

GEORGIA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH INITIAL SEXUAL ALLEGATION
EVALUATION

FACILITY: _____

NAME: _____

On-Site Tele-MH (check one)

GDC#: _____

DOB: _____

RACE: _____ SEX: _____

Specially Trained Counselor's Name/Title: _____

Relevant Background Information:

1. Correctional History: _____

2. Medical: _____

3. Mental Health History: _____

4. Prior Victimization/Experiences: _____

Progress Note:

1. Data: Identify the nature of the allegation and self-reported meaning and impact of the alleged incident. Do NOT discuss the truth or falsehood of the allegation or reference the name of the alleged perpetrator.

NAME: _____ DATE: _____

2. Assessment: Include a mental status exam and the presence of clinical signs/symptoms of the emotional trauma. Determine whether the offender is likely to need further evaluation or mental health treatment.

3. Plan: Recommendations for follow-up evaluation and treatment. Note any special housing considerations.

Attach signed "Consent for treatment" form.

Referral form completed for further evaluation: Yes (Attach a copy of Referral form) No

Referral form completed for trauma treatment: Yes (Attach a copy of Referral form) No

NAME: _____ DATE: _____

Questions:

1. Was the allegation of staff on offender abuse? Yes No
If "Yes," notify SART and the highest appointed authority of the institution.

Was the allegation of offender on offender abuse? Yes No
If "Yes," notify SART and the highest appointed authority of the institution.

Person notified: _____ Date/Time of Notification: _____

2. Is the offender willing to be interviewed by security? Yes No

Does the offender request the specially trained counselor be present during the interview? Yes No

3. Did the offender refuse the initial mental health evaluation? Yes No

If "Yes," date of the next interview: (To be done within one week.) _____

4. Was there a second attempt to evaluate the offender? Yes No

Did the offender refuse the evaluation on the second attempt? Yes No
If "Yes," date of the next interview: (To be done within one week.) Attach a progress note.

5. Did the offender refuse the third attempt to evaluate? Yes No

If "Yes," inform the offender that mental health services are available whenever they are desired. Attach a progress note.

- Make sure observations of the offender's mental status are documented in the progress note.
- If further evaluation or mental health treatment is recommended and the offender agrees, review the case with the Mental Health Unit Manager and treatment team.
- If the specially trained counselor and the offender see no need for counseling or treatment after the initial evaluation, inform the offender that further mental health services are available upon request.

Specially Trained Counselor's Signature/Title/Date: _____

Psychologist's Signature (If unavailable, Psychiatrist or APRN): _____

Print Name: _____

Date: (To be signed within two business days.) _____