



SCDC POLICY

NUMBER: PS-10.02

TITLE: INMATE SUBSTANCE ABUSE PROGRAMS

ISSUE DATE: March 12, 2021

RESPONSIBLE AUTHORITY: DIVISION OF *ADDICTION RECOVERY* SERVICES

OPERATIONS MANUAL: *HEALTH SERVICES*

SUPERSEDES: PS-10.02 (June 17, 2016); Change 2 (August 22, 2011); Change 1 (April 12, 2010); (October 1, 2007); (July 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: 4-1, 4-2, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-12, 8-17, 17-9, 18-68, 19-11, 19-69, M-122, M-157, M-158, M-161, M-162, M-164, M-173

ACA/CAC STANDARDS: 4-ACRS-4C-06, 4-ACRS-5A-08, 4-ACRS-5A-09, 4-4362, 4-4363-1, 4-4437 through 4-4441

STATE/FEDERAL STATUTES: None

PURPOSE: To establish guidelines for identifying, assessing, and treating inmates with substance abuse problems *and the disease of addiction*.

POLICY STATEMENT: The major objectives of SCDC's substance abuse services are to: provide levels of substance abuse prevention, intervention, and treatment services that will reduce *inmate* substance abuse; to provide substance abuse prevention, intervention, and treatment services that will increase successful reintegration of the *inmate* into the community *or a general population setting*; to provide substance abuse services that will reduce recidivism; to continuously evaluate the effectiveness of substance abuse services; and to increase the quality and quantity of our substance abuse services. (4-ACRS-5A-08, 4-4437 through 4-4441)

TABLE OF CONTENTS

1. [RESPONSIBILITIES](#)
 2. [ORIENTATION AND SCREENING](#)
 3. [REFERRAL](#)
 4. [REVIEW OF REFERRALS](#)
 5. [ASSESSMENT](#)
 6. [FEMALE ADDICTION TREATMENT UNITS](#)
 7. [MALE ADDICTION TREATMENT UNITS](#)
 8. [OUTPATIENT PROGRAMS](#)
 9. [PROGRAM PARTICIPATION](#)
 10. [DISCHARGE/TERMINATION](#)
 11. [READMISSION](#)
-

- 12. [POST INCARCERATION REFERRALS AND FOLLOW-UP](#)
 - 13. [CLINICAL RECORD KEEPING](#)
 - 14. [STAFF DEVELOPMENT AND TRAINING](#)
 - 15. [DEFINITIONS](#)
-

SPECIFIC PROCEDURES:

1. RESPONSIBILITIES:

1.1 The Division Director of *Addiction Recovery Services or designee is responsible for monitoring* each program to ensure that appropriate services are provided, program standards are maintained, and contractual obligations are met by contracted providers. *This will be achieved through a visit to each program a minimum of two times per year for the Addiction Treatment Units (ATU).* During each visit, an evaluation will be conducted of the overall program management. *The purpose of the evaluation is to ensure that each program is operating according to the Division's policy standards.* The evaluation will include:

1.1.1 An audit of the following quality assurance indicators:

- *clinical* record keeping;
- *mainframe* records activity;
- *workforce* development;
- EPMS employee appraisals;
- *employee* supervision;
- *client* observations (group evaluation, assessment, individual counseling);
- *client* feedback (client surveys and interviews); and
- *program* completion percentages.

1.1.2 A review of at least 10% of program clinical records or ten (10) clinical records once per year and documentation of all findings utilizing SCDC Form M-173, "Program Management and Clinical Record Quality Assurance Review Form," inclusive of the above mentioned quality assurance indicators.

1.1.3 An exit interview with the program supervisors; and

1.1.4 Completion of a report/summary of monitoring visit which will be submitted to the Deputy Director of Behavioral Health Services within thirty (30) working days after the visit.

1.1.4.1 Audit results below 85% will require the Program Manager to submit a corrective action plan to the Division Director of Addiction Recovery Services within fourteen (14) business days from receipt of audit findings. A second audit review will be scheduled between three (3) to six (6) months from receipt of the corrective action plan. The second unsatisfactory audit can lead to employee corrective action and/or monitoring, training, and technical support conducted by the Continuous Quality Improvement Manager/designee specifically around deficiencies.

