



South Carolina

PRISON PROGRAMS

Camille Griffin Graham Correctional Institution

Turbeville Correctional Facility (Prison)

Prison Programs



Camille Griffin Graham Correctional Institution

Current FY19 Funding: \$77,417.50*

OVERVIEW OF PROGRAM

The RSAT Program at the Camille Griffin Graham Correctional Institution is a separate 50-bed unit at a facility with 394 women, known as the Hope Program. The Hope Program provides services for women with co-occurring disorders (COD). There is currently one in-house counselor assigned to the HOPE Program. The residents receive evidence-based services, trauma-informed care, and medication-assisted treatment (MAT) (i.e., Vivitrol). Women entering the program have histories of opioid, methamphetamine, and cocaine use.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

Women who enter the program receive the Texas Christian University (TCU) Drug Screen, the Global Risk Assessment Device-Female Offenders (GRAD-FO) screening tool, and a biopsychosocial assessment. The RSAT team uses these to collaboratively develop a treatment plan with the participant, based on her goals. Treatment plan goals follow SMART criteria: specific, measurable, attainable, relevant, and time bound. Women must be within 6 to 48 months from max-out release date or be granted conditional parole relating to substance use treatment needs. They must not be convicted of a current and/or prior sexual-related crime; must not have a Category 4 or 5 detainer (open arrests or warrants); must be medically compliant and stabilized if diagnosed with a serious mental illness; and must have no documented acts of violence 6 months prior to admission.

MODALITY OF TREATMENT

The Hope Program is designed to provide individuals with 6 to 9 months of gender-specific structured programming and uses a therapeutic community treatment approach. Treatment modalities include cognitive behavioral therapy (CBT) and motivational interviewing group process (MIGP).

* Funding information estimated or extracted from best available information and may be subject to change

There are three phases of treatment.

- **Phase 1: Orientation.** The resident becomes familiar with the program and prepares for effective participation in the treatment process. As a new member of the community, the resident is encouraged and expected to meet other residents and to develop an understanding and knowledge of the rules and expectations of the community. In addition, residents are expected to develop an understanding of substance use disorder (SUD) and break through any denial regarding her own SUD.
- **Phase 2: Main Phase.** This phase emphasizes psychosocial issues related to SUD. Residents' participation in groups is regular and consistent. Active participation in the community process and involvement in the levels of the house structure are expectations of this phase. Residents are expected to encourage their families to attend the family program during visits and other communication. The educational curriculum includes criminal thinking, family issues, and human sexuality.
- **Phase 3: Reentry.** The resident is expected to take a leadership role in the therapeutic community, be a visible role model, and take an active part in developing and maintaining the community's tradition. Residents participate in the relapse prevention curriculum and continue to work on criminal thinking and participate in rational emotive therapy. Residents continue to participate in groups and use tools learned in previous phases.

Classes and groups include:

- Depression,
- Grief,
- Substance Abuse Matrix (women's recovery journal, criminal justice matrix),
- Anger management (SAMSHA-based), and
- Victim impact group.

PROGRAM HIGHLIGHT

The program incorporates a family focus group once a month that allows family members to receive family support and learn about the disease concept of SUD and about additional resources in the community for family member such as Al Anon/Alateen.

A resident graduates from the program after successfully working through all three phases, passing drugs screens, developing a recovery management plan, and meeting 80% of treatment goals.

MAT PROGRAM INFORMATION

Naltrexone (Vivitrol) is available to women with opioid use disorder (OUD).

CONTINUING CARE/REINTEGRATION

Participants who return to the general prison population before release attend weekly continuing care groups. The primary counselor establishes a follow-up appointment with a community service provider prior to the participant's release. Approximately 2 weeks before graduation and release from the program, a program designee makes a referral and schedules an appointment at a substance abuse program in the resident's home county. A transitional relapse prevention plan identifies a graduate's family or friend "recovery partner" in the community. Additionally, women are linked to community support groups and given a list of meetings in their area based on their preference (e.g., Celebrate Recovery, Faces & Voices of Recovery (FAVOR), Alcoholics Anonymous/Narcotics Anonymous [AA/NA]).

PROGRAM CONTACT INFORMATION

Danielle Filmore, Program Manager
4450 Broad River Road
Columbia, SC 29210
803-605-8776

Information updated 6/19/2020



Turbeville Correctional Facility

FY19 Funding: \$226,489.50*

OVERVIEW OF PROGRAM

The Turbeville Correctional Facility is a medium-security prison with the capacity for 1,499 adult male residents ages 18 to 25. The RSAT Program at Turbeville Correctional is known as the Male Youthful Offender Act Addiction Treatment Unit (ATU). At the time of this survey report ATU served 58 individuals. Residents reside in a separate housing unit called Wyboo A. The ATU Program was first funded in approximately 2005.

The program currently employs 11 staff members—3 of which are funded by the RSAT grant. The residents are provided evidence-based services, trauma-informed care, and are offered medication-assisted treatment (MAT) in the form of naltrexone (Vivitrol). Cannabis and methamphetamine are the most widely used substances among residents; opioid use has also increased in recent years.

