

BUREAU OF JUSTICE ASSISTANCE

ACTIVITY REPORT

RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM

FISCAL YEARS 2013–2023

Introduction

The purpose of this activity report is to provide information about the overall performance of this program’s grant activities, highlight program accomplishments, and provide details about the program to interested stakeholders, including lawmakers, criminal justice stakeholders, researchers, and the general public.¹

Administered by the Bureau of Justice Assistance (BJA), the purpose of the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program is to increase access to evidence-based substance use disorder (SUD) treatment.

RSAT seeks to enhance the capabilities of state, local, and Indian tribal governments to provide residential SUD treatment during detention and incarceration; prepare individuals for reintegration into the community; and assist them and their communities throughout the reentry process.

RSAT Objectives

- Enhance the capabilities of state, local, and Indian tribal governments to provide residential substance use disorder treatment during detention or incarceration.
- Prepare individuals for reintegration into a community by incorporating reentry planning activities into treatment programs.
- Assist individuals and their communities throughout the reentry process by delivering community-based treatment and other broad-based aftercare services.



RESIDENTIAL PROGRAMS

require participating individuals to be housed in a facility set apart from the general correctional population; a 6-12 month program length; random drug testing; and preparation for successful community reintegration through post-release referrals or other appropriate aftercare services.



JAIL-BASED PROGRAMS

focus on individuals in a facility or part of a facility set apart from the general population; are at least 3 months in length; and preparation for successful community reintegration. This may also include initiating or continuing SUD treatment in pretrial populations during their confinement. States are required (per 34 U.S. Code § 10424) to use at least 10 percent of RSAT funds on local corrections- or jail-based programs, provided such programs exist.



AFTERCARE PROGRAMS

coordinate between residential SUD correctional treatment programs and community-based service providers to provide case management and full continuum of recovery and aftercare services to support people release from residential SUD treatment programs, which may include human service and rehabilitation programs. To qualify, an aftercare program must coordinate with state and local authorities to assist in placing program participants into community-based treatment upon their release. In addition, the state is encouraged to coordinate these activities with any Substance Abuse and Mental Health Services Administration (SAMHSA)-funded state or local program that addresses the needs of the target population.

¹ It is important to note that accurate data rely on correct data tracking and entry by the grantees and those agencies reporting to grantees, as such the data and analysis findings provided reflect the information as reported. These analytical findings make no claims of causation or demonstrate evidence of program effectiveness, and, as with all performance data, readers must use caution when interpreting the results, as factors other than the program may have contributed to the performance outcomes reported.

ACTIVITY REPORT

The Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322) authorized RSAT as a federal formula grant program to which all 56 states and territories (herein referred to as “states”) are eligible to apply for funding. States determine how the funding is distributed among their correctional facilities, local or tribal jails, and/or community aftercare services. RSAT funds SUD treatment for participants along with services to develop cognitive, behavioral, social, or vocational skills.

Program Funding

States typically subgrant funds through a competitive application process open to state correctional facilities, juvenile facilities, local jails, and/or tribal governments operating residential SUD treatment programs. The tables below present the total funding awarded to states over the last 11 fiscal years (Table 1) and the total number of individuals served in residential (i.e., adult and juvenile state correctional programs) and jail-based programs during the same time frame (Table 2).

Table 1: Program Funding by Fiscal Years

Fiscal Year	Number of Grantees	Total Funding Awarded
2013	53	\$10,586,808
2014	53	\$8,637,753
2015	53	\$8,852,961
2016	53	\$10,328,340
2017	54	\$12,085,002
2018	53	\$26,244,152
2019	55	\$26,887,068
2020	58	\$29,413,108
2021	54	\$29,648,428
2022	52	\$34,906,607
2023	51	\$39,376,160
Total		\$236,966,387

Key Takeaways

- RSAT has a wide reach across the states and territories. From FYs 2013–2023, all 50 states, the District of Columbia, and five territories received over \$236 million in RSAT funding.
- Total RSAT funding more than tripled from \$10.6 million in 2013 to over \$39 million in 2023.

