

<b>GEORGIA DEPARTMENT OF CORRECTIONS</b> <b>Standard Operating Procedures</b>		
<b>Policy Name:</b> Specialized Mental Health Treatment Units		
<b>Policy Number:</b> 508.23	<b>Effective Date:</b> 4/27/2018	<b>Page Number:</b> 1 of 12
<b>Authority:</b> Commissioner	<b>Originating Division:</b> Health Services Division	<b>Access Listing:</b> Level I: All Access

**I. Introduction and Summary:**

It is the policy of the Georgia Department of Corrections (GDC) to offer specialized programs to offenders with severe and persistent mental illness who have a significant history of assaultive behavior or difficulty effectively managing their behavior within the general prison population. These programs provide therapeutic multidisciplinary interventions that are incentive-based, with the function of developing pro-social behaviors, meeting individualized treatment goals, and preparing for re-entry into the general prison population and/or society.

**II. Authority:**

ACA Standard: 4-4374.

**III. Definitions:**

A. **Specialized Mental Health Treatment Units (SMHTU)** - Secure units where evidence-based treatment programs are provided to specialized clinical populations who have functional impairments that may result in exhibiting dangerous behaviors. Each of the six (6) SMHTUs will house one of the following clinical populations, those identified with:

1. Serious and persistent mental illness;
2. Severe personality disorders;
3. Dementia and/or traumatic brain injuries;
4. Severe impulse control disorders;
5. Cognitive delays/deficits; and
6. Violent behavior and mental illness.
  - a. In addition to the six (6) clinical populations, another SMHTU provides re-entry services for offenders who complete one of the other six (6) SMHTU programs and may need additional support to transition back into the general prison population and/or society.

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**B. Specialized Mental Health Treatment Unit (SMHTU) Treatment Team** - The specialized team consists of a clinical director/ psychologist (team lead), a psychiatrist/ advanced practice registered nurse (APRN), licensed mental health counselor(s), activity therapist(s), mental health nurse(s) and assigned multifunctional correctional officer(s). Other facility staff may be included as needed.

**C. Specialized Mental Health Treatment Unit (SMHTU) Incentive Program** - A treatment program designed to increase prosocial behaviors through the use of privileges and contingency reinforcers i.e., special visits, store calls, additional phone calls, toiletries, television time, extra recreation, edible items, electronic devices, etc., (as available per facility).

**D. Therapeutic Modules/Programming Chairs** - Individual modules/chairs that limit freedom of movement and facilitate the ability to participate in activities and treatment while providing a secure environment for staff and offenders.

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

A. Overview of the SMHTU program: This procedure applies to any prison that is designated to house a Specialized Mental Health Treatment Unit. The Specialized Mental Health Treatment Unit, hereafter referred to as the “SMHTU program” utilizes evidence-based interventions, focused on the clinical needs of identified offenders, with security procedures to protect staff and offenders. The SMHTU is restrictive in that offenders may be escorted and handcuffed when they are out of their cells for unit-specific programming.

The SMHTU program’s primary mission is security and programming essential to the daily improvement of the behavior of identified offenders. All SMHTU assigned staff shall be permanently assigned to the SMHTU program. The SMHTU staff may not be reassigned to other duties unless a replacement is found to ensure continuity of care. The SMHTU program will establish incentives and privileges for demonstrating appropriate behavior and program compliance. The ultimate goal is to prepare the offenders for reintegration into the general prison population and/or re-entry into society. A significant period of stability, acquisition of acceptable skills and adherence to rules will result in more privileges and a less restrictive environment.

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**B. Criteria for Admission:**

1. Offenders must be receiving mental health services.
2. Offenders will be identified based on their clinical need, to include serious and persistent mental illness, severe personality disorders, dementia and/or traumatic brain injuries, severe impulse control disorders, cognitive delays/deficits, and violent behavior and mental illness.
3. Offenders may be actively psychotic, experience acute symptoms of serious mental illness, or may be an imminent danger to self or others.

