

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Mental Health Rounds in Restrictive Housing Units

Policy Number: 508.20

Effective Date: 8/2/2022

Page Number: 1 of 8

Authority:
Commissioner

Originating Division:
Health Services Division
(Mental Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) that a Qualified Mental Health Professional conduct regular weekly mental health rounds on all offenders confined in restrictive housing to 1) ensure that offenders previously identified as having a Serious Mental Illness receive continuous mental health services while confined in restrictive housing, and 2) ensure that any offender exhibiting signs of Serious Mental Illness in restrictive housing is detected and treated in a timely manner. Mental health rounds are conducted primarily for purposes of identification and referral of offenders with Serious Mental Illness, as opposed to delivering actual mental health treatment of service. This procedure is applicable to all Georgia Department of Corrections facilities with a mental health mission.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 508.14 Mental Health Reception Screen, 508.15 Mental Health Evaluations, 508.19 Mental Health Referral and Triage, 507.04.33 Health Evaluation of Offenders in Restrictive Housing, 508.28 Managing Potentially Suicidal, Self-Injurious, and Assaultive Behavior, and 508.25 Psychiatric Hospitalization; and

B. ACA Standards: 5-ACI-4A-10, 5-ACI-4B-01, 5-ACI-4B-10, 5-ACI-4B-28, 5-ACI-4B-30.

III. Definitions:

A. **Serious Mental Illness** - A substantial disorder of thought or mood which significantly impairs judgment, behavior, or capacity to recognize reality or cope with the ordinary demands of life within the prison environment and which is manifested by pain or disability. Serious Mental Illness requires a mental health diagnosis, prognosis, and treatment by appropriate mental health staff.

B. **Qualified Mental Health Professional** - Mental Health Unit Managers, Psychiatrists, Psychologists, Advanced Practice Registered Nurses (APRN), Licensed Nurses, Licensed Professional Counselors, Licensed Master and Clinical

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Social Workers, and Licensed Marriage and Family Therapists, Mental Health Counselors, Mental Health Technicians, and Mental Health Behavioral Specialists.

- C. **Licensed Health Care Provider** - A licensed, registered, or certified health care employee whose position requires a license and/or credentials that meet state credentialing laws.
- D. **Double-Bunking (in Restrictive Housing)** - A Mental Health Offender who is on Protective Custody Status or Administrative Segregation Status and is placed in the same segregation cell with another Mental Health Offender.
- E. **Mental Health Offender** - An offender who has a current mental health diagnosis and is assigned as Level II or higher, also referred to as being on the mental health caseload or receiving mental health services.

IV. Statement of Policy and Applicable Procedures:

- A. Evaluation of offenders on the mental health caseload confined in Restrictive Housing:
 - 1. When offenders receiving mental health services are placed in restrictive housing, the mental health unit manager or designee will be notified and they, in turn, will notify the offender's mental health counselor.
 - 2. Any offender who is receiving mental health services and has been placed in Restrictive Housing, must receive a mental health screen (See SOP 508.14 Mental Health Reception Screen) by a Qualified Mental Health Professional within two (2) working days of placement in order to assess for contra-indications to restrictive housing. This evaluation will be documented on Attachment 2, 48 Hour/Weekly Progress Note (form M40-01-03) that is placed in the offender's mental health record.
 - 3. A Qualified Mental Health Professional will meet weekly with each offender who is receiving mental health services and is housed in Restrictive Housing. The offender contact will be documented in the offender's mental health record

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using Attachment 2, 48 Hour/Weekly Progress Note (form M40-01-03) that is placed in section 1 of the offender's mental health record or section 5 of the medical record if mental health records are kept in the medical record (e.g., at probation detention centers).

4. Once a month, Level II mental health offenders will have an individual counseling session with their mental health counselor. Level III and IV offenders will have a minimum of two (2) individual counseling sessions a month. These counseling contacts are expected to occur out of cell. The session will be based on treatment plan needs and documented on Attachment 2, Mental Health Progress Note (form M20-02-02) from SOP 508.10 Confidentiality of Mental Health Records.
- B. Evaluation of offenders confined in restrictive housing units (Segregation, Isolation, Protective Custody):
1. At facilities with mental health services, a mental health professional privileged to perform such evaluations shall conduct on-site weekly rounds in the institution's restrictive housing unit(s) using Attachment 1, Restrictive Housing Rounds Log (form M40-01-01).
 2. At facilities with mental health services, the mental health unit manager will be responsible for maintaining Attachment 1, Restrictive Housing Rounds Log (form M40-01-01). The following information must be tracked:
 - a. Segregation unit;
 - b. Date;
 - c. Staff person conducting rounds;
 - d. Time in;
 - e. Time out;

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- f. Officer(s) on duty;
 - g. Offenders in need of mental health services; and
 - h. A brief description of clinical concerns for each offender in need of mental health services.
3. Mental health rounds in restrictive housing units conducted by a Qualified Mental Health Professional consist of:
- a. A collaborative inquiry with the unit correctional officer into any problematic offender behaviors,
 - b. A brief conversation with each offender and a mental health screen when clinically indicated, and
 - c. The person conducting rounds will document any clinical concerns on Attachment 1, Referral Form from SOP 508.19 (form M35-01-01). Referrals for a mental health evaluation will be handled in accordance with SOP 508.19 Mental Health Referral and Triage.
4. The mental health vendor is responsible for ensuring that at facilities without mental health services, each offender in restrictive housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The minimum expectation of clinical documentation will include an entry of the offender's name and GDC identification number, restrictive housing unit identifier and officer on duty, time of entry and exit, and a brief description of any mental health concerns in the Restrictive Housing Rounds Log (Attachment 1, form M40-01-01). Mental health staff will also provide a signature on the cell door sheet. The presence of a mental health staff member in restrictive housing is announced to security staff and recorded in the restricted sign-in log provided by security staff. The above procedures entail a minimum expected standard.