ELIGIBILITY CRITERIA, SCREENING/ASSESSMENT, AND TREATMENT PLANNING

ATU program participants can be referred in the following ways:

- Self-referral,
- Referred by the institution,
- Court ordered,
- Through the Youthful Offender Program, or
- Through the Intensive Supervision Board.

Prior to entering the program, individuals are administered the Texas Christian University Drug Screening (TCUDS) to screen for a history of substance use. The admission process includes checking custody level, mental health clearance, if needed, and an initial drug screen. Participants must be enrolled in the Youthful Offender Program to qualify for services in the ATU. If the client screens negative on the TCUDS, he is deemed ineligible for the ATU program.

Once an individual is admitted to the program, the intake coordinator provides the client with the rules and regulations of the program, his rights and responsibilities as a participant, client consent forms, participant manual, information regarding the therapeutic community, and a curriculum. Once

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the intake is complete, a counselor assigned to the participant completes the Global Risk Assessment Device-Male Offenders (GRAD-MO) and develops a treatment plan.

MODALITY OF RSAT PROGRAM

The ATU Program is a therapeutic community with the goal of helping participants understand substance use disorder (SUD), the role that criminal thinking and behavior have in facilitating recurring substance use and developing a long-term recovery plan. ATU employs the evidence-based treatment *Matrix Model for Teens and Young Adults* (Hazelden).

Residents advance through three phases based on progress in treatment, completion of an individual treatment plan, regular participation in individual and group sessions, building rapport with staff and other peers, and acclimating to the structure of the therapeutic community. These include:

Phase 1: Orientation (Weeks 1–4).

- **Individual counseling** sessions address biopsychosocial assessment, treatment planning, completion of GRAD-MO, and acclimation to therapeutic community, and are critical for building rapport between the counselor and the resident.
- **MAT** is described by counselors, who then refer consenting residents with opioid use disorder (OUD) to a Department of Alcohol and Other Drug Abuse Services (DAODAS) peer support specialist to begin the first step in the naltrexone (Vivitrol) referral process.
- **Early recovery skills group** work emphasizes how to use cognitive tools to reduce craving, how to manage free time, the importance of discontinuing all illicit substances, and how to connect community resources and support. If a group has more than 16 residents, the counselor is supported by a co-facilitator. This allows the counselor to provide the necessary attention to each participant. Participants are required to take an orientation test in to advance to the next phase.

Phase 2: Main Treatment (Weeks 5–16). During this phase, the client has acclimated to the program and individuals focus on psychosocial issues and family relationships. Residents participate in relapse prevention groups, a family program, an adjustment group, and random drug screens.

- **Relapse prevention groups** provide residents with tools to avoid or reduce a recurrence of substance use. Topics are focused on behavior change, changing cognitive/affective orientation, and connecting with resources within the community and the institution.
- **The family program** educates participants and their families about SUD, how the brain's structure and function change when exposed to substances, tolerance, the effect of substances on individuals' health and family relationships, and how families can be supportive during the treatment process.
- **The adjustment group** provides tools to manage thinking errors, handling basic life skills, understanding the negative effects of criminal thinking, and remaining abstinent from illicit

PROGRAM HIGHLIGHT

The family program is essential for providing information for the resident and his family. This is done through slide presentations, videos, and group discussions.

substances. During the adjustment group residents learn to think differently and live without using substances.

- **Random drug screens** determine if the client receives a relapse analysis (negative drug screen) or a relapse prevention plan (positive drug screen). The relapse prevention plan includes an updated treatment plan and an updated diagnosis. The counselor will help the resident understand what may have caused the recurrence and how to avoid this in the future.

Phase 3: Reentry (Weeks 17–24). During this phase, the resident mentally prepares to transition to the community or back to his family. During this phase, the client focuses on social support groups and drug screens.

- **Support groups** allow the resident to address issues regarding integration back into the community and his family. During this time, the client focuses on addressing the anxiety that is associated with being released, housing placement, and building bonds and support from other group members and family members.
- **Drug screens** determine if the client is released or receives a setback or an extended parole date. If the client receives a setback or an extended parole date, he is provided a relapse analysis or a relapse prevention plan. The relapse prevention plan includes an updated treatment plan and an updated diagnosis. The counselor will help the resident understand what may have caused the recurrence and how to avoid this in the future.

CONTINUING CARE/REINTEGRATION

As part of Phase 3, the resident works with the intake/transition coordinator to seek assistance with housing, employment, initiation of MAT (naltrexone [Vivitrol]) and prepares for graduation from the program.

The transitional coordinator collaborates with South Carolina Employment Services, halfway houses, Social Security Administration, Department of Social Services, County Alcohol and Drug Commission, and Man 2 Man, a part of the SC Center for Fathers and Families organization.

PROGRAM CONTACT INFORMATION

Debra Munford-Program Manager
1578 Clarence Coker Highway
Turbeville, SC 29162
803-896-5398

Information updated 6/3/2020