Table 2: Number of Residential and Jail-Based Participants: FYs 2013 – 2023

Program Type	Participants Previously Enrolled: (FY 2013-18)	Total New Participants (FY2019-23)					Total
		2019 (N=73, 49)	2020 (N=60, 58)	2021 (N=54, 62)	2022 (N=58, 56)	2023 (N=53, 56)	
Jail-Based	33,220	9,912	7,350	6,257	8,083	7,783	72,605
Residential	63,292	9,883	8,070	7,062	9,068	12,180	109,555
Total	96,512	19,795	15,420	13,319	17,151	19,963	182,160

N=jail programs, residential programs

Key Takeaways

- Overall, over 182,000 individuals participated in an RSAT residential- or jail-based program since FY 2013.
- New enrollment peaked in FY 2019 and again in FY 2023 for combined jail and residential enrollment. FYs 2020 and 2021 marked low enrollment, partially due to the outbreak of COVID-19.

Program Accomplishments

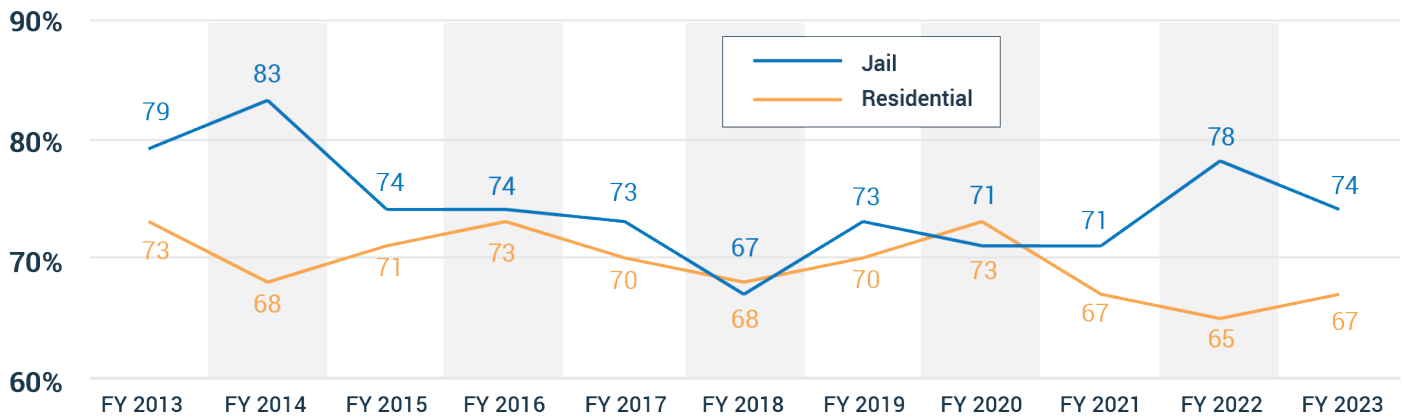
Program Completion

RSAT-funded programs are required to meet certain criteria that are set by each individual program, but all programs must include access to evidence-based SUD treatment and, for residential programs, require participants to spend a certain amount of time within the program. The definition of “successfully exiting the program” can vary depending on the specific requirements of the program. The completion rate is the number of people who successfully complete all the requirements of their RSAT program divided by the total number of program participants that exit the program, whether successful or not.

Overall, the average completion rate is 71 percent, but varies year to year and by program type (figure 1). Approximately 55 percent of successful completers exited the program with a case or transition plan. Between FYs 2013 and 2023, just under half (46%) of all jail and residential participants successfully exited the programs by being released to the community. Of the successful completers released into the community – for both program types (jail-based and residential programs) – 44 percent were released under correctional supervision and 45 percent into aftercare programs.

Between FYs 2013 and 2023, the most common reason jail and residential participants exited the program unsuccessfully was due to violation of institutional rules (28%), followed by a failure to meet program requirements (19%), voluntary dropout (14%), and termination for a new criminal charge (3%). Other reasons for unsuccessfully exiting a program include medical problems/death, protective custody, early release, administrative transfer, and security issues.

Figure 1: Program Completion Rates: Fiscal Years 2013 – 2023²



² Completion rates do not include unsuccessful exits by participants who were transferred to a new correctional facility or who left the program due to serious illness/death.

Key Takeaways

- Over 102,000 participants successfully completed all the RSAT program requirements since the beginning of FY 2013. In addition to receiving treatment for SUDs, many program participants received employment, transitional housing, and/or mental health services.
- Between FYs 2013 and 2023, the average completion rate for jail-based programs was 74 percent while the average completion rate for residential programs was 69 percent.

