# BUREAU OF JUSTICE ASSISTANCE ACTIVITY REPORT

# RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM

# MEDICATION-ASSISTED TREATMENT: FYS 2016–2019

# Introduction

Administered by the Bureau of Justice Assistance (BJA), the purpose of the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program is to break the cycle of drug addiction and violence by reducing the demand for, use of, and trafficking of illegal drugs. RSAT's objectives are to enhance the capabilities of state, local, and Indian tribal governments to provide residential substance abuse treatment for incarcerated inmates; prepare inmates for their reintegration into a community by incorporating reentry planning activities into their treatment programs; and assist them and their communities throughout the reentry process by delivering community-based treatment and other broadbased aftercare services.

### **RSAT Objectives**

- Enhance the capabilities of state, local, and Indian tribal governments to provide residential substance abuse treatment for incarcerated inmates.
- Prepare inmates for their reintegration into a community by incorporating reentry planning activities into treatment programs.
- Assist offenders and their communities throughout the reentry process by delivering community-based treatment and other broad-based aftercare services.

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 will be distributed among their correctional facilities, local or tribal jails, and/or community aftercare services. RSAT funds substance abuse treatment along with services to develop cognitive, behavioral, social, or vocational skills in either residential, jail-based, or aftercare service programs.

# **RSAT Grantees**

Since 2016, the RSAT program has served approximately 28,800 individuals per year through jail- and prison-based programs. Jail-based program participants are in the program for at least 3 months, and prison-based program participants are in the program for at least 6 months. As of 2019, 57 percent of jail-based programs and 34 percent of prison-based programs offered medication-assisted treatment (MAT) to offenders who were deemed eligible.

# **Medication-assisted Treatment**

The Office of Justice Programs (OJP) is directed to publish how MAT is used in prison-based programs receiving RSAT funds, including the number of forms of MAT administered. OJP is further directed to provide training and technical



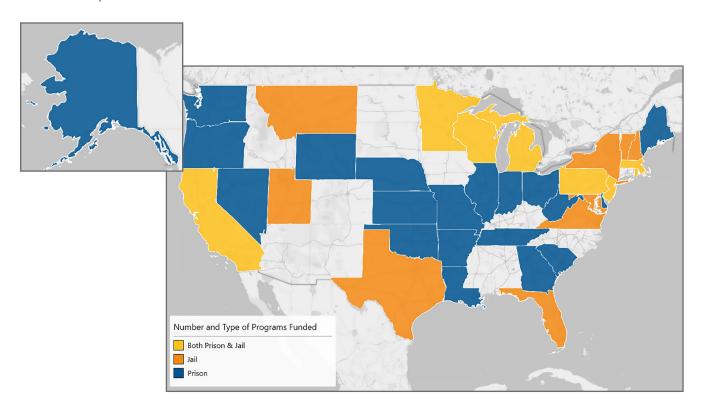
assistance to state and local correctional systems on best practices and approaches to enable these facilities to offer more than one form of MAT.

RSAT-funded correctional residential programs not only provide an invaluable resource for the delivery of structured treatment to offenders with drug addictions, but they also offer ideal settings for the initiation of MAT for those with alcohol and opioid addictions. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT combined with counseling and behavioral therapies is effective in treating opioid dependency.<sup>1</sup> BJA allows grantees to use grant funds for MAT, which is a widely recognized and proven strategy for enhancing effective treatment and reducing the risk of overdose deaths after release. BJA has aggressively championed the introduction of MAT in prisons and jails and offered extensive technical assistance to promote MAT, including the production of training videos broadcast across the country. In cooperation with the National Institute of Corrections (NIC), BJA has provided extensive host site trainings that enable state and county correctional teams to visit model 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. In collaboration with NIC, BJA developed a set of promising practice guidelines — "Jail-Based Medication-Assisted Treatment, Promising Practices, Guidelines, and Resources for the Field" — released in October 2018 by the National Sheriffs' Association and the National Commission on Correctional Health Care.

### Map 1: States where RSAT Programs Offer MAT by Program Type<sup>2</sup>

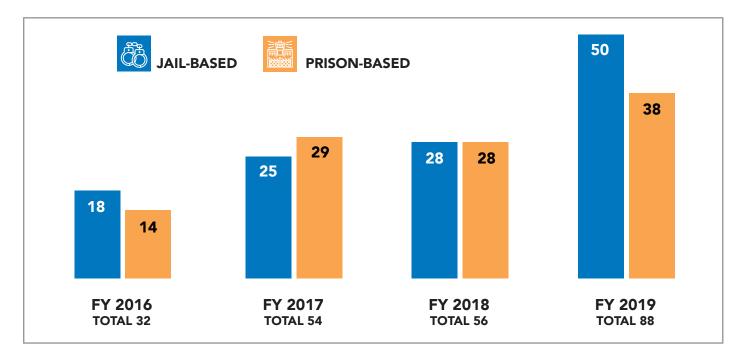
The number of states and territories where RSAT program funds were used to offer MAT increased from 19 in 2016 to 41 in 2019, a 115-percent increase.



