

Mental Health Services – Intermediate Care Service (ICS) (SCDC Policy HS-19.12)

Included in the Department of Corrections' (SCDC) May 24, 2019 letter to the House Legislative Oversight Committee (LOC). This information was provided in response to the following questions in LOC's May 16, 2019 letter to the Department of Corrections: "30. Please describe different types of housing units within SCDC that incorporate programs into the day to day living, including the requirements for an inmate to qualify for placement in the unit."

In addition to providing the information in this document, SCDC provided the following response:

- Structured Living Unit – policy is in draft form.
- Transition Unit – General Population - criteria: behavior compliant, waiting on job, education, vocational assignment.
- Work/Program Unit – General Population – criteria: behavior compliant, assigned a job, education, vocational, etc.
- Character Unit – General Population – Criteria can be reviewed in PS.10-17, Attachment A, Item 3, please see attached.
- Re-Entry Unit (Kershaw/Manning) – Criteria: can be reviewed in PS-10.14, please see attached.
- Addictions Treatment Unit YOA (Turbeville)– General Population – Criteria can be reviewed in OP-22.39, Section 2 and see definition of young offender.
- Addictions Treatment Unit Adult (Turbeville)– General Population – Criteria: approved/assigned by Mental Health.
- Shock Unit (Turbeville/Camille) – General Population – Criteria can be reviewed in PS-10.12, Section 1.2, please see attached.
- Restoring Promise (Lee/Turbeville) – General Population – Criteria is being developed by Young Offender Parole and Reentry Services.
- Restrictive Housing Unit – Restricted Population – Criteria can be reviewed in OP.22.38, please see attached.
- Death Row – Restricted Population/Managed as General Population – Criteria must be sentenced to death.
- Diversionary Housing Unit – Restricted Population – Criteria: Inmates assigned to Security Detention with a Mental Health classification of 3, awaiting assignment to a Behavior Management Program or Step-Down Program, for further information see HS-19.10, Section 3 will amended, please see attached.
- HLBMU – Restricted Population – Criteria can be reviewed in HS-19.10, Section 2, please see attached.
- LLBMU – Restricted Population – Criteria can be reviewed in HS-19.10, Section 3, please see attached.
- ICS – Restricted Population – Criteria can be reviewed in HS-19.04, Section 16, please see attached.
- Choices – Restricted Population – Criteria is - pending addition to policy HS-19.04 & HS- 19.12, please see attached.
- Crisis Stabilization Unit – Restricted Population – Criteria can be reviewed in HS-19.04, Section 6 &7, please see attached.
- Step Down – Restricted Population – Criteria can be reviewed in OP-22.38B, please see attached.
- Adjustment Unit – General Population – Criteria: SP inmates with unsubstantiated protective concerns refusing to live in General Population.
- Restorative Unit – General Population - Criteria: SP inmates (majority with Mental Health designation) with unsubstantiated protective concerns refusing to live in General Population.

- Special Concerns Unit - General Population – Criteria: SP inmates with unsubstantiated protective concerns refusing to live in General Population.
- Statewide Protective Custody – Restricted Population/Managed as General Population – Criteria can be reviewed in OP-22.23, please see attached.
- Mental Health Units (BRCI-Murray, Lee F1A,) – General Population – Criteria: Inmates with Mental Health designation.
- Infirmary – Medical – Criteria: Medical.



SCDC POLICY

This policy has been developed in response to and as a portion of the Remedial Plan agreed upon by the parties in the settlement of T.R. V. South Carolina Department of Corrections, No. 2005-CP-40-02925. As agreed by the parties in the Settlement Agreement, it is the understanding and agreement of the parties that implementation and effectuation of the provisions of this policy as a portion of the Remedial Plan shall be phased in over time and all aspects shall not become effective immediately. (See Section 2 - Summary of Agreement and Section 4 (f) - Implementation Phase-In of Settlement Agreement effective May 2, 2016).

