily focused on embracing self, life change, readiness for change, journaling activities, setting up parameters, self-discovery, and assessments to prepare the individual to live a structured lifestyle while in the program and post release. The thirty (30) day Induction Phase involves completing specific activities and assignments, including, but not limited to, the following:

- 1) RSAT Participant Orientation Handbook
- 2) Preliminary Discharge Plan
- 3) Daily Journal
- 4) Completion of Anger Management Assignment
- 5) Texas Christian University (TCU) Assessment
- 6) Initial Treatment Plan
- 7) Drug Urinalysis Test
- 8) Initial Case Conference
- 9) Education Assessment
- 10) Completion of Orientation Module

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11) Autobiography (begin)

- a) The goal of the intensive Induction Phase is to set the tone for the program structure and recognition of the need to be ready to make changes in attitude, behavior, belief systems and apply oneself to his/her recovery. The objective is to facilitate the development of positive coping skills and pro-social behaviors necessary for the recovery process. RSAT uses these activities to foster restructuring of thoughts and behaviors throughout the residential and aftercare phases of the program that lead to the reduction of dysfunctional behavior during incarceration and reduction of drug related recidivist activities.
 - b) The program maintains intensity and focus as the clients move through Phase One to Phase Three. There is a heavier focus on addressing individual mental health and substance abuse concerns and how they impact behavior and the body. The clients also spend at least fifteen (15) hours per week in educational activities and have several external speakers interact with them during the week, on topics including Parenting, HIV Awareness, Relapse Prevention and Anger Management.
- b. **Phase I: 31-60 days.** The program participant must successfully complete the activities and objectives of two modules, and demonstrate active engagement in the process in order to be promoted to the next phase. 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:
- 1) Completion of Rational Thinking Module
 - 2) Completion of Criminal Lifestyle Module
 - 3) Updating one's individualized treatment plan
 - 4) Random urine drug testing
 - 5) Participation in 1:1 at least every two weeks

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- 6) Participation in groups and discussion
- 7) Participation in case conference as needed.
- 8) Participation in assigned enrichment activities (educational, health awareness, etc.).
 - a. A waiting list of eligible offenders may be maintained when the program is at capacity.
 - b. If the participant does not complete any of the phases in a thirty (30) day period, a case conference must be held with the team and participant, and a decision made regarding their disposition. Choices are:
 1. Elect to repeat the Level with a statement of commitment.
 2. Elect to withdraw from the program if commitment to change continues to be lacking.
 3. If participant is committed and hasn't completed the modules due to extraordinary reasons (illness, learning disability, etc.) then he/she may be allowed additional time and support complete the Phase.
 4. If a participant elects to continue in the Phase, the RSAT 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 RSAT TEAM.
 5. Program participants who have successfully completed Phase I as determined by the RSAT TEAM are promoted to Phase II which is the Primary Treatment Phase.
 - c. **PHASE II: 61-90 days.** The major goal of this treatment phase includes full incorporation into the community process with a focus on abstinence and behavioral growth. Program participants that are promoted to Phase II are afforded more privileges and must complete the objectives and content of two modules, Living with others and Lifestyle Balance. Completion of this phase as determined by the RSAT TEAM will result in Reentry/Aftercare.

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- d. **PHASE III: 90-120 days.** Re-entry Phase/Aftercare Transition. The major clinical focus of the re-entry phase is to prepare program participants for the transition to independent living and/or continued residential treatment programs upon release, that support successful and sustained re-entry.
- 1) RSAT begins the Re-entry phase at the beginning of the program with the initial discharge planning and continues throughout the program. A succession of modules and activities are completed that prepare the participants to connect with aftercare support groups and other community resources that will support their recovery, and decrease recidivism.
 - 2) As the participant progresses through the program periodic discharge planning updates are conducted and finalized near the completion of the program. The participant and the RSAT team provide input in the development of the discharge plan. The Transition Module essentially focuses on awareness education, prevention, and internal linkages for the participant.
 - 3) Awareness starts with in-service programs 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.
 - 4) Part of the module will include a self-assessment by the participant of what his/her health concerns are at the beginning of the program, midway through, and at the end. It will also include a plan by the participant to address the concerns with guidance and linkages from the RSAT TEAM.
 - 5) The final Discharge planning shall be conducted seven (7) days prior to the participant's release. It is also at this time that the participant finalizes to look at actual discharge needs, such as release to community, community-based treatment programs and residential treatment programs, etc. The program participant and the RSAT TEAM, through on-going dialogue and exercises, begin to finalize the discharge plan and transition back to the community. These goals are centered on a variety of factors:

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- a) 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 their needs.
 - b) Each participant successfully completing the program requirement will leave with an Aftercare Plan which reflects identified needs and linkages with contact information and appointments where possible.
- 6) RSAT maintains positive relations with community based organizations and justice agencies that are responsible for follow-up treatment and aftercare services in the community. RSAT program participants take part in a final case conference involving community-based agencies.
 - 7) The RSAT staff in coordination with the treatment team shall assume the responsibility of completing the Aftercare Letter 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 Aftercare Letter. A copy of the Aftercare Letter is also provided to the USPC and to the participant's Community Supervisor Officer (CSO), when applicable.
- e. **Level III: 91-120 days Activities:**
- 1) Final update of one's individualized treatment plan
 - 2) Participation in group discovery and discussion
 - 3) Completion of Autobiography
 - 4) Participation in 1:1 every two weeks
 - 5) Participation in final case conference prior to graduation
 - 6) Completion of Transition Module
 - 7) Random Urinalysis
 - 8) Complete Client Satisfaction Survey (within the last 7 days of completion)

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27. **MENTORING INTERNSHIPS.** Participants must have successfully graduated from Level III, have less than 120 days remaining prior to entry, 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 current participants.

