

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Treatment Plans

Policy Number: 508.21

Effective Date: 9/23/2020

Page Number: 1 of 4

Authority:
Commissioner

Originating Division:
Health Services Division
(Mental Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

All offenders receiving mental health (MH) services will have a current individualized treatment plan written by their primary care provider. This procedure is applicable to all Georgia Department of Corrections (GDC) with a mental health mission.

II. Authority:

- A. O.C.G.A. §§37-3-1 and 37-3-85;
- B. Ga. Comp. R. & Regs. 125-4-5-.02 (b);
- C. ACA Standards: 5-ACI-6A-07 (ref. 4-4350), 5-ACI-6A-32 (ref. 4-4371 Mandatory), 5-ACI-6B-02 (ref. 4-4381 Mandatory), 4-ALDF-4C-07, 4-ALDF 4C-30 (Mandatory), and 4-ALDF-5A-07; and
- D. National Commission of Correctional Health Care, Standards for Health Services in Prisons, January 2014.

III. Definitions:

- A. **Initial Treatment Plan (ITP)** - The Initial Treatment Plan (M50-01-01) is written on the Initial Treatment Plan Form identifying the presenting problems, goals and treatment strategies.
- B. **Comprehensive Treatment Plan (CTP)** - This plan is written on the Comprehensive Treatment Plan Form (M50-01-02) that includes identifying information, diagnoses, strengths and weaknesses, justification for level of care (utilization review), specific problems, intervention strategies, person responsible for the intervention, operational goals, the date treatment began, the dates goals were achieved and/or the dates strategies or goals were changed.
- C. **Treatment Plan Reviews (TPR)** - The Treatment Plan Review is written on the

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Treatment Plan Review Form (M50-01-03) that includes identifying information, diagnoses, justification for level of care (utilization review), and summary of progress and changes in goals and/or interventions.

- D. **Primary Mental Health Care Provider** - The primary care provider is the offender's mental health counselor or mental health technician who provides and coordinates treatment. The primary care provider could be a mental health counselor, mental health technician or a behavior specialist, if credentialed to provide those services.
- E. **Clinical Supervisor** - A licensed psychologist who clinically supervises unlicensed primary mental health care providers.
- F. **Treatment Team** - May consist of but is not limited to the Mental Health Unit Manager, Psychiatrists, Advanced Practice Registered Nurse (APRNs), Psychologists, Mental Health Counselors, Mental Health Technicians, Behavior Specialists, Mental Health Nurses, Activity Therapists, Teachers, Chaplains, and Multi-functional Correctional Officers (MFCO) or other Correctional Officers.

IV. Statement of Policy and Applicable Procedures:

- A. Offenders are assigned to the mental health caseload based on the mental health evaluation process which includes completion of the Initial Treatment Plan (ITP) (Attachment 1, form M50-01-01). A copy of the evaluation is given to the mental health unit manager who assigns the case to a primary mental health care provider based on the evaluation.
- B. In a diagnostic facility, the Initial Treatment Plan will be followed for offenders who remain at the facility up to 60 days. A Comprehensive Treatment Plan (Attachment 2, form M50-01-02) shall be completed at 60 days from placement on the mental health caseload for offenders who remain at the facility.
- C. In a non-diagnostic facility, the primary mental health care provider will write a

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Comprehensive Treatment Plan (Attachment 2, form M50-01-02) within 30 days of placement on the mental health caseload. Comprehensive Treatment Plans (Attachment 2, form M50-01-02) will be completed within 30 days after receiving an offender from a diagnostic facility.

- D. Comprehensive Treatment Plans (Attachment 2, form M50-01-02) will not be required for residential substance abuse treatment (RSAT) or probation detention center (PDC) detainees who have a maximum of 90 days to serve. The Initial Treatment Plan (ITP) (Attachment 1, form M50-01-01) will be the plan used for the detainee's stay in the program and must include discharge planning. Comprehensive Treatment Plans (Attachment 2, form M50-01-02) are completed within 30 days for detainees who have more than 90 days to serve. This time frame also applies to detainees at the integrated treatment facilities (ITF).
- E. The offender and appropriate staff will participate in the development of the Comprehensive Treatment Plan (Attachment 2, form M50-01-02), which is based on the diagnoses documented on the Diagnosis List (508.09 Mental Health Records, Attachment 5, form M20-01-05) and secondary functional problems. The Comprehensive Treatment Plan (Attachment 2, form M50-01-02) is placed in the mental health file, section 2. Clinical decisions are the sole province of the responsible mental health Treatment Team and are not countermanded by non-clinicians.
- F. The Comprehensive Treatment Plan (Attachment 2, form M50-01-02) shall be reviewed and signed by the offender. The Comprehensive Treatment Plan (Attachment 2, form M50-01-02) shall be reviewed and signed by the primary care provider and by appropriate Treatment Team members and placed in section 2 of the mental health file. Problems, goals, and intervention strategies shall be appropriately identified. Group treatment placement as well as class of medication, if prescribed, is included on the treatment plan as an intervention strategy as well as class of medication, if prescribed, are to be included on the treatment plan as intervention strategies.

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- G. The diagnoses and level of care on the Comprehensive Treatment Plan (Attachment 2, form M50-01-02) must match the diagnoses and level of care on the Diagnosis List (508.09 Attachment 5, form M20-01-05) and in Scribe. The Comprehensive Treatment Plan (Attachment 2, form M50-01-02) shall be updated or rewritten as necessary if the diagnosis or level of care changes.
- H. The Comprehensive Treatment Plan Review (Attachment 3, form M50-01-03) shall be completed by the primary care provider within six months of the Comprehensive Treatment Plan (Attachment 2, form M50-01-02). The staff psychologist will review and sign the completed Comprehensive Treatment Plan within 30 days prior to the due date. A Comprehensive Treatment Plan Review (Attachment 3, form M50-01-03) will be completed every four (4) months for Level III and Level IV offenders. It is signed by appropriate Treatment Team members and placed in section 2 of the clinical file.
- I. A new Comprehensive Treatment Plan (Attachment 2, form M50-01-02) is developed at least every 12 months. The mental health unit manager or a designated counselor in the absence of a mental health unit manager shall monitor this with a treatment plan tickler file.

V. Attachments:

Attachment 1: Initial Treatment Plan (M50-01-01)

Attachment 2: Comprehensive Treatment Plan (M50-01-02)

Attachment 3: Comprehensive Treatment Plan Review (M50-01-03)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachments 1, 2 and 3, shall 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 shall be placed within the offender's health record and retained for 10 years.