1.2 Program Supervisors are responsible for:

1.2.1 Developing and implementing appropriate in-house quality assurance protocols that ensure compliance with the utilization of the following BMHSAS forms: SCDC Forms M-162, "New Employee Orientation Checklist," M-158, "Clinical Records Checklist," M-161, "Monthly Report Addendum," M-164, "Group Evaluation," and M-157, "Quality Assurance Monthly Audit-Supervision Form."

1.2.2 Ensuring each alcohol and drug treatment program operating within SCDC has a written document that explains the program's treatment philosophy within the context of the total correctional

system. The document will also include goals and measurable objectives. These documents will be reviewed at least annually and updated as needed. The program supervisors will be responsible for documenting this review and maintaining copies of the document and any reviews.

1.3 The Division of Classification and Inmate Records is responsible for:

1.3.1** Ensuring that appropriate inmates are assigned to treatment programs as bed space permits **and the proper program codes are entered into the Offender Management System.

2. ORIENTATION AND SCREENING:

2.1 Reception and Evaluation:

2.1.1 When an inmate arrives at an SCDC Reception and Evaluation Center (**R&E**), an SCDC staff member will **provide** orientation **for the inmate** that includes: an educational lecture on substance **use disorders**; a description of SCDC **treatment** programs, admissions criteria, program length, and referral procedures; an overview of SCDC **policies** relevant to mandatory program participation; inmate drug testing and penalties for the use/possession of drugs and/or alcohol; zero tolerance; and employee-inmate relations. The Youthful Offender inmate population will receive the above orientation services at their assigned Department of Corrections institution by an SCDC staff member. All **inmate** orientation **services** will be documented in the "program screen" of the Offender Management System.

2.1.2 While at the R&E Center, the inmate will complete a Texas Christian University Drug Dependency Screen**er** (TCUDDS). The results of the TCUDDS will be used to determine if the inmate reports a history of substance **use disorders and/or addiction**. The results of the TCUDDS (dependent or non-dependent) will be entered into the inmate's Offender Management System (**OMS**) record. The TCUDDS may be administered by an SCDC employee who has been trained by a designee of the **Division of Addiction Recovery** Services. A qualified **clinical counselor** or Mental Health services professional will score/interpret results of the TCUDDS. (4-ACRS-4C-06, 4-4362)

2.1.3 Inmates who receive a score of **four (4)** or above on the TCUDDS will be selected for **residential** program admission **with priority based on conditions of parole and readiness for change. Those requesting services will be admitted to a program based on the severity of their need as determined by their score on the TCUDDS,** as bed space becomes available. **Those inmates with a score of two (2) to three (3) and without a court order or condition of parole will be referred to outpatient groups when possible.** (4-ACRS-5A-08, 4-4363-1)

2.1.4 Inmates whose TCUDDS results are invalid and who have relevant documented **substance use** histories (i.e., court ordered, alcohol and/or drug driving offenses, or other alcohol and/or drug related offenses) will be selected for the program. Upon admission to a **treatment** program, the TCUDDS will be re-administered and the inmate will be further assessed for **treatment** program necessity.

3. REFERRAL:

3.1 Residential Programs: All potential residential program participants must meet the program eligibility requirements and custody level for the specific program.

3.1.1 Each month, the Division of Resource and Information Management (RIM) will generate a computer list of inmates who are potentially eligible for program admission. RIM will provide this list to the Division of Classification and Inmate Records **and the Division Director of Addiction Recovery Services.**

3.1.2 The Division of Classification and Inmate Records designated staff will screen all potential program participants in accordance with respective program eligibility requirements. Inmates will be admitted to programs as bed space permits **and their program codes will be updated.**

3.1.3 An inmate with a mental health classification, *with the exception of MH-5*, must be evaluated by a Qualified Mental Health Professional (*QMHP*) before admission to any Addictions Treatment *Program* can be finalized. All such referrals will be submitted in writing *to* the Division Director of *Addiction Recovery* Services for *treatment* services review and approval. Referrals will include, but *are* not limited to:

- Mental Health history;
- Current mental health condition and classification;
- Current and/or past prescribed treatments;
- Mental Health treatment plan; and
- Assessment summary.