This Level is geared towards an employment/counseling track for participants who have demonstrated significant insight and progress in his/her own treatment and are ready and willing to help others as determined by the RSAT TEAM. There will be a limited number of mentoring slots (a maximum of 3 on the female unit and 5 on the male unit RSAT Unit). The TEAM makes the recommendation and approval for the slots with community input.

28. **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 Termination of Services Form (Attachment D – Termination of Services Form) if withdrawing from the program. The RSAT program is voluntary in nature, and participants must consent to program treatment services in advance of receiving them.
- b. While the participant is afforded certain rights (as noted in patient rights and dictated by law and DOC Program Statements) as a program participant, he/she also has certain responsibilities secondary to being admitted into the program. These are detailed in the Orientation Handbook and reviewed prior to acceptance into the program. Responsibilities support the provision of program services in a manner that maximizes the benefit to all.
- c. A participants' failure to adhere to the responsibilities of the program are grounds for dismissal by the RSAT TEAM at any point during the course of the program and shall be documented on the RSAT Termination of Services Form. A participant may also be removed secondary to medical and/or mental health instability.
- d. Any participant terminated for any reason is not eligible for re-admission for the next 12 months.

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29. **RECORDS, REPORTS, CHARTING AND DOCUMENTATION.** The RSAT program will adhere to DC DOC records, charting and documentation as defined in PM, 6000.1 *Medical Management* and PS 2000.2 *Retention and Disposal of Department 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 participant 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 participants are provided as a part of orientation to the facility and again at admission into RSAT.
30. **VOLUNTEER SERVICES.** DOC operates a volunteer program under the guidance of PP 1310.3, Volunteer Services Program, 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 the DOC, participants 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 to RSAT and is issued an identification card that includes a photograph, and other relevant information. The RSAT program manager ensures that all volunteers are registered and have an identification card.
31. **CONTINUOUS QUALITY PERFORMANCE IMPROVEMENT PLAN (CQI)**
- a. It is the goal of DOC that program planning, evaluation, and quality improvement will provide a comprehensive organization-wide integrated quality improvement program that assures all participants receive appropriate, timely services. The established CQI plan will monitor the effectiveness of the performance of substance abuse services and will enhance policies and procedures that affect service delivery and participant outcomes. All employees are responsible for participating in the quality improvement activities, and the plan shall be reviewed and updated as needed annually.

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b. DOC operates its substance abuse program in accordance with Title 29, Chapter 23 of the District of Columbia Municipal Regulations, Certification Standards for Substance Abuse Treatment Facilities and Programs. The following Chapters are incorporated as part of the DC DOC's RSAT CQI Plan:

- 1) 2319 Administrative Services – Quality Improvement Standards
- 2) 2319.3 The following functions and programmatic indicators shall be included in the comprehensive quality improvement process:
 - a) Verification of necessary experience, education and ongoing competence of staff for the delivery of substance abuse treatment services;
 - b) Supervision and training of all personnel;
 - c) 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;
 - d) 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.
 - e) Identifying and monitoring of unusual occurrences and the related problems/issues;
 - f) Reviewing the appropriateness of the level of service on an ongoing basis;
 - g) Reviewing the utilization of services beyond the usual and customary length of stay consistent with an objective review by unbiased participants; and
 - h) Obtaining recommendations and feedback from patients, staff and other individuals, patients' family members, and community agencies regarding the appropriateness and effectiveness of the facility's or program's services.

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- 3) 2319.4. A substance abuse treatment facility or program shall monitor any other programmatic indicators identified by the facility, program or the Department.
 - 4) 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.
 - 5) 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.
 - 6) 2319.11. The record system shall be available to the Department for review.
 - 7) 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.
 - 8) 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, patients, and the general public.
- c. The DOC Program fits in the DOC Service model's goals of improving public health and facilitation of successful community re-entry through discharge planning and community linkages. The evaluation process will examine the following items:
- 1) The level and number of linkages created for participants,
 - 2) The comprehensiveness of the Aftercare plans that were put in place upon release, and

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3) The utilization of linkages services while participating in the program.

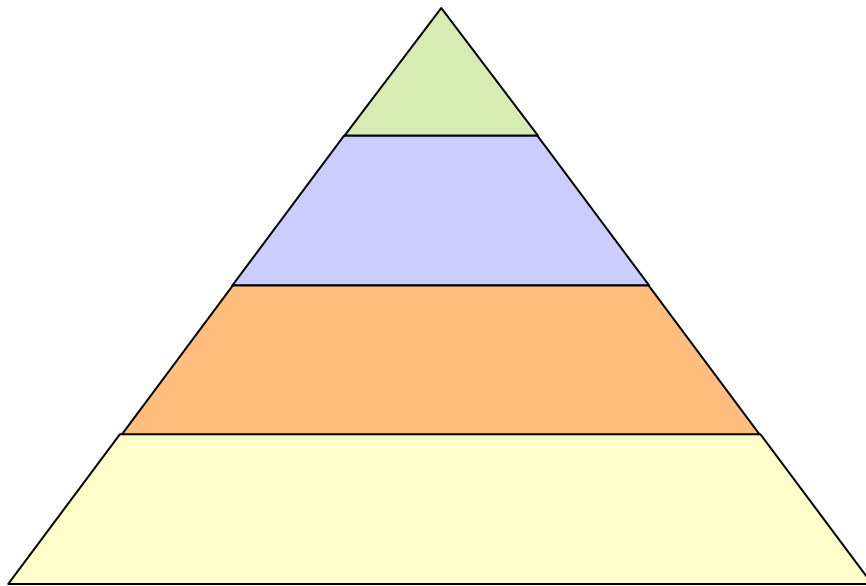
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DOC/PP6050.3/11/17/15



