



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

**POLICY AND
PROCEDURE**

**EFFECTIVE
DATE:**

February 27, 2019

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SUPERSEDES:

6050.3C
March 31, 2017

OPI:

PROGRAMS

REVIEW DATE:

February 27, 2020

**Approving
Authority**

Quincy L. Booth
Director

SUBJECT:

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

NUMBER:

6050.3D

Attachments:

Attachment A – RSAT Orientation Handbook
Attachment B – RSAT Referral Form
Attachment C – RSAT Treatment Plan
Attachment D – Termination of Service Form
Attachment E – Quality Improvement Plan
Attachment F – Quality Improvement Team Review Sign In
Sheet

SUMMARY OF CHANGES:

Section	Change
	<i>Changes throughout the policy.</i>

APPROVED:

Quincy L. Booth, Director

2/27/2019

Date Signed

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1. **PURPOSE AND SCOPE.** To establish policy and procedures for providing a therapeutic community substance use treatment program for Department of Corrections (DOC) participants housed at the Correctional Treatment Facility (CTF). The Residential Substance Abuse Treatment (RSAT) Program in the D.C Department of Corrections is a program that provides Level 3.1 Clinically Managed Low Intensity Residential Substance Use Disorder Treatment Services in the jail setting. Level 3.1 Clinically Managed Low-Intensity Residential Treatment is a residential program that shall provide a minimum of five (5) hours of substance abuse treatment services per week for a period of up to one hundred and twenty (120) days. The RSAT Program is a unit within the D.C. Department of Corrections and therefore receives services, structure, organization, training, human resources, staffing, finance, policies, procedures and other supports from the Department. RSAT is a program certified by the D.C. Department of Behavioral Health (DBH).
2. **POLICY.** It is the policy of the D.C. Department of Corrections:
 - a. To provide substance use treatment programs for inmates with substance use disorders.
 - b. To establish a Quality Improvement (QI) Policy for the Residential Substance Abuse Treatment Program (RSAT) that shall provide a Quality Improvement Plan describing the objectives and scope of the QI program, and requiring program staff and client involvement in the QI program.
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, and release 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.

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- 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.

5. AUTHORITY

- a) D.C. Code § 24-211.02, Powers; Promulgation of Rules
- b) D.C. Code § 21-2201 et seq., Health Care Decisions
- c) D. C. Code Title 7, Human Health Care and Safety, Chapter 12 Mental Health Information, §§ 7-1201.1 through 7-1202.6
- d) Title 2 of the Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12101 et seq.
- e) 28 C.F.R. Part 35, Nondiscrimination on the Basis of Disability in State and Local Government Services
- f) 45 C.F.R. 164.501 et seq., the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- g) 42 U.S.C. § 300gg; 29 U.S.C. § 1181 et seq.; and 42 U.S.C. § 1320d et seq, Health Insurance Portability and Accountability Act of 1996 (HIPAA),.
- h) Privacy Act of 1974 (Federal Privacy Act), 5 U.S.C. § 552a.

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- i) Prison Rape Elimination Act of 2003 (PREA), 34 U.S.C. § 30301 *et seq.*
- j) D.C. Code § 22-3001, Sexual Abuse
- k) 45 C.F.R. Part 46, Protection of Human Subjects, Subpart C
- l) 42 C.F.R. Part 2, Confidentiality of Substance Abuse Abuse Patient Records
- m) Title 22, Chapter 63A of the D.C. Municipal Regulations, Certification Standards for Substance Use Disorder Treatment and Recovery Providers, §§ 22-A6300, General Provisions.
 - 22-A6301, Eligibility for Substance Use Disorder Services.
 - 22-A6302. Services for People with Co-Occurring Mental Illnesses.
 - 22-A6303. Provider Certification Process.
 - 22-A6304. Certification: Exemptions from Standards.
 - 22-A6305. Decertification Process.
 - 22-A6306. Closures and Continuity of Client Care.
 - 22-A6307. General Management and Administration Standards.
 - 22-A6308. Employee Conduct.
 - 22-A6309. Quality Improvement.
 - 22-A6310. Fiscal Management Standards.
 - 22-A6311. Administrative Practice Ethics.
 - 22-A6312. Program Policies and Procedures.
 - 22-A6317. Food and Nutrition Standards.
 - 22-A6318. Personnel Training Standards.
 - 22-A6321. Storage and Retention of Client Records.
 - 22-A6323. Residential Treatment and Recovery Programs.
 - 22-A6326. Levels of Care: General Requirements.
 - 22-A6331. Level of Care 3.1: Clinically Managed Low-Intensity Residential.
 - 22-A6336. Core Service: Assessment/Diagnostic and Treatment Planning.
 - 22-A6337. Core Service: Clinical Care Coordination.
 - 22-A6338. Core Service: Case Management.
 - 22-A6339. Core Service: Crisis Intervention.
 - 22-A6340. Core Service: Substance Use Disorder Counseling.
 - 22-A6341. Core Service: Drug Screening.

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22-A6399. Definitions.

- n) 42 U.S.C. § 290dd-2, Confidentiality of Records

6. DIRECTIVES AFFECTED

a. **Rescinded**

- 1) PP 6050.3C Residential Substance Abuse Treatment Program (RSAT)
(3/31/17)

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) PP 5010.3 Contraband Control
- 10) PS 5031.1 CDF Emergency Plan
- 11) PM 6000.1 Medical Management
- 12) PP 6050.2 Drug Testing of Inmates

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13) PP1280.2I Reporting Notification and Procedures of Significant Incidents and Extraordinary Occurrences

14) PP 3300.1 Employee Code of Ethics and Conduct

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 22, Chapter 63 of the D.C. Municipal Regulations, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

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 shall be guided by the policies and procedures included within or referenced by 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.
- b. All RSAT employees are informed of policy changes that affect performance of duties consistent with DOC's 100% Comprehension of Policy and Procedures requirement throughout the agency.