3.1.4 *It will be the responsibility of the Division Director of Addiction Recovery Services, program managers, and/or designees to manage and monitor all inmates pending approval and admissions to respective programs regardless of the referral source.*

3.2 Institutional Substance *Use Disorder and Addictions Treatment* Program:

3.2.1 Institutions that have an assigned clinical correctional counselor will make referrals directly to the assigned counselor. All referrals will be documented on SCDC *Form* M-122, "Referral/Action Taken Form," or by *email* and must include the reason for referral. In cases of self-referrals, each inmate will submit his/her request in writing (utilizing SCDC Form 19-11, "Request *to* Staff Member") to the on-site *clinical* counselor.

3.3 Other Referrals :

3.3.1 Referrals for all substance *use disorder and addictions treatment* programs may also be made directly to the *Director of Addiction Recovery Services*.

3.4 SCDC Staff *may* submit inmate referrals using SCDC *Form* M-122, "SCDC Referral/Action Taken Form," or via *email*. Referrals submitted via *email* must include the inmate's name, SCDC number, and reason for referral.

3.5 Inmates *may* self-refer using SCDC Form 19-11, "Request *to* Staff Member."

4. REVIEW OF REFERRALS:

4.1 All referrals will be reviewed by *designated Addiction Recovery* Services staff. This review will determine whether the inmate meets the minimum standards for entry into the recommended program. A referral disposition will be forwarded to the referral source within *thirty (30)* days of receipt of initial referral. All program admission requirement waivers must be approved by the Division Director of *Addiction Recovery* Services.

5. ASSESSMENT:

5.1 All inmates who are considered for admission to any treatment program will be assessed using a bio-psycho-social assessment *and reassessed with the TCUDDS by the* receiving program staff and/or treatment team (if applicable). Approval for admission will also be the responsibility of the receiving program staff and/or treatment team. Deviation from admission/referral guidelines in this policy must be submitted in writing or via *email* to the Division Director of *Addiction Recovery Services* and the Deputy Director of Operations. *When a referred inmate does not warrant the level of care for the program assigned, they will be staffed with the Division Director of Addiction Recovery Services for appropriate program placement.* When an inmate has been identified as needing services and is currently assigned to Prison Industries as a worker, the *Division Director of Addiction Recovery Services* will give the Division Director of Prison Industries *thirty (30)* days' notice in order to allow for the *identification of alternate* inmate workers. This notification will be made via *email*. (4-ACRS-5A-8)

6. FEMALE ADDICTION TREATMENT UNITS:

6.1 Camille Graham Addiction Treatment Unit (HOPE): The Camille Graham ATU is a **70** bed (including **6** YOIP) bed **addictions** treatment program for female inmates. The program's treatment design is a modified therapeutic community and is gender relevant to alter **addiction**, criminal **thinking**, and self-destructive behaviors. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. The duration of the program is generally between six (6) to nine (9) months. Offenders with chronic medical conditions will be allowed to participate in programming and will be reviewed on a case by case basis.

6.1.1 Female inmates who are considered for the Addiction Treatment Unit must meet the following criteria:

- Must be classified as dependent **on the** TCUDDS, or assessed as dependent **or high risk** by a qualified **clinical counselor** or Mental Health Services professional;
- Must be medically compliant and stabilized;
- **Must have a minimum of six (6) to twelve (12) months remaining on sentence with exceptions for emergencies that are approved by the Division Director of Addiction Recovery Services or designee;** and
- Must have no documented acts of violence six (6) months prior to admission.

6.2 The institution of assignment will be notified of pending placement for inmates assigned to special jobs (i.e., Prison Industries, Litter Crews, etc.). When an inmate has been identified as needing substance **use disorder or addiction treatment** services and is currently assigned to Prison Industries as a worker, the **Division Director of Addiction Recovery Services** will give the Division Director of Prison Industries **thirty (30) days'** notice in order to allow for **identification of alternate** inmate workers. This notification will be made via **email**.

7. MALE ADDICTION TREATMENT UNITS:

7.1 Turbeville Addiction Treatment Unit (Horizon): *The Turbeville ATU Program is a 256 bed **addiction** treatment program, **with 128 beds** for **adult** straight time **male** inmates, **and 128 beds** for **male inmates who have been sentenced under the Youthful Offender Act**. The program's **treatment** design is a **modified** therapeutic community. **The ATU has a structured daily schedule of meetings and activities, which utilize a variety of therapeutic community techniques to motivate the inmate to examine his thought processes, past decisions, addiction, anger management, and life skills. Through this treatment process, inmates learn to develop individual and community responsibilities. In addition, the program places a high priority on post-incarceration supervision and/or follow-up services. The duration of the program is generally six (6) months but may be extended for a period not to exceed 12 months.** (4-4439, 4-4440)*

