IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

ISIS BENJAMIN, *et al.*,

Plaintiffs,

v.

COMMISSIONER TYRONE OLIVER, *et al.*,

Defendants.

Case No. 1:25-cv-04470-VMC

DECLARATION OF KATHRYN HAYNES OWEN, PH.D.

1. I am Dr. Kathryn Haynes Owen, Statewide Mental Health Director of Georgia Department of Corrections (GDC).

2. I am over the age of eighteen and under no mental disability or impairment. I have personal knowledge of the following facts and, if called as a witness, I would competently testify to them.

3. I hold a Ph.D. in Counseling Psychology from the University of Kentucky, a Master of Education in Human Development Counseling, and a Bachelor of Arts in Honors Psychology. I hold a license in Psychology from Alabama and am a member of the American Psychological Association and Psychologists in Public Service.

4. I assumed my current role in June 2025.

5. Prior to my time at GDC, I was employed by the Federal Bureau of Prisons for over seven years. In 2018, I worked as a Staff Psychologist at the Federal Correctional Complex in Forrest City, Arkansas. In 2019, I transitioned to the role of Drug Abuse Program Coordinator at the same facility. In 2023, I assumed responsibilities of Acting Chief Psychologist. In 2024, I was promoted to Chief Psychologist, where I was responsible for overseeing residential and outpatient substance abuse treatment, medication-assisted treatment, and care for individuals with severe mental illness.

6. As Statewide Mental Health Director of GDC, I am responsible for planning and assisting in the development and implementation of mental health related policies and procedures. In addition, I assist in planning, organizing, directing and coordinating the delivery of mental health services in GDC facilities. Furthermore, I oversee the monitoring and evaluation of the GDC's robust mental health programs.

7. All GDC offenders, including each of the named Plaintiffs, have access to mental health resources to address any distress that may result from the implementation of SB185. The full range of mental health services at a facility will be available to offenders with Gender Dysphoria as clinically appropriate. *See* GDC SOP 508.40(IV)(E)(3).

8. Those services may include counseling, support from a psychologist, support from a psychiatrist, psychotropic medication as appropriate, and specialized housing units and programs. Crisis stabilization and increased counseling for suicide prevention also remain available.

9. Regarding the tapering process, referrals were made to mental health staff for tapered patients who evidenced clinical need for mental health intervention after beginning the process. The majority of tapering patients also received counseling prior to meeting with a physician to start the tapering process.

10. All tapered patients who were receiving mental health treatment prior to tapering continued to receive counseling and pharmacological treatment as appropriate. Additionally, the referral process for mental health treatment (including self-referrals) ensures that all offenders who are not currently receiving mental health treatment have access to mental health evaluation if the need develops (*see* SOP 508.15).

11. Furthermore, GDC has policies and procedures to address any concerns of risk of self-harm in the offender population. *See* GDC SOP 508.29.

12. The SOP provides that "[i]f any staff determines that an offender may be suicidal or self-injurious, the offender will be referred at once to the mental health staff for further assessment and disposition." GDC SOP 508.29(IV)(A)(1).

13. If an offender's suicide risk is assessed as mild, the offender will receive instruction on "coping strategies, seeking social support, and problem resolution to help the offender manage current stressors and emotional distress. An appropriate interval for mental health follow-up will be established and the offender will be informed of the best way to access mental health staff if symptoms worsen." GDC SOP 508.29(IV)(C)(1)(a).

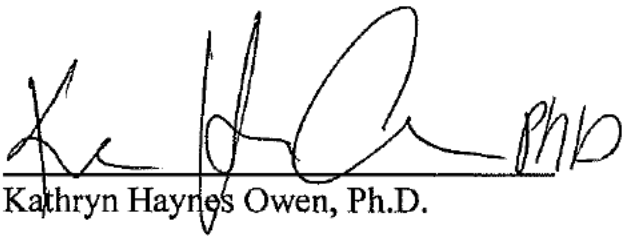
14. If warranted, an offender will be placed on Suicide Precautions, which includes increased frequency and/or duration of counseling contact and possible pharmacological intervention if not currently on psychotropic medication. *See* GDC SOP 508.29(IV)(D).