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 substance use disorders, for the purpose of developing and enhancing the effective coping skills necessary to the recovery process and becoming productive members of their

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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 shall choose 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 use recovery upon release to the community:
 - 1) Assessment at Intake,
 - 2) Identification and treatment of Mental Health and , Medical issues, and readiness to participate in the substance abuse treatment program,
 - 3) Committed collaborative relationships and partnerships across a broad spectrum to support the model, and
 - 4) Aftercare program linkages that, at a minimum, include medical, mental health, housing, and substance use, and that promote continuity of care.
- b. The overall goal of DOC's RSAT Program model is threefold: (1) improved substance use outcomes, (2) continuity of care upon re-entry that supports improved participant outcomes, and (3) 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) shall 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

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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 substance user that includes medical, mental health and substance use concerns as a part of the overall treatment plan. The RSAT program views substance use 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 shall be paramount to realistically addressing chronic substance use. 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 co-occurring residential substance use treatment program to RSAT participants at the CTF. RSAT is dedicated to the development, implementation, and delivery of on-site substance use treatment services to DOC RSAT participants that shall improve the quality of life and support drug-free re-entry into 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 twenty days (120) bed co-occurring Modified Therapeutic Residential Substance Abuse Treatment Community which provides access to substance use services, including education and treatment. Up to seventy-five (75) males and up to fifteen (15) females shall be housed at any time in the RSAT program at the CTF facility. Trained Correctional Officers are assigned to monitor and secure the units.
- b. Mentors and staff shall monitor the program and answer questions. The unit shall have reserved beds/slots for the Mentors and Tutors who are graduates

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of the program. No more than five (5) beds/slots shall be reserved on the male unit and three (3) beds/slots on the female unit for Mentors. No more than three (3) beds/slots shall be reserved on either unit for tutors, depending on the program needs. Mentors are allowed to remain on the unit up to one hundred and eighty (180) days, at the discretion of the RSAT Team. The program is funded through the support of grants and the DOC local budget for services.

- c. The RSAT program process shall identify, plan, execute, and evaluate physical, 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 shall provide support services with the goal of enabling the program participants to become law-abiding and drug-free.
- d. The DC DOC RSAT Program subscribes to a 10-point philosophy of care:
 - 1) Offer cost-effective quality care that is personalized for individual needs.
 - 2) Foster independence for each program participant.
 - 3) Treat each participant with dignity and respect.
 - 4) Promote the individuality of each participant.
 - 5) Encourage each participant to actively participate and make informed decisions.
 - 6) Involve family and friends, as appropriate, in care planning and implementation.
 - 7) Provide 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.
 - 8) Make the DOC RSAT program a valuable asset within the DOC Service model.

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- 9) Adhere to all applicable federal, state, and local laws, rules, regulations, and requirements.
- e. DOC’s RSAT maintains clinical operations, policies, and procedures which are reviewed. During mid-cycle review, DBH makes recommendations based on Chapter 63 Standards.
- f. The DOC budget provides adequate financial resources to deliver all required services and provides documented evidence at the time of certification and recertification that includes a current financial statement reviewed and approved by the governing body
- g. The DOC fiscal management policies and procedures keep financial records in accordance with generally accepted accounting principles (GAAP).
- h. DOC RSAT operates in an ethical manner, including but not limited to complying with the provisions of section 15 (g) below
- i. RSAT shall not offer or imply to offer services not authorized on the certification issued by the DOC.
- j. Allegations of ethical violations are to be treated as major unusual incidents and reported in accordance with DOC procedures 3300.1 *Employee Code of Ethics and Conduct* and .1280.2 *Reporting Notification and Procedures of Significant Incidents and Extraordinary Occurrences*
- k. Any research must be conducted in accordance with federal law as set forth in DOC Policy 1311.1 *Research Activity*.

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,

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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 shall facilitate continuity of care and help participants maintain their sobriety.
- c. DOC provides comprehensive health care services through its medical contractor that include, but are not limited to:
 - 1) (24) twenty-four-hour emergency medical, dental, and mental health care.
 - 2) 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, chemical dependency, and patient transfer procedures.
 - 3) The pre-service and annual in-service training includes a comprehensive presentation on suicide prevention, interventions, and the importance of integrated health and mental health services with the substance use treatment program.
- d. 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 so that mental health services are provided.
- e. 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. Participants' 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

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Health (DBH) continuum of care upon release without interruption, based on bed availability. Other participants who may not need residential treatment in the community shall be linked with out-patient treatment resources and other community-based supportive services to help maintain their sobriety upon release and reduce the likelihood recidivism.

- g. 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. 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 substance use.

13. RSAT HOST FACILITY

- a. RSAT is a program that operates under the oversight of DOC and as such recognizes the mission and role of the Director and Warden in its and DOC's operations. RSAT complies with all applicable facility security regulations including contraband searches. RSAT adheres to PP 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 Chief of Treatment and Community Services and or designee to discuss program issues. These meetings also help to clarify areas of authority, responsibility, and accountability and ensure that the program is running effectively. The Chief of Treatment and Community Services or designee works closely with the

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Program Manager to minimize disruptions to the program without compromising security.

14. PROGRAM STAFF

- a. DOC seeks to provide a professional therapeutic team to holistically address the participant's substance use and other co-occurring problems that might impede recovery. The substance use treatment services, which includes a comprehensive linkage program, is delivered in a therapeutic community by highly trained substance use treatment professionals who are 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. DOC provides annual training that meets the Occupational Safety & Health Administration (OSHA) regulations that govern behavioral health facilities, applicable infection control guidelines, including the use of universal precautions and on reducing exposure to hepatitis, tuberculosis, and HIV/AIDS.
- d. RSAT provides ongoing staff development and training based on the needs of the staff as determined by an assessment by the Program Manager 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 shall repeat this training on an annual basis.
- e. The correctional staff is utilized as part of the treatment team and receives therapeutic community specific training sixteen (16) hours. They are considered a part of the therapeutic milieu and collaborate with RSAT staff to support the therapeutic process and their normal security activities.
- f. RSAT staff not independently licensed shall receive clinical supervision in accordance with federal and state laws and standards. RSAT staff shall meet weekly with the designated Clinical Manager to address clinical issues and assess the functioning of the therapeutic community program.
- g. RSAT staff shall, at all times, maintain an attitude of integrity, professionalism and high ethical standards that encourage hard work, values, privacy,

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recognizes confidentiality and privacy rights, and places primary emphasis on the needs and well-being of program participants.