NUMBER: HS-19.12

TITLE: MENTAL HEALTH SERVICES - INTERMEDIATE CARE SERVICES (ICS)

ISSUE DATE: August 31, 2016

RESPONSIBLE AUTHORITY: DIVISION OF MENTAL HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: SCDC POLICY HS-19.02 (dated July 1, 2008) - NEW POLICY

RELEVANT SCDC FORMS/SUPPLIES: M-178, M-179, M-180, M-181, M-182

ACA/CAC STANDARDS: 4-ACRS-4C-04, 4-ACRS-4C-15, 4-ACRS-4C-16, 4-ACRS-6A-01-1, 4-ACRS-6A-11, 4-4295, 4-4305, 4-4348, 4-4368, 4-4372, 4-4373, 4-4374, 4-4399, 4-4400, 4-4404, 4-4429-1, 4-4431, 4-4433, 4-4434, 4-4435, 4-4442, 4-4446

STATE/FEDERAL STATUTES: SC Code Ann. § 24-1-130; SC Code Ann. § 44-115-10 through 150; SC Code Ann. § 44-22-10 through 220; HIPAA; Pub.L. 104-191, 110 Stat. 1936; C.F.R. § T. 42, Ch. I, Subch. A, Pt. 2; 42 U.S.C.A. § 12101

PURPOSE: The mission of Intermediate Care Services (ICS) is to provide residential services for inmates with serious persistent mental illness who require intensive treatment, monitoring, and care, but do not need psychiatric hospitalization.

POLICY STATEMENT: The ICS is a residential mental health program provided in a therapeutic environment within the South Carolina Department of Corrections (SCDC) and is a part of the Division of Behavioral/Mental Health and Substance Abuse Services (BMHSAS). Inmates receive medication therapy, counseling services, and educational interventions aimed at managing psychiatric symptoms, improving basic coping skills, and developing general self-care skills. All services are provided by or under the supervision of licensed professional mental health staff.

TABLE OF CONTENTS

1. [LOCATION AND HOURS OF COVERAGE](#)
2. [ADMISSION CRITERIA](#)
3. [MENTAL HEALTH SERVICES](#)
4. [MILIEU THERAPY](#)
5. [DISCHARGE PLANNING](#)
6. [QUALITY ASSURANCE](#)
7. [DEFINITIONS](#)

[ATTACHMENT A - SPECIAL LEVEL RESTRICTIONS](#)

[ATTACHMENT B - PART I, APPLICATION FOR INVOLUNTARY EMERGENCY HOSPITALIZATION FOR MENTAL ILLNESS; AND PART II, CERTIFICATE OF LICENSED PHYSICIAN EXAMINATION FOR EMERGENCY ADMISSION](#)

SPECIFIC PROCEDURES:

1. LOCATION AND HOURS OF COVERAGE:

1.1 Location:

1.1.1 The Intermediate Care Services (ICS) is part of the residential mental healthcare services provided for SCDC inmates. It serves inmates with various security needs in locations that can support both therapeutic programming and safety for inmates and staff.

1.1.2 Both male and female ICS programs are located at facilities in Columbia, SC. The program for males has a minimum of 128 rooms dedicated to the ICS inmates, while the program for females has a maximum capacity of 80 beds.

1.1.3 Modified ICS services will also be made available to inmates who meet the mental health criteria for ICS but, based on their security designation, are not able to be housed in the ICS designated housing.

1.2 Program Staffing:

1.2.1 Adequate security staff will be assigned to ICS to maintain a safe treatment environment for inmate patients and a safe working environment for staff, and to support activities and movement in all areas of the unit as follows:

Program Staffing	Male Program	Female Program
Psychiatry	1.5 FTE	1 FTE
Psychology	1 FTE	1 FTE
QMHPs	13 FTE	3 FTE
Mental Health Techs	5 FTE	3 FTE
Activity Therapy	1 FTE	1 FTE
Nursing	15 FTE (RNs/LPNs)	24 FTE (RNs/LPNs)

1.2.2 Hours of Coverage:

- Monday to Friday 7:00 a.m. - 4:00 p.m. (daily mental health programs); and
- Weekends 7:00 a.m. - 3:00 p.m. (weekend coverage mental health staff).

