

ACTIVITY REPORT

RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM

PERFORMANCE UPDATE REPORT: FISCAL YEARS 2013–2019

Introduction

The purpose of this Performance Update 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.

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 broad-based 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.

RESIDENTIAL, JAIL-BASED, or AFTERCARE SERVICE PROGRAMS. Although states direct the majority of RSAT-funded programming to adult males in correctional facilities, some programming is also directed to juvenile residents and female inmates. For reporting purposes, juveniles who receive RSAT programming are typically counted in the residential program category.



RESIDENTIAL PROGRAMS require participating offenders to be housed in a facility set apart from

the general correctional population; a 6–12 month program length; random urine testing; and preparing inmates for successful community reintegration through post-release referrals or other appropriate aftercare services.



JAIL-BASED PROGRAMS focus on inmates' addiction-related needs in a facility or part of a

facility set apart from the general population; are at least 3 months in length; and prepare inmates for successful community reintegration. 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 correctional treatment programs and community-based social services and rehabilitation programs. To be eligible for RSAT

funding, the state must ensure participants are provided with aftercare services, which may include case management services and a full continuum of support services. 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.

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 and/or local or tribal jails and/or community aftercare services. RSAT funds substance abuse treatment for inmates 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 substance abuse treatment programs. Table 1 shows the total funding awarded to states over the last 7 fiscal years. Table 2 shows the total number of inmates served in residential (i.e., adult and juvenile state correctional programs) and jail-based programs.

Table 1: Program Funding by Fiscal Years

Fiscal Year	Number of Grantees	Total Funding Awarded
2013	53	\$10,589,247
2014	53	\$8,637,752
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
Total		\$103,624,522

Key Takeaways

- RSAT has a wide reach across the states and territories. From FYs 2013–2019, all 50 states, the District of Columbia, and the territories¹ took advantage of over \$103 million in RSAT funding.
- Total RSAT funding more than doubled from about \$10.6 million in 2013 to over \$26 million in 2019. This has resulted in increasing average awards to the states and territories.

Table 2: Number of Residential and Jail-Based Participants: FYs 2013 – 2019

Program Type	Total Participants Previously Enrolled	Total New Participants Enrolled							Total
		2013 (N=49,67)	2014 (N=50,64)	2015 (N=49,61)	2016 (N=50,58)	2017 (N=55,53)	2018 (N=61,49)	2019 (N=73,49)	
Jail-Based	4,579	3,283	4,336	4,746	5,112	4,630	6,534	9,912	43,132
Residential	9,131	8,919	11,400	9,270	7,801	8,265	8,506	9,883	73,175
Total	13,710	12,202	15,736	14,016	12,913	12,895	15,040	19,795	116,307

N=jail programs, residential programs

¹Territories that have received grant funding include American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

Key Takeaways

- Overall, over 116, 000 offenders have participated in an RSAT residential- or jail-based program in the last 7 fiscal years.
- New inmate enrollment peaked in FY 2014 and again in FY 2019 for combined jail and residential enrollment.