**C. Process for Assignment to one of the SMHTU Programs:**

1. The mental health (MH) staff at the offender's currently assigned facility will make the referral to one of the SMHTU programs based on clinical/treatment needs and evidence of chronic or severe antisocial, undesirable behavior. The mental health treatment team will make the recommendation to the Warden using Attachment 1, Specialized Mental Health Treatment Unit Recommendation Form. Upon approval by the Warden, the Statewide Mental Health Director/designee in the Office of Health Services (Central Office) will review the recommendation within seven (7) days of receiving the recommendation by the Warden. If approved, Central Office will forward the second page of Attachment 1, Specialized Mental Health Treatment Unit Recommendation Form to the facilities division director/designee to approve or deny the offender's placement into one of the SMHTU programs within seven (7) days. If the statewide mental health director/designee denies the recommendation, there shall be justification of why the denial occurred and recommendations for other placement options. If the facilities division director/designee denies placement, justification should be provided and recommendations for placement shall be made on the form and returned to the statewide mental health director/designee's office. In turn, the statewide mental health director/designee will contact the mental health unit manager/designee to discuss the denial and placement and/or treatment options.

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2. Reasons for denying entry into an SMHTU:
  - a. Remainder of time on sentence is too short (less than six (6) months); and
  - b. Clinically determined to de-stabilize the offender since there may be contra- indications to any clinical intervention; the contra-indications are documented.
  
3. If approved, secure placement in the designated SMHTU program can occur if there is available bed space. wardens/designees, mental health unit managers/designees, and clinical directors/designees from the referring and receiving facilities should collaborate to have identified offenders moved, transported or enter into the specific program. A wait-list may be maintained if the need is greater than the available bed space. The wait-list will be maintained by a designated MH staff member at the facility with the SMHTU program.
  
4. Offenders on a wait-list will receive individual treatment at their assigned facility until a bed is available at the desired SMHTU program. Consultation between the current MH counselor and the SMHTU program MH counselor should occur to provide direction and provide relevant material to the offender on an individual basis.
  
5. Scribe will be updated within forty-eight (48) hours or two (2) business days once an offender has been assigned and transferred into a SMHTU program.
  
6. The mental health unit manager or the clinical director of the SMHTU program will notify the statewide mental health director/designee of each admission into the program. Data from the SMHTU program, (to include discharges, disciplinary reports, Acute Care Unit and/or Crisis Stabilization Unit admissions and discharges, program development, programmatic changes, programmatic challenges, and other information deemed relevant to the SMHTU program) will be provided to statewide mental health director/designee on at least a monthly basis, or more frequently as needed. Attachment 8, Specialized Mental Health Treatment Unit Monthly Report (Monthly Utilization Review), will be used for routine data collection. Other forms of communication, such as phone call, email, etc., are acceptable for emergency situations or unusual circumstances. This monthly report should be

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independently generated and submitted. Some of the data will be replicated in the official facility monthly report.

D. Offender Orientation within the SMHTU Program:

1. Within 24 - 48 hours (or next business day whichever is earlier) of arrival in the SMHTU program, a member of the SMHTU Treatment Team will meet with the offender and provide Attachment 2, Consent for Placement in the Specialized Mental Health Treatment Unit for the offender's signature. In addition, Attachment 3, Specialized Mental Health Treatment Unit Admission Form will be completed by the SMHTU Treatment team and placed in the offender's mental health file.
  - a. Within seven (7) days of arrival in the SMHTU, a member of the SMHTU Treatment Team will provide the offender with an orientation to the program. The orientation will include expectations, rules, schedule, privileges and incentives and Attachment 5, Program Orientation which will be given to the offender; and
  - b. Attachment 4, Activity Therapy Assessment will be completed during the orientation phase.
2. Planning goals for the Treatment Plan will be discussed during the orientation phase and Attachment 6, SMHTU Comprehensive Treatment Plan will be completed within 14 days of admission into the program.
3. The basic restrictions for each level will be explained to the offender during the orientation phase. Criteria for moving from level to level must be clearly stated.

E. Conditions and Privileges: As deemed necessary by the warden/designee, all the following conditions and/or privileges are subject to modification due to extenuating operational circumstances.

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1. At a minimum, the following standards will apply to offenders assigned to a SMHTU:
  - a. Cells should be single occupancy. Double bunking may be considered in the SMHTU – Transition Unit if offenders are the same mental health level, to facilitate re-entry or socialization, or if there are physical health challenges. The SMHTU Treatment Team, in collaboration with security staff, shall document and justify its double-bunking recommendation;
  - b. Cells must be equipped and furnished in a way consistent with cells in the general population;
  - c. The offender may be handcuffed when out of the cell. Progression through the SMHTU levels may decrease the need for being handcuffed when out of the cell. The SMHTU Comprehensive Treatment Plan will list the lack of need for being handcuffed as a goal when meeting certain objectives;
  - d. Offenders must have an opportunity to shower at least three (3) times per week;
  - e. Food provided to the offender must be of the same quality and quantity as that provided in the general population;
  - f. Laundry services and frequency will occur as in the general population;
  - g. Offenders must be provided the same bedding supplies as are provided for offenders in the general population;
  - h. Security will provide the offender with exercise periods (in addition to SMHTU unstructured recreational time) totaling no less than one (1) hour per day and five (5) days per week. This exercise must be outside the cells, unless security or safety considerations dictate otherwise;
  - i. All telephone calls will be in accordance with limitations outlined by the SMHTU levels and earned incentives (See Attachment 5);