7.1.1 Male inmates who are considered for the Addiction Treatment Unit must meet the following criteria:

- Must be classified as dependent **on the** TCUDDS, or assessed as dependent **or high risk** by a qualified **clinical counselor** or Mental Health services professional;
- **Must be medically compliant and stabilized;**
- Must have a minimum of **six (6) to twelve (12) months** remaining on sentence, **with exceptions for emergencies that are approved by the Division Director of Addiction Recovery Services or designee;**
- Must have no documented acts of violence **six (6) months** prior to admission;
- **Must be sentenced as a YOA to be eligible for YOA ATU.**

7.1.2 Addiction Treatment Unit placement will occur within thirty (30) days, pending the availability of bed space for men and women's ATUs.

7.1.3 The TCUDDS and orientation of the Addiction Treatment Program will be administered by an addiction's treatment professional upon the inmate's arrival. The addictions treatment professional will determine the inmate's appropriateness within thirty (30) days of TCUDDS submission.

7.1.3.1 The Program Manager and/or designee will maintain a TCUDDS follow-up log to ensure continuity of services.

7.1.4 All ATU participants will be given a urine drug screen (UDS) within three (3) business days to establish a baseline of potential use and will be given at least one (1) random UDS during the course of treatment and one (1) UDS before graduation/completion of the program can be awarded. All testing will be done by ATU staff for treatment purposes and results will be documented in the EHR. No UDS will require confirmation as it is only being used for treatment purposes.

7.1.5 All referrals will be in accordance with SCDC policy relating to the Youthful Offender Intensification Program (4-4439, 4-4440).

8. OUTPATIENT PROGRAMS:

8.1 Outpatient Groups: Inmates that are referred or court-ordered for treatment may be referred for outpatient treatment at Camille-Graham, Turbeville, Lieber, Kershaw, and Manning. The goal of the program is to reduce the risk of developing an addiction or to successfully manage addiction. This is achieved through staff facilitated interventions addressing substance use education, healthy coping skills, and building a support system.

8.2 Certified Peer Support Specialist Program (CPSS): See SCDC Policy HS-19.17, "Certified Peer Support Specialist (CPSS)."

8.2.1 Inmates in need of substance use services may request to be placed in a CPSS program for outpatient groups. CPSS programs are located at Allendale, Manning, Leath, Camille, Turbeville, Perry, Broad River, Lee, Ridgeland, Kershaw, and Lieber. The program is designed to decrease the risk for developing addiction or successfully managing addiction through a family focus means of delivery by inmates with shared life experiences. There is minimal staff oversight with this program.

8.3 Medication Assisted Treatment (MAT) Program. See SCDC Policy HS-19.16, Mental Health Services - Medication Assisted Treatment Program Delivery Protocol."

8.3.1 The MAT program is intended to assist inmates with opioid and alcohol use disorders achieve long-term abstinence and recovery by managing cravings and blocking the effects of ingested opioids and alcohol through medication.

9. PROGRAM PARTICIPATION:

9.1 Admission - Special Considerations: Inmates who do not meet the admission criteria as outlined for residential ATU programming may be considered on a case-by-case basis. *Mental health* staff requesting such consideration for an ATU *or outpatient* admission will be required to submit a bio-psychosocial assessment *or* any additional documentation supporting the appropriateness of the referrals to *the program manager of referred program or Division Director of Addiction Recovery Services*. All such referrals will be *screened* by a substance *use disorder or addictions treatment staff member* and, in cases where appropriate, re-assessed for additional information and further determination of need. The Division Director of *Addiction Recovery Services* has the authority to waive an exclusionary criterion except for custody/security level requirements and initiate an ATU *or outpatient program* admission. In cases where the inmate is found to be inappropriate for ATU admission, other substance *use disorder* programming will be offered as an alternative *when* available.

9.2 Incentives for Program Participation in *Addiction Services Treatment or Educational Programs:* See SCDC Policy OP-21.04, "Inmate Classification Plan." Inmates who are assigned to an SCDC residential Addictions Treatment Unit will be assigned "Minimum-In" custody level and will have the privileges associated with this custody level. In addition, inmates assigned to an SCDC residential Addictions Treatment Unit may participate in special events within the institution tailored to the specific needs of the substance abusing inmate.