***RESIDENTIAL SUBSTANCE ABUSE
TREATMENT (RSAT) PROGRAM
ORIENTATION HANDBOOK***



KEY STEPS TO LEADING A DRUG FREE LIFE



DOC RSAT Inmate Handbook Revised April 13, 2012 by DOC Health Services Administration/RSAT

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS**



Residential Substance Abuse Treatment Program

Intake/Orientation Package

NAME _____

DCDC _____

DATE _____

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I HAVE RECEIVED A COPY OF THE DOC RSAT CLIENT HANDBOOK

WHICH

I HAVE READ

WAS READ TO ME BY

Participant's Name (Print)

Participant's Signature

Date:

Witness Signature/Agency Representative

Date:



Residential Substance Abuse Treatment Program

Welcome to the Department of Corrections' Residential Substance Abuse Treatment Program. You've made the right choice in committing to address your substance abuse issues. Please take a few moments to review the attached documents and provide signatures where necessary. Refer any questions that you may have to the staff person who is assisting you with this process.



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A Letter From Your Addiction

Dear Friend,

I have come to visit once again. I love to see you suffer mentally, physically, spiritually, and socially. I want to make you restless so you can never relax. I want to make you jumpy, nervous, and anxious. I want to make you agitated and irritable so everything and everybody makes you uncomfortable. I want you to be confused and depressed so that you can't think clearly or positively.

I want to make you hate everything and everybody, especially yourself. I want you to feel guilty and remorseful for the things you have done in the past that which you'll never be able to let go of. I want to make you angry and hateful toward the world for the way it is and the way you are. I want you to feel sorry for yourself and blame everything but ME for the way things are. I want you to betray, manipulate, and con as many people as possible. I want to make you fearful and paranoid for no reason at all. I want to make you wake up during all hours of the night screaming for me. You know you can't sleep without me. I'm even in your dreams. I want to be the first thing you think about every morning and the last thing you think about before you black out.

I'd rather kill you, but I'd be happy enough to put you back in the hospital or jail. I can't help but sneer and chuckle when you shiver and shake; when you freeze and sweat at the same time, and when you wake up with your sheets and blankets soaking wet. It's amusing to watch you ignore yourself, not eating, not sleeping, and not even attending to your personal hygiene. Yes, it's amazing how much destruction I can be to your internal organs while at the same time working on your brain, destroying it bit by bit.

I deeply appreciate how much you are sacrificing for me. The countless good jobs you have given up for me, all the friends whom you deeply cared for you gave up for me and what's more, the ones you turned against because of your inexcusable actions. I am eternally grateful for the most important people in the world to you that have turned against you. You even threw them away for me. You sacrificed all these beautiful things in life just to devote yourself completely to me. But do not despair my friend, for on me you can always depend. After you have lost all these things, you can still depend on me to take even more. You can depend on me to keep you in a living hell; to keep your mind, body and soul, for I will not be satisfied until you are dead, my friend!

Forever yours,

Your Addiction



WELCOME TO THE RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM

Welcome to the Department of Corrections' Residential Substance Abuse Treatment (RSAT) Program. This is a voluntary program, though individuals may be referred through the court system. This drug treatment program provides education and treatment for alcohol and drug use/abuse that focuses on helping **you** make the changes necessary to gain and maintain your sobriety. The program can accommodate up to 100 participants at one time. Seventy five (75) beds are reserved for males and up to twenty five (25) beds are reserved for females, in the Correctional Treatment Facility (CTF).

RSAT is a co-occurring therapeutic program certified by the D.C. Department of Behavioral Health (DBH) to provide Level III non-hospital residential substance abuse treatment services in the jail setting. RSAT offers a holistic approach to treatment which includes a focus on opportunities for positive changes and movement towards "wellness" for the individual. We provide comprehensive needs assessments, education, counseling, individualized drug treatment, and a discharge plan upon release. The ***RSAT*** program provides you with an array of services that support your efforts to affect change in many areas of your life. These services will include medical, mental, social, educational, vocational, housing, and aftercare support in the community upon release. This program is very structured and requires that you become disciplined in order to change your thinking and behavior. In order for you to achieve success from the program, you must commit to the following:

- ✚ Seeking positive changes in your life in the areas of thinking and acting,
- ✚ Address multiple areas of your life and make changes,
- ✚ Hard work from beginning through completion,
- ✚ Adherence to program regulations and,
- ✚ Positive behavior outcomes.