2. ADMISSION CRITERIA:

2.1 Admissions Process:

2.1.1 SCDC Form M-178, "Mental Health Referral," is completed and forwarded to the ICS program manager, who is a licensed psychologist. If it is approved, the program manager or designee will notify the Division of Classification and Inmate Records of the approval and coordinate transferring the inmate to ICS.

2.1.2 General diagnostic guidelines for admission to ICS include: diagnosis of schizophrenia and other psychotic disorders, severe mood disorders (bipolar, major depression), severe anxiety-related disorders, major neurocognitive disorders with behavioral disturbances, dissociative disorders, dually diagnosed inmates wherein a severe mental illness is the primary problem, or personality disorders when symptoms cause serious and persistent disturbances that require structured treatment.

2.1.3 Mentally ill inmates with the following characteristics are appropriate for ICS services:

- Serious symptoms (chronic mood instability, severe anxiety-related disorders, impaired reality testing, impaired judgment, impaired thought processes, impaired social functioning, or impaired communication skills, when these conditions substantially impede an inmate's ability to reside safely within the general population);
- Poor symptom control even with medication therapy and chronically non-compliant with medication;
- Failure to stabilize at lower levels of care or having a poor history of adjustment, usually reflected in multiple hospitalizations; and
- Requiring a highly structured environment.

3. MENTAL HEALTH SERVICES:

3.1 Case Management: Qualified Mental Health Professionals (QMHPs) provide all case management services and serve as the primary counselors to assigned inmates. The primary QMHP works in conjunction with the psychiatrist, psychologist, nursing, and security to ensure that inmates' needs are met.

3.1.1 Upon admission to ICS, inmates receive an initial assessment and are assigned a primary QMHP. The primary QMHP serves as the case manager and completes an intake assessment.

3.1.2 The primary QMHP, the inmate, and the Treatment Team develop an individualized treatment plan (see SCDC Form M-179, "Kirkland R&E Intermediate Care Services Treatment Plan.") In turn, the primary QMHP refers the inmate to groups and may request psychologist testing.

3.1.3 During the first four weeks of the ICS program, the primary QMHP provides individual counseling to the inmate once per week or more often, as clinically indicated. After four (4) weeks, the primary QMHP conducts individual sessions no less than twice monthly, but these sessions may occur more often as clinically indicated. The QMHP will continue to see all inmates on his or her caseload at least weekly in a group format.

3.1.4 A psychiatrist is assigned to the inmate. The psychiatrist determines psychiatric medication needs and ensures that medical needs are addressed. The psychiatrist assesses the inmate every thirty (30) days, or more often as clinically indicated.

3.1.5 The primary QMHP serves as the inmate's staff representative to the Treatment Team.

3.1.6 The primary QMHP acts as a liaison with family and significant others. With appropriate releases of information, the inmate's family members and significant others may be contacted to provide background information pertinent to the inmate's treatment at ICS.

3.1.7 Treatment services include, but are not limited to, psychopharmacology, individual counseling, group therapy, activity therapy, referral services, and discharge planning. The primary QMHP meets with the inmate according to the treatment plan schedule and guides the inmate through the treatment process. The primary QMHP, in conjunction with the Treatment Team, assigns the inmate to groups, updates the treatment plan as necessary, and documents all treatment activities.

3.2 Treatment Planning Process:

3.2.1 The Treatment Team consists of the primary QMHP, assigned psychiatrist, psychologist, other ICS-assigned QMHPs, a nurse, an activity therapist, and operational staff.

3.2.2 Upon admission to ICS, the assigned primary QMHP completes an intake assessment. The psychiatrist completes an initial assessment within seventy-two (72) hours. Within the first week, the primary QMHP completes a psychosocial assessment. In conjunction with the inmate, the primary QMHP, and the Treatment Team develop an initial treatment plan that contains individualized treatment goals and objectives.