15. These policies apply to Plaintiffs as they do to all offenders.

16. GDC takes seriously the mental health of all offenders, including Plaintiffs, and will ensure access to appropriate mental health services for all offenders in GDC custody.

Pursuant to 28 U.S.C. §1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 18th day of August 2025.



Kathryn Haynes Owen, Ph.D.

Exhibit A

GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Identification, Evaluation, and Treatment of Gender Dysphoria		
Policy Number: 508.40	**Effective Date:** 9/20/2023	**Page Number:** 1 of 5
Authority: Commissioner	**Originating Division:** Health Services Division (Mental Health)	**Access Listing:** Level I: All Access

I. **Introduction and Summary:** The purpose of this policy is to describe the process by which offenders are identified, evaluated, and treated by mental health services for Gender Dysphoria. This policy also identifies the requirements for inter-departmental communication associated with specific concerns of Gender Non-Conforming offenders.

II. **Authority:**

A. Prison Rape Elimination Act (2012); and

B. Georgia Department of Corrections Standard Operating Procedures (SOPs): 208.06 PREA-Sexually Abusive Behavior Prevention and Intervention Program, 220.09 Classification and Management of Transgender and Intersex Offenders, 507.04.68 Management and Treatment of Offenders Diagnosed with Gender Dysphoria, 508.14 Mental Health Reception Screen, and 508.15 Mental Health Evaluations, and.

III. **Definitions:**

A. **Gender Dysphoria** - A mental health disorder characterized by clinically significant distress and impairment in social, occupational, or other important areas of functioning secondary to a marked incongruence between an individual's experienced/expressed gender and assigned gender.

B. **Gender Identity** - A category of social identity that refers to an individual's identification as male, female, or some category other than male or female. Gender Identity is an internal construct independent of anatomical genitalia at birth or sexual orientation.

C. **Gender Non-Conforming** - When a person's appearance or manner does not conform to traditional societal gender expectations.

D. **Intersex** - When a person's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

E. **Transgender** - When a person's Gender Identity does not correspond to that person's biological sex assigned at birth. Only determined by self-report.

IV. Statement of Policy and Applicable Procedures:

A. Screening and Evaluation of Diagnostic Offenders:

1. Mental Health Reception Screen (Form M30-01-01):

   a. During the diagnostic process a Mental Health Reception Screen (SOP 508.14 Mental Health Reception Screen), will be completed by a mental health counselor, mental health technician or behavior specialist. This screen will assess for potential mental health problems and Gender Identity issues including Transgender, Gender Non-Conforming, and/or Intersex concerns.

   b. If the mental health professional notes Gender Identity concerns, the offender will be referred for further evaluation in accordance with SOP 508.14.

2. Mental Health Evaluation for Services (Form M31-0001):

   a. If an offender is referred for further mental health evaluation, Form M31-0001, in accordance with SOP 508.15 Mental Health Evaluations, will be completed by a mental health counselor, mental health technician or behavior specialist. This evaluation will assess for mental health symptoms and service needs including concerns related to Gender Identity.

   b. If significant symptomatology is noted, the offender will be referred for a diagnostic evaluation by a psychologist/psychiatrist/Advanced Practice Registered Nurse (APRN).

3. Initial Psychiatric/Psychological Evaluation (Form M60-01-06):

   a. The psychologist/psychiatrist/APRN will review the completed Mental Health Evaluation for Services, conduct a mental status examination, and assign a diagnosis as appropriate.

   b. If a diagnosis of Gender Dysphoria and/or other mental health condition is assigned, the offender will be placed on the mental health caseload and classified at an appropriate level of care.

   c. Offenders self-identified as Transgender that do not meet criteria for Gender Dysphoria will have this condition documented on the Problem List located in the medical record. A Mental Health Diagnosis List (Form M20-01-05) will be completed that documents Transgender condition with an explanation of why the offender does not meet criteria for Gender Dysphoria (i.e., absence of clinically significant distress or functional impairment secondary to Transgender status). The offender will be designated as Level 1 and not added to the caseload, unless the offender has additional diagnoses requiring mental health treatment.