Assessment Screening for Risk and Need and Treatment Planning

RSAT-funded programs are encouraged to use evidence-based principles and practices. RSAT grantees generally use risk/needs screening tools to target services to high risk/high need individuals (table 3). In coordination with substance use treatment services, these programs provide treatment planning and link participants with services both within the facility and upon release. Some programs also assist in coordinating health insurance and care needs upon release.³

Table 3. Jail and Residential individuals Screened and Found to Be High Risk/Need and Those With Individualized Treatment Plan, FY 2023

Risk and Need Assessment Individualized Treatment Planning	Total in 103 Programs
Total number assessed	44,346
Number of individuals who are high risk/high need	26,085
Percentage of individuals who are high risk/high need	59%
Percentage of individuals who were assessed that have an individualized treatment plan	96%

Key Takeaways

- Fifty-nine percent of individuals participating in BJA-funded RSAT programs met the high risk and/or high need criteria in FY 2023, which is down from 78 percent in FY 2022.
- Some assessments screen only for risk of recidivism or SUD severity, while others incorporate both risk and needs including the level of substance use.
- Ninety-six percent of participants who have been assessed received individualized treatment plans. Individualized treatment planning supports the development of comprehensive personalized treatment plans based on the needs of each individual.

Medication-assisted Treatment

Medication-assisted treatment (MAT), which combines medications for opioid use disorder with counseling and behavioral therapies across all settings, is essential to addressing the opioid crisis and overdose epidemic. Incarceration offers an opportunity to screen and continue or initiate treatment for individuals with opioid use disorder, in addition to other substance use and/or co-occurring substance use and mental health disorders, and to support continuity of care after they are released into the community.

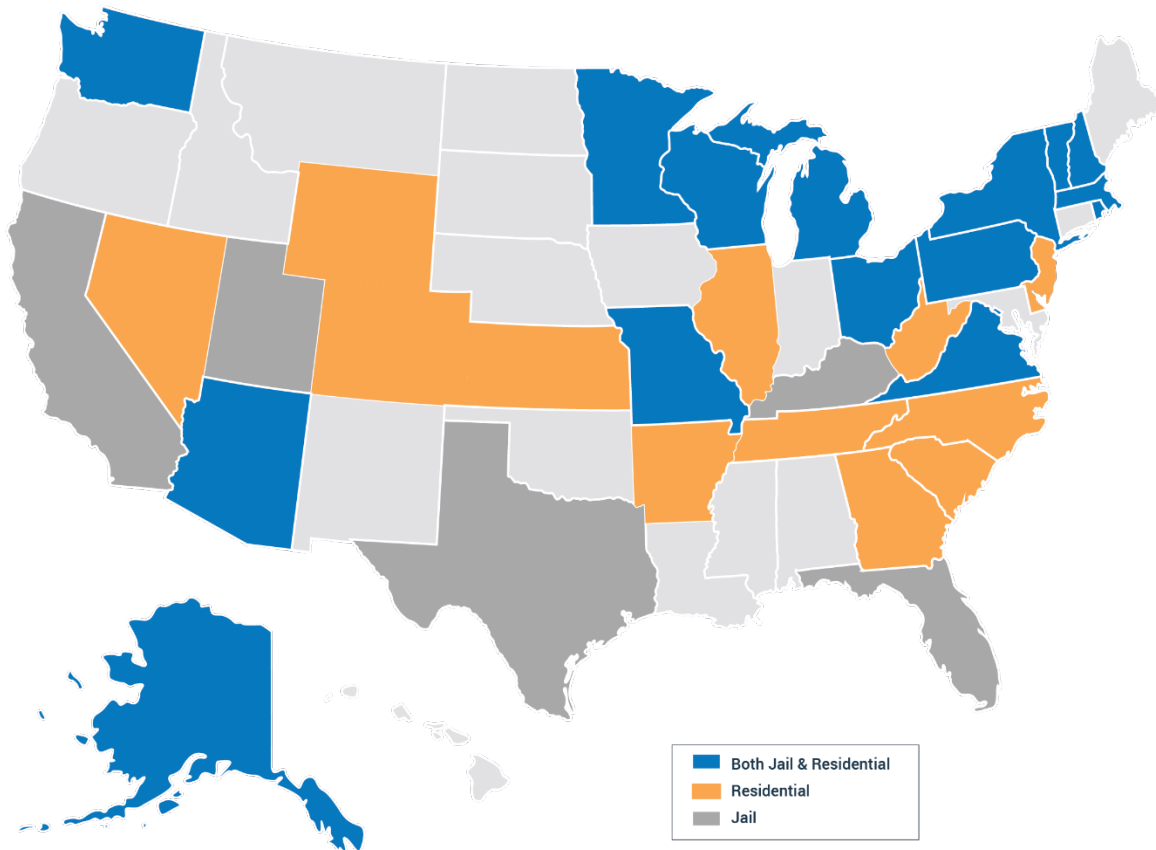
³ See NAMD Case Studies on Medicaid programs for Incarcerated Populations at: http://www.rsat-tta.com/Files/Incarcerated_populations.