3.2.3 The primary QMHP presents the initial plan to the Treatment Team during the week following admission to ICS. A ninety (90) day review of treatment plans is required, but revisions are made throughout the treatment process as clinically indicated in consultation with the Treatment Team. The primary QMHP uses SCDC Form M-180, "Treatment Team Comments," to record decisions made during the 90-day review. The information is also documented in the Automated Medical Record (AMR).

3.2.4 Identification of resolved goals, revisions to existing goals, and the addition of new goals may occur as needed, and these updates are documented on the treatment plan.

3.2.5 Treatment plan hard copies are stored in the mental health section of the medical record. The treatment planning process is documented in the mental health encounters in the AMR.

3.3 Psychopharmacological Therapy: A psychiatrist or qualified mid-level practitioner guides and monitors inmates treated with medication(s). Medical personnel (RN or LPN with supervision) administer all prescribed medications. Patient education regarding medication is an integral part of treatment. Inmates are taught the importance of psychopharmacological therapy adherence, the side-effects of medications, and the importance of disclosing side-effect occurrences. The nursing staff monitors the inmate's compliance with medication(s) and side effects in the AMR.

3.4 Counseling Services: ICS inmates are provided ten (10) hours of structured out-of-cell activities weekly, which take place Monday through Friday. ICS inmates are allowed a minimum of ten (10) hours of unstructured out-of-cell time per week.

3.4.1 Group Therapy: Group therapy is led by a QMHP and is provided primarily Monday through Friday with limited group offerings on weekends. ICS offers a wide variety of groups to improve symptom management and teach cognitive/behavioral decision-making and emotional coping skills. The goals of group are to improve symptom management, reduce problematic behaviors, improve self-care skills, and promote relapse prevention. Group topics may include, but are not limited to:

Activities of Daily Living	Medication Education
Alcohol/Substance Abuse/Relapse Prevention	Music Therapy
Anger/Stress Management	Personal Hygiene
Educational Services	Pre-Release Planning
Library Services	Rational Behavior Therapy
Living with Schizophrenia	Hobby Craft
Work Assignments	

3.4.2 Recreation Therapy: The activity therapist plans, directs, and coordinates recreation programs for inmates. Structured activities are conducted throughout the week and on weekends:

- The activity therapist, either directly, or through supervision of mental health technicians, observes, analyzes, and records patients' participation, reactions, and progress during treatment sessions, and modifies treatment programs as needed;
- Activity therapy treatment plan goals are based on a needs assessment, patient interests, and objectives of therapy, and are documented on the treatment plan;

- The activity therapist, and mental health technicians under his/her direction, encourage inmates to acquire new skills and get involved in health-promoting leisure activities, such as sports, games, arts and crafts, and gardening; and
- The activity therapist collaborates with members of the Treatment Team to plan and evaluate therapy programs.

3.4.3 Individual Counseling: Individual counseling provides confidential therapeutic interactions between the inmate and the primary QMHP in which to focus on treatment plan goals and objectives, practice adaptive coping skills, and confront obstacles to goal attainment. Individual counseling provides a forum for addressing symptom monitoring and managing, medication adherence, and relapse prevention efforts. Individual counseling also affords opportunities to promote personal care skills, and assist inmates in adapting to institutional living while attending to their individual psychological challenges. Individual counseling is provided no less than once per week during the first month at ICS. Thereafter, individual counseling is provided as needed, but not less than twice monthly.

- During the first four (4) weeks of the ICS program, the primary QMHP provides individual counseling to the inmate once per week, or more often if clinically indicated. After four (4) weeks, the primary QMHP conducts individual sessions no less than twice monthly, but these sessions may occur more often as clinically indicated. The QMHP will continue to see all inmates on his or her caseload at least weekly in a group format.