B. Evaluation of Gender Dysphoria in Offenders Currently on the Mental Health Caseload:

1. An offender on the mental health caseload may be self-referred or staff referred for an evaluation by a psychologist/psychiatrist/APRN for Gender Dysphoria.

2. If a diagnosis of Gender Dysphoria is assigned by the psychologist/psychiatrist/APRN, then appropriate changes shall be made on the Diagnosis List and the Comprehensive Treatment Plan (Form M50-01-02).

C. Evaluation of Gender Dysphoria in Offenders Not Currently on the Mental Health Caseload:

1. Upon receipt of a self or staff referral other than through the diagnostic process, a mental health counselor, mental health technician or behavior specialist will complete a Mental Health Evaluation for Services. The information obtained shall be documented on the Mental Health Evaluation Form (Form M31-01-01) and on the lower portion of the Mental Health Referral Form (Form M35-01-01). If it is determined the offender has symptoms/concerns related to Gender Identity, referral will be made to the psychologist/psychiatrist/APRN to complete the Initial Psychiatric/ Psychological Evaluation.

2. If it is determined that the offender is not in need of mental health services or further evaluation, the Mental Health Referral Form with the Mental Health Evaluation Form will be placed in the offender's medical record (section 5).

D. All offenders who identify as Transgender and request hormone treatment, whether or not they meet criteria for Gender Dysphoria, will be referred to the Medical Department to be evaluated and referred to an endocrinologist or other appropriate provider.

E. Mental Health Treatment for Gender Dysphoria:

1. All mental health clinical staff will be trained in gender-informed sensitivity.

2. Treatment for Gender Dysphoria will be reflected on the Comprehensive Treatment Plan.

3. The full range of mental health services at a facility will be available to the offender with Gender Dysphoria as clinically appropriate.

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Commissioner</td><td>Originating Division:
Health Services Division (Mental Health)</td><td>Access Listing:
Level I: All Access</td></tr>
</table>

F. Inter-Departmental Communication:

1. If a Transgender offender communicates concerns about safety, discrimination, or medical needs to a mental health staff member, these concerns will be immediately communicated to the mental health unit manager and clinical director/staff psychologist, who will immediately convey the concerns to the relevant departmental manager and warden.

2. Mental Health Disciplinary Report Evaluations (Form M34-01-01 and M34-01-02) of Transgender offenders will consider gender issues as a mitigating factor.

V. Attachments: None.

VI. Record Retention of Forms Relevant to this Policy: None.

Exhibit B

GEORGIA DEPARTMENT OF CORRECTIONS  **Standard Operating Procedures**		
Policy Name: Mental Health Evaluations		
Policy Number: 508.15	**Effective Date:** 8/15/2022	**Page Number:** 1 of 13
Authority: Commissioner	**Originating Division:** Health Services Division (Mental Health)	**Access Listing:** Level II: Required Offender Access

I. Introduction and Summary:

It is the policy of the Georgia Department of Corrections (GDC) to ensure that Qualified Mental Health Professionals thoroughly and properly evaluate offenders with serious mental illness and other identified mental health needs, for the purpose of identifying the offender's need for mental health services and assigning a mental health classification level.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 508.14 Mental Health Reception Screen, 508.19 Mental Health Referral and Triage, 508.21 Treatment Plans, 508.24 Psychotropic Medication Use Management, and 508.33 Transfer of Seriously Mentally Ill Offenders;

B. NCCHC Standards for Health Services in Prisons 2018: P-E-05 Mental Health Screening and Evaluation;

C. NCCHC Standards for Health Services in Juvenile Facilities 2014: Y-E-05 Mental Health Screening and Evaluations; and

D. ACA Standards: 2-CO-4E-01, 5-ACI-6A-28 (Mandatory), 5-ACI-6A-33, 5-ACI-6A-37, 5-ACI-6C-04 (Mandatory), 4-ALDF-4C-27 (Mandatory), 4-ALDF-4C-28, 4-ALDF-4C-30 (Mandatory), 4-ALDF-4C-31, 4-ALDF-4C-34, and 4-ALDF-4D-15.

