

GEORGIA DEPARTMENT OF CORRECTIONS (GDC)



**Standard Operating Procedures**

**Policy Name:** Integrated Treatment Facilities (ITFs)

**Policy Number:** 508.44

**Effective Date:** 10/19/2023

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**Authority:**  
Commissioner

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

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

**I. Introduction and Summary:**

Offenders identified as having a co-occurring disorder will receive specialized interventions that facilitate the integration of mental health and substance use recovery. Offenders receiving residential integrated services may be probation detainees. This policy is applicable to the residential integrated treatment facilities within the Georgia Department of Corrections (GDC).

**II. Authority:**

A. GDC Standard Operating Procedures (SOPs): 107.01 Purpose and Objectives – Access to Counseling Services and Programs, 107.04 Risk and Needs Assessment, 107.05 (VB01-0008) Program Management and Cognitive Behavioral Programs, 203.06 Electronic Data Processing – Inmate/Offender Tracking Information System (SCRIBE/OTIS), 209.10 Inmate/Probationer Drug Testing, 219.01 Case Management - Records Maintenance, 503.02 Re-Entry Pre- and Post-Release Planning, 508.01 Mental Health Organization and Administration, 508.04 Credentialing Verification and Privileging, 508.05 On-Call Personnel, 508.06 Therapeutic Recreation Services, 508.07 Clinical Supervision, 508.09 Mental Health Records, 508.10 Confidentiality of Mental Health Records, 508.11 Mental Health Continuous Quality Improvement, 508.12 Audits and Evaluations of Mental Health Services, 508.14 Mental Health Reception Screening, 508.15 Mental Health Evaluations, 508.20 Mental Health Rounds in Restrictive Housing Units, 508.21 Treatment Plans, 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, 508.24 Psychotropic Medicine Use Management, 508.33 Transfer of Offenders with Serious Mental Illness, 508.35 Discharge Planning for Mental Health Offenders, and 508.43 Tele-Mental Health Services.

**III. Definitions:**

A. **Co-occurring Disorders** (Dual Diagnoses) - means the presence of concurrent mental illness(es) and substance use disorder(s).

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- B. **Next Generation Assessment (NGA)** - The NGA identifies an offender’s risks and needs and is an automated assessment instrument based on data currently found in Scribe. This assessment is used to identify level of severity of several factors related to incarceration that may be of significant concern and is utilized to determine the offender’s programming plan.
- C. **Integrated Treatment Facilities (ITF)** - Probation detention centers operated by the GDC which are nine-month programs that actively combines interventions intended to address substance use and mental illness, related problems, and are holistic in treatment. The ITF offender has failed to comply with requirements expected in Day Reporting Centers (DRCs), Drug Courts, Mental Health Courts, or other specialty courts and standard supervision. All offenders, at a minimum, must have an assessment of a documented serious substance use disorder (9 or above on the NGA) and a mental illness.
- D. **Therapeutic Community (TC)** - A residential milieu involving participants in a clinical program structure that facilitates personal responsibility and ownership of the offender’s behavior and actions. It involves a structured community setting that encourages and reinforces positive change, allows for a safe means of addressing issues within the community setting, provides opportunities to experience healthy confrontation, clear rules, roles, rewards and sanctions.
- E. **Qualified Mental Health Professional (QMHP)** - Clinical Director/Psychologists, Mental Health Unit Managers, Psychiatrists, Advanced Practice Registered Nurses (APRNs), Licensed Nurses, Social Workers, Marriage and Family Therapists, Mental Health Counselors/Licensed Professional Counselors, Mental Health Technicians certified in substance use disorders, (e.g., Certified Addiction Counselors, Masters Addiction Counselors, etc.), Intake Counselors, Activity Therapists, Mental Health Behavior Specialists, Multifunctional Correctional Officers (MFCOs) and others who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of offenders. These mental health professionals comprise the mental health treatment team.

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F. **Primary ITF Counselor** - The Primary ITF Counselor is the offender's primary counselor who provides individual counseling sessions and will facilitate groups. They are mental health counselors or mental health technicians.