Program Accomplishments

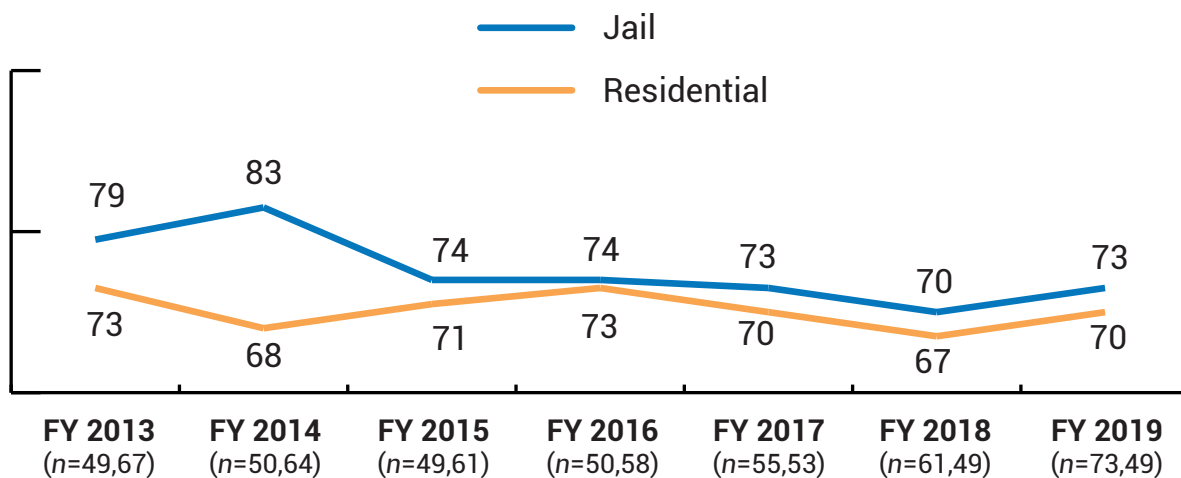
Program Completion

RSAT-funded programs are required to meet certain criteria that are set by each individual program, but, at a minimum, all programs must include substance abuse treatment and a requirement that participants spend a certain amount of time within the program. The completion rate is the number of people who successfully complete all of 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 successful completion rate is 73 percent but varies year to year and by program type (figure 1). Between FYs 2013 and 2019, the majority (31%) of jail and residential participants successfully exited the programs by being released to the community. However, “successfully exiting the program” has various definitions. For both program types (jail-based and residential programs), the number of successful completers released into the community who were under correctional supervision was 20 percent; the number of successful completers released into aftercare was 22 percent; and the number of successful completers with a case or transition plan was 27 percent.

“Unsuccessfully exiting the program” has various definitions as well. Between FYs 2013 and 2019, the majority of jail and residential participants unsuccessfully exited the programs due to violation of institutional rules (30 percent), failure to meet program requirements (19%), voluntary dropout (14%), termination for a new criminal charge (3%), or other reasons² (34%).

Figure 1: Program Completion Rates: Fiscal Years 2013 – 2019³



²“Other” includes medical problems/death, protective custody, early release, administrative transfer, and security issues, among other reasons.

³Completion rates do not include unsuccessful exits by participants who were transferred to a new correctional facility or serious illness/death.

Aftercare

Section 102(a) of the Second Chance Act amended BJA's RSAT authorizing legislation so that states ensure individuals participating in an RSAT-funded program receive aftercare services. This change was made following research suggesting that recovery gains made in an institutional setting may be lost during reentry into the community. A recent assessment of RSAT-funded programs indicated that challenges remain with engaging former participants in aftercare services after their release if they are not under supervision (i.e., probation/ parole). Transportation, affordable housing, employment opportunities, and gaps in treatment and support services are factors that impact relapse and recidivism.

From FYs 2013–2019, 64 aftercare programs received RSAT grants in 20 states and 2 territories.

Key Takeaways

Overall, over 67,000 offenders successfully completed all the RSAT program requirements in the last 7 fiscal years. In addition to receiving treatment for substance abuse, many program participants received cognitive behavioral therapy and employment, transitional housing, and/or mental health services.

Between FYs 2013 and 2019, the average completion rate for jail-based programs was 75 percent while the average completion rate for residential programs was 71 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 offenders (table 3). In coordination with substance abuse treatment services, these programs provide treatment planning to link participants with services both within a facility as well as upon release. Some programs also support linking participants with health insurance and care upon release.⁴

Table 3. Jail and Residential Offenders Screened and Found to Be High Risk/Need and those with Individualized Treatment Plan, FY 2019

Risk and Need Assessment Individualized Treatment Planning	Total Offenders in 84 programs
Total offenders assessed	20,834
Number of offenders who are high risk/high need	15,402
Percentage of offenders who are high risk/high need	74%
Percentage of offenders with an individualized treatment plan	76%

⁴See NAMD Case Studies on Medicaid programs for Incarcerated Populations at: http://www.rsat-ta.com/Files/Incarcerated_populations.