III. Definitions:

A. **Mental Health Reception Screen** - A procedure conducted as part of the normal diagnostic reception and classification process on all offenders entering the system, designed to identify those offenders with serious mental illness or offenders in need of further mental health attention or evaluation. A Qualified Mental Health Professional conducts a mental health screening by utilizing standard forms and procedures.

B. **Mental Health Evaluation** - A procedure conducted on all offenders as, 1) part of the diagnostic reception and classification process based on results from the mental health reception screen indicating a more comprehensive mental health assessment is needed, 2) part of a comprehensive mental health assessment when further diagnostic clarity is needed, or 3) needed when additional information is necessary for decision-making to assist with treatment planning and other clinical needs.

C. **Serious Mental Illness** - A substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or coping with the ordinary demands of life within the correctional environment. Mental suffering or disability manifests the disorder. Serious mental illness requires a mental health diagnosis and treatment in accordance with an individualized treatment plan.

D. **Qualified Mental Health Professional** - Mental Health Unit Managers, Psychiatrists, Psychologists, Advance Practice Registered Nurses (APRN), Licensed Nurses, Licensed Professional Counselors, Licensed Master or Clinical Social Workers, Licensed Marriage and Family Therapists, Mental Health Counselors, Mental Health Technicians, Mental Health Behavior Specialists and Multifunctional Correctional Officers.

E. **Mental Health Unit Manager** - The Mental Health Unit Manager is the staff member responsible for the overall operation of the mental health unit and the provision of mental health services in accordance with Georgia Department of Corrections Standard Operating Procedures at the assigned mental health facility/facilities.

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

This procedure is applicable to all Georgia Department of Corrections facilities with a mental health mission.

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Health Services Division (Mental Health)</td><td>Access Listing:
Level II: Required Offender Access</td></tr>
</table>

A. General Evaluation Procedures:

1. All mental health referrals derived from the Mental Health Reception Screening process or through the mental health referral process will go to the Mental Health Unit Manager for assignment to a qualified mental health professional to conduct the appropriate assessment.

2. The assignment of the mental health classification or level is determined by the outcome of an evaluation. The Mental Health Unit Manager will ensure that mental health classification levels are entered into the appropriate computer tracking system (Scribe) and processed appropriately based on the offender's status (i.e., diagnostic vs. permanent).

3. Under no circumstances should an offender determined to need mental health services be returned to a facility without on-site mental health services. It is the responsibility of the Mental Health Unit Manager at the evaluating site, to ensure the arrangement of appropriate housing and the implementation of any orders for special precautions.

4. It is the responsibility of the evaluator to get appropriate Consent to Mental Health Evaluation or Treatment (SOP 508.10, Confidentiality of Mental Health Records, Attachment 1, form M20-02-01) signed at the time of the evaluation. In section five of the mental health record, the original consent form will be filed, and a copy given to the offender.

B. Request for Records Procedures:

1. For all offenders determined to be in need of any level of mental health services obtain the consent from the offender, for routinely requesting their hospitalization and recent mental health treatment records.

2. When records are requested, it is the responsibility of the evaluator to get appropriate Authorization for Release of Information (Attachment 3, form

M31-01-03) signed at the time of the evaluation. File a copy of the authorization form in the mental health record (section 5).

3. Each mental health unit will establish a Requested Records Log (Attachment 5, form M31-01-05) to track requests for records. The following information will be logged:

   a. The offender's name, number, and social security number;

   b. All places from which records were requested;

   c. Date request for records was mailed or faxed;

   d. Date records were received; and

   e. If records were not received, all follow-up actions to attempt to obtain the records.

C. Specific Evaluation Procedures:

1. Emergency Evaluations:

   a. Offenders meeting the following criteria will be referred for emergency evaluations:

      i. Offenders identified as posing a danger to self or others or as being actively psychotic by the Qualified Mental Health Professional during the Mental Health Reception Screen or by the Mental Health Unit Manager while triaging mental health referrals;

      ii. Any situation where a clear need for immediate intervention is present; and

iii. A psychiatrist, psychologist or APRN will conduct emergency evaluations.