4. MILIEU THERAPY: ICS mental health personnel collaborate with security, medical, and other institutional staff to maintain a safe, clean, and quiet environment that is conducive to positive behavior changes. Specific problematic inmate behaviors are formally addressed during Treatment Team Meetings. Community meetings are also a part of the ICS milieu. The community meeting is a forum for exchanging relevant and useful information between inmates, security, medical, and mental health staff. At the community meeting, inmates are provided appropriate institutional information and are afforded an opportunity to voice their thoughts and concerns. In addition to the community meeting:

4.1 Level System: The ICS structure includes multiple supervision levels. The level system is designed to promote inmate adherence to program rules and recommendations, and encourage progress on treatment goals. The level system provides incentives for adherence to rules of conduct within the ICS Program. Inmates admitted or transferred into the ICS program are assessed and assigned a level.

4.1.1 Level assignments are adjusted based upon changes in symptom severity, appropriateness of social behaviors, and adherence to treatment goals and recommendations. Level 3 is the least restrictive level, and Special Level is the most restrictive ([see Attachment A](#)).

4.1.2 Levels can be reviewed in weekly Treatment Team meetings. Level assignment changes are as a result of changes in behavior and symptom presentation.

4.2 Pre-Hearing Detention:

4.2.1 Inmates charged with serious (Level 1 or 2) violations of SCDC rules are placed on Pre-Hearing Detention (PHD) status by operational staff. Inmates on PHD are housed in Restrictive Housing Unit (RHU) but continue to be seen weekly, or more often if clinically indicated by their primary (or on-call) QMHP.

4.2.2 The ICS program manager regularly consults with the Disciplinary Hearing Officer (DHO) as part of the inmate hearing process, and disciplinary hearings are held weekly.

4.3 Crisis Intervention (CI), Suicide Precautions (SP):

4.3.1 Crisis Intervention (CI) is utilized to allow observation and assessment, while providing a safe environment for inmates who are depressed, exhibiting acting-out or self-injurious behaviors, feel unsafe, or need temporary removal from the environment, but do not require hospitalization. Suicide Precautions (SP) status is utilized to provide constant observation in a safe environment to inmates expressing or exhibiting suicidal behaviors. Procedures for initiating and discontinuing CI and SP are outlined in SCDC Policy HS-19.03, "Inmate Suicide Prevention and Intervention."

4.3.2 ICS assigned inmates requiring placement on CI or SP are transferred within 24 hours to the Crisis Stabilization Unit (CSU), which is located at Broad River Correctional Institution. ICS inmates released from the CSU receive crisis assessments for three (3) consecutive days, and weekly follow-up crisis assessments continue for four (4) weeks post CI or SP status.

4.4 Inpatient Hospitalization (Gilliam Psychiatric Hospital or Columbia Regional Care Center):

4.4.1 Inmates experiencing acute escalation of symptoms, presenting as a danger to self or others, experiencing self-care problems due to mental illness, demonstrating substantial impairment in their capacity for reality testing or an inability to communicate, may be referred for inpatient mental health services at Gilliam Psychiatric Hospital (GPH), and female inmates at Columbia Regional Care Center (CRCC). Admission to GPH/CRCC may be voluntary or involuntary ([see Attachment B](#)). The referral procedures are outlined in SCDC Policy HS-19.13, "Mental Health Services - Gilliam Psychiatric Hospital (GPH)."

4.4.2 A psychiatrist approves inmate referrals to GPH/CRCC, and the inmate's primary QMHP or designee coordinates with appropriate GPH/CRCC personnel to facilitate admission. Inmates who return to ICS from GPH/CRCC are seen no less than weekly for the first four (4) weeks and more often as clinically indicated.

4.5 ICS Services in Lock-up Units: Inmates who qualify for ICS services but who are housed in various RHUs statewide will have their treatment plans updated to provide an appropriate level of service as can best be managed at their institution's RHU.