ACTIVITY REPORT

RSAT funding not only provides an invaluable resource to support the delivery of evidence-based treatment to individuals with SUDs, including the provision of MAT for those with alcohol and opioid use disorders, but also supports continuity of MAT along with other recovery support services upon release. BJA has championed the introduction of MAT in prisons and jails and offered extensive technical assistance to promote offering of all three medications approved by the Food and Drug Administration to treat opioid use disorders, including the production of training videos broadcast across the country. BJA has provided host site trainings that enable state and county correctional teams to visit established jail and prison MAT programs. In addition, BJA has conducted multiple webinars and workshops, as well as provided both on- and off-site training and technical assistance on the subject.

The number of states where RSAT program funds were used to offer MAT increased from 19 in 2016 to 44 in 2023, a 130 percent increase.

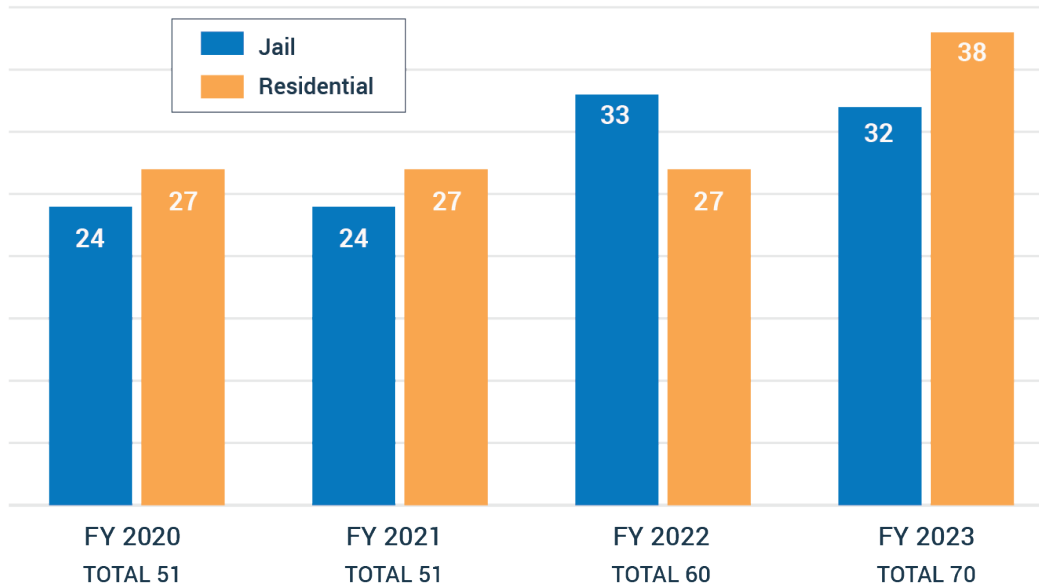
Figure 2: States where RSAT Programs Offer MAT by Program Type: Fiscal Years 2016 – 2023⁴



⁴ Not shown on the map, but offering MAT in their RSAT- funded programs are American Samoa, Guam, and the U.S. Virgin Islands.