2. Mental Health Services Screening/Evaluation:

a. All referrals received through the reception screening (diagnostic) process will receive a full Mental Health Evaluation for Services (Attachment 1, form M31-01-01) within 5 business days and may be supplemented with the Mental Status Evaluation (Attachment 2, form M31-01-02).

b. Upon receipt of a self or staff referral other than through the Mental Health Reception Screening process, a Qualified Mental Health Professional will perform an assessment consisting of a review of records and a brief clinical interview.

c. Within 14 calendar days of a routine referral request date, the Mental Health Evaluation for Services (Attachment 1, form M31-01-01) will be completed and include at least the following:

i. Review of the mental health screening and appraisal data;

ii. Direct observations of behavior;

iii. Collection and review of additional data from individual diagnostic interviews and tests (assessing personality, intellect, and coping abilities);

iv. Compilation of the individuals' mental health history; and

v. Development of an overall treatment/management plan with appropriate referral.

d. The information obtained will be documented on the Mental Health Evaluation for Services form (Attachment 1, form M31-01-01), Mental Status Evaluation (Attachment 2, form M31-01-02) and the lower portion of the referral form (SOP 508.19 Mental Health Referral and Triage, (Attachment 1, form M35-01-01) will be reviewed and signed by an upper-level provider. If it is determined, the offender is not in need of services, the evaluation process will terminate at this point and the mental health level will remain level 1. Place the level 1 offender's Mental Health Referral Form and the Mental Health Evaluation form in the offender's Medical Record (section 5).

e. Once the Mental Health Evaluation for Services (Attachment 1, form M31-01-01) is completed, possible outcomes include:

   i. The offender is not in need of mental health services;

   ii. The offender is in need of mental health services and will be given a mental health classification level based on the level of care that is clinically indicated; or

   iii. The offender needs further evaluation before determining their mental health classification level.

f. The Mental Health Evaluation for Services (Attachment 1, form M31-01-01) and Mental Status Evaluation (Attachment 2, form M31-01-02) will be filed in the medical record (section 5), and a copy of the evaluations will be placed in the mental health record (section 4) on all offenders placed on the mental health caseload.

g. A clinical psychologist or other upper-level provider will review and sign all Mental Health Evaluation for Services (Attachment 1, form M31-01-01) conducted by unlicensed mental health personnel.

h. Once the mental health classification level is determined, the level will be entered in the appropriate computer tracking system (SCRIBE) and will be made a part of the diagnostic package for offenders referred through the reception screening process.

i. The Mental Health Unit Manager will enter the mental health classification level in the appropriate computer tracking system (SCRIBE) for offenders referred from other facilities or from general population. In addition, the Mental Health Unit Manager may arrange for transfer as necessary in accordance with mental health standard operating procedures SOP 508.33, Transfer of Offenders with Serious Mental Illness.

j. As part of the treatment planning process, any offender will be scheduled for an Initial Psychiatric/Psychological Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 6, form M60-01-06) if classified as mental health level II or higher. In general, to address questions regarding the need of medication, a psychiatrist or APRN will conduct an initial psychiatric evaluation and the psychologist will conduct an initial psychological evaluation on those offenders where medication is not an issue.

3. Psychiatric/Psychological Evaluations:

a. Refer offenders for an initial psychiatric evaluation if they meet the following criteria:

i. Offenders entering the Georgia Department of Corrections with an active prescription for psychotropic medication (NOTE: When indicated, prescriptions will be rewritten by a physical health physician until the offender is evaluated by a psychiatrist or APRN); and

ii. Offenders referred by a physical health physician to a psychiatrist or APRN for a psychiatric evaluation.

b. Refer offenders for an initial psychological evaluation if they meet the following criteria:

i. Offenders entering the Georgia Department of Corrections that do not have an active prescription for psychotropic medication; and

ii. Offenders referred by the Mental Health Unit Manager for an initial psychological evaluation prior to receiving an initial psychiatric evaluation to consider pharmacological interventions.

