

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Mental Health Evaluations

Policy Number:
508.15

Effective Date: 8/15/2022

Page Number: 1 of 13

Authority:
Commissioner

Originating Division:
Health Services Division
(Mental Health)

Access Listing:
Level II: Required Offender
Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) to ensure that Qualified Mental Health Professionals thoroughly and properly evaluate offenders with serious mental illness and other identified mental health needs, for the purpose of identifying the offender's need for mental health services and assigning a mental health classification level.

II. Authority:

- A. GDC Standard Operating Procedures (SOPs): 508.14 Mental Health Reception Screen, 508.19 Mental Health Referral and Triage, 508.21 Treatment Plans, 508.24 Psychotropic Medication Use Management, and 508.33 Transfer of Seriously Mentally Ill Offenders;
- B. NCCHC Standards for Health Services in Prisons 2018: P-E-05 Mental Health Screening and Evaluation;
- C. NCCHC Standards for Health Services in Juvenile Facilities 2014: Y-E-05 Mental Health Screening and Evaluations; and
- D. ACA Standards: 2-CO-4E-01, 5-ACI-6A-28 (Mandatory), 5-ACI-6A-33, 5-ACI-6A-37, 5-ACI-6C-04 (Mandatory), 4-ALDF-4C-27 (Mandatory), 4-ALDF-4C-28, 4-ALDF-4C-30 (Mandatory), 4-ALDF-4C-31, 4-ALDF-4C-34, and 4-ALDF-4D-15.

III. Definitions:

- A. **Mental Health Reception Screen** - A procedure conducted as part of the normal diagnostic reception and classification process on all offenders entering the system, designed to identify those offenders with serious mental illness or offenders in need of further mental health attention or evaluation. A Qualified Mental Health Professional conducts a mental health screening by utilizing standard forms and procedures.

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- B. **Mental Health Evaluation** - A procedure conducted on all offenders as, 1) part of the diagnostic reception and classification process based on results from the mental health reception screen indicating a more comprehensive mental health assessment is needed, 2) part of a comprehensive mental health assessment when further diagnostic clarity is needed, or 3) needed when additional information is necessary for decision-making to assist with treatment planning and other clinical needs.
- C. **Serious Mental Illness** - A substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or coping with the ordinary demands of life within the correctional environment. Mental suffering or disability manifests the disorder. Serious mental illness requires a mental health diagnosis and treatment in accordance with an individualized treatment plan.
- D. **Qualified Mental Health Professional** - Mental Health Unit Managers, Psychiatrists, Psychologists, Advance Practice Registered Nurses (APRN), Licensed Nurses, Licensed Professional Counselors, Licensed Master or Clinical Social Workers, Licensed Marriage and Family Therapists, Mental Health Counselors, Mental Health Technicians, Mental Health Behavior Specialists and Multifunctional Correctional Officers.
- E. **Mental Health Unit Manager** - The Mental Health Unit Manager is the staff member responsible for the overall operation of the mental health unit and the provision of mental health services in accordance with Georgia Department of Corrections Standard Operating Procedures at the assigned mental health facility/facilities.

IV. Statement of Policy and Applicable Procedures:

This procedure is applicable to all Georgia Department of Corrections facilities with a mental health mission.

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A. General Evaluation Procedures:

1. All mental health referrals derived from the Mental Health Reception Screening process or through the mental health referral process will go to the Mental Health Unit Manager for assignment to a qualified mental health professional to conduct the appropriate assessment.
2. The assignment of the mental health classification or level is determined by the outcome of an evaluation. The Mental Health Unit Manager will ensure that mental health classification levels are entered into the appropriate computer tracking system (Scribe) and processed appropriately based on the offender's status (i.e., diagnostic vs. permanent).
3. Under no circumstances should an offender determined to need mental health services be returned to a facility without on-site mental health services. It is the responsibility of the Mental Health Unit Manager at the evaluating site, to ensure the arrangement of appropriate housing and the implementation of any orders for special precautions.
4. It is the responsibility of the evaluator to get appropriate Consent to Mental Health Evaluation or Treatment (SOP 508.10, Confidentiality of Mental Health Records, Attachment 1, form M20-02-01) signed at the time of the evaluation. In section five of the mental health record, the original consent form will be filed, and a copy given to the offender.

B. Request for Records Procedures:

1. For all offenders determined to be in need of any level of mental health services obtain the consent from the offender, for routinely requesting their hospitalization and recent mental health treatment records.
2. When records are requested, it is the responsibility of the evaluator to get appropriate Authorization for Release of Information (Attachment 3, form

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M31-01-03) signed at the time of the evaluation. File a copy of the authorization form in the mental health record (section 5).

3. Each mental health unit will establish a Requested Records Log (Attachment 5, form M31-01-05) to track requests for records. The following information will be logged:
 - a. The offender's name, number, and social security number;
 - b. All places from which records were requested;
 - c. Date request for records was mailed or faxed;
 - d. Date records were received; and
 - e. If records were not received, all follow-up actions to attempt to obtain the records.

C. Specific Evaluation Procedures:

1. Emergency Evaluations:
 - a. Offenders meeting the following criteria will be referred for emergency evaluations:
 - i. Offenders identified as posing a danger to self or others or as being actively psychotic by the Qualified Mental Health Professional during the Mental Health Reception Screen or by the Mental Health Unit Manager while triaging mental health referrals;
 - ii. Any situation where a clear need for immediate intervention is present; and

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iii. A psychiatrist, psychologist or APRN will conduct emergency evaluations.

2. Mental Health Services Screening/Evaluation:

- a. All referrals received through the reception screening (diagnostic) process will receive a full Mental Health Evaluation for Services (Attachment 1, form M31-01-01) within 5 business days and may be supplemented with the Mental Status Evaluation (Attachment 2, form M31-01-02).
- b. Upon receipt of a self or staff referral other than through the Mental Health Reception Screening process, a Qualified Mental Health Professional will perform an assessment consisting of a review of records and a brief clinical interview.
- c. Within 14 calendar days of a routine referral request date, the Mental Health Evaluation for Services (Attachment 1, form M31-01-01) will be completed and include at least the following:
 - i. Review of the mental health screening and appraisal data;
 - ii. Direct observations of behavior;
 - iii. Collection and review of additional data from individual diagnostic interviews and tests (assessing personality, intellect, and coping abilities);
 - iv. Compilation of the individuals' mental health history; and
 - v. Development of an overall treatment/management plan with appropriate referral.

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- d. The information obtained will be documented on the Mental Health Evaluation for Services form (Attachment 1, form M31-01-01), Mental Status Evaluation (Attachment 2, form M31-01-02) and the lower portion of the referral form (SOP 508.19 Mental Health Referral and Triage, (Attachment 1, form M35-01-01) will be reviewed and signed by an upper-level provider. If it is determined, the offender is not in need of services, the evaluation process will terminate at this point and the mental health level will remain level 1. Place the level 1 offender's Mental Health Referral Form and the Mental Health Evaluation form in the offender's Medical Record (section 5).
- e. Once the Mental Health Evaluation for Services (Attachment 1, form M31-01-01) is completed, possible outcomes include:
 - i. The offender is not in need of mental health services;
 - ii. The offender is in need of mental health services and will be given a mental health classification level based on the level of care that is clinically indicated; or
 - iii. The offender needs further evaluation before determining their mental health classification level.
- f. The Mental Health Evaluation for Services (Attachment 1, form M31-01-01) and Mental Status Evaluation (Attachment 2, form M31-01-02) will be filed in the medical record (section 5), and a copy of the evaluations will be placed in the mental health record (section 4) on all offenders placed on the mental health caseload.
- g. A clinical psychologist or other upper-level provider will review and sign all Mental Health Evaluation for Services (Attachment 1, form M31-01-01) conducted by unlicensed mental health personnel.

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- h. Once the mental health classification level is determined, the level will be entered in the appropriate computer tracking system (SCRIBE) and will be made a part of the diagnostic package for offenders referred through the reception screening process.
 - i. The Mental Health Unit Manager will enter the mental health classification level in the appropriate computer tracking system (SCRIBE) for offenders referred from other facilities or from general population. In addition, the Mental Health Unit Manager may arrange for transfer as necessary in accordance with mental health standard operating procedures SOP 508.33, Transfer of Offenders with Serious Mental Illness.
 - j. As part of the treatment planning process, any offender will be scheduled for an Initial Psychiatric/Psychological Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 6, form M60-01-06) if classified as mental health level II or higher. In general, to address questions regarding the need of medication, a psychiatrist or APRN will conduct an initial psychiatric evaluation and the psychologist will conduct an initial psychological evaluation on those offenders where medication is not an issue.
3. Psychiatric/Psychological Evaluations:
- a. Refer offenders for an initial psychiatric evaluation if they meet the following criteria:
 - i. Offenders entering the Georgia Department of Corrections with an active prescription for psychotropic medication (NOTE: When indicated, prescriptions will be rewritten by a physical health physician until the offender is evaluated by a psychiatrist or APRN); and

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- ii. Offenders referred by a physical health physician to a psychiatrist or APRN for a psychiatric evaluation.
- b. Refer offenders for an initial psychological evaluation if they meet the following criteria:
 - i. Offenders entering the Georgia Department of Corrections that do not have an active prescription for psychotropic medication; and
 - ii. Offenders referred by the Mental Health Unit Manager for an initial psychological evaluation prior to receiving an initial psychiatric evaluation to consider pharmacological interventions.
- c. The Mental Health Unit Manager/designee will schedule initial psychiatric/psychological evaluations in accordance with SOP 508.14, Mental Health Reception Screen and SOP 508.19, Mental Health Referral and Triage.
- d. Psychiatric/psychological evaluations will be completed and documented in accordance with SOP 508.24, Psychotropic Medication Use Management.
- e. Base any psychiatric/psychological follow-up on the clinical judgment of the psychiatrist, APRN or psychologist and in accordance with SOP 508.24, Psychotropic Medication Use Management.
- f. After the initial psychiatric/psychological evaluation is completed, the psychiatrist or psychologist will complete a diagnosis list (SOP 508.09, Mental Health Records, Attachment 5, form M20-01-05) using the most current diagnostic statistical manual (DSM) criteria and make a final determination regarding mental health level of care.