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5. Mental health staff assigned to conduct on-site weekly restricted housing rounds at facilities without mental health services shall use Attachment 1, Restrictive Housing Rounds Log (form M40-01-01).
6. Mental health rounds in restrictive housing units conducted at facilities without mental health services consist of:
 - a. A collaborative inquiry with the unit correctional officer into any problematic offender behaviors,
 - b. A brief conversation with each offender and a mental health screen when clinically indicated, and
 - c. The mental health staff member conducting rounds in restrictive housing units at facilities without mental health services will document any clinical concerns on Attachment 1, Referral Form from SOP 508.19 (form M35-01-01). Referrals for a mental health evaluation will be handled in accordance with SOP 508.19, Mental Health Referral and Triage.
7. At facilities without mental health services, a Licensed Health Care Provider will conduct on-site rounds at least once a week (See SOP 507.04.33 Health Evaluation of Offenders in Restrictive Housing).
8. If an offender is placed in restrictive housing after release from the Acute Care Unit/Crisis Stabilization Unit, a mental health assessment will be conducted by the Qualified Mental Health Professional on that offender within the first 10 - 12 hours of placement in restrictive housing.
9. Whenever an offender not receiving mental health services remains in restrictive housing for more than 30 days, they will be examined by a Qualified Mental Health Professional to determine if there is a need for mental health services. This initial evaluation shall be conducted after the first 30 days of confinement and every three (3) months thereafter unless signs of psychiatric decompensation warrant a mental health evaluation to occur earlier than

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clinically indicated. The evaluator will write a brief note addressing any mental health needs, conduct a mental status evaluation, and document the impact of restrictive housing on the offender using Attachment 3, 30/90 Day Progress Note (form M40-01-04). This note will be placed in the mental health section of the medical record. If the offender requires mental health intervention, they will be referred for further evaluation and treatment as needed.

- a. The staff person conducting rounds shall notify the mental health unit manager, or designated staff at facilities with no mental health units, of offenders in restrictive housing who present with a need for non-emergency mental health services for purposes of scheduling a routine mental health services evaluation.
 - b. Staff referrals and self-referrals for a mental health evaluation will be handled in accordance with SOP 508.19 Mental Health Referral and Triage.
- C. Offenders found to be in need of immediate mental health attention will be referred to the mental health unit manager or designated medical personnel for further action that includes, but is not limited to:
1. Scheduling an emergency mental health evaluation to be conducted in accordance with SOP 508.15 Mental Health Evaluations within 24 hours or on the next working day.
 2. Immediate transfer of the offender to mental health observation, acute care unit, crisis stabilization unit, supportive living unit, or arrange for a higher level of psychiatric care based on the offender's mental status and level of care needed in accordance with SOPs 508.28 Managing Potentially Suicidal, Self-Injurious and Assaultive Behavior, and 508.25 Psychiatric Hospitalization. This should be documented on a mental health referral form in accordance with SOP 508.19 Mental Health Referral and Triage.

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D. Double-Bunking in Restrictive Housing for Mental Health Offenders:

1. Mental Health Offenders who are Double-Bunked in protective custody or administrative segregation should be paired with an offender of similar mental health level. Upon notification, and if deemed clinically appropriate, a Level II offender may be housed with a Level I offender. If Levels are mixed, mental health staff will document on a mental health progress note that the offender is clinically appropriate for Double-Bunking with an offender of a different Level. Level III offenders may only Double-Bunk with other Level III offenders. Level IV offenders should always be housed in a single cell. (See paragraph IV. D. 3. below for exceptions to the above “housing” assignments).
2. The facility classification committee will notify the mental health unit manager or his/her designee of the need to Double-Bunk offenders of different Levels. Security will be notified by mental health staff of any modifications or contra-indications to the housing assignment. The mental health duty officer will log the Double-Bunked offenders with different levels in the mental health duty officer logbook.
3. Special consideration should be given to the following three (3) circumstances:
 - a. Offenders on the mental health caseload charged with assault are to be “housed” alone. In cases when there are extenuating circumstances, security/officer in charge will contact the mental health counselor/duty officer to determine if Double-Bunking is deemed appropriate. The mental health counselor/duty officer will in turn notify the facility classification committee of any modifications or contra-indications to the housing assignment.
 - b. Offenders on the mental health caseload who are alleged victims of sexual abuse are to be “housed” alone. In cases when there are extenuating circumstances, security/officer in charge will contact the mental health counselor/duty officer to determine if Double-Bunking is deemed appropriate. The mental health counselor/duty officer will in turn notify the

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facility classification committee of any modifications or contra-indications to the housing assignment.

- c. Offenders on the mental health caseload with a physical or sexual assault history are to be “housed” alone. In cases when there are extenuating circumstances, security/officer in charge will contact the mental health counselor/duty officer to determine if Double-Bunking is deemed appropriate. The mental health counselor/duty officer will in turn notify the facility classification committee of any modifications or contra-indications to the housing assignment.

V. Attachments:

Attachment 1: Restrictive Housing Rounds Log (M40-01-01)

Attachment 2: 48 Hour/Weekly Progress Note (M40-01-03)

Attachment 3: 30/90 Day Progress Note (M40-01-04)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachment 1 will remain in the mental health area for three (3) years, then destroyed. Upon completion, Attachments 2 and 3 will be placed in the offender’s mental health file. 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 ten (10) years.