Key Takeaways

- Seventy-four percent of offenders participating in BJA-funded RSAT programs met the high risk and/or high need criteria in FY 2019, which is down from 85 percent in FY 2018.
- Some assessments screen for risk of recidivism only, some for addiction severity, while others incorporate both risk and needs including the level of substance abuse.
- In FY 2019, the most common risk and needs assessment instruments that grantees indicated they were using were: Level of Service/Case Management Inventory (LSCMI) (20%), Texas Christian University (TCU) drug screen (11%), Level of Service Inventory (LSI)/LSI-Revised (9%), Ohio Risk Assessment System (ORAS) (7%), and other (53%). Many grantees use more than one instrument.⁵
- Seventy-six percent who have been assessed also have individualized treatment plans. Individualized treatment planning allows for applying responsive interventions based on the needs of each individual.

Medication-assisted Treatment

The Office of Justice Programs (OJP) was directed to publish how medication-assisted treatment (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 offer ideal settings for the initiation of MAT for those with alcohol and opioid addiction. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), MAT combined with counseling and behavioral therapies is effective in treating opioid dependency.⁶ 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.

⁵To calculate the percentages, the top 10 risk/needs assessments reportedly used in jail and residential programs were identified.

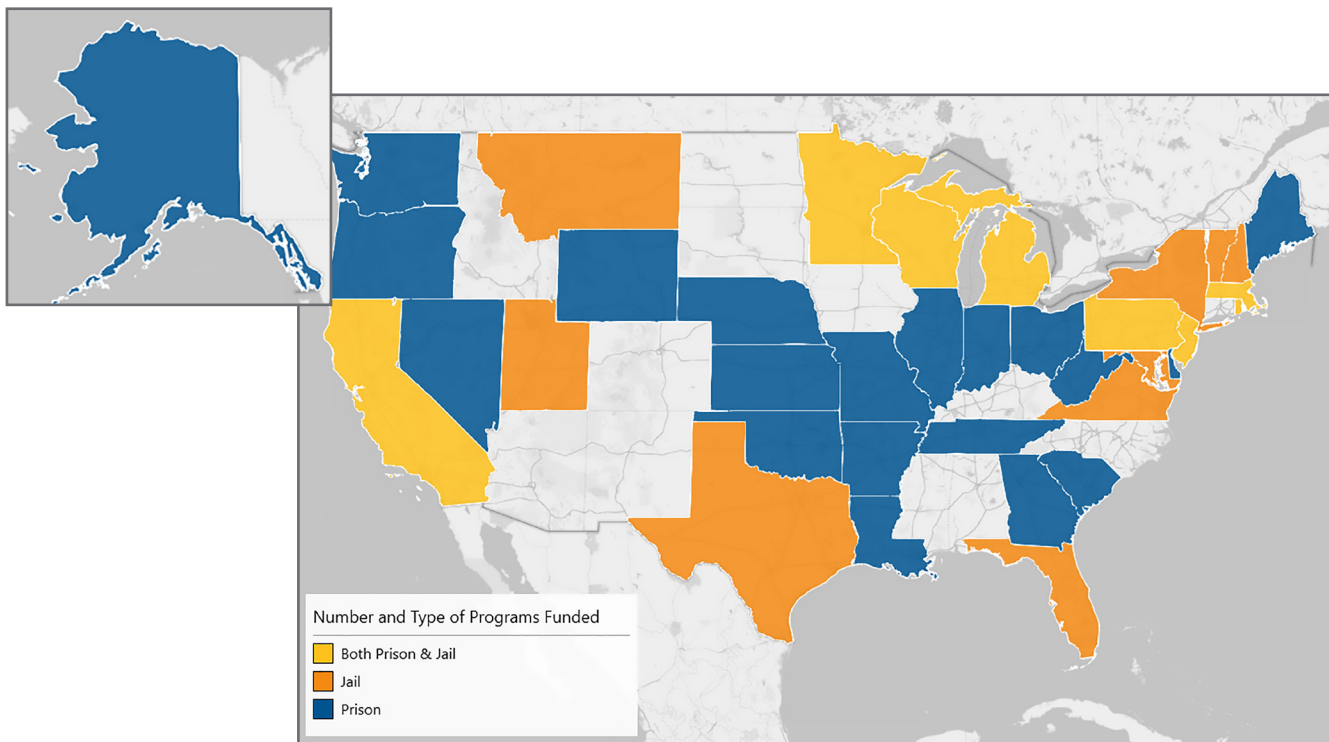
⁶Visit SAMHSA's medication-assisted treatment resources online at: <http://www.samhsa.gov/medication-assisted-treatment>.