5. DISCHARGE PLANNING: Discharge planning begins at admission, and the assessment reflects that discharge planning has been addressed. SCDC Form M-181, "Discharge Needs Assessment," is completed at admission for inmates who max-out in one year or less. When an inmate is transferred to another facility, the Discharge Needs Assessment is forwarded to the assigned counselor at the receiving institution.

5.1 Discharge to Area/Outpatient Mental Health Services:

5.1.1 When an inmate has improved and may no longer require ICS structured residential mental health treatment at ICS, the inmate is presented at the Treatment Team meeting to be considered for discharge to Area/Outpatient Mental Health Services. The primary QMHP or designee presents the inmate's progress to the Treatment Team for a decision regarding discharge. The inmate must attend this meeting. Upon recommendation of the Treatment Team and a written order from the assigned psychiatrist, discharge from ICS is initiated and an appropriate transfer referral is made. To qualify for discharge consideration, the inmate must be compliant with medication and without acute symptoms or medication side effects that require frequent monitoring.

5.2 Community Discharge:

5.2.1 Within six (6) months of the inmate's max-out date, the QMHP who is handling case management will coordinate and document all discharge planning services. All contacts relevant to aftercare planning are documented under the appropriate encounter type in the AMR. The QMHP utilizes SCDC Form, M-182, "Discharge Summary," to address recommendations for continued mental health care. Discharge planning content will generally include the following areas:

- Assessing community resources;
- Communication skills;
- Benefits: (SSI/SSDI - Social Security Administration); South Carolina Department of Vocational Rehabilitation (Voc. Rehab.); Veterans' Administration (VA); Department of Social Services (DSS); and Department of Mental Health (SCDMH);
- Money management;
- Family reunification;
- Goal setting (short/long term); and
- Job seeking and survival skills.

5.2.2 Specific Procedures:

5.2.2.1 Six months prior to max-out:

- The inmate is assigned to the discharge planning group;
- Primary QMHP completes a discharge needs assessment;
- Living arrangements and family support are verified; and
- Arrangements must be made for admission to a SCDMH hospital if the case manager and Treatment Team conclude that psychiatric hospitalization is necessary due to the inmate's mental illness. Consultation with SCDC personnel assigned to facilitate admission to an SCDMH facility must be initiated.

5.2.2.2 Four months prior to max-out:

- The primary QMHP reviews the Discharge Needs Assessment with the inmate and makes changes as needed;
- Housing arrangements are finalized;
- For inmates with deficits in self-care skills, the primary QMHP contacts the SCDMH liaison for assistance with residential placement; and
- SSI/SSDI paperwork is completed.

5.2.2.3 One month prior to max-out:

- The primary QMHP notifies medical of the pending max-out date to facilitate ordering a five-day supply of medications that are provided to inmates upon release from SCDC;
- The primary QMHP schedules post release appointments (mental health, vocational rehabilitation, substance abuse, VA, etc.); and
- The primary QMHP finalizes plans with families and the SCDMH liaison.

5.2.2.4 Two days prior to max-out:

- On the day of max-out, the inmate is given at least a five (5)-day supply of medications as ordered by the ICS psychiatric and medical physicians. The inmate also receives prescriptions for a thirty (30)-day supply of each medication; and
- The inmate is given a copy of all scheduled appointments, which include the dates, times, addresses, telephone numbers, and names of contact persons. A copy of the appointment information may be mailed or disclosed to a family member/guardian with the inmate's written permission.

6. QUALITY ASSURANCE:

6.1 The ICS program will be audited by the quality assurance manager and assistants through a continuous quality management auditing process with reports generated on at least a quarterly basis.

6.2 The ICS program director will conduct internal audits of each counselor assigned to the ICS twice annually to ensure that services are being delivered. The internal audits will consist of evaluation of groups, individual sessions, and whether the program is meeting the required standard hours of structured and unstructured activities. The program director will observe at least one group per month by each individual counselor and at least one individual session. Random inmate files will be selected for auditing in order to ensure that clinical documentation and treatment plans are being completed and updated in accordance with applicable policies.