Drug treatment is provided by clinical professionals, contractors, and visitors who are either employed by DOC or engaged to provide services for the program. These professionals have extensive experience in corrections and addictions treatment. Treatment includes completion of a variety of modules, education, recreation, journaling, self-assessment, interactive groups, individual counseling, workshops, oral and written assignments, structured exercises, and extracurricular therapeutic activities.

PROGRAM ELIGIBILITY:

1. Evidence of substance use within the last 12 months,
2. Able to participate in the program a minimum of 30 days,
3. Custody Clearance by Corrections,
4. Mental Health and/or Medical Clearance if applicable,
5. Clearance and acceptance by Program Team
6. Has not been in the program in the last 12 months.

Please note that a referral, regardless of the source, does not guarantee approval for entry or priority of admission. Admissions are based on bed vacancies, dated receipt of referral, court



sanction or recommendation, applicant history and appropriateness for program. Voluntary participants who have been in the program are not eligible for readmission to the program before 1 year has lapsed, unless special approval is issued by the RSAT Team. Participants who have been sanctioned to the program once cannot be sanctioned additional times.

As a selected participant in this program you are required to follow and abide by all of the rules, regulations, policies and procedures of the Department of Corrections and the **RSAT** program.

PROGRAM LENGTH OF STAY:

The RSAT program is a four phase program that lasts up to 120 days. Voluntary participants unable to complete the program due to an earlier release date may receive a certificate of participation. Participants who are coordinating a bed-to-bed transfer to other programs in the community may be graduated between 100 and 120 days, to accommodate placement.

Participants are not granted certificates or permitted to graduate just based on presence in the program. Promotion to the next Phase is based on a demonstration by the individual of an understanding of the Phase's goals and objectives and demonstrated change in thinking, actions and behaviors. At any time during the program a participant can be demoted based on attitude, actions, and behaviors that indicate that he needs reinforcement and/or re-learning regarding prior Phase objectives, goals, and/or lessons.

CERTIFICATES

1. A participant must be in the program a minimum of thirty days, once formally admitted, and must satisfactorily complete all components associated with the Induction Phase in order to receive a 30 day certificate of participation.
2. A participant must be in the program a minimum of sixty days, once formally admitted, and satisfactorily complete the Induction Phase and Phase One in order to receive a certificate of participation for sixty days.
3. A participant must be in the program a minimum of 100 days and have satisfactorily completed the four Phases (Induction Phase, and Phases One, Two and Three) in order to receive a certificate of graduation.

AFTERCARE PROCESS:

The RSAT program recognizes that recovery maintenance is a life-long effort that requires continued advocacy and focus upon release. We will help you to gain some of the tools you need to maintain your recovery while in the program, but know that you need continued support upon release. With this in mind, we refer all participants returning to the community to an outpatient aftercare treatment program. For those needing housing, we encourage participants to consider a referral to a residential community-based transitional housing program and a bed-to-bed transfer.



Some participants may be required by the court and/or USPC to make a bed-to-bed transfer to a residential treatment program. RSAT will make every effort to assist the client with linkages to programs in the community that will meet their needs, post release, as a part of their treatment and discharge planning.



WHY ARE WE HERE?

Before coming here, we could not manage our own lives. We could not live and enjoy life as other people do. We had to have something different and we thought we had found it in drugs or alcohol. We placed their use ahead of the welfare of our families, our significant others, and our children. We had to have drugs or alcohol at all costs. We did many people great harm, but most of all we harmed ourselves. Through our inability to accept personal responsibilities we were actually creating our own problems. We seemed to be incapable of facing life on its own terms.

Most of us realized that in our addiction we were slowly committing suicide, but addiction is such a cunning enemy of life that we had lost the power to do anything about it. Many of us ended up in jail or sought help through medicine, religion, or psychiatry. None of these methods was sufficient for us. Our disease always resurfaced or continued to progress until in desperation we sought help.

After coming here, we realized we were sick people. We suffered from a disease from which there is no known cure. It can, however, be arrested, at which point recovery is.



The DC DOC RSAT Program subscribes 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.
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.



GOALS

- TO GAIN INFORMATION ON HOW TO LIVE AND MAINTAIN A DRUG-FREE LIFESTYLE.
- TO INCREASE KNOWLEDGE ABOUT SUBSTANCE USE AND OTHER TOPICS THAT IMPACT OUR LIVES, TO REDUCE RATES OF INCARCERATION AND RECIDIVISM.
- TO ATTAIN AND IMPROVE AWARENESS AND UNDERSTANDING OF SELF THROUGH EDUCATION, COUNSELING AND TREATMENT.
- TO BECOME MORE HONEST WITH SELF AND OTHERS.
- TO IDENTIFY AND INTERNALIZE A STRONG VALUE SYSTEM THAT PRODUCES HIGHER STANDARDS.
- TO GAIN SELF-CONFIDENCE AND SELF-RESPECT.
- TO RECOGNIZE AND ACTUALIZE THE TERMS “MY BROTHER’S/SISTER’S KEEPER” AND “GROUP ACCOUNTABILITY”
- TO IDENTIFY PROBLEMS AND LEARN NEW METHODS OF PROBLEM SOLVING THROUGH EDUCATION, COUNSELING AND TREATMENT.
- TO INCREASE INFORMATION ON HOW TO REFLECT ON AND BENEFIT FROM DECISIONS AND BEHAVIORS WHICH HAVE DIRECTLY INFLUENCED ONE'S LIFE,
- TO IDENTIFY AND ADDRESS MEDICAL AND MENTAL HEALTH PROBLEMS THAT IMPACT MY HEALTH, FAMILY, COMMUNITY, AND THE CHOICES I MAKE.
- TO BETTER UNDERSTAND THE RELATIONSHIP BETWEEN DRUG USE AND MENTAL HEALTH.
- TO WORK DILIGENTLY WITH MY TREATMENT TEAM AND PEERS TO COMPLETE EDUCATIONAL AND PROGRAM ASSIGNMENTS IN A TIMELY AND ACCEPTABLE MANNER.
- TO LEARN ABOUT THE AVAILABLE SUPPORT SYSTEMS IN THE COMMUNITY THAT CAN ASSIST ME IN REMAINING DRUG FREE AND A PRODUCTIVE MEMBER OF MY COMMUNITY.



RSAT PHASES and ACTIVITIES

RSAT is a structured program that is focused on providing participants with the necessary knowledge, insight, and skill set to maintain sobriety upon re-entry and sustain a life that contributes to the society of his/her community. Daily routines and structure enable individuals to stay on track and, therefore, the program provides a daily routine for program participants that are applicable to each phase that they are progressing through.

The RSAT program has different Phase schedules and includes all of the program activities. RSAT participants must complete four (4) Phases.

- **The Induction Phase** includes orientation, assessments, screenings, development of an Initial Discharge Plan and Preliminary Treatment Plan, an initial case conference, a drug screen, and completion of the Orientation Module.
- **Phase One** includes completion of modules on Rational Thinking and Criminal Lifestyle, updating one's treatment plan, a drug screen, participation in Education activities, recreation and treatment groups, and individual counseling.
- **Phase Two** includes completion of modules on Living with Others and Lifestyle Balance, updating one's treatment plan, a drug screen, participation in Education activities, recreation and treatment groups, and individual counseling.
- **Phase Three** focuses on transition and re-entry into the community, plus personal goals and objectives associated with release. Activities that participants in this group will focus on include but are not limited to: Completion of the Transition module and developing a concrete aftercare plan.
- **Mentoring: Internship:** Certain program participants will be selected and invited to participate at this level. Participants must have successfully graduated from Level III, have at least 30 days time remaining to serve before release, have successfully demonstrated and have documented in their treatment record proof of their leadership and relationship skills through group leader facilitation, and have an interest in Mentoring others. This Level is geared towards participants who have demonstrated significant insight and progress in his/her own treatment and are ready and willing to help others as determined by the TEAM. There will be a limited number of Mentor slots and the TEAM makes the recommendation and approval for the slots.

PROGRAM ACTIVITIES:

The **RSAT** program involves numerous activities that are all geared towards program participants gaining insight and knowledge about their addiction. Information is presented in different formats, and includes speakers, interactive groups, one-on-one counseling, and self-reflection and journaling. Rules, Schedules and organization in your life help you to maintain focus and adhere to your recovery. Some of the typical program activities include but are not limited to:

1. Morning Meeting

All inmates are to attend this group to lift their spirits and begin the day in a positive manner. This group helps to increase confidence, break down images and overcome fears of participation. Participants are expected to come to this meeting with daily goals.

2. Recreation



Provides inmates the opportunity to relieve stress and to help maintain health. Recreation is a right of the client but must be provided in a manner that supports program goals. RSAT clients can elect not to go outside for recreation, based on the weather, but must be actively involved in a RSAT approved structured program activity in lieu of recreation.

3. **Anger Management**

All inmates in the program must attend this group. Its goal is to teach the individual how to manage their anger and to prevent violence.

4. **Workshops**

These activities allow inmates to participate with internal and external organizations in order to enhance their opportunity to learn about outside resources in the community.

5. **Films**

Films will help explain and educate inmates about their drug use and health, and provide a guide for maintaining a drug-free life.

6. **Drug Treatment Modules**

During the program, all inmates must attend daily group sessions and complete assigned substance abuse treatment modules.

7. **Women/Men Rap Groups**

This group helps participants to overcome their fears of speaking in front of others. The group also allows the individual to express themselves and their feelings about different topics.

8. **NA/AA Meetings**

All inmates may attend these meetings in which guest speakers share their experiences in recovery and talk about their positive personal growths to motivate inmates in maintaining their recovery.

9. **Substance Abuse Counseling**

Individual counseling to help maintain positive tools for recovery and address feelings and behaviors.

9. **Relapse Prevention/Recovery Maintenance (Discharge Planning)**

All inmates will actively participate with the RSAT team in developing a final discharge treatment plan that will support recovery in the community.

PROGRAM RULES:

The RSAT program rules are designed to remind clients of the necessary laws needed to live a positive and productive lifestyle while incarcerated and in the community. These rules serve as reminders and help us strengthen our attitude towards ourselves and others and provide a means to overcome the everyday problems that we are faced with in life. Rules are provided in this handbook and posted on the unit for all to see.