9.3 Incentives for Completion of SCDC Residential Addiction Treatment Units: Inmates who satisfactorily graduate from an SCDC residential Addiction Treatment Unit may be eligible for the following incentives:

- The successful ATU graduate may request an institutional transfer. The inmate must meet all custody and security requirements for the requested institution and bed space must be available.
- The ICC will **consider** inmates who have successfully completed **the ATU program** when assigning the inmate to a work assignment or recommending vocational and/or academic assignments.

9.4 Incentives for Program Participation and/or Completion of any Substance Use Disorder Services Treatment or Education Program:

- Certificates and other documentation showing successful completion will be maintained in the inmate's institutional record and **the Division of Classification and Inmate Records will update** the automated offender management system **with the appropriate program completion code. (4-4441)**

10. DISCHARGE/TERMINATION:

10.1 Reasons for Discharge or Termination from Any Substance Use Disorder Treatment Program:

Inmates may be discharged or terminated from any substance **use disorder treatment** programs for any one or more of the following reasons:

- Successful completion
- Administrative reason(s), i.e., medical, court
- Failure to participate/comply with program requirements
- Institutional disciplinary violations **on a case-by-case basis in consult with Warden and Division Director of Addiction Recovery Services**
- Parole
- **Inmate request to terminate services**

NOTE: **Substance use in the ATU will not substantiate discharge/termination of an inmate from the program.**

10.2 Documentation Required for Discharge/Termination: In all cases, program staff are required to document such actions on SCDC Form 4-6, "Discharge Summary," and enter information **in the electronic health record and** the Offender Management System (OMS) within **ten (10)** working days of the discharge/termination. In cases where successful completion is noted, appropriate discharge planning is required and must be documented **in** the inmate's treatment record. **Similarly, all** discharges/terminations will be documented **in** the inmate's treatment record, **including treatment team staffing.**

10.3 Procedures for Discharge/Termination:

10.3.1 Residential Programs: When an inmate fails to participate/comply with program requirements, **such that they are not benefiting from** the program **or are disrupting** the program **or are disrupting the program for the other inmates**, the staff will submit a formal recommendation to the **ATU program manager or** designee who will be the approving authority for such program removals. If it is determined that an inmate poses **an immediate** threat to the **safety and** security of the institution, the Warden or designee may remove an inmate from the program. In all cases, relevant details prompting removal will be documented **in** the inmate's clinical record **and staffed with the treatment team.**

- Each request for removal will be submitted in writing via memorandum and/or **email** and will include the inmate's full name, inmate number, and a full explanation of the reasons for the removal.

- Requests must have the initial approval of a Program Supervisor and/or Warden/designee *and staffed with the treatment team.*
- Requests not indicating Program *Manager's* approval and removal reason(s) will not be processed.
- Approved requests will be forwarded to the Division of Classification and Inmate Records for final processing. Requests that are not approved will be returned to the responsible Program *Manager* with a disposition.

10.3.2 Non-Residential Programs: It will be the responsibility of the service provider to submit to the respective Warden or designee in writing the names of inmates not attending and/or participating in assigned programs.

11. READMISSION:

11.1 All requests for re-admission will be considered on a case-by-case-basis. In all cases of unsuccessful completion, an inmate requesting re-admission will not be considered for three (3) months after the discharge/termination date. Approval for re-admission to any substance *use disorder or addiction* services program will be the responsibility of the designee appointed by the Division Director of *Addiction Recovery* Services. Refer to SCDC policies relating to the Youthful Offender Intensification Program for additional information related to Youthful Offender Act (YOA) inmates.

12. POST INCARCERATION REFERRALS AND FOLLOW UP:

12.1 In cases of successful ATU completion and SCDC release, the *transition* counselor of *the inmate* will be responsible for:

- *Establishing* a follow-up appointment with specific community service providers. Approximately two (2) weeks prior to the inmate's graduation/release from the ATU/SCDC, a program designee will be responsible for contacting a designated liaison at a county substance *use disorder* commission *of* which the referral is being made. An appointment will be made for the inmate in his/her intended county of residence. Inmate's Transitional Relapse Prevention Plan identifying his/her family or friend recovery partner in the community should be notified of the inmate's Transitional Relapse Prevention Plan scheduled appointments.
- *Ensuring* that all appropriate documentation (to include SCDC Form 4-4, "Consent for Release of Confidential Information") is completed and signed by the inmate being referred.
- *Forward* all relevant and required documentation to the liaison at the county substance *use disorder* commission.
- *Contact* the appropriate county alcohol and drug commission liaison for follow-up information not later than *thirty (30)* days after the appointment date. All contacts will be recorded on SCDC Form 4-6, "Discharge Summary," and made a permanent part of the inmate treatment record. YOIP ATU program participants will receive post-incarceration referrals and follow-up services from their assigned YOIP Intensive Supervision Officer (ISO). ATU *program* staff will make referrals to *the* YOIP assigned ISO no later than *thirty (30)* days prior to participant *program* completion. (4-4439)
- *Primary counselor will serve as backup or in absence of a transition counselor to complete these tasks.*

13. CLINICAL RECORD KEEPING:

13.1 Contents of Clinical Records: All direct service staff (contract or SCDC) under the supervision of the *Division Director of Addiction Recovery* Services are required to maintain individual clinical records on each program participant. It will be the responsibility of each program supervisor to establish an appropriate and acceptable record keeping protocol. All record keeping protocols must be approved prior to implementation by

the Division Director of **Addiction Recovery** Services. The specific clinical record documentation required by **Addiction Recovery** Services includes, but is not limited to:

- SCDC Form 4-1, "Bio-psychosocial Assessment"
- SCDC Form 4-9, "Assessment Summary";
- SCDC Form 4-7, "Individual Treatment Plan";
- SCDC Form 4-8, "Supplemental Treatment Plan";
- SCDC Form 18-68, "Staff Memoranda" (to be used for narrative progress notes);
- SCDC Form 4-2, "Expectation of Participation";
- SCDC Form 8-17, Specified Inmate Drug Testing";
- SCDC Form 4-5, "Statement of Client's Rights and Confidentiality";
- SCDC Form 4-4, "Consent for Release of Information";
- SCDC Form 4-10, "Treatment Team Review";
- SCDC Form 4-12, "Transitional Plan";
- SCDC Form 4-6, "Discharge Summary";
- **Urine Drug Screen Results;**
- **Individual treatment notes;**
- **Group treatment notes.**(4-4439)

13.2 Confidentiality: Program staff members are required to be familiar with **The Health Insurance Portability and Accountability Act (HIPAA)**, Federal Regulations regarding Confidentiality of Alcohol and Drug Abuse Patient [(inmate)] Records (42 CFR, Part 2) and comply with SCDC Quality Assurance Administrative and Fiscal Standards regarding record maintenance.

13.2.1 ATU staff are not able to release any patient data/information considered clinical in nature without a signed SCDC Form 4-4, "Consent for Release of Information," to include other institutional staff.

14. STAFF DEVELOPMENT AND TRAINING:

14.1 The Division of Addiction Recovery Services is committed to the professional development and training of all employees. Employees must utilize SCDC Form 17-9, "Pre-Registration," for all SCDC training. In order to attend training, a written request must be submitted to the appropriate supervisor for consideration and approval. **Employees** are required to receive the necessary training as outlined in SCDC Policy ADM-17.01, "Employee Training Standards," **and additional trainings as required by the Division Director of Addiction Recovery Services.**

15. DEFINITIONS:

Addiction Treatment Unit (ATU) refers to a housing area in an institution designated to provide intensive **addiction** treatment services.

Bio-psychosocial Assessment refers to a clinical assessment administered by a **Addiction Recovery** Services employee which is used to ensure that the most appropriate treatment services are provided.

Primary Counselor refers to a specific SCDC or contract employee who has been assigned to provide counseling services to a specific inmate or group of inmates.

Program Manager refers to the on-site supervisor of a substance **use disorder or addiction treatment** program.

Substance Abuse Use Disorder Service Provider refers to an SCDC employee assigned to **the Division of Addiction Recovery** services who is designated to provide substance **use disorder and addiction treatment** services to the inmate population.

Texan Christian University Drug Dependency Screen (TCUDDS) refers to the screening instrument administered to inmates to identify substance dependency.

Therapeutic Community (TC) refers to a specific treatment model/approach. This model of treatment is typically used in the SCDC ATUs.

s/Bryan P. Stirling, Director

Date of Signature

ORIGINAL SIGNED COPY MAINTAINED IN THE OFFICE OF POLICY DEVELOPMENT.