7. DEFINITION(S):

AMR refers to Automated Medical Records.

Community Meeting refers to a forum for exchanging relevant and useful information between inmates, security, medical, and mental health staff.

Crisis Intervention (CI) is utilized to allow observation and assessment, while providing a safe environment for inmates who are acutely depressed, exhibiting acting out or self-injurious behaviors, feel unsafe, or need temporary removal from the environment, but do not require hospitalization.

Intermediate Care Services (ICS) provides residential services for inmates with serious, persistent, mental illness who require intensive treatment, monitoring, and care, but do not need psychiatric hospitalization.

Level System refers to a system designed to promote inmate adherence to program rules and recommendations, and encourage progress on treatment goals. Level assignments are adjusted based upon changes in symptom severity, appropriateness of social behaviors, and adherence to treatment goals and recommendations. The level system provides incentives for adherence to rules of conduct within the ICS program. Level Three is the least restrictive level.

Pre-Hearing Detention (PHD) refers to the security status for inmates awaiting a disciplinary hearing. ICS inmates on PHD status are placed in a Restrictive Housing Unit (RHU).

Primary QMHP refers to a Qualified Mental Health Professional (QMHP) assigned as an inmate's case manager.

Qualified Mental Health Professional (QMHP) refers to a psychiatrist, licensed psychologist, licensed professional counselor, licensed professional counselor-supervisor, licensed independent social worker, psychiatric nurse practitioner, and also includes a licensed master social worker and licensed professional counselor-intern with appropriate supervision.

Suicide Precautions (SP) refers to intervention measures to reduce physical self-harm by an inmate identified as a risk for suicidal behavior. These measures include placement of the inmate into a safe cell under constant observation.

Treatment Team refers to a primary QMHP, a psychiatrist, a psychologist, other ICS-assigned QMHPs, a nurse, an activity therapist, and security staff.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

ORIGINAL SIGNED COPY MAINTAINED IN THE OFFICE OF POLICY DEVELOPMENT.

ATTACHMENT A

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF BEHAVIORAL/MENTAL HEALTH & SUBSTANCE ABUSE SERVICES
INTERMEDIATE CARE SERVICES**

LEVEL SYSTEM

Intermediate Care Services (ICS) Level System is designed to facilitate inmate adherence to program rules, treatment goals, and recommendations. The Level System provides incentives for advancement through the ICS Program. All inmates admitted or transferred to ICS are assigned to the Level System. Assignments are based on the inmate's presenting symptoms, behaviors, and adherence to treatment goals and recommendations. Level Three is the least restrictive level and Special Level is the most restrictive.

The Level System consists of the following levels and privileges:

Level Three:

- Inmates assigned to Level Three (3) are free of institutional charges and are treatment and medication compliant. The inmates have no minor charges or infractions or a pending disciplinary. Inmates on this level are cooperative with all aspects of treatment and security requirements.
- Restriction(s): No restrictions are identified for this level.
- Privileges: All approved institutional privileges are allowed.

Level Two:

- Inmates assigned to Level Two (2) may have a minor charge or pending charge. Inmates may be non-compliant with no more than one area or treatment recommendations. Any behavioral infraction while on Level Two may cause a reduction to Level One.
- Restriction(s): Inmates on Level Two are locked in their rooms at 6:00 p.m. each day.
- Privileges: Inmates on Level Two are allowed out of their rooms from 6:00 a.m. to 6:00 p.m. daily.

Level One:

- Inmates on Level One (1) may have several minor charges or a major charge pending. Inmates assigned to Level One may be non-compliant in two or more areas of treatment or displaying disruptive/acting out behaviors in the institution or ICS Program. Inmate visits are in the Secure Visiting Room and must be escorted to and from all visits.
- Restriction(s): Inmates on Level One are allowed no participation in institutional organized sports/activities.
- Privileges: Inmates are allowed two (2) hours of recreation between 1:00 pm and 3:00 pm.