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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.

The number of states where RSAT program funds were used to offer MAT increased from 19 in 2016 to 41 in 2019, a 115 percent increase.⁷

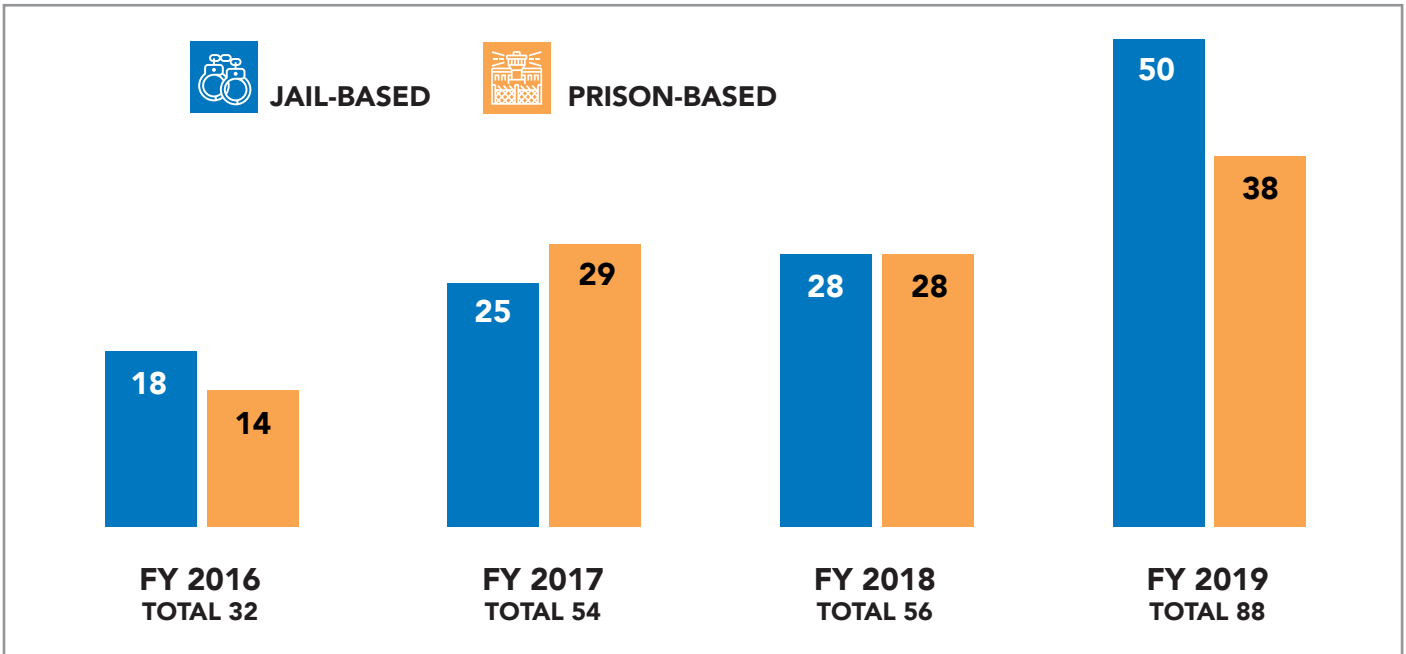
Figure 2: States where RSAT Programs Offer MAT by Program Type: Fiscal Years 2016 – 2019⁷



⁷Not shown on the map, but offering MAT in their RSAT- funded programs are American Samoa, Guam, and the U.S. Virgin Islands.

