# RSAT Program Narrative

***This document must be used and submitted as your proposed project’s Program Narrative. The completed Program Narrative should be no more than 40 pages, drafted in Times New Roman 12-point font, and double-spaced with 1-inch margins. Please number pages.***

***Please answer the following questions and prompts below regarding the program you are proposing for funding. Please respond directly under each section and do not delete the text of the questions and prompts from the final document.***

1. **Please provide a clear, concise summary of the problem you are looking to address in your agency’s jail or prison, including relevant data.** 
   1. Name and description of the facility(ies) in which the program(s) resides.
   2. Population characteristics for the facility(ies) as well as the population the program(s) will serve.
   3. Describe the opioid misuse/opioid use disorder problem within your facility, including relevant data.
   4. Anticipated number of participants per facility.
2. **Describe how your program meets requirements of incorporating evidence-based practices (outlined on pages 4 -8 of the NOFO).** 
   1. Name the practices/curriculums that will be used in your program that are evidence-based.
   2. Provide a brief justification for how those practices/curriculums meet the needs of your program’s target population by citing research..
3. **Please fill out the table below with detail on your program.**

For each area, please *describe:*

* 1. **Types(s) of programs, practices, or services, including** 
     1. curriculum names
     2. assessments used to evaluate substance use and mental health disorders
     3. other practices or services incorporated into the program.
  2. **Staff responsible, including**
     1. Job titles of staff responsible for carrying out those programs and/or services
     2. Job titles of staff responsible for supervising these program staff.
  3. **Frequency, including**
     1. frequency with which staff are responsible to engage in each program component within the scope of the program.
     2. How often program participants engage in each program activity.

*See examplesbelow of a potential component to a prison-based substance use disorder treatment program.*

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| **Program Components** | **Types of Programs, Services, or Practice**  *(e.g. what is being done?)* | **Staff Responsible** *(e.g. who is/are providing this/who is responsible for this?)* | **Frequency**  *(e.g. how often is this being done within the scope of the program?)* |
| **Substance use disorder assessment(s)** | *Ex. Each inmate is assessed for substance use disorder upon intake using the Texas Christian University’s Drug Screen 5 (TCU-DS5) with the Opioid Supplement* | *Ex. All inmates coming into the Department of Corrections are screened by intake/treatment staff within 7 days of admission through Reception and Classification Units.* | *Ex. Once upon admission intake an inmate is assessed for a substance use disorder. An inmate may be re-assessed if s/he have a positive urine screen or request reassessment.* |
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| **Mental health assessment(s)** |  |  |  |
| **Other programmatic assessment(s)** |  |  |  |
| **Evidence-based practices or programs used within program, including:**  ***-individual and group practices and curriculum types***  ***-medications***  ***-peer support groups and types*** |  |  |  |
| **Other service(s) provided in the program, if applicable (e.g. education/vocation, employment, mental health, family reunification, etc.)** |  |  |  |
| **How individuals are identified as appropriate for medication-assisted treatment.** |  |  |  |
| **Reentry and aftercare planning and coordination.** |  |  |  |

1. **How is program eligibility defined for your facility’s program? What are cases in which an individual is excluded from eligibility?**
2. **Describe reentry planning/aftercare.**
   1. **Identify the current or future reentry planning process to ensure aftercare in the community.**
   2. **Please describe the reentry planning process and continuity of care provided to hose prior to and upon release.**
3. **What are the program’s core objectives or goals for individuals who participate?** *You do not need to fill out all of the rows; if you require more rows, please add on to the table.*

**Core objectives:** A specific result that the program aims to achieve within the program. Objectives can be short- or long-term and must be measurable.

**Performance Indicators:** This is how the core objective is operationalized or how the core objective will be measured.

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| **Core Objectives** | **Performance Indicators** |
| *Example objective:*  *Increase access to evidence-based, FDA-approved medications for long-term maintenance therapy.* | *Example performance indicators:*   * *Number of program participants receiving naltrexone (Vivitrol)* * *Number of program participants receiving buprenorphine (e.g. Suboxone)* * *Number of program participants receiving methadone maintenance* |
| Objective 1: |  |
| Objective 2: |  |
| Objective 3: |  |
| Objective 4: |  |
| Objective 5: |  |
| Objective 6: |  |
| Objective 7: |  |
| Objective 8: |  |

1. **Describe program barriers.**
   1. **Name any current or foreseeable barriers in providing substance use disorder treatment in your facility.**
   2. **Identify ways that program staff will work to reduce those potential or current barriers.**
2. **What other funding or resources have you acquired for use in your program to help operate and sustain the substance use disorder treatment program? How will the program be sustained when federal funds end, if awarded?**
3. **Do you offer medication assisted treatment (MAT) for medication maintenance (not for medicated withdrawal or medicated detoxification)? If so, describe how this program works. If not, describe why and what it would take to offer at least two of the three FDA-approved medications (methadone, buprenorphine [e.g. Suboxone], naltrexone (Vivitrol).**
4. **Implementation Schedule** List all services, work product, data, items to be created, performed, or provided and/or important events that must occur at specific points throughout the term of the program to effectively achieve goals for program implementation that are realistic, detailed and thorough. The implementation schedule is a planning tool and will be used to measure the program’s progress. Strict adherence to it will be expected unless ICJIA approves a revision of the schedule:

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| **Task Description** | **Projected Start Date** | **Projected End Date** | **Person Responsible** |
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1. **Please provide position descriptions for those staff involved in the program for which you are seeking funding.** This includes qualifications of individuals involved in the program (e.g. credentials), job responsibilities, and who each staff reports to. Please provide staff CVs.