- h. RSAT staff shall adhere to ethical standards of behavior in their relationships with clients at all times as follows:
- 1) RSAT staff shall maintain an ethical and professional relationship with clients at all times according to District Regulations;
 - 2) Licensed or certified staff shall adhere to their professional codes of conduct, as required by District licensing laws;
 - 3) RSAT staff shall adhere to established written policies for DOC including but not limited to *PP 3300.1 Employee Code of Ethics and Conduct*.
 - 4) Licensed or certified staff must adhere to their professional codes of conduct, as required by District licensing laws;
 - 5) RSAT staff shall not enter into dual or conflicting relationships with individuals that might affect professional judgment, therapeutic relationships, or increase the risk of exploitation; and
 - 6) RSAT shall follow DOC established written policies and procedures regarding staff relationships with both current and former clients including but not limited to *PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct* and *PP 3300.1 Employee Code of Ethics and Conduct*.
 - a) No RSAT staff, including licensed professionals and volunteers, shall engage in sexual activities or sexual contact with clients.
 - b) No RSAT clinical staff including licensed professionals and volunteers shall engage in sexual activities or sexual contact with former clients in accordance with their licensing regulations.
 - c) No RSAT staff, including licensed professionals and support personnel, shall engage in sexual activities or sexual contact with

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clients' relatives or other individuals with whom clients maintain a close personal relationship.

- d) No RSAT staff, including licensed professionals and support personnel, shall provide services to individuals with whom they have had a prior sexual or other significant relationship.
- e) RSAT Staff shall only engage in appropriate physical contact with clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.
- f) No RSAT staff, including licensed professionals and support personnel, shall sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- i. 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 shall help to enhance their chances of maintaining sobriety upon re-entry into the community.

15. RSAT STAFF SUPERVISION

RSAT Program provides supervision in accordance with standards set forth in 22 DCMR A63 Certification Standards for Substance Use Disorder Treatment and Recovery Providers and 22 DCMR A73 Department of Behavioral Health Peer Specialist Certification.

- a. **Supervision is to be provided by a Qualified Practitioner (QP). QP's shall:**
 - 1) Act within the scope of their license and adhere to their discipline's Code of Ethics and Standards of Practice;
 - 2) Be certified to deliver the services (e.g., any evidence-based practices being used);
 - 3) Have a minimum of three (3) years of experience in behavioral health,

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including experience navigating local resources and systems serving clients with substance use and/or mental health disorders;

- 4) Be responsible for the supervised practice, confirming that supervisees are qualified to provide the services being delivered, and that services being provided are in accordance with the client's treatment plan;
 - 5) Be able to review clinical records for accuracy and appropriateness;
 - 6) Be able to coach/teach supervisees in appropriate interventions;
 - 7) Recognize and evaluate competencies in supervisees;
 - 8) Develop a supervision plan and evaluation process for each supervisee that includes a written supervisory agreement;
 - 9) Document all supervisory sessions, and
 - 10) Confirm that supervisees complete training required to maintain professional licensure or certification.
- b. **Written Supervisory Agreements shall include:**
- 1) The frequency, length and format (individual versus group) of supervision;
 - 2) The purpose and general content of supervision;
 - 3) How the supervisee's performance is to be evaluated;
 - 4) How confidentiality is addressed in supervision;
 - 5) The rights and responsibilities of both supervisor and supervisee; and
 - 6) Individual goals designed to improve the performance of the supervisee;

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c. Documentation of Supervision

Supervisors shall document supervisory sessions and include:

- i. the date,
- ii. the name of supervisee,
- iii. the length and format (individual versus group) of session,
- iv. the highlights,
- v. the need for follow-up; and
- vi. the supervisor’s signature.

d. Frequency and Format of Supervision

- 1) Full-time supervisees are to receive a minimum of four (4) hours of supervision per month. Part-time supervisees are to receive a prorated amount of two (2) hours of supervision per month.
- 2) Supervision shall include discussion of strategies, interventions and services meant to assist clients to improve their level of functioning and ability to carry out key life roles, well-being and self-satisfaction.
- 3) Supervision is to include a review of clinical records, including timeliness, accuracy, interventions utilized and progress being made

e. Supervision of Certified Peer Specialist (CPS). In addition to the guidelines above, supervisors are to:

- 1) provide at least six (6) hours of direct supervision before the CPS works directly with clients
- 2) confirm that that peer support services are included in client treatment plans and that CPS’s participate in treatment planning activities

f. Supervision Coverage

Line staff shall have access to the clinical supervisor 24/7 via a government-issued cell phone assigned to the supervisor.

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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 use. Decisions related to the participant's stay or participation in the treatment program are 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 release 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 shall be actively involved in his treatment plan in order to affect a successful outcome.

17. PROGRAM CULTURE AND EXPECTATIONS

- a. The RSAT program utilizes positive peer pressure, including confrontation and supportive feedback, as well as staff counseling, to change negative behavior and attitudes.
- b. Abstinence is seen as a requirement of recovery and is supported through the use of monthly drug testing, per DOC policies and procedures, DBH standards, and local and federal laws and regulations.
- c. Each participant is expected to adhere to RSAT's culture of self and mutual respect and accountability.
- d. Program participants are provided with an Orientation Handbook (Attachment A) upon admission that is inclusive of rules and sanctions.

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

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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. Courts and court service agencies can make referrals via email to the Program Manager of RSAT.
- c. Participants may self-refer by placing completed referral forms RSAT Referral Form (Attachment B) 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 the Candidate :
 - 1) has evidence of substance use in last twelve (12) months and has a substance use disorder diagnosis in accordance with the requirements of the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual ("DSM") in use by the Department;
 - 2) has the ability to participate in the RSAT Program for a minimum of thirty (30) days,
 - 3) has a custody clearance by DOC,
 - 4) is medically and psychiatrically stable,
 - 5) receives clearance and acceptance by the RSAT Program team; and
 - 6) has not been in the RSAT Program in the last twelve (12) months.
- b. An individual's history of institutional offenses may be taken into consideration, on a case-by-case basis.
- c. Upon receipt of referral, the Team shall investigate to determine whether the participant meets the minimum criteria for the program.