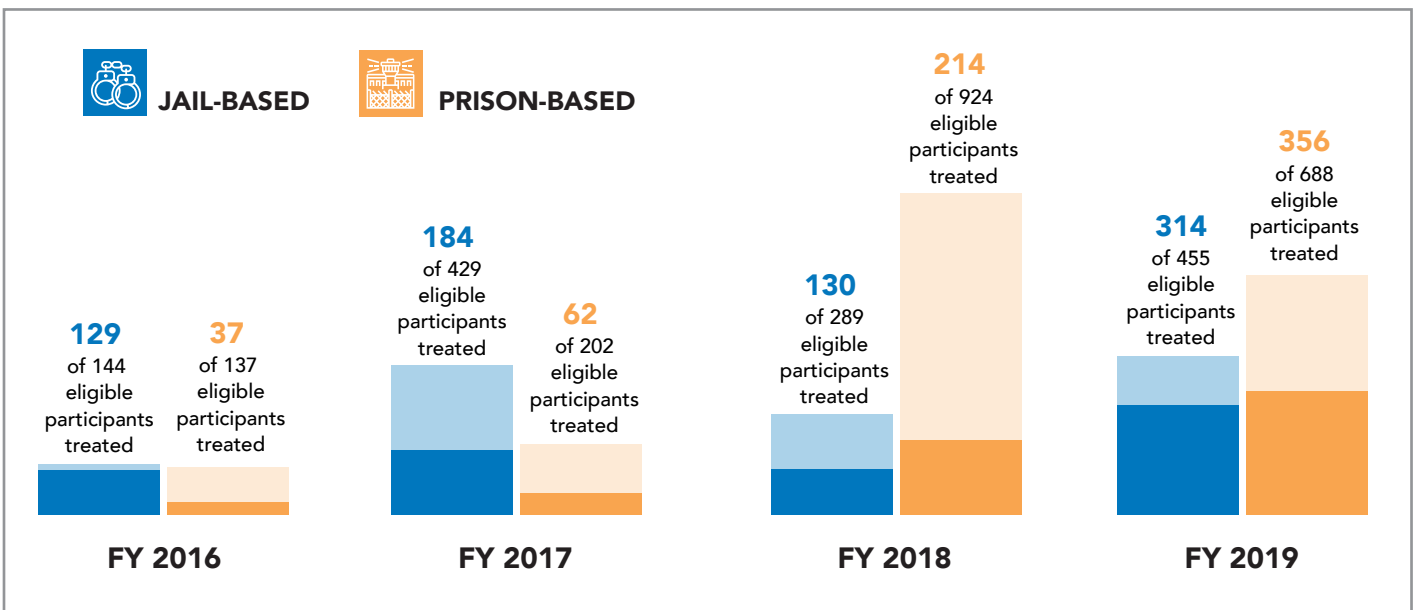
Programs Providing MAT

Figure 3. 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 and increased more than 100 percent from 14 programs in 2016 to 38 programs in 2019 providing MAT in 31 states and territories.

