

GEORGIA DEPARTMENT OF CORRECTIONS

Standard Operating Procedures

Policy Name: Transfer of Seriously Mentally Ill Offenders

Policy Number: 508.33

Effective Date: 2/25/2019

Page Number: 1 of 6

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) to ensure the prompt and continuous delivery of mental health care to seriously mentally ill offenders when they are transferred from one institution to another. The mental health record will be handled in a confidential manner during the transfer. Mental Health transfers will be coordinated through Offender Administration in accordance with Standard Operating Procedures (SOPs) and will follow procedures as specified by federal, state, and local law. This procedure is applicable to all GDC facilities with a mental health mission.

II. Authority:

A. GDC SOPs: 103.63 Americans with Disabilities Act (ADA) Title II Provisions, 220.05 Diagnostic Reception, Orientation and Processing, and 508.25 Psychiatric Hospitalization; and

B. ACA Standards: 4-4348, 4-4371, 4-4404, and 4-4414.

III. Definitions:

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

B. **Mental Health Record** - The offender-specific GDC Mental Health file which contains all mental health assessments, diagnoses, treatment plans, summaries, progress notes, psychological testing results, psychiatrist's/advanced practice registered nurse (APRN's) orders, laboratory reports, pertinent physical information, and all other information pertaining to the offender's mental health treatment.

C. **Medical Record** - The offender-specific GDC Medical file which contains all information pertaining to the offender's physical health to include laboratory reports, medical orders to include psychiatrist's/APRN's orders, documentation and other psychiatric/medical information.

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IV. Statement of Policy and Applicable Procedures:

A. General Transfer Procedures for Mental Health Offenders:

1. The Mental Health Unit Manager or a designated counselor at the sending institution will notify the receiving institution's Mental Health Unit Manager by telephonic or electronic email communication of an impending transfer of all mental health offenders. Whenever possible, this communication should occur 24 hours in advance of transfer. In addition, this communication will be documented in the Mental Health Transfer Log (Form M80-01-02).
2. The Mental Health Counselor at all sending institutions will prepare a brief summary of treatment using Form M80-01-01, (Mental Health Transfer Summary), which will be placed on top of Section 1 of the offender's Mental Health file which contains:
 - a. Current mental health diagnosis and physical diagnosis;
 - b. Current mental status;
 - c. Medications/involuntary status, if applicable;
 - d. Housing recommendations;
 - e. Reference to treatment in the current treatment plan;
 - f. Summary of progress made in treatment at the transferring institution; and
 - g. Reason for transfer.
3. The sending institution will package the offender's Mental Health file(s) in a large sealed envelope to maintain confidentiality, which will accompany the offender's other institutional records and the offender to the receiving institution.
4. Mental Health staff at the receiving institution will pick up the incoming offender's Mental Health record for review on the same day or the next working day and schedule the offender for appropriate continued mental health and medical care.
5. The current plan of care will remain in effect until changed at the receiving facility in accordance with procedures that are appropriate for such reassessment.

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B. Mental Health Diagnostic Transfer Procedures for Diagnostic Permanent Assignments:

1. After the mental health evaluation is completed, the Mental Health Unit Manager or designee will enter the mental health level assigned as a result of the mental health evaluation process on the computer utilizing the appropriate computer tracking system.
2. Once entered, the mental health profile information will be made a part of the Diagnostic and Classification packet that is sent to Offender Administration when the offender has completed diagnostic processing.
3. Offender Administration will transfer the diagnostic mental health offender to an appropriate GDC facility for permanent assignment based on the offender's needs and as space is available. The offender may only be transferred to a GDC facility with an equivalent or higher level of mental health care to that indicated on the offender's mental health profile. Accommodations will be ensured for offenders with disabilities.
4. If mental health hospitalization is indicated, transfer will be done in accordance with procedures outlined in SOP 508.25 Psychiatric Hospitalization. A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer.

C. Transfer Procedures for Mental Health Referrals/Admissions:

1. Referrals for mental health evaluations will be arranged institution- to- institution between institutions without Mental Health units and the Mental Health unit in their catchment area. The facility with the Mental Health unit will arrange either for a qualified mental health care provider to evaluate the offender at the facility or for the offender to be brought to the Mental Health facility as a sleeper to be held pending completion of a mental health evaluation. When the offender is sent to an evaluating site the medical and institutional records will also be sent. If possible, the evaluation can and should be arranged as a day evaluation where the offender is in need of mental health services.

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2. If the disposition of the mental health evaluation is that the offender is in need of mental health services, the following actions will be taken:
 - a. The Mental Health Unit Manager at the evaluating facility will contact Offender Administration by phone or email, advise them of the situation and get direction in terms of where bed space is both appropriate and available and when a transfer can be made.
 - b. The Mental Health Unit Manager will contact the referring facility by phone, advise them of offender's status, and instruct them on how to enter a transfer request for mental health reasons via computer to initiate the formal transfer process.
 - c. If space is available, the evaluating facility will hold the offender as a sleeper until transfer. If this is not possible, the Mental Health Unit Manager at the evaluating site and Offender Administration will coordinate with each other on locating a temporary holding site until transfer occurs. If this cannot be resolved, the Mental Health Unit Manager will contact the Central Office Mental Health staff for direction.
 - d. Once Offender Administration is able to arrange a mental health transfer, Offender Administration will notify the referring, holding, and receiving facilities of the transfer. The holding facility will arrange for the offender, their personal property and records to be transferred via the regular transfer bus system unless special arrangements (e.g. admission/discharge from ACU/CSU) have been made for transport. The referring facility will arrange for the offender's personal property and account to be transferred to the receiving facility.
3. If an offender in a probation detention center is in need of Supportive Living Unit housing and must be housed at a state prison with a mental health unit, the offender will be held on sleeper status as long as they remain in the state prison. The Mental Health Unit Manager will advise Offender Administration that they are housing a probationer. The probation facility will remain responsible for coordinating discharge and for coordinating transportation as needed.
4. If mental health hospitalization is indicated, transfer will be done in accordance with procedures outlined in SOP 508.25. A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely

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mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer.

A. Transfer Procedures for Admission to and Release from a Prison Psychiatric Facility:

1. Admission: If an offender is approved by Central Office for admission to a Prison Psychiatric Facility, the sending facility is responsible for transfer. Transfer shall be accomplished in a van in which the offender is the sole offender occupant (see SOP 508.25).
2. Release Procedures: When a GDC offender is ready for discharge from a prison psychiatric facility, the medical contractor will notify the Mental Health Program Supervisor or designee.

V. **Attachments:**

Attachment 1: Mental Health Transfer Summary (M80-01-01)

Attachment 2: Transfer Log (M80-01-02)

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

Upon completion, Attachment 1 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. Upon completion, Attachment 2 shall be maintained in the mental health area for 10 years.