<sup>1</sup>Visit SAMHSA's medication-assisted treatment resources online at: <u>http://www.samhsa.gov/medication-assisted-treatment</u>. <sup>2</sup>Not shown on the map, but also offering MAT in their RSAT-funded programs are Alaska, American Samoa, Guam, and the U.S. Virgin Islands.

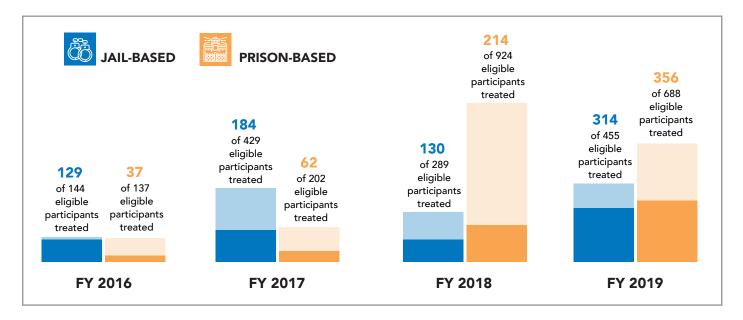
## **Programs Providing MAT**

Graph 1. Cumulative Total: Jail-based and Prison-based Programs Providing MAT: FYs 2016-2019



 By 2019, MAT was available to program participants in 50 jail-based programs funded by RSAT in 20 different states, more than doubling since 2016 when data collection began. Similarly, the number of prison-based programs offering MAT increased more than 100 percent from 14 programs in 2016 to 38 programs in 2019, providing MAT in 31 states and territories.

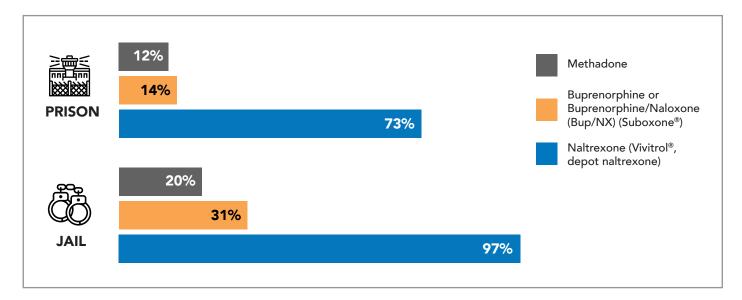
Graph 2: Eligible Participants Treated: FYs 2016-2019



### Key Takeaways

- In FYs 2016-2019, 57 percent of jail-based program participants and 34 percent of prison-based program participants provided MAT to offenders who were deemed eligible.
- In FYs 2016-2019, jail-based and prison-based programs saw a significant increase in the number of eligible participants receiving at least one type of MAT treatment.

### Graph 3. Type of MAT Treatment: FYs 2016-2019



### Key Takeaways

- Naltrexone (Vivitrol, depot naltrexone) was the most popular form of MAT treatment for both jail-based and prisonbased programs.
- Forty percent (21) of jail-based programs provided more than one type of MAT treatment.<sup>3</sup> Likewise, 27 percent (11) of prison-based programs provided more than one type of MAT treatment.

<sup>3</sup>Percentages across each MAT type category do not add up to 100 percent because grantees may select any combination of the three.

# Conclusion

RSAT has done more than provide direct treatment to tens of thousands of inmates since its inception in 1996. RSAT-funded programs have served as pilot learning and training centers for state and county correctional systems, enabling them to expand drug treatment beyond what is provided with limited federal RSAT funding. For example, both Riverside, California, and Yellowstone County, Montana, jails established RSATfunded programs. Having proven their value, both programs continue to operate with nonfederal funding. This has allowed RSAT funding to be awarded to other programs, bringing drug treatment to facilities that previously had none.

# **ABOUT BJA**

BJA helps to make American communities safer by strengthening the nation's criminal justice system; its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting-edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization. To learn more about BJA, visit https://bja.ojp.gov or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is a component of the Department of Justice's Office of Justice Programs.

RSAT programs established with federal funding have

also been used as models for their states and elsewhere. For example, the Bolivar County jail became the first in the state of Mississippi to establish an RSAT-funded program. Although a jail program, it was used as the model for the Mississippi Department of Corrections in developing its first state-funded prison drug treatment program. Correctional officials from neighboring states have also used Bolivar County as a model for their programs.

RSAT-funded programs have also been used as pilots to introduce and develop new practices and program components. For example, in both Middlesex and Barnstable, Massachusetts, RSAT programs were used to pilot the first MAT programs in that state's jails. After these programs were fully developed, the jails opened MAT participation to all inmates in need, beyond only those confined to the RSAT pods. Since then, the majority of jails across the state have replicated these programs.