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- j. The deputy warden of security’s designee or security unit manager, chaplain, SMHTU counselor, and the multifunctional correctional officer will handle emergency telephone calls on a case-by-case basis;
- k. Offenders must be allowed attorney visits and legal access;
- l. Offenders must be allowed Chaplaincy visits; and
- m. A consent for treatment within the SMHTU program will be signed by the offender and SMHTU assigned counselor.

F. Program Components:

1. SMHTU Treatment Team:

- a. The staff of the SMHTU shall be selected carefully by the mental health unit manager and clinical director. Because of the unusual and challenging work to be done in the SMHTU, the warden/designee shall approve of all security staff assigned to SMHTU;
- b. The statewide mental health director/designee and/or the assigned psychologist to the SMHTU shall ensure that staff receive a special orientation and training about the function of SMHTU, rules governing its operation, and the typical needs and problems of offenders in SMHTU. Attendance at and completion of SMHTU orientation and training must be documented in a file to be kept and maintained by the mental health clinical director. Ongoing in-service training will be provided as needed to the staff members working in the SMHTU; and
- c. The SMHTU Treatment Team will have designated staff as follows:
  - i. Clinical Director/Consulting Psychologist (Team Lead) (.5 - 1 FTE depending on the mission of the SMHTU);
  - ii. Psychiatrist/APRN (.5 FTE);
  - iii. Licensed Mental Health Counselor (LCSW, LMFT or LPC only) (1:20);

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- iv. Activity Therapist (.5 - 2 FTEs);
  - v. Mental Health Nurse (1-2 FTEs per shift); and
  - vi. Multifunctional Correctional Officer (1-2 per shift depending upon the unit)
2. Mental health will expect the following designated security staff:
    - a. Correctional Officers (2:25);
    - b. MH Security Unit Manager (1:200); and
    - c. SMHTU Sergeant (1:200)
  3. Offenders will receive services from the SMHTU Treatment Team. The SMHTU Treatment Team should meet weekly to review the progress of each offender. Documentation of the Treatment Team meetings will be maintained by the clinical director/designee in a separate binder, kept in a secure location with other mental health logs.
  4. Each offender will have a Comprehensive Treatment Plan within (14 days) of admission into the SMHTU. It will include targeted behaviors, achievable goals, and interventions.
  5. The SMHTU assigned counselor and a subset of the Treatment Team will regularly review the SMHTU Comprehensive Treatment Plan with the offender present, if appropriate. The entire Treatment Team should meet with the offender on at least a quarterly basis.
  6. The SMHTU Treatment Team, in collaboration with the mental health unit manager and clinical director/psychologist, may utilize incentives/positive reinforcement for the offender's completion of specific goals within the Offender's SMHTU Comprehensive Treatment Plan. (See Attachment 5, Program Orientation). Incentives are distributed or withheld based on the offender's performance and progress toward meeting the goals of the offender's Comprehensive Treatment Plan.



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7. Qualitative and quantitative data will be obtained from SMHTU staff at least monthly to assist with program analysis and evaluation.
  
8. The Specialized Mental Health Treatment Unit Program:
  - a. The SMHTU Treatment Team, led by the clinical director/psychologist and in consultation with the statewide mental health director/designee, will develop a Program schedule that will initially include for Level II offenders at least 2-4 hours per week of out-of-cell structured therapeutic activities or for Level III – IV offenders at least 10 hours per week of out-of-cell structured therapeutic activities. In total, all SMHTU offenders (Levels II – IV) should receive at least 20 hours per week of out-of-cell time;
  
  - b. Behavioral progress in accomplishing the established Treatment Plan goals shall be monitored and positively reinforced utilizing incentives and privileges;
  
  - c. Progression to an increased number of hours, i.e., 10 – 20 hours per week of out-of-cell time with at least two of those hours per day being out-of-cell structured therapeutic activities, should be reflected in the SMHTU schedule;
  
  - d. The program will match the offender’s capacity to behave responsibly with the number and types of privileges the offender will receive, as well as length of out-of-cell structured and unstructured activities;
  