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- d. Applicants may receive an admission screening.
- e. Pre-program assessment and evaluation to determine treatment readiness, resistance to change, and reading level.
- f. The RSAT Program Manager makes the final determination of acceptable applicants for the program.
- g. A waiting list of eligible offenders that is triaged by date of referral or application shall be maintained and followed when the program is at capacity.

20. ORIENTATION PROCESS

- a. Participants admitted to the RSAT program shall receive an in-depth induction and orientation on program conditions, goals, philosophy, and activities, including:
 - 1) rules and regulations,
 - 2) consequences of rule violations,
 - 3) rights and responsibilities, and
 - 4) information pertaining to confidentiality.
- b. 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.
- c. 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-

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- 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 into the development of a personalized program treatment plan with targeted interventions to address each participant's specific needs.
- b. Each participant requesting to be a part of the RSAT program shall be drug tested as a part of their admission.
 - c. Each new program participant receives a clinical assessment within 7 days of admission and drug urinalysis test shall be conducted every 30-days.
 - d. All participants will be assessed to determine program readiness at, initial intake, 30-days of program participation, 60, 90 and 120 days. All assessments will be discussed during multi-disciplinary treatment team meetings and addressed with participants.
 - e. 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.
 - f. Participants shall be subject to a number of on-going screenings, assessments, and urine testing as part of the RSAT program. Participants shall be informed at admission to the program of what is entailed and shall 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.
 - g. As a part of the admission process, each applicant shall have undergone 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:

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- 1) Admission urine testing for drugs within the first thirty (30) business days,
- 2) RSAT Program clinical assessment within seven (7) days of admission to include program readiness,
- 3) A preliminary treatment plan upon admission,
- 4) Preliminary educational/vocational assessments; and
- 5) A preliminary release plan.

h. All program participants shall participate in available educational programs.

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 (Attachment C) for each participant. An Individual Treatment Plan shall be developed for each participant within fifteen (15) days of admission into the program. The plan shall contain the following:
 - 1) A substance use disorder diagnosis, and any other diagnoses.
 - 2) Criteria for discharge from the program based on completion of the established course of treatment.
 - 3) A list of any agencies currently providing services.
 - 4) Specific individualized treatment and recovery goals and objectives for each client
 - 5) Identification of needs and strengths.
 - 6) The treatment regimen, including specific services and activities that shall be used to meet the treatment and recovery goals.

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- 7) An expected schedule, including frequency and duration of each type of planned service encounter.
 - 8) The name and title of personnel who shall provide the services.
 - 9) The name and title of the client's Clinical Care Coordinator, primary substance abuse counselor and case manager.
 - 10) The identification of specific client responsibilities.
 - 11) The client's identified American Society of Addiction Medicine (ASAM) Level of Care (LOC).
 - 12) The client's signature.
 - 13) The signatures of all interdisciplinary team members participating in the development of the plan, including that of the Clinical Care Coordinator.
 - 14) Medical and psychiatric needs and plans.
 - 15) Prosocial and Recreation needs and plans.
 - 16) Educational/Vocational needs and plans.
 - 17) Housing needs and plans.
 - 18) Dates to update the treatment plan.
 - 19) Scheduled length of stay.
- b. The RSAT Team shall formulate the Induction Phase Treatment Plan fifteen (15) days after admission and the subsequent Treatment Plans shall be reviewed and updated at least every thirty (30) days.

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23. NORMAL DAILY ROUTINE

- a. RSAT is a structured program that is focused on providing participants with the necessary knowledge, insight, and skills to maintain sobriety upon release and sustain a life that contributes to society. 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.
- b. RSAT Program Staff are available as resources and support for program participants. Therapeutic and/or educational groups are conducted by RSAT Clinicians at least five (5) hours per week. Volunteers and consultants may facilitate specialized groups. 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 rules and policies of a correctional facility, medical and mental health needs, and requests from participants within reason.

24. PROGRAM MODULES

- a. Program participants attend all program activities. Each participant in each phase shall complete certain modules which include activities, journals, homework, and interactive lectures. Every module has key concepts and skills that the participant shall 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

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- 5) Lifestyle Balance
- 6) Recovery Maintenance
- 7) Transition
- 8) Release Planning
- 9) Development and finalization of a Release Plan for re-entry.

25. PROGRAM ACTIVITIES

- a. Each RSAT participant shall 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. One to one sessions should be conducted every two weeks, following the completion of the assessment and initial treatment plan process.
- c. Case management functions are to be performed every 28 days as needed unless a lesser amount is justified. Such a determination is to be made and documented by a Clinical Care Coordinator.
- d. Each participant shall have an identified Clinical Care Coordinator, whose function is to confirm that the participant is receiving services at the appropriate level of care and that services include health and mental health services (if applicable), an appropriate treatment plan, and recommended linkages/referrals to other services. The Clinical Care Coordinator shall monitor the effectiveness of services being rendered.
- e. There are daily morning meetings to help focus, motivate, and energize participants.
- f. These meetings are chaired by the group facilitator and staff present at the time of the meeting.

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- g. **RSAT Participant’s Positions-** RSAT program participants engage in several specific functions that are utilized to foster responsibility and as a therapeutic tool. Each group chooses a facilitator and a secretary, who are responsible for facilitating the groups and requiring that all participants sign group sign-in sheets, respectively. Program members are to keep their own personal area clean and assist in the community maintenance.

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. Didactic presentations, open discussion, role plays, feedback, films, and guest lecturers are examples of modes of presentation that are employed to assist program participants in learning key concepts and skills.

Each participant shall be evaluated at the end of every phase,

- a. **Preliminary/Induction Phase: 0-30 days.** The RSAT Preliminary/Induction Phase is focused on establishing expectations and roles, readiness for change, reading comprehension, values clarification, communication and conflict resolution skills, assessments and initial treatment planning, to prepare the individual to live a structured lifestyle while in the program and post release. The thirty (30) day Preliminary/Induction Phase involves completing specific activities and assignments, including, but not limited to, the following:
- 1) RSAT Participant Orientation Handbook
 - 2) Preliminary Release Plan
 - 3) My Personal Journal
 - 4) Anger Management Assignment
 - 5) Texas Christian University (TCU) Assessment

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- 6) Preliminary and Induction Phase Treatment Plans
 - 7) Drug Urinalysis Test
 - 8) Making initial Case Management contacts
 - 9) Referral for Education Assessment and Placement
 - 10) Completion of Orientation Module
 - 11) Crisis Intervention
 - 12) Autobiography and Life History (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 an increasing focus on addressing individual mental health and substance use concerns and how they impact behavior and the body. The clients also spend fifteen (15) hours per week in educational activities and have several external speakers interact with them during the week, on topics that may include Life Skills (requires in-person group encounters with clients), Health Education, Parenting, Relapse Prevention, and Anger Management.
- b. **Phase I: 31-60 days.** The program participant shall 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. Key activities and issues addressed in this LEVEL include but are not limited to:

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- 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 individual counseling every two weeks
 - 6) Participation in groups and discussions
 - 7) Participation in case management, as needed.
 - 8) Participation in assigned enrichment activities (educational, health awareness, etc.)
 - 9) Program participants who have successfully completed Phase I as determined by the RSAT TEAM progress to Phase 2.
- c. **PHASE 2: 61-90 days.** The major goal of this treatment phase includes full incorporation into the community process with a focus on abstinence, relapse prevention and behavioral growth. Program participants that progress to Phase II shall complete the two (2) modules, Living with others and Lifestyle Balance. Completion of this phase as determined by the RSAT TEAM shall result in progressing to Phase 3.
- d. **PHASE 3: 91-120 days.** Re-entry Phase/Aftercare Transition. The major clinical focus of the re-entry phase is to prepare program participants for successful and sustained re-entry.
- 1) RSAT begins the Re-entry phase at the beginning of the program with the initial release 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 shall support their recovery, and decrease recidivism.

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- 2) As the participant progresses through the program, release planning continues and specific plans are finalized near the completion of the program. The participant and the RSAT team provide input in the development of the release plan. The Transition Module focuses on making a successful transition, and includes providing information about and facilitating linkages and referrals to community resources.
 - a) The release plans should be finalized in the seven (7) days prior to the participant's release. Release plans may incorporate: housing, medical, mental health, health insurance, entitlements, continued substance use treatment, educational/vocational needs, family, etc., and the linkages that shall be made to meet their needs.
 - b) Each participant successfully completing the program shall leave with an Aftercare Plan that reflects identified needs and linkages, with contact information and appointments where possible.
 - 3) 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 participate in case management activities, involving community-based agencies.
 - 4) The RSAT Clinician shall complete the Aftercare Letter, incorporating input from involved parties, and providing the participant with a copy at discharge. It shall 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. **Phase 3: Activities:**
- 1) Final update of one's individualized treatment plan
 - 2) Participation in groups
 - 3) Participation in individual counseling every two weeks

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- 4) Participation in release planning prior to graduation
- 5) Completion of Transition Module
- 6) Random Urinalysis
- 7) Complete Client Satisfaction Survey (within the last 7 days of completion)

27. DRUG TESTING

- a. Drug Screening consists of urinalysis sample collection to determine and detect the use of alcohol and other drugs. Drug testing are conducted randomly without prior notification to participants.
- b. In the event of a positive drug test result, participants are removed from the program within 24 hours for program failure. Within 48 hours the participant is transferred out of the program and all partnering agencies are notified.

28. MENTORING. Participants shall have successfully completed the program, have demonstrated leadership and relationship skills, and have an interest in mentoring others. The program members selected for this position take a responsible role in relation to current participants. The TEAM makes the recommendation and approval for the available mentoring slots.

29. WITHDRAWAL/DISMISSAL/REFUSAL OF CARE

- a. A participant may withdraw from the RSAT program by notifying any staff person. He/she shall sign a Termination of Services Form (Attachment D) if withdrawing from the program. The RSAT program is voluntary in nature, and participants shall 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 Policy and Procedure) as a program participant, he/she also has certain responsibilities secondary to being admitted into the program. These are detailed in the Orientation Handbook (Attachment A) and reviewed prior to acceptance into the program. Responsibilities support the provision of program services in a manner that maximizes the benefit to all.

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- c. A participants' failure to adhere to the requirements of the program may result in progressive interventions, up to and including dismissal from the program and shall be documented in their record. A participant may also be removed secondary to medical and/or psychiatric instability.
- d. Any participant terminated for any reason is not eligible for re-admission for the next 12 months.

30. RECORDS, REPORTS, CHARTING AND DOCUMENTATION. The RSAT program shall 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, review, retention and disposal. RSAT maintains records on each program participant as required by 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. The DOC Records Information and Privacy Officer is responsible for ensuring compliance with privacy requirements to disclose protected health information (PHI), under any provisions of District or Federal rules that permit such disclosure with appropriately administered consent.

31. 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.

32. QUALITY IMPROVEMENT (QI)

- a. The purpose of Quality Improvement is to provide consistent, appropriate, timely, effective, coordinated, and efficient substance use treatment services to qualified and interested inmates, in accordance with Title 22, Chapter 63,

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Section 6309, of the District of Columbia Municipal Regulations, Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

The DOC Program fits in the DOC Service model's goals of improving public safety and facilitation of successful community re-entry through release planning and community linkages.

- b. The QI program shall measure the following:
- 1) Easy and timely access and availability of services,
 - 2) Treatment and prevention of acute and chronic conditions,
 - 3) Close monitoring of clients with high risk conditions,
 - 4) Coordination of care with behavioral health and medical care,
 - 5) Compliance with all certification standards,
 - 6) Adequacy, appropriateness and quality of care for clients,
 - 7) Efficient utilization of resources,
 - 8) Quarterly random samplings of client outcome, to include drug screening test results,
 - 9) The number and kind of linkages/referrals made for participants in the process of release planning,
 - 10) The number and kinds of community services introduced to while still in the program,
 - 11) The program completion rate; and

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12)The annual recidivism rate.

c. The QI program shall include a QI Committee.

- 1) The QI Committee shall consist of all available RSAT staff, the DOC Program Administrator for CTF, and at least one active client, and shall use the data collected and client input to improve services. QI Committee shall conduct process evaluation on a quarterly basis to monitor program’s effectiveness.
- 2) The QI Committee shall meet monthly, alternating each month between the two program units.
- 3) Data collected for the previous month shall be reviewed by the QI Committee each month and determine any actions steps needed, and identify who is responsible for those actions steps. Data integrity shall be maintained by the program manager.
- 4) QI Committee meetings shall be documented in meeting minutes, and the presence of committee members will be documented with sign in sheets that include the date and time.
- 5) Minutes are to include the status of previously assigned actions steps, as well as new action steps to be taken. Previously assigned actions steps are to be reported on at each monthly meeting, until resolved or suspended.

33. PROGRAM CLOSURE AND CONTINUITY OF CARE

- a. RSAT shall provide written notification to all partnering agencies at least ninety (90) calendar days prior to its impending closure, or immediately upon knowledge of an impending closure less than ninety (90) calendar days in the

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future. This notification shall include plans for continuity of care and preservation of client records.

- b. RSAT shall be responsible for the facilitation of its continuity of care plan in coordination with DBH.

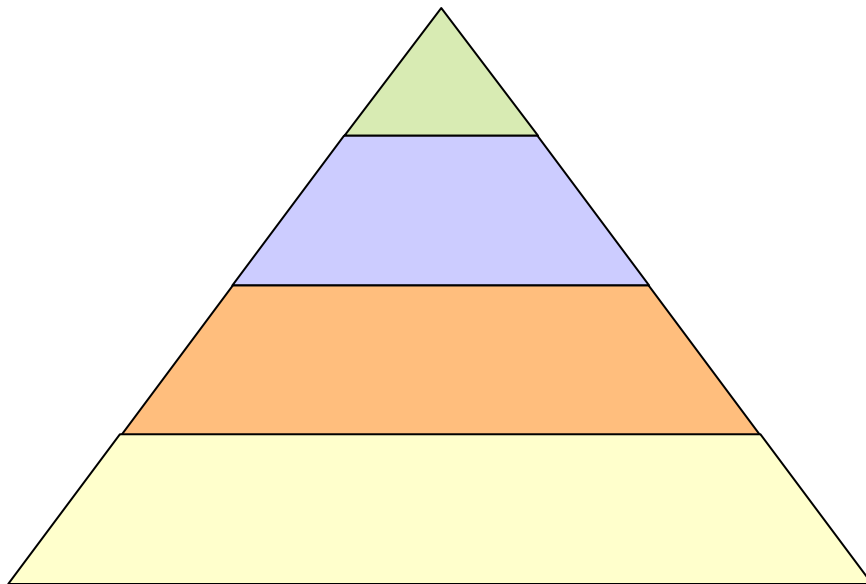
Attachments

Attachment A	RSAT Orientation Handbook
Attachment B	RSAT Referral Form
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DOC/PP6050.3D/2/27/19



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



KEY STEPS TO LEADING A DRUG FREE LIFE



**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 PARTICIPANT 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.



TABLE OF CONTENTS

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- ❖ **RSAT PROGRAM RULES**
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- ❖ **PARTICIPANT'S RESPONSIBILITIES**
- ❖ **CONFIDENTIALITY OF RECORDS STATEMENT**
- ❖ **INFORMED TREATMENT CONSENT**
- ❖ **EMERGENCY CONTACT INFORMATION**
- ❖ **RECEIPT OF PROGRAM RULES**
- ❖ **RECEIPT OF INTAKE/ORIENTATION PACKAGE**



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 90 participants at one time. Seventy five (75) beds are reserved for males and up to fifteen (15) beds are reserved for females, in the Correctional Treatment Facility (CTF).

RSAT is certified by the D.C. Department of Behavioral Health (DBH) to provide Level 3.1 Clinically Managed Low Intensity Residential Substance Use Disorder Treatment Services in the jail setting. RSAT uses a Modified Therapeutic Community model, meaning that participants learn through mutual self-help and positive peer pressure, including supportive feedback that seeks to change negative behavior and attitudes. The program provides comprehensive assessments, education, counseling, individualized substance use treatment, and a release plan prior to 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 include medical, mental health, social/recreational, educational, vocational, and information about and referrals to resources in the community. 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.

Substance use treatment is provided by clinical professionals, contractors, and volunteers who are either employed by DOC or engaged to provide services for the program. These professionals have extensive experience in corrections and substance use treatment. Treatment includes completion of a variety of modules, education, recreation, 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. Has not been in the program in the last 12 months.



*Recent behavioral problems within the institution may be taken into consideration. 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 for 30, 60 or 90 days. Participants who are coordinating a bed-to-bed transfer to other programs in the community may be graduated between 110 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. If at any time during the program a participant fails to comply with program requirements, a series of interventions will be taken, including individual counseling, meeting with one;s Clinician and the Program Manager, being placed on a Behavioral Contract, and discharge for noncompliance**



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 possible.



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.
- 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 AND UNDERSTAND THEIR RELATIONSHIP TO MY SUBSTANCE USE.
- TO BETTER UNDERSTAND THE RELATIONSHIP BETWEEN SUBSTANCE USE AND OTHER AREAS OF MY LIFE.
- 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 SUBSTANCE 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 his/her community. Structure enables individuals to stay on track and, therefore, the program provides a daily routine for program participants.

The RSAT program has four (4) Phases, all of which must be completed in order to graduate.

- **The Preliminary/Induction Phase** includes orientation, assessments, screenings, a Preliminary Release Plan, the development of Preliminary and Induction Phase Treatment Plans, case management, a drug screen, referral to vocational/educational services, recreation, completion of My Personal Journal and the Orientation Module, treatment groups, and individual counseling.
- **Phase One** includes completion of modules on Rational Thinking and Criminal Lifestyle, a Phase One Treatment Plan, a drug screen, participation in vocational/education activities, recreation, treatment groups, and individual counseling.
- **Phase Two** includes completion of modules on Living with Others and Lifestyle Balance, a Phase Two Treatment Plan, a drug screen, participation in vocational/education activities, recreation, treatment groups, and individual counseling.
- **Phase Three** focuses on transition and re-entry into the community. Activities include but are not limited to: completion of the Transition and Recovery Maintenance modules, a Phase Three Treatment Plan, a drug screen, continued participation in vocational/educational activities, individual counseling, and developing a concrete release plan.
- **Mentoring**: Certain program participants will be selected and invited to participate at this level. Participants must have successfully graduated from the program, demonstrated their leadership and relationship skills, 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 substance use. Information is presented in different formats, and includes speakers, interactive groups, one-on-one counseling, and self-reflection and journaling. Rules, schedules and structure in your life helps 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 participants attend this group to lift their spirits and begin the day in a positive manner. This group helps to develop focus and commitment, increase confidence, break down images and overcome fears of participation. Participants are expected to come to this meeting with daily goals.
2. **Recreation**
Provides participants 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 participate in the formal recreation hour, but must attend the “Free for All Friday” group, that promotes have sober fun..
3. **Anger Management**
Its goal is to teach the individual how to manage their anger and to prevent relapse and violence.
4. **Workshops**
These activities allow participants to engage with internal and external organizations in order to enhance their opportunity to learn about outside resources in the community.
5. **Films**
Films educate participants about substances used, mental health, relapse prevention, life skills and other topics.
6. **Treatment Groups**
Throughout the program, participants must participate in daily group sessions, as scheduled.
7. **Written Assignments**
Participants must complete all workbooks and other assignments by given deadlines.
8. **12 Step Meetings**
Participants may attend these meetings in which guest speakers share their experiences in recovery and talk about their positive personal growths to motivate participants in maintaining their recovery.
9. **Individual Counseling**
Individual counseling helps participants explore personal issues and choices, reinforces positive tools for recovery, and provides an opportunity to express feelings and explore connections between substance use and other life areas.
9. **Relapse Prevention/Recovery Maintenance (Release Planning)**
Participants will actively participate with the RSAT team in developing a final release plan that will support recovery in the community. This may include referrals to outpatient or residential substance use treatment programs, transitional housing, mental health treatment, and employment services, and may include initiation of applications for entitlements.



10. **Vocational/Educational Activities**

Participants increase their employment opportunities and ability to be self-sufficient by furthering their education and/or acquiring new job skills.



PROGRAM RULES:

The RSAT program rules are designed to provide the structure that reinforces self-discipline needed to live a positive and productive lifestyle 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.

“Cardinal” Rules

Breaking any of the following rules is cause for automatic discharge from the program:

1. You may not use or possess any illicit substances or prescribed medications that do not belong to you (providing yours to someone else or receiving someone else’s).
2. No weapons.
3. No fighting.
4. You may not make threats, explicitly or implicitly, verbally, in writing or through body language.
5. No stealing.
6. No sexual behaviors, gestures or comments.
7. You may not make racial, ethnic or other derogatory slurs/comments.

Other Rules

Breaking any of the following rules will result in a progression of interventions/disciplinary steps:

1. No profanity.
2. You may not sit on hand rails, tables or steps and may not prop feet up on the furniture.
3. No shouting or excessive noise.
4. You must shower daily and maintain personal hygiene.
5. You must be on time for groups.
6. You must remain in group the entire time. No wandering around, personal grooming, using the microwave, getting a drink from the fountain, going to your cell, etc. You may not leave group without permission.
7. No food or drinks during groups.
8. Be attentive during groups; no slouching, eyes must be open.
9. During groups you may not be listening to music, doing work unrelated to group, etc.
10. Orange uniforms and sneakers must be worn the entire treatment day (per the Treatment Schedule), with the exception that orange tops may be taken off during recreation, if working out on the unit. Shower shoes and sweats may not be worn during the treatment day.
11. You may never go in anyone else’s cell.
12. If spending recreation time on the unit, you may watch TV, play games, listen to music, make phone calls or take a shower. If recreation is scheduled during the program treatment day, you may not be in your cell or sleep during recreation.
13. During periods of free time identified in the treatment schedule you may watch TV, listen to music, play games, be in your cells, take showers and make phone calls.
14. No spitting except in the toilet.
15. Clean up after yourself.
16. All staff-assisted phone calls must be made through the unit Case Manager. You must put in a request for this.
17. When in your small group, you must sit in the circle; not outside of it.



18. Be respectful of all staff and peers.
19. Mentors must attend all groups and must help round up everyone for groups and set a good example in every respect.
20. Do not leave the housing unit without permission from Correctional Staff.

Failure to follow the Rules will result in a progression of steps:

- Being counseled by your Clinician or other staff
- Meeting with your Clinician and the Program Manager
- Being put on a Written Behavioral Contract
- Being discharged from the Program

RSAT reserves the right to make case-by-case decisions as other situations arise not covered by these rules.



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 the beginning of the treatment day, Monday through Friday. All excess property is to be neatly stored in your living areas.

Participants who break any rules or exhibit behaviors deemed inappropriate will be subject to interventions ranging from counseling to discharge from the program. Exceptions include removal from unit by correctional staff.

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 participant attends the program, or report any information identifying a participant as an alcohol or drug abuser unless:

- the participant 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 participant commits or threatens to commit a crime or to harm him/herself or another person.
- The participant discloses suspected child abuse or neglect.

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 Treatment Consent

Your signature below indicates your approval, acceptance and agreement of substance abuse treatment services under the conditions outlined.

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

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, minus the exceptions noted above. 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:



Residential Substance Abuse Treatment Program

IN CASE OF AN EMERGENCY I AUTHORIZE RSAT TO NOTIFY:

Name: _____ **Relationship:** _____

Address: _____

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

Participant's Signature

Staff Signature

Date

Date



Residential Substance Abuse Treatment Program

RSAT RULES AND REGULATIONS

BY MY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I UNDERSTAND AND AGREE TO ABIDE BY THE RSAT PROGRAM RULES AND REGULATIONS

I HAVE READ

WAS READ TO ME BY

Participant's Name (Printed)

Participant's Signature

Date:

Witness Signature/Agency Representative

Date:

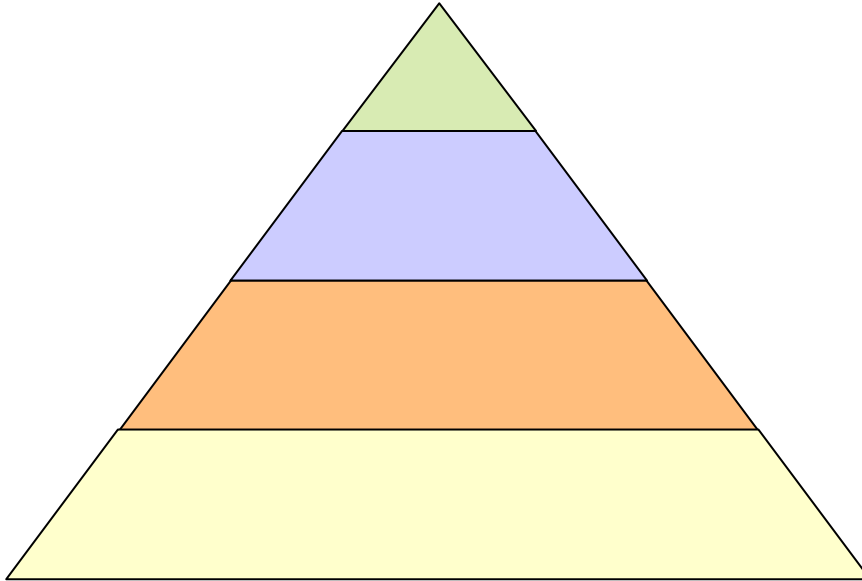


TWELVE STEPS

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:

- Evidence of substance use within the last 12 months.
- Qualified custody level of low to medium. In certain cases, Custody waivers may be issued by Corrections.
- Psychiatrically stable, with documented mental health clearance if applicable.
- Medically stable, with documented medical clearance if applicable.

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 () Housing Block: _____

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 () If yes, Where? When? Did you complete? _____

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

Residential Substance Abuse Treatment (RSAT) Program

TREATMENT PLAN

NAME:		DCDC#:	DOB:
DOA:		PROJECTED DISCHARGE DATE:	
TREATMENT PHASE:	DATE OF PLAN:	NEXT REVIEW DATE:	
LEGAL STATUS (CHECK ONE): <input type="checkbox"/> SANCTIONED <input type="checkbox"/> VOLUNTARY			
MOST RECENT DATE OF INCARCERATION:			
SUD DIAGNOSIS(ES):			
MEDICAL DIAGNOSIS(ES):			
MENTAL HEALTH DIAGNOSIS(ES):			
ASAM LEVEL OF CARE: 3.3, CLINICALLY MANAGED POPULATION – SPECIFIC HIGH INTENSITY RESIDENTIAL			
CLINICIAN, CASE MANAGER:			
CLINICAL CARE COORDINATOR:			
CRITERIA FOR COMPLETION: SUCCESSFUL COMPLETION OF THE ESTABLISHED COURSE OF TREATMENT			

CLIENT STRENGTHS:	CLIENT NEEDS:

PROBLEM LIST

PROBLEM	GOAL	OBJECTIVES (Client Responsibilities)	INTERVENTIONS	PERSON(S) RESPONSIBLE

Service Center: RSAT
Client's Initials: _____

Residential Substance Abuse Treatment (RSAT) Program

TREATMENT PLAN

Client Name (Print)

Signature

Date

Clinician Name (Print)

Signature

Date

Program Manager Name (Print)

Signature

Date

Service Center: RSAT
Client's Initials: _____



RSAT PROGRAM

TERMINATION OF SERVICES FORM

Name: _____ DCDC: _____

I, _____, acknowledge that The Residential Substance Abuse Treatment program (RSAT) is a voluntary program and I am voluntarily withdrawing from RSAT. 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 the United States Parole Commission or the Federal Bureau of Prisons for inmates whom they referred to this program.

Signature: _____ Date: _____

Witness: _____



RSAT QUALITY IMPROVEMENT (QI) PLAN

The purpose of the QI Plan is to develop a program which details the systems and activities designed to ensure the provision of consistent, appropriate, timely, effective, coordinated, and efficient services provided by the RSAT program.

1. The QI program shall measure the following:
 - a.) Easy and timely access and availability of services,
 - b.) Treatment and prevention of acute and chronic conditions,
 - c.) Monitoring of clients with high risk conditions,
 - d.) Coordination of care with behavioral health and medical care,
 - e.) Compliance with all certification standards,
 - f.) Adequacy, appropriateness and quality of care for clients,
 - g.) Efficient utilization of resources,
 - h.) Quarterly random samplings of client outcome, to include, drug screening test results, at a minimum.
2. The QI program shall include a QI Committee.
 - a.) The QI Committee will consist of all available RSAT staff, the DOC Program Administrator for CTF, and at least one active client, and will use the data collected and client input to improve services.

- b.) The QI Committee will meet monthly, alternating each month between the two program units.
- c.) Data collected for the previous month will be reviewed by the QI Committee each month and determine any actions steps needed, and identify who is responsible for those actions steps.
- d.) QI Committee meetings will be documented in meeting minutes, and the presence of committee members will be documented with sign in sheets that include the date and time.
- e.) Minutes are to include the status of previously assigned actions steps, as well as new action steps to be taken. Previously assigned actions steps are to be reported on at each monthly meeting, until resolved or suspended.