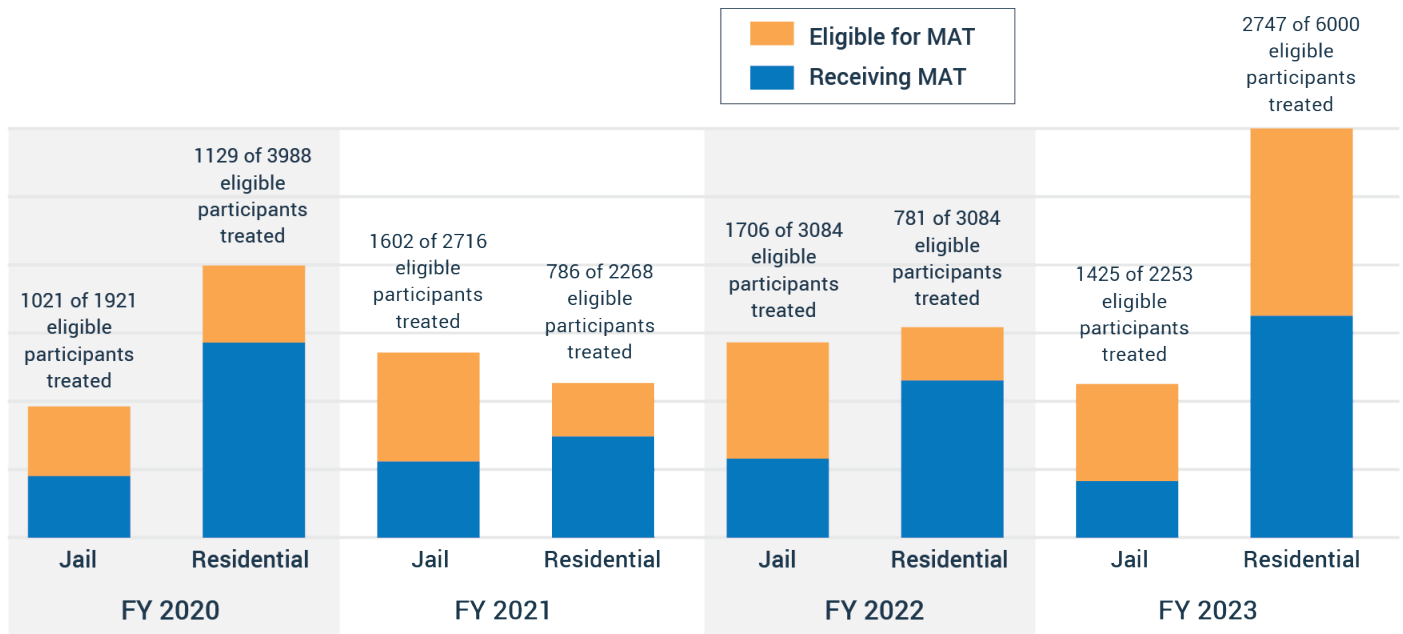
RSAT-Funded Programs Providing MAT

Figure 3. Cumulative Total: Jail-based and Residential Programs Providing MAT: FYs 2020 – 2023



By 2023, MAT was available to program participants in 32 jail-based programs funded by RSAT in 29 different states. Similarly, the number of residential programs has increased from 14 programs in 2016 to 38 programs in 2023, providing MAT in 36 states.

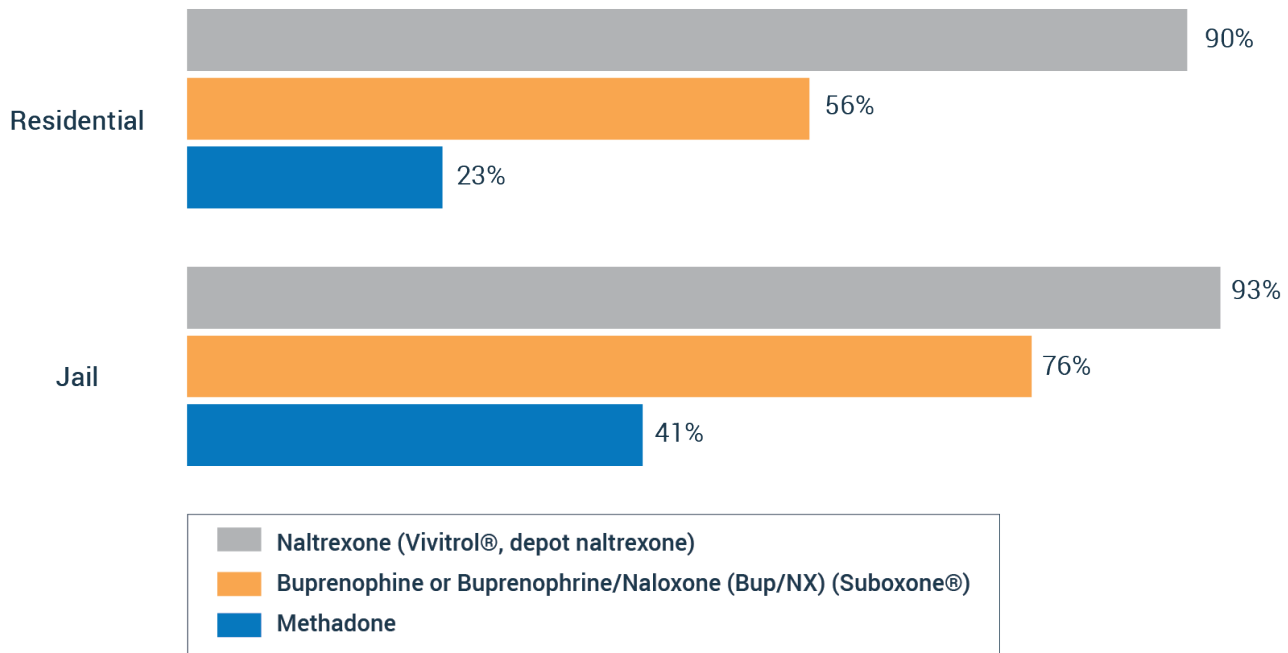
Figure 4: Eligible Participants Treated: FYs 2020 – 2023



Key Takeaways

- From FYs 2016 to 2023, 56 percent of jail-based programs and 36 percent of residential programs provided MAT to eligible individuals.
- In FYs 2016–2023, jail-based and residential programs saw a significant increase in the number of eligible participants receiving at least one type of MAT treatment.

Figure 5. Type of MAT Treatment: FYs 2016 – 2023



Key Takeaways

- Naltrexone (Vivitrol, depot naltrexone) was the most widely available form of MAT treatment for both jail-based and residential programs.
- Between 2016 and 2023, 63 percent (69) of jail-based programs provided more than one type of MAT treatment. Likewise, 44 percent (56) of residential programs provided more than one type of MAT treatment.

Conclusion

RSAT has done more than provide direct SUD treatment to thousands of individuals over the past 14 years. RSAT-funded programs have served as pilot learning and training centers for state and county correctional systems, enabling the expansion of SUD treatment beyond what is provided with federal funding. Many county and state-level programs established RSAT-funded programs and continue to operate with nonfederal funding. These include Riverside County Sheriff's Office, CA, Yellowstone County, MT, South Boise Women's Correctional Center, ID, and four Nebraska Department of Correctional Services sites. Additionally, Alaska Department of Corrections adopted the RSAT promising practices guidance in a non-RSAT funded program at Wildwood Correction Center and is also expanding to the Goose Creek Correctional Center. This has allowed RSAT funding to expand and allow facilities with no existing SUD treatment to provide it to during detention and incarceration.

As opioid use has continued to increase, RSAT-funded programs have responded by increasing access to treatment, including MAT, which can decrease the likelihood of relapse.¹ Further, RSAT-funded programs use individualized treatment planning in coordination with risk and needs assessments to maximize their use of best practices to reduce the risk of recidivism and relapse. BJA's RSAT for State Prisoners Program continues to offer states flexibility in providing and expanding substance use treatment services to the populations most in need, and it funds seed programs that are often continued or expanded without the need to rely on federal grant funds.

ABOUT BJA

BJA helps America's state, local, and tribal jurisdictions reduce and prevent crime, lower recidivism, and promote a fair and safe criminal justice system. BJA provides a wide range of resources—including grants, funding, and training and technical assistance—to law enforcement, courts and corrections agencies, treatment providers, reentry practitioners, justice information sharing professionals, and community-based partners to address chronic and emerging criminal justice challenges nationwide. To learn more about BJA, visit bjajp.gov or follow us on Facebook (www.facebook.com/DOJBJA) and X ([@DOJBJA](https://twitter.com/DOJBJA)). BJA is a component of the Department of Justice's Office of Justice Programs.

How to Apply for a Residential Substance Abuse Treatment Program Grant?

- ✓ RSAT funding is awarded annually to states in the fall.
- ✓ Once BJA's funding priorities are established, states participate in a solicitation process and funds are awarded accordingly.
- ✓ More information about BJA's grant programs can be found at the Office of Justice Program's Funding Resource Center as well as BJA's RSAT web page.
- ✓ A list of all State Administering Agencies that typically administer RSAT funds can be found at: <https://ojp.gov/saa/>.

¹ Sugarman, O.K., Bachhuber, M.A., Wennerstrom, A., Bruno, T. & Springgate, B.F. (2020) Interventions for incarcerated adults with OUD in the United States: A systematic review with a focus on social determinants of health. Plos One. 15(1). <https://doi.org/10.1371/journal.pone.0227968>