  - e. Offenders who are not able to behave responsibly will be placed in a more restrictive level of care (i.e., limited movement, privileges, property, etc.). As the offender’s behavior becomes more responsible, they will be placed in a less restrictive level of care;
  
  - f. The SMHTU levels of care will begin at the Basic Level, progress to the Intermediate Level, then to the Advanced Level, and finally the Ultimate Level. The highest achievable level within the SMHTU program is the Ultimate Level;
  
  - g. The level to which the offender is assigned is directly linked to the type and frequency of privileges they will receive;

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- h. Offenders who do not maintain proper behavior within a less restrictive level will be placed in a more restrictive level;
  - i. If an offender has a critical incident, the offender will be appropriately placed in an Acute Care Unit or a Crisis Stabilization Unit;
  - j. If the offender receives a Disciplinary Report/sanction while in the SMHTU, the offender shall initially receive an alternative sanction, such as homework e.g., writing an essay, writing an apology letter or getting extra duties, e.g., cleaning, collecting trash, washing items, working dining hall during chow, etc. There should continue to be evidence in the offender’s schedule of structured and unstructured out-of-cell activities;
  - k. As a last resort for disciplinary sanctions, or for a first offense of an egregious nature (physical assault with injury toward staff or other offenders and not associated with their mental illness), the offender may be placed in or assigned to isolation/segregation to serve their time, with evidence of ongoing SMHTU treatment occurring during structured in-cell activities, and then returned to the usual SMHTU program; and
  - l. Offenders may participate in any educational, religious, vocational and re-entry programs that can be provided within the confines of the SMHTU and are consistent with the security needs of the unit.
9. Incentive Component:
- a. The incentive component of the SMHTU awards offenders based on cumulative ratings by the SMHTU Team;
  - b. The offender may be rated based on personal hygiene, sanitation, activity attendance and participation, and overall behavior as outlined in the SMHTU Comprehensive Treatment Plan;
  - c. Incentives will be distributed or withheld (with explanation) when the SMHTU Team meets with the offender to discuss the SMHTU Comprehensive Treatment Plan and progress;

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- d. Any institutional accounts that are designated for offender benefit may be used to fund the incentives. Additional funding must be approved by the statewide mental health director/designee and the Assistant Commissioner of Health Services; and
  - e. The list of SMHTU Incentives (See Attachment 5, Program Orientation, pgs. 2-3) may be revised or adjusted based on funding resources and with the approval of the statewide mental health director/designee and the Assistant Commissioner of Health Services.
10. Documentation: All documentation will be done on standard forms, such as progress notes, activity therapy notes, treatment plans, etc. if there is not an identified SMHTU document available.
11. Discharge Process:
- a. Program completion will occur when the offender completes the Ultimate Level;
  - b. Upon completion of the program, each offender will receive a Certificate of Completion (generated by the SMHTU Treatment Team or from the Office of Health Services/statewide mental health director/designee). The SMHTU assigned counselor or multifunctional correctional officer will document the offender’s completion in the offender’s mental health file, and will complete a Work Performance Report for the institutional file and Attachment 7, Specialized Mental Health Treatment Unit Discharge Summary; and
  - c. The offender, after completing one of the six (6) SMHTU programs will then be referred to the SMHTU Transition Unit. This Unit will provide re-entry services for offenders who complete one of the other six SMHTU programs and may need additional support to transition back into the general prison population and/or society. Attachment 1, Specialized Mental Health Treatment Unit Recommendation Form will be used for the purpose of referring the offender to the SMHTU Transition Unit. Referral for assignment into the SMHTU Transition Unit will be the same as previously described in this SOP.

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**V. Attachments:**

- Attachment 1: Specialized Mental Health Treatment Unit Recommendation Form
- Attachment 2: Consent for Placement in the Specialized Mental Health Treatment Unit
- Attachment 3: Specialized Mental Health Treatment Unit Admission Form
- Attachment 4: Activity Therapy Assessment
- Attachment 5: Program Orientation
- Attachment 6: Specialized Mental Health Treatment Unit Comprehensive Treatment Plan
- Attachment 7: Specialized Mental Health Treatment Unit Discharge Summary
- Attachment 8: Specialized Mental Health Treatment Unit Monthly Report (Monthly Utilization Review)

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

Upon completion, Attachments 1-4 and 6-7 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. Attachment 5 shall be utilized per the SOP until revised or obsolete. A copy of Attachment 8 shall be sent to Central Office by the 3<sup>rd</sup> of each month and the original shall be maintained in the mental health area for 10 years.