➤ **BE NEAT. CLEAN UP AFTER YOURSELF.**

➤ **NO PROFANITY.**



- **NO RACIAL/ETHNIC SLURS.**
- **NO SEXUAL GESTURES.**
- **NO THREATS, EITHER EXPLICIT OR IMPLICIT.**
- **NO FIGHTING OR HORSE PLAYING.**
- **NO DRAGGING CHAIRS ACROSS THE FLOOR.**
- **NO SITTING ON DECK, HAND-RAILS, TABLES OR STEPS.**
- **NO SPITTING EXCEPT IN THE TOILETS.**
- **NO SLOUCHING IN ANY CHAIR WHILE IN GROUP.**
- **MAINTAIN CLEAN AND NEAT ROOM.**
- **NO TV WATCHING OTHER THAN THE TIMES ALLOWED.**
- **NO EATING OR DRINKING WHILE IN GROUPS.**
- **NO SHOUTING OR LOUD TALKING REGARDLESS OF LOCATION.**
- **SIGN IN AND OUT OF THE UNIT.**
- **RESPECT OF YOURSELF, YOUR PEERS AND DOC/CCA STAFF**
- **NO DISRESPECT OF ANY CORRECTIONAL OFFICER
ASSIGNED TO THE UNIT.**
- **REMAIN IN CELL DURING COUNT.**
- **YOU MUST REQUEST IN WRITING TO MEET WITH YOUR CLINICIAN.**
- **DO NOT LEAVE THE HOUSING UNIT WITHOUT THE
PERMISSION FROM THE CORRECTIONAL OFFICER.**

Please note: Failure to follow the rules is grounds for discharge from the program.



Residential Substance Abuse Treatment Program
Participant's Bill of Rights

1. You have the right to be treated with dignity and respect.
2. You are entitled to be spoken to in a courteous and professional manner; cursing or humiliating language is not permitted by staff.
3. You have the right to appropriate treatment, as determined by staff members trained to analyze your needs and prescribe treatment.
4. You have the right to considerate and respectful care. No participant shall be excluded from participating in, denied benefits of, or otherwise subject to discrimination practices in the provision of any care or service on the grounds of race, color, sex, religion or national origin.
5. You have the right to obtain complete and current information concerning your diagnosis, treatment and prognosis in terms and language you can reasonably be expected to understand.
6. You have the right to review your records at a time and place convenient to the staff.
7. You have the right to general consideration of your individuality as it relates to your social, religious, and psychological well being. For example, we will attempt to make special arrangements for you so that you may observe your religious holidays.
8. You have the right to privacy as it relates to your treatment in this program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly.
9. If you are terminated from the program, it shall be as a result of an explicit judgment of your non-compliance with program rules. Whenever possible, you will be given reasonable advance notice to ensure an orderly transfer or discharge and such actions will be documented in your treatment records.
10. You have the right to be fully informed of these rights and of all rules and regulations governing participant conduct and responsibilities. Evidence of you having been fully informed of your rights, and of RSAT rules and regulations will be your written acknowledgement and will be kept in your treatment records.
11. You have the right to an annual, formal review of these rights.

The above information has been fully explained to me and I have received a copy of this document.

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I UNDERSTAND MY RIGHTS AS THEY PERTAIN TO **PARTICIPANT'S BILL OF RIGHTS** WHICH

I HAVE READ

WAS READ TO ME BY

Participant's Signature

Date:

Witness Signature/Agency Representative

Date:



Residential Substance Abuse Treatment Program

Participant’s Responsibilities

- Participants shall not use or possess illicit drugs or alcohol while in treatment.
- Participants shall actively participate in all program activities, such as workshops, group discussions, homework assignments, etc.
- Participants shall refrain from behavior that is disruptive to the ongoing processes of the program. There shall be no abusive/offensive language or loud, disruptive noises, horse playing, or shouting.
- Participants shall refrain from disrespecting staff, peers, or other individuals.
- Participants may not engage in violence or make threats of violence.
- Participants shall ensure that all information discussed during treatment is kept confidential.
- Participants must shower daily and to take care of their hygiene.
- All participants are to eat, shower, dress, and have beds made and living areas clean no later than 7:30 AM, Monday through Friday. All excess property is to be neatly stored in your living areas.
- Institutional laundry services are provided. Therefore, bucket washing of clothing is prohibited. Hanging clothes lines is prohibited.

Participants who break any rules or exhibit behaviors deemed inappropriate will be subject to disciplinary action ranging from verbal warning to discharge from the program. Such decisions will be made after a treatment team meeting with the participant involved. Exceptions include removal from unit by correctional staff, though the client may make formal request for a hearing with RSAT.

The above information has been fully explained to me and I have received a copy of this document.

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I UNDERSTAND MY RIGHTS AS THEY PERTAIN TO **PARTICIPANT’S RESPONSIBILITIES** WHICH

I HAVE READ

WAS READ TO ME BY

Participant’s Signature

Date:



Witness Signature/Agency Representative

Date:



Residential Substance Abuse Treatment Program

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE TREATMENT RECORDS

The confidentiality of alcohol and drug abuse treatment records maintained by this program is protected by federal laws and regulations, including Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA). Your PHI may be used or disclosed within the judicial system for treatment and health care operations purposes.

Generally, the program may not disclose outside the program that a patient attends the program, or report any information identifying a patient as an alcohol or drug abuser unless:

- the patient consents in writing;
- the disclosure is allowed by a court order;
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation;
- the patient commits or threatens to commit a crime or harm either at the program or against any person who works for the program.

Violation of the federal laws and regulations is a crime. Suspected violations should be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. §§ 290dd-3, 290ee-3 for Federal Laws and 42 CFR Part 2 for Federal regulations).

The above information has been fully explained to me and I have received a copy of this document.

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I UNDERSTAND MY RIGHTS AS THEY PERTAIN TO **CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE TREATMENT RECORDS** WHICH

I HAVE READ

WAS READ TO ME BY

Participant's Signature

Date:

Witness Signature/Agency Representative

Date:



Residential Substance Abuse Treatment Program

Informed Admission Consent

This form is used to acknowledge receipt of our orientation packet and confirm your understanding and agreement with its contents. Your signature below indicates your approval, acceptance and agreement of substance abuse treatment services under the conditions outlined.

Participant's Name: _____ DCDC#: _____ Date: _____

PATIENT RIGHTS AND RESPONSIBILITIES

I acknowledge that I have been made aware of my rights and responsibilities as a participant in the *voluntary* D.C. Department of Corrections' Residential Substance Abuse Treatment Program and I understand them.

AUTHORIZATION FOR TREATMENT

I hereby authorize the D.C. Department of Corrections Residential Substance Abuse Treatment Program to conduct any assessments, tests, examinations, general counseling, treatments, and related interventions which in their professional judgment becomes necessary or advisable in my diagnosis or treatment. I understand that I may refuse treatment or terminate services at any time and that the DOC may remove me from the program at any time as explained in my orientation. I further authorize the staff and administration to institute any emergency procedures which they deem necessary. I consent to being transferred/referred to another facility if the emergency warrants such action. I am aware that the practice of Addictions Medicine is not an exact science. I acknowledge that no guarantees have been made to me as to the result of the treatment.

LIABILITY RELEASE

I hereby release the Government of the District of Columbia, the D.C. Department of Corrections, the employees, contractors, and volunteers from any and all liability whatsoever from this course of treatment. I further understand that this release shall be binding upon the participant, his/her heirs, executors, administrators, or assignees.

PRIVACY ACT/CONFIDENTIALITY

I understand that participant records and information contained therein are maintained in my best interest. I further understand that, should I enter any other component of this program, this information may be furnished to them to ensure continuity of patient care.

EVALUATION

I have been informed that this program will be evaluated using different methods from the time that I enter the program until after I am released. I agree to voluntarily participate in this evaluation which will include collecting data or information on my status and participation in services after release from DOC. I understand that while the results of the evaluation may be published or used to obtain increased funding, my identifying information (name, social security number, etc.) will not be distributed.

RELEASE OF INFORMATION

Your medical and drug records are strictly confidential and protected by federal law. We cannot release any information without your permission. To communicate with your doctor, hospitals and other agencies involved in your medical care and drug treatment, we require your permission to



release this information as well as receive information from them by various means including telephone, mail, fax, etc.

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I UNDERSTAND THE CONTENTS AND RAMIFICATIONS OF THIS CONSENT FORM WHICH

I HAVE READ

WAS READ TO ME BY

Participant's Name (Printed)

Participant's Signature

Date:

Witness Signature/Agency Representative

Date:



IN CASE OF AN EMERGENCY I AUTHORIZE RSAT TO NOTIFY:

Name: _____ **Relationship:** _____

Address: _____

Telephone No. (home) () _____ - _____ (work) () _____ - _____

Participant's Signature

Staff Signature

Date

Date

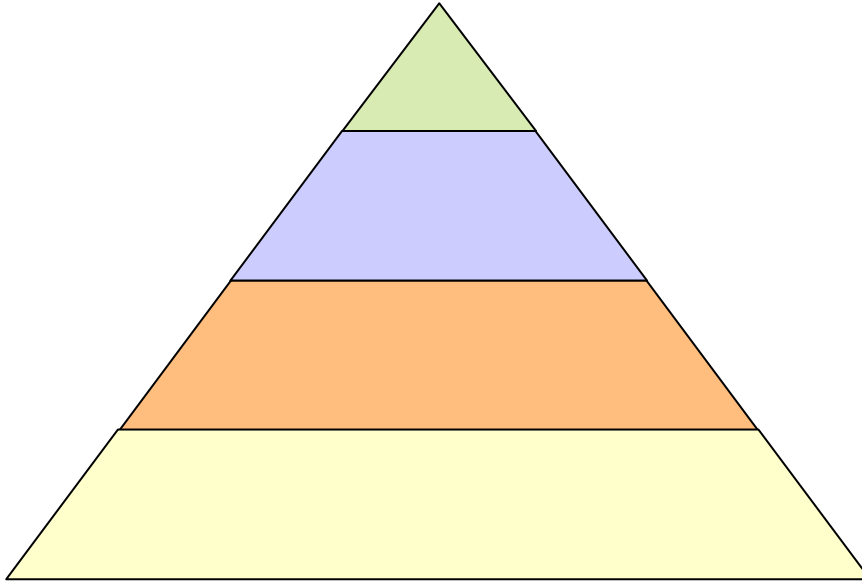


TWELVE STEPS

1. *We admitted that we were powerless over our addictions, that our lives had become unmanageable.*
2. *We came to believe that a Power greater than ourselves could restore us to sanity.*
3. *We made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *We made a searching and fearless moral inventory of ourselves.*
5. *We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *We were entirely ready to have God remove all these character defects.*
7. *We humbly asked Him to remove our shortcomings.*
8. *We made a list of all people we have harmed and are willing to make amends to them all.*
9. *We made direct amends to such people wherever possible except when to do so would injure them or others.*
10. *We continued to take personal inventory and when we were wrong promptly admitted it.*
11. *We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principals in all our affairs.*