G. **Specially Trained Clinician** - Any Master's Level Counselor/Technician who has successfully completed the GDC's Sexual Assault Evaluation and Treatment Training, or who has a comparable combination of training and experience approved by the clinical director or the GDC vendor's senior clinical director.

H. **Upper-Level Provider (ULP)** – A psychologist, psychiatrist, or APRN.

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

An offender who has been screened and referred by the Department of Community Supervision (DCS) through a direct court sentence, revocation or Probation Options Management (POM) hearing, will be sentenced to the ITF. Once at the ITF, the offender will receive further evaluation and treatment. In addition, mental health staff at state prisons may also assign or refer an offender to integrated treatment programming within a facility with mental health treatment, if the programming is appropriate and available.

The ITF clinical programming will be conducted by GDC's contracted vendor. The Statewide Mental Health Director/designee will exercise final authority over the clinical content and program implementation.

The ITF case management responsibilities will be conducted by the general population counselor and the multifunctional correctional officer.

A. **Integrated Treatment Facility Programming.** The ITF is a nine-month, four-phase program, utilizing evidence-based co-occurring programming. The ITF programming will be provided by the GDC vendor upon approval by the statewide mental health director. Programming for the ITFs are individualized and will ensure that the mental health and substance use disorders are both treated as the

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principal diagnoses. Programming for Co-occurring Disorders may be as follows, but not limited to:

1. Each ITF program will meet the Substance Abuse and Mental Health Services Administration (SAMHSA) Toolkit criteria/definition for Dual Diagnosed Enhanced Treatment (DDET), and National Institute of Corrections (NIC)/Justice Center/Bureau of Justice Co-occurring Disorders by Severity Index.
2. The ITF will utilize a TC approach where participants are provided more flexibility, less confrontation, more affirmations for achievement, less intense methodology, shorter duration of groups (no longer than 60 minutes), more individualized treatment, fewer sanctions, as well as utilizing alternative sanctions. This TC will operate Monday – Friday, five (5) days a week.
3. A TC participant handbook will be updated on an ongoing basis and distributed to each offender that addresses an orientation to the program, nature of the disease and other program essentials.
4. Individual and group participation will occur at a minimum, twenty hours each week. Programming for Co-occurring Disorders will be as follows, but not limited to:
  - a. On-going monitoring and management of mental health symptoms and criminogenic risk factors based on the NGA and other psychosocial assessments and behaviors;
  - b. Psycho-educational and therapy groups [at a minimum, cognitive behavioral therapy (CBT), cognitive restructuring, co-occurring diagnoses education, relapse prevention, skills building, etc.];
  - c. Motivational enhancement therapy;

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- d. Co-occurring recovery (Double Trouble)/mutual self-help recovery, substance use support groups;
- e. Trauma recovery;
- f. Treatment for anxiety and/or mood disorders;
- g. Sleep hygiene;
- h. Peer support and community-based groups;
- i. Activity therapy, and
- j. Mandatory re-entry planning, which may include a wellness recovery action plan (WRAP) or similar standardized publication.

**B. Screening and Referrals for ITF:**

1. Upon arrival, a QMHP will conduct a Mental Health Reception Screening (SOP 508.14 Attachment 1, form M30-01-01) on the offender.
2. It is the responsibility of the QMHP to get appropriate "Consent to Mental Health Evaluation of Treatment" (SOP 508.10 Attachment 1, form M20-02-01) signed at the time of the evaluation. The original form will be filed in section five (5) of the mental health record and a copy given to the offender.
3. The QMHP will have the offender sign all required Release of Information (ROI) forms (SOP 508.15 Attachment 3, form M31-01-03) for previous records and documents.
4. A QMHP will complete a Mental Health Evaluation for Services (SOP 508.15, Attachment 1, form M31-0001 and Attachment 2, form M31-01-02) on the offender within 72 hours or no later than 5 business days following arrival.

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After the forms are completed, the offender will be scheduled to see the ULP within fourteen (14) days.

5. The Addiction Severity Index Summary Assessment form (Attachment 1), and/or other appropriate measures identified by the vendor, will be completed by the QMHP during the initial mental health evaluation, to determine severity of substance use.
6. An ULP will review and sign all mental health evaluations conducted by any unlicensed Qualified Mental Health Professional (QMHP).
7. The ULP will complete the Initial Psychiatric/Psychological Evaluation (SOP 508.24, Attachment 6, form M60-01-06) and the Diagnosis List (SOP 508.09, Attachment 5, form M20-01-06). The diagnoses will be documented in the mental health section of Scribe.
8. During intake, the Four Quadrants of Care (Attachment 2) will be completed, after the Initial Psychiatric/Psychological Evaluation is completed, to develop and tailor individualized treatment interventions based on the offender's diagnoses, severity of substance use, criminogenic needs, and any other diagnostic information obtained from the offender.
9. A Summary Report of Monthly Progress in the ITF (Attachment 3) will be sent to the chief probation officer by the multifunctional correctional officer to ensure ongoing communication with the sentencing judge.

**C. Clinical Oversight of the ITF program by the GDC Vendor:**

1. The senior clinical director, the ITF supervisor and on-site clinical director will provide clinical oversight of the program. Clinical oversight is achieved by reviewing the appropriateness of daily program delivery and requirements in addition to the following:

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- a. Identifying and facilitating resolution of conflicts between the facility, ITF mission and the offender's clinical needs;
  - b. Identifying staff training needs and arranging appropriate training; and
  - c. Reviewing resource utilization given the ITF mission and the offenders' clinical needs.
2. The on-site clinical psychologist will also perform the following duties:
- a. Performing diagnostic and other clinical evaluations;
  - b. Performing psychological testing and interpretation;
  - c. Providing individual therapy;
  - d. Developing and implementing groups and involvement in program development;
  - e. Co-facilitating therapeutic groups;
  - f. Providing clinical consultation and supervision;
  - g. Leading and participating in multidisciplinary team and treatment team meetings;
  - h. Providing crisis intervention;
  - i. Responding to psychological referrals;
  - j. Participating in clinical staffing and staff in-service training/case conferences;
  - k. Participating in continuous quality improvement (CQI);

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- l. Ensuring offenders are receiving appropriate and timely clinical services;
- m. Maintaining all required documentation; and
- n. Attending all GDC and vendor required meetings and trainings.

**D. Responsibilities of the ITF Unit Manager.** In addition to the responsibilities of SOP 508.01, the ITF Unit Manager will provide administrative oversight to the ITF program and ensure that ITF employees are aware of and understand performance standards associated with job responsibilities. The ITF Unit Manager will properly complete and process performance reports for assigned staff. In addition, will appropriately ensure staff receive necessary training and maintain appropriate certifications, licensure, etc. in accordance with established requirements and guidelines in the state's rules, regulations and laws as well as GDC's SOPs. The ITF Unit Manager will appropriately assign caseloads and groups to the ITF mental health staff. They will maintain appropriate logs and files as well as recommend and/or initiate disciplinary/adverse actions according to applicable policies and procedures. The ITF Unit Manager will ensure a minimum of twenty (20) hours weekly of integrated programming. Additional ITF Unit Manager's duties include, but are not limited to:

1. Ensuring adequate staff coverage for groups, crisis, etc.;
2. Ensuring ITF counselor caseloads are evenly distributed;
3. Ensuring intakes are completed within five (5) business days;
4. Conducting an orientation overview with all new arrivals within 2 business days;
5. Ensuring offender schedules are completed to include appropriate placement, attendance, and facilitation of groups by staff;
6. Ensuring progressive discipline procedures for offenders are followed;

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7. Ensuring offenders are brought to multidisciplinary team meetings for all sanctions and corrective actions;
  8. Ensuring ITF treatment teams are conducted each week and are clinical in nature;
  9. Completing and submitting the monthly utilization review for central office and the vendor's regional office by the 5<sup>th</sup> of each month;
  10. Submitting to central office and ITF supervisor weekly census and city/county report by close of business every Wednesday;
  11. Ensuring proper delivery of programs and services to the offenders, in accordance with the GDC's policies and procedures;
  12. Overseeing the quality improvement program, participating in self-audits, and comprehensive state audits, ensuring that deficiencies and problems found are properly reported and documented; implementing appropriate corrective action to address deficiencies, as per GDC policy and procedures; and
  13. Attending all GDC and vendor required meetings and trainings.
- E. Responsibilities of the Psychiatry Services.** In addition to the responsibilities in SOPs 508.01 and 508.24, the psychiatrist/APRN's (under the administrative direction of the ITF Mental Health Unit Manager and clinical direction of the Vendor's Chief Psychiatrist) duties consist of, but are not limited to:
1. Providing medication management;
  2. Conducting mental health emergency evaluations;
  3. Conducting routine psychiatric evaluations in response to referral/consultation requests;

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4. Making referrals to Level V Acute Care Unit/Crisis Stabilization Unit;
  5. Participating in appropriate committee/administrative meetings;
  6. Attending mental health staff meetings, in-services and case conferences;
  7. Participating in individual treatment team meeting/staffing;
  8. Maintaining all required documentation; and
  9. Attending all GDC and vendor required meetings and trainings.
- F. Credentialing, Privileging and Responsibilities of the ITF Counselor.** The Primary ITF Counselor will request clinical privileging from the clinical director/designee before performing assigned duties and, on an annual basis, will update the privileging request. The ITF counselor caseload ratio to offender is 1:25.

The Primary ITF Counselor will perform the following duties, including, but not limited to:

1. Conducting mental health assessments to identify the integrated treatment needs;
2. Completing a Comprehensive Treatment Plan (CTP) within thirty (30) days of arrival. The CTP will be reviewed and updated every four months, or when changes in treatment are warranted;
3. Conducting a minimum of two (2) individual sessions with their assigned caseload per month;
4. Documenting a minimum of two (2) individual progress notes each month, and one summary report of overall monthly progress;

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5. Conducting community meetings, mental health therapy and/or psycho-educational groups and a weekly twelve-step group;
  6. Documenting the mental health therapy and psycho-educational groups and the individual participation in those groups;
  7. Documenting community meetings and twelve-step group participation in the appropriate logbooks;
  8. Providing appropriate interventions in crisis situations;
  9. Conducting alleged sexual abuse evaluations on identified offenders, if trained as a Specially Trained Clinician;
  10. Conducting isolation/segregation rounds;
  11. Serving as a duty officer, if privileged;
  12. Participating in the multidisciplinary team and treatment team meetings;
  13. Participating in a monthly multidisciplinary suicide prevention meeting;
  14. Attending all GDC and vendor required meetings and trainings; and
  15. Ensuring continuity of care, in conjunction with the DBHDD and DCS staff, for offenders discharging from the facility.
- G. Activity Therapists.** Under the administrative direction and supervision of the vendor's activity therapy director and clinical oversight of the clinical director, the Activity Therapist will provide, but not be limited to, the following duties:
1. Conducting activity therapy assessments;

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2. Attending mental health staff meetings, monthly case conference monthly in-service trainings;
  3. Participating in multidisciplinary team and treatment team meetings;
  4. Planning and organizing group and individual activities;
  5. Establishing goals and objectives for each activity to meet offender needs;
  6. Conducting group and individual programs;
  7. Participating in the ITF Family Day;
  8. Completing and maintaining required documentation;
  9. Conducting program evaluation;
  10. Maintaining and ordering supplies;
  11. Providing leisure counseling/education;
  12. Attending all GDC and vendor required meetings and trainings; and
  13. Supervising volunteers/student interns.
- H. Possible activity therapy programming at the ITF may include, but not be limited to:
1. Activities of daily living;
  2. Arts and crafts;
  3. Current events;

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4. Drama/creative arts;
5. Games and intramural sports;
6. Horticulture;
7. Music Therapy;
8. Pet Therapy;
9. Wellness activities;
10. Socialization; and
11. Incentive programs.

**I. Mental Health Multifunctional Correctional Officers (MFCO).**  
Multifunctional Correctional Officers (MFCOs) at the ITF will conduct, but not be limited to, the following duties:

1. Making a weekly Scribe note in the data-assessment-plan (DAP) format every week on all offender (this note may include any notable behaviors, drug screen results, progressive discipline actions, etc.);
2. Ensuring the weekly note gives a summary of the offenders' behavior, attitude, and progress or limitations in the program;
3. Communicating any ITF offender's disciplinary sanctions with the sentencing probation office;
4. After hours, may assist the on-call counselor in facilitating transfer of offenders going to the acute care unit/crisis stabilization unit (ACU/CSU) and documenting the incident in Scribe;

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5. Attending multidisciplinary team and treatment team meetings each week and any other meetings regarding the offenders;
  6. Assisting with the recreational/activity therapy groups for the offenders;
  7. Attending monthly in-service training and case conferences;
  8. Attending basic mental health training;
  9. Attending basic counselor orientation training;
  10. Attending relevant case management, mental health and substance use training;
  11. Attending crisis intervention training (CIT);
  12. Attending semi-annual MFCO training and all other GDC and vendor-required meetings and trainings;
  13. Electronically transmitting, on a monthly basis, the summary report of monthly progress to the chief probation officer;
  14. Electronically transmitting the comprehensive treatment plans, reentry forms, and any other documents that need to be sent to appropriate agencies/persons; and
  15. Assisting with obtaining information for the reentry checklist in Scribe.
- J. Training for ITF Staff.** All ITF staff will be crossed-trained in Co-occurring Disorders. All staff will also be trained in Motivational Interviewing, Crisis Intervention Training and Basic Mental Health Training, preferably within 90-days of placement at the ITF. They will attend monthly in-service training, case

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conferences, and semiannual mental health counselor trainings such as ethics and suicide prevention.

All ITF counselors and activity therapists will have a clinical consultant or supervisor. The purpose of clinical consultation and supervision is to provide a mechanism for monitoring the quality of service provision and to assist ITF staff in professional growth and development.

All unlicensed ITF counselors and mental health technicians will receive a minimum of one hour of clinical supervision a week from a clinical psychologist. The goal of supervision is to ensure that the counselor is providing appropriate mental health services and to increase the counselors' clinical skills. One week of the month, the supervision will occur as a case conference, in a group format and will be documented on SOP 508.07, Attachment 4, form M15-01-04.

All consultation/supervision will be documented on SOP 508.07, Attachment 1, forms M15-01-01 or M15-01-03. The form will also be used to document if and why the consultation/supervision did not take place. Semi-annually, the clinical supervisor will complete the 508.07, Attachment 2, form M15-01-02.

**K. Continuous Quality Improvement (CQI).** Each ITF will develop a CQI program in accordance with SOP 508.11.

The Office of Health Services - mental health staff will conduct ongoing quality assurance, to include an annual, comprehensive mental health audit, in accordance with SOP 508.12.

**L. Transfer of an ITF Offender.** If an offender in an ITF needs crisis placement, supportive living unit housing or administrative segregation, the offender must be housed at a state prison with a mental health unit and will be held on sleeper status as long as they remain at the state prison. If necessary, the mental health unit manager will advise Offender Administration that they are housing an ITF offender. The designated staff at the ITF will remain responsible for coordinating

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transportation when the ITF offender on sleeper status is ready for return from the state prison.

**M. Discharge of an offender from the ITF.** Progressive sanctions will occur for most undesirable behaviors, unless an offender's behavior includes one of the following, which may result in termination from the program: fighting, weapon possession, gang activity, alcohol or other drug usage or sexual misconduct. Documentation of the reasons for termination will be placed in Scribe. In addition, contact will be made with GDC and DCS personnel responsible for revocation and transfer of the offender back to the originating circuit court. The decision to terminate the ITF offender will be made in either a multidisciplinary team or treatment team meeting.

**V. Attachments:**

Attachment 1: Addiction Severity Index Summary Assessment

Attachment 2: Four (4) Quadrants of Care

Attachment 3: Summary Report of Monthly Progress in the ITF

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

Upon completion, Attachment 1 will be placed in the offender's mental health record, section four (4). Attachments 2 and 3 will be placed in the offender's mental health record, section one (1). At the end of the offender's need for mental health services and/or sentence, the mental health record will be placed within the offender's health record and retained for 10 years.