

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Mental Health Audits and Evaluations of Mental Health Services

**Policy Number:** 508.12

**Effective Date:** 6/28/2022

**Page Number:** 1 of 4

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Mental Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

Central Office Mental Health Services, under the direction of the Office of Health Services, will maintain the responsibility for auditing or evaluating mental health care delivery and/or services in Georgia Department of Corrections (GDC) facilities. This procedure is applicable to all GDC facilities with a mental health mission.

**II. Authority:**

- A. Ga. Comp. R. & Regs. R. 125-1-2-.10;
- B. NCCHC Correctional Mental Health Care Standards and Guidelines for Delivering Services, 2014;
- C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 2011; and
- D. ACA Standards: 5-ACI-6D-02 (Mandatory) and 4-ALDF-7D-09.

**III. Definitions:**

None.

**IV. Statement of Policy and Applicable Procedures:**

- A. Central office mental health services will establish a schedule to ensure the periodic audit and/or evaluation of mental health care delivery and services. Findings and recommendations will be furnished in writing both to facility Wardens/Superintendents and other divisional managers as appropriate.
- B. Audits and evaluations of mental health care delivery and services will be conducted using the Attachments to this SOP and incorporate the following:
  - 1. GDC mental health standard operating procedures (SOPs);

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2. National Commission on Correctional Health Care, Correctional Mental Health Care Standards and Guidelines for Delivering Services, and where applicable, National Commission on Correctional Health Care, Standards for Health Services in Juvenile Detention and Confinement Facilities;
  3. American Correctional Association Standards, operational standards designed to enhance correctional practices;
  4. At applicable facilities, monitoring service and delivery requirements and performance standards as stated and required in the contract for the delivery of comprehensive health services;
  5. Monitoring compliance with contemporary mental health practices in the community.
- C. The GDC statewide mental health director will determine the frequency of facility audits.
1. The central office audit team will review each mental health program at mental health facilities at least every year using either the Mental Health Comprehensive Audit Tool (M26-01-05) and Comprehensive Audit Tool Scoring Sheet (M26-01-06) or the Integrated Treatment Facility Comprehensive Audit Tool (M26-01-07) developed by the statewide mental health director/designee.
  2. Each mental health program will perform one self-audit within six (6) months of the Comprehensive Audit, using either the Mental Health Comprehensive Audit Tool (M26-01-05) or the Integrated Treatment Facility Comprehensive Audit Tool (M26-01-07).
  3. Each mental health program will respond to any audit deficiencies (score of 70% or less and/or identified areas of concern) by submitting a Mental Health

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Program Audit Corrective Action Plan (M26-01-01) to the statewide mental health director/designee within one month of:

- a. Receiving a mental health audit report from central office; and
- b. Completing a self-audit.

D. The Audit Team will be multi-disciplinary, consisting of core members and, as needed, trained/experienced substitutes/assistants. Large audits will require the use of additional discipline-specific staff members. Core members include the following:

1. GDC chief psychologist;
2. Statewide mental health director's designee(s);
3. Mental health program consultant/program consultant supervisor;
4. Psychologist;
5. Psychiatrist;
6. Mental health nurse;
7. Activity therapist (when applicable); and
8. Mental health vendor representative(s) (as needed).

E. Mental health professionals may be asked to assist with the audit workload and/or to provide an opportunity for professional development. Participants outside of the core audit team must:

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1. Be approved by the statewide mental health director or the GDC chief psychologist; and
2. Have clinical/administrative experience in a mental health correctional facility that utilizes GDC SOPs.

**V. Attachments:**

Attachment 1: Mental Health Program Audit Corrective Action Plan (M26-01-01)  
Attachment 2: Documents Needed to Facilitate a Comprehensive Audit (M26-01-02)  
Attachment 3: Audit Process Outline (M26-01-03)  
Attachment 4: Audit Tool Scoring Guidelines (M26-01-04)  
Attachment 5: Mental Health Comprehensive Audit Tool (M26-01-05)  
Attachment 6: Comprehensive Audit Tool Scoring Sheet (M26-01-06)  
Attachment 7: Integrated Treatment Facility Comprehensive Audit Tool (M26-01-07)

**VI. Record Retention of Forms Relevant to this Policy:**

Upon completion, Attachments 1, 5, 6, and 7 shall be maintained in the mental health area of the applicable facility, central office Audits and Compliance, and the Office of Health Services (mental health area) for five (5) years and then destroyed. The Mental Health Unit Manager shall also maintain a copy of Attachments 5 and 7. Attachments 2, 3, and 4 shall be utilized in the mental health area until replaced or obsolete.