***RESIDENTIAL SUBSTANCE ABUSE
TREATMENT PROGRAM***



KEY STEPS TO LEADING A DRUG FREE LIFE

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS



Residential Substance Abuse Treatment Program (RSAT)

RSAT REFERRAL

Admission Criteria: Minimum Program requirements must be met in order to be considered for admission :

- Documented proof of substance abuse use/abuse within the last year.
- Qualified custody level of low to medium. In certain cases, Custody waivers may be issued by Corrections.
- Documented mental health clearance if applicable.
- Documented medical clearance if disability impairs ability to function in program.
- Voluntary sentenced inmates, eligible to return to the community within 180 days of program admission regardless of referral source.

All other applicants outside of the above parameters are considered on a case by case basis by the RSAT team.

PLEASE FILL OUT ALL OF THE REQUESTED INFORMATION TO THE BEST OF YOUR ABILITY:

DATE **NAME** **DCDC#** **AGE** **DOB**

SEX: M () F () Other () **CURRENT FACILITY SITE:** CDF () CTF ()

PRETRIAL: YES () NO () **SENTENCED:** YES () NO () **USPC SANCTIONED/PENDING:** ()

LENGTH OF SENTENCE: _____ **PROJECTED RELEASE DATE:** _____

REFERRAL SOURCE: NAME: _____ TITLE: _____

Referral Contact Information (phone & email): _____

SUBSTANCE USE HISTORY:

Have you received substance abuse treatment in the past? YES () NO ()

Have you been in the RSAT program before? YES () NO () **If yes, when?** _____

Have you abused any substances within the past one (1) year? YES () NO ()

Please complete the table below:

Substance Used	Method	Amount	Freq. of Use	Age Started	Last Used

Inmate Signature

Date

DO NOT WRITE BELOW THIS LINE

Accepted Denied **Comments:** _____

Staff Member Name

Date

Staff Signature



Instalación Central de Detención
“Progreso hacia el otorgamiento de poder”

REMISIÓN AL RSAT

(Programa residencial de tratamiento para abuso de sustancias)

Fecha _____

NOMBRE DCDC EDAD FECHA NAC

SEXO ____ LUGAR: () CDF () CTF UNIDAD DE VIVIENDA ACTUAL _____

PREVIO A JUICIO SÍ () NO () SENTENCIADO SÍ () NO ()

DURACIÓN DE LA SENTENCIA _____ TRANSFERENCIA FEDERAL: SÍ () NO ()

FUENTE DE LA REMISIÓN: MÉDICA () SALUD MENTAL () PROPIA ()

ADMINISTRADOR DEL CASO () TRIBUNAL () OFICIAL DE LIBERTAD CONDICIONAL ()
OTRA () _____

ANTECEDENTES DE CONSUMO DE SUSTANCIAS:

¿Ha recibido anteriormente tratamiento por abuso de sustancias? SÍ () NO ()

Antecedentes de consumo de sustancias: NO () SÍ () Si responde que “Sí”, responda las preguntas siguientes:

Edad en que comenzó _____ Periodo de tiempo de consumo _____ Última dosis _____

Sustancia consumida	Método	Cant.	Frecuencia de uso	Último consumo

Nombre de quien remite (Letra de molde) Firma de quien remite Teléfono

Firma del recluso

Fecha:

NO ESCRIBA DEBAJO DE ESTA LÍNEA

MEDIDAS DE SEGUIMIENTO DE RSAT:

Aceptada Aceptada, lista de espera El recluso rechazó el ingreso Se denegó (razón) _____

El recluso declinó después de ser aceptado y de entrar al programa: _____
Firma del recluso

NOMBRE DEL MIEMBRO DEL PERSONAL

FECHA:

FIRMA DEL PERSONAL



DEPARTMENT OF CORRECTIONS (DOC)
RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM (RSAT)

CASE CONFERENCE

Initial Update Final

Conference Date:

Time:

Inmate Name:

DCDC:

Case Conference Leader:

BRIEF HISTORY: (Substance Use, Medical, Mental Health, Housing, Employment/Education, Family, Legal.)

PROGRESS TO DATE: (Clinical update to address progress, Phase, compliance issues, any need for interventions, specific needs, etc.)

- **Discharge plan:**

- **Inmate's Comments:**

SUMMARY: (COMMENTS/PLAN)



DEPARTMENT OF CORRECTIONS (DOC)
RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM (RSAT)

CASE CONFERENCE

Initial Update Final

Conference Date:

Time:

Inmate Name:

DCDC:

Case Conference Leader:

NO.	PRINTED NAME	TITLE	SIGNATURE	DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				

NAME OF CLINICAL LEADER: _____

DATE: _____



DC DEPARTMENT OF CORRECTIONS

RSAT PROGRAM

TERMINATION OF SERVICES FORM

Name:

DCDC:

I, _____, acknowledge that RSAT is a voluntary program and I am voluntarily withdrawing from the Residential Substance Abuse Treatment program. I have been given the opportunity to remain in the program by staff.

I also understand that no negative action will be taken against me by DOC RSAT staff for my withdrawal from this program. DOC is not responsible for actions taken by USPC or BOP for inmates whom they referred to this program.

Signature: _____

Date: _____

Witness: _____