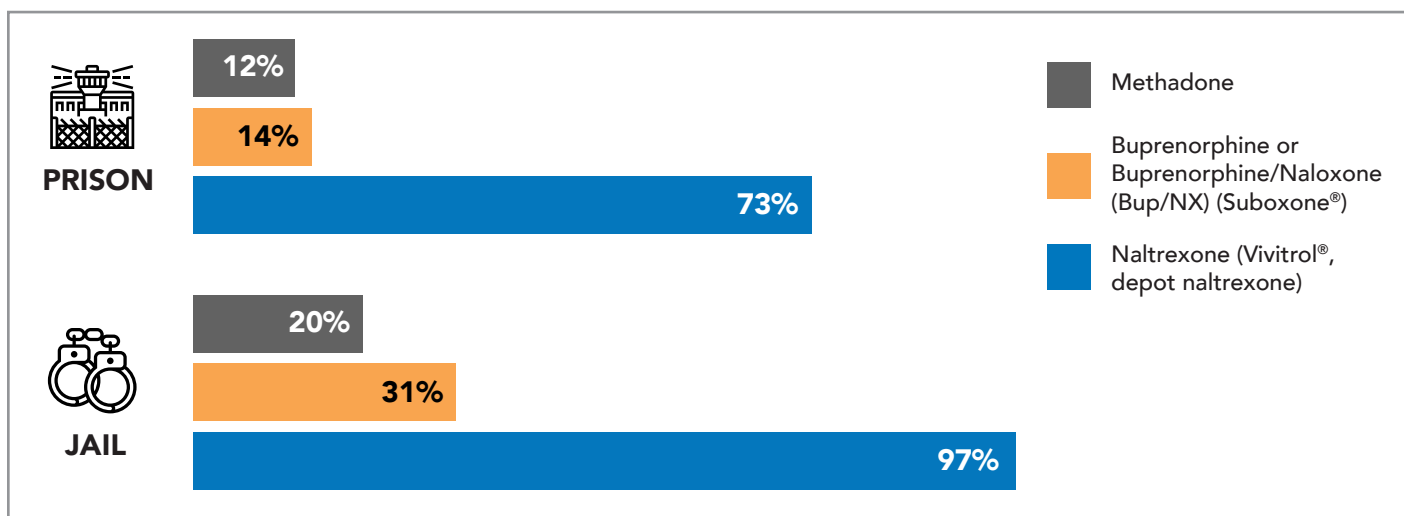
Figure 4: Eligible Participants Treated: FYs 2016 – 2019



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 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.

Figure 5. 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 prison-based programs.
- Forty-percent (21) of jail-based programs provided more than one type of MAT treatment. Likewise, 27 percent (11) of prison-based programs provided more than one type of MAT treatment.

Participant Outcomes: Court and Criminal Involvement

BJA collects data on court and criminal involvement in residential and jail-based programs from all grantees during and at the conclusion of their grants. Court and criminal involvement are defined as receiving a new criminal charge or reincarceration within the time period of the grant.⁸

Jail-based Programs

In FYs 2013–2019, 103 jail-based programs closed out their RSAT awards and reported court and criminal involvement⁹ data on their former participants who had been released back into the community.

- Program follow-up data were collected and 6,081 former participants *successfully* completed a jail-based program that was mandated to be more than 3 months in length.
- Of those, 9 percent reoffended and were reincarcerated based on a new criminal charge.
- In comparison, of the 2,638 former participants that did not *successfully* complete the jail-based program and were released into the community, 10 percent were reincarcerated based on a new criminal charge.

Residential-based Programs

In FYs 2013–2019, 130 prison-based programs closed out their RSAT awards and reported court and criminal involvement data on former participants.

- Similarly, follow-up data were tracked on 11,303 former participants who *successfully* completed a 6-month program (at minimum) and were released into the community.
- Of those, 12 percent were reincarcerated based on a new criminal charge.
- In comparison, of the 4,802 former participants that *did not successfully* complete the residential program and were released into the community, 19 percent were incarcerated based on a new criminal charge.

⁸The majority of RSAT subawards are 12–24 months.

⁹These numbers should be interpreted with caution. The Performance Measurement Tool (PMT) does not collect disaggregated data, making cohort-based recidivism calculations impossible. Therefore, comparisons to other cohort-based recidivism baseline rates are not advised.

Conclusion

RSAT has done more than provide direct treatment to tens of thousands of inmates over the past 7 years. 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 RSAT-funded 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.

As opioid abuse has continued to increase, RSAT-funded programs have responded by increasing treatment, including MAT, which has been proven to decrease the likelihood of relapse. 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 abuse treatment services to the populations most in need, and it funds seed programs that often are continued or expanded without the need to rely on federal grant funds.

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](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, it uses a solicitation process to determine what programs will be funded.
- ✓ 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/>.