c. The Mental Health Unit Manager/designee will schedule initial psychiatric/psychological evaluations in accordance with SOP 508.14, Mental Health Reception Screen and SOP 508.19, Mental Health Referral and Triage.

d. Psychiatric/psychological evaluations will be completed and documented in accordance with SOP 508.24, Psychotropic Medication Use Management.

e. Base any psychiatric/psychological follow-up on the clinical judgment of the psychiatrist, APRN or psychologist and in accordance with SOP 508.24, Psychotropic Medication Use Management.

f. After the initial psychiatric/psychological evaluation is completed, the psychiatrist or psychologist will complete a diagnosis list (SOP 508.09, Mental Health Records, Attachment 5, form M20-01-05) using the most current diagnostic statistical manual (DSM) criteria and make a final determination regarding mental health level of care.

g. After determining the level of care, the Mental Health Unit Manager will assign the offender to a mental health counselor/technician or behavior specialist who will see the offender within 48 hours.

h. The mental health counselor/technician or behavior specialist will develop a treatment plan in accordance with SOP 508.21, Treatment Plan, which includes any special housing or program needs requiring placement at specific facilities.

i. The Mental Health Unit Manager/designee will inform inmate classification of the mental health classification level and special housing/program needs. If necessary, a transfer will occur to a facility or unit specifically designated for handling this type of individual.

4. Transfer Evaluations:

a. If there is documented evidence of a mental health evaluation within the previous 90 days, a new mental health evaluation is not required, except as determined by the designated mental health authority.

b. If offender is on medication, a psychiatric consultation will occur within fourteen (14) days of arrival at the new facility and must be documented on a Psychiatry/Psychology Transfer Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 5, form M60-01-05).

c. If offender is not on medication, a psychological consultation or psychiatric consultation will occur within fourteen (14) days of arrival at the new facility and documented on a Psychiatry/Psychology Transfer Evaluation (SOP 508.24, Psychotropic Medication Use Management, Attachment 5, form M60-01-05).

5. Psychological Testing and Evaluation:

   a. Offenders will be referred for psychological testing based on, but not limited to the following criteria:

      i. Need for diagnostic clarification;

      ii. The offender has been referred previously and not found to need Mental Health Services but continues to experience problems in general population;

      iii. Need for the facilitation and development of a treatment plan by identifying strengths and weaknesses;

      iv. Need to assess treatment efficacy; and

      v. To assist in the development of a behavior management plan.

   b. Before administering any psychological test, the Psychologist will review the referral and determine which tests to administer, to address the questions asked.

   c. Under the direction of the Psychologist, the Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician privileged in test administration, may be assigned to administer, and score assessments.

   d. The Psychologist will write a psychological assessment report within fourteen (14) working days of receiving the referral, answering the specific questions asked in the mental health referral and making appropriate recommendations.

e. All tests will be maintained on file in the mental health record (section 4) or, if no mental health record exists, in the medical record (section 5).

6. Evaluation for Neurodevelopmental Disorder Services:

a. All offenders scoring 70 or below on the culture fair intelligence tests and offenders with a history of special education services for deficits or impairments in intellectual or adaptive functioning will be referred to the Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician for further screening and evaluation.

b. The Mental Health Behavior Specialist, Mental Health Counselor or Mental Health Technician privileged in testing will administer a standardized intelligence test approved by the state mental health director/designee.

c. All offenders scoring 70 or below on that test will be further assessed for deficits in adaptive functioning through a clinical interview to assess activities of daily living (ADLs), and a review of records.

d. A Psychologist will review and sign all test results/reports and determine if a diagnosis of a neurodevelopmental disability is in order.

7. Parole Board Requests for Parole Psychological Evaluations:

a. The Board of Pardons and Parole will send requests for Parole Psychological Evaluations (Attachment 6, form M31-01-06) to the Mental Health Unit Manager; and

b. The Mental Health Unit Manager will be responsible for scheduling these evaluations, conducted by a Qualified Mental Health Professional.

c. Unless otherwise requested by the Parole Board, pages 1 and 2 of this evaluation may be completed by, a licensed masters-level mental health counselor, mental health technