

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Discharge Planning for Mental Health Offenders

Policy Number: 508.35

Effective Date: 8/2/2022

Page Number: 1 of 7

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 concerted effort will be made to ensure Continuity of Care for all offenders on the mental health caseload paroling or discharging from the GDC. The mental health team will collaborate with the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Community Supervision (DCS) to assist in a smooth and safe transition from GDC to the community while maintaining standards of confidentiality. This procedure is applicable to all GDC facilities with a mental health mission.

II. Authority:

- A. NCCHC Standards for Health Services in Prisons: P-27, P-44, P-60, and P-64;
- B. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities: Y-49, Y-58, and Y-61;
- C. GDC Standard Operating Procedures (SOPs): 210.08 Probation Boot Camp Discharge/Post-Release Program and Supervision, 507.04.18 Discharge Planning, and 508.09 Mental Health Records;
- D. OCGA §§ 37-3-41 and 37-3-166; and
- E. ACA Standards: 5-ACI-6D-07, 5-ACI-5F-05, and 4-ALDF-5B-18.

III. Definitions:

Continuity of Care - The continuation of mental health treatment at the appropriate level of care without interruption as an offender moves within the correctional system from admission through release and as the offender transitions back into the community.

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IV. Statement of Policy and Applicable Procedures:

A. Preparation for Release: When an offender on the mental health caseload receives a confirmed parole or discharge date and is within 30 to 60 days of release from GDC, the following actions need to be initiated in preparation for release to the community in collaboration with the Department of Behavioral Health and Developmental Disabilities (DBHDD) or the Department of Community Supervision (DCS):

1. The assigned mental health counselor, mental health technician, and/or the multifunctional correctional officer will gather information from the offender regarding discharge to the community and the offender's needs for placement. Review of institutional and mental health or medical records will be necessary. Approval from the offender is necessary to make contact with the community service providers and/or family on behalf of the offender. Sharing of information with the family will require a signed Authorization for Release of Information Form (Attachment 3, form M31-01-03, SOP 508.15 Mental Health Evaluations) prior to speaking with service providers or family members.
2. Prior to making community arrangements, the mental health counselor, mental health technician, and/or the multifunctional correctional officer will request that the offender sign an Authorization for Release of Information (Attachment 3, form M31-01-03, SOP 508.15) for each expected community contact. However, information may be shared with mental health staff in community agencies without written consent per O.C.G.A. § 37-3-166(a)(3). ["When the service plan of a patient involves transfer of that patient to another facility, community mental health center, or private practitioner, a copy of the record or information contained in the record may be released to that facility, community mental health center or private practitioner."]
3. Other agency contacts may be necessary. Any additional community arrangements will be provided in writing to the offender with copies placed in section 7 of the mental health record.

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4. The mental health counselor, mental health technician, the multifunctional correctional officer, or mental health nurse will schedule a final psychiatric evaluation for all discharging/paroling offenders on psychotropic medication as close as possible to the actual release date. The psychiatrist/advanced practice registered nurse (APRN) will prescribe discharge medication to include at least a 30-day supply of blister-packed medication. A prescription may be written for an additional 30-day supply. Discharge medication and the prescription will be given to the offender upon release to help continue on-going treatment until the offender's scheduled appointment for follow-up mental health services in the community.

B. Eligibility:

1. All offenders on the active mental health caseload will be eligible for referral to continue mental health services.
2. Offenders on the active mental health caseload with a residence plan outside the state of Georgia will not be eligible for the mental health counselor, mental health technician, and/or the multifunctional correctional officer to arrange continued mental health services.
3. Offenders being granted a conditional transfer to other custody will not be eligible for a referral for continued mental health services unless there is a reasonable expectation that they will be released to the community from the other custody within 30 days of transfer.
5. Offenders who are eligible for social security disability funds will have a social security application form submitted to the Social Security Administration during the 60 days prior to release to facilitate a smooth transition to the community.
6. A referral for continued mental health services will be made at least 30 days prior to the offender's date of release from confinement for all offenders not being released through action of the parole board. If notification of a release

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date is not received more than 30-60 days prior to the scheduled release date, a referral will be made immediately upon receiving the offender's date of release.

7. The mental health staff will attempt to contact the community intake team or a mental health service agency by telecommunications to discuss the case and receive details regarding the offender's first contact with a mental health professional in the community. A Mental Health Offender Release Log (Attachment 2, form M85-01-02), also referred to as a discharge log, should be maintained. This Mental Health Offender Release Log will be used to record the details for the follow-up appointments.

C. Record Keeping:

1. The Re-Entry Referral Form will be completed electronically in Scribe. However, if the form is not available in Scribe, the Re-Entry Referral Form (Attachment 1, form M85-01-01) and supporting documents will be completed by hand and placed in the offender's mental health record (section 7). The mental health unit manager/designee will maintain a copy of the referral form in the Mental Health Offender Release Log (Attachment 2, form M85-01-02) and in section 7 of the offender's mental health record.
2. The Re-Entry Referral Form (Attachment 1, form M85-01-01) will be completed in Scribe or by hand on all community mental health service referrals. Data from the release or discharge log will be made available to the statewide mental health director/designee with other data in the mental health monthly report.
3. The central office designee will maintain an aggregate record of all referrals in electronic format.
4. A document will be transmitted to the central office designee by fax or email regarding all offenders who are released without referral due to lack of eligibility. This document will contain the following information:

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- a. Offender's name;
- b. Offender's Georgia Department of Corrections identification number;
- c. Offender's release date; and
- d. The Reason for being ineligible (i.e., released out-of-state, transferred/released to other custody, etc.).

D. Re-Entry Referral:

1. Mental health staff will complete in Scribe or transmit by fax the Re-Entry Referral Form (Attachment 1, form M85-01-01) and any supporting documents to the community mental health service agency. Instructions for completing the Re-Entry Referral Form can be found in Attachment 3, form M85-01-03.
2. In addition, a telephone contact will be made with the community mental health service agency to discuss the case and obtain an appointment time and location for the first contact with a mental health provider in the community.
3. The offender will be provided with information about their first community mental health service provider appointment or with information about how to contact the community mental health service agency if no appointment has been set prior to the offender's release.
4. Failure to make telephone contact will not be considered a failure to make a proper community mental health service agency referral if all necessary documents have been transmitted by fax to the identified mental health service agency.

E. Offenders in Need of Residential Care:

1. The assigned mental health counselor, mental health technician, and/or the

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multifunctional correctional officer will contact the appropriate DBHDD or DCS liaison informing them of the offender’s release date, county of residence, and mental health needs as soon as possible prior to release to give them enough time to assist in locating appropriate housing for the offender.

2. The assigned mental health counselor, mental health technician, and/or the multifunctional correctional officer can locate resources from the internet that the offender can contact for potential residence plans prior to release.
- F. Dangerous Offenders: If an offender has a serious mental illness and presents a clear and present danger to self or others, the treating psychiatrist/APRN/psychologist will initiate procedures to voluntarily admit or involuntarily commit the offender to a psychiatric hospital for evaluation, observation, and treatment. The referral will be made through DBHDD’s crisis access line to the regional mental health hospital that is in the catchment area of the offender’s planned discharge residence. If the offender doesn’t have a residence, this information will be provided to the crisis access line for a referral to the regional mental health hospital in or near the county of conviction. A psychiatrist, APRN, or psychologist will complete a Georgia DBHDD Emergency Admission Certificate (Form 1013) to the Regional Hospital (emergency receiving facility). Form 1013 may be obtained from the Georgia Department of Behavioral Health and Developmental Disabilities. A copy of Form 1013 will be filed in section 5 of the mental health record.
1. It may also be necessary for the mental health unit manager to contact an admissions/intake coordinator at the regional hospital to arrange the details for hospital admission.
 2. The mental health unit manager will advise the warden and the administrative management team of a voluntary admission or an involuntary commitment. Security staff in coordination with the mental health unit manager will facilitate transport of the offender directly from the facility from which the offender is being released, to the psychiatric hospital on the day of discharge. The offender will be released from the custody of the GDC to the hospital.

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3. If an offender is being paroled, the mental health unit manager will advise the Board of Pardons and Parole if the offender poses an overt danger to self or others. If the Board rescinds the offender's parole, mental health treatment will be provided by the GDC.

G. Documentation of Release:

1. All discharge-related information, interactions, and plans arranged by the mental health counselor, mental health technician, and/or the multifunctional correctional officer will be documented in a progress note clearly labeled "discharge planning" and placed in the mental health record (Section 1).
2. All discharge-related plans will be documented in a progress note by the psychiatrist/APRN/psychologist or mental health nurse and filed in the medical record (section 5) with a copy placed in the mental health record (section 1).
3. The Mental Health Offender Release Log (Attachment 2, form M85-01-02) will be maintained under the direction of the mental health unit manager with data sent to the statewide mental health director/designee every month.

H. Closing the Mental Health Record: On the day of discharge/release or on the next working day, the mental health record will be closed and sent to medical records per the procedures in SOP 508.09 Mental Health Records.

V. **Attachments:**

Attachment 1: Re-Entry Referral Form (M85-01-01)

Attachment 2: Mental Health Offender Release Log (M85-01-02)

Attachment 3: Instructions for Completing the Probation-Parole Re-Entry Referral Form (M85-01-03)

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VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachment 1 will be placed in the offender's mental health file (section 7). 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. Upon completion, Attachment 2 shall be maintained in the mental health area for 10 years. Attachment 3 is instructional only and shall be utilized per the SOP until revised or obsolete.