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- g. After determining the level of care, the Mental Health Unit Manager will assign the offender to a mental health counselor/technician or behavior specialist who will see the offender within 48 hours.
 - h. The mental health counselor/technician or behavior specialist will develop a treatment plan in accordance with SOP 508.21, Treatment Plan, which includes any special housing or program needs requiring placement at specific facilities.
 - i. The Mental Health Unit Manager/designee will inform inmate classification of the mental health classification level and special housing/program needs. If necessary, a transfer will occur to a facility or unit specifically designated for handling this type of individual.
4. Transfer Evaluations:
- a. If there is documented evidence of a mental health evaluation within the previous 90 days, a new mental health evaluation is not required, except as determined by the designated mental health authority.
 - b. If offender is on medication, a psychiatric consultation will occur within fourteen (14) days of arrival at the new facility and must be documented on a Psychiatry/Psychology Transfer Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 5, form M60-01-05).
 - c. If offender is not on medication, a psychological consultation or psychiatric consultation will occur within fourteen (14) days of arrival at the new facility and documented on a Psychiatry/Psychology Transfer Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 5, form M60-01-05).

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5. Psychological Testing and Evaluation:

- a. Offenders will be referred for psychological testing based on, but not limited to the following criteria:
 - i. Need for diagnostic clarification;
 - ii. The offender has been referred previously and not found to need Mental Health Services but continues to experience problems in general population;
 - iii. Need for the facilitation and development of a treatment plan by identifying strengths and weaknesses;
 - iv. Need to assess treatment efficacy; and
 - v. To assist in the development of a behavior management plan.
- b. Before administering any psychological test, the Psychologist will review the referral and determine which tests to administer, to address the questions asked.
- c. Under the direction of the Psychologist, the Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician privileged in test administration, may be assigned to administer, and score assessments.
- d. The Psychologist will write a psychological assessment report within fourteen (14) working days of receiving the referral, answering the specific questions asked in the mental health referral and making appropriate recommendations.

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- e. All tests will be maintained on file in the mental health record (section 4) or, if no mental health record exists, in the medical record (section 5).
- 6. Evaluation for Neurodevelopmental Disorder Services:
 - a. All offenders scoring 70 or below on the culture fair intelligence tests and offenders with a history of special education services for deficits or impairments in intellectual or adaptive functioning will be referred to the Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician for further screening and evaluation.
 - b. The Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician privileged in testing will administer a standardized intelligence test approved by the state mental health director/designee.
 - c. All offenders scoring 70 or below on that test will be further assessed for deficits in adaptive functioning through a clinical interview to assess activities of daily living (ADLs), and a review of records.
 - d. A Psychologist will review and sign all test results/reports and determine if a diagnosis of a neurodevelopmental disability is in order.
- 7. Parole Board Requests for Parole Psychological Evaluations:
 - a. The Board of Pardons and Parole will send requests for Parole Psychological Evaluations (Attachment 6, form M31-01-06) to the Mental Health Unit Manager; and
 - b. The Mental Health Unit Manager will be responsible for scheduling these evaluations, conducted by a Qualified Mental Health Professional.

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- c. Unless otherwise requested by the Parole Board, pages 1 and 2 of this evaluation may be completed by, a licensed masters-level mental health counselor, mental health technician or behavior specialist, who is or is not assigned as counselor to the offender.
- d. A Psychologist who has a doctoral degree and currently licensed by the Georgia Board of Examiners as an applied psychologist, will evaluate offenders serving a life sentence or a sentence due to a sexual abuse charge.
- e. The Mental Health Unit Manager will ensure the Parole Board receives the report within 30 days of the receipt of the request for a Parole Board Evaluation.
- f. A Parole Evaluation Log (Attachment 4, form M31-01-04) will be established at each mental health unit to track Parole Psychological Evaluations (Attachment 6, form M31-01-06). The following information will be logged:
 - i. The offender's name and number;
 - ii. Date of Receipt of request for evaluation;
 - iii. Name and Title of the evaluator;
 - iv. Date evaluation conducted; and
 - v. Date the submitted Parole Board Evaluation report is sent to the Parole Board.

V. Attachments:

Attachment 1: Mental Health Evaluation for Services (M31-01-01)

Attachment 2: Mental Status Evaluation (M31-01-02)

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Attachment 3: Authorization for Release of Information (M31-01-03)

Attachment 4: Parole Evaluation Log (M31-01-04)

Attachment 5: Requested Records Log (M31-01-05)

Attachment 6: Parole Board Evaluations (M31-01-06)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachments 1, 2, and 6 will be placed in the offender's mental health file, section four (4). Attachment 3 will be placed in the offender's mental health file, section five (5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years. Attachments 4 and 5 will be maintained in the mental health area for four (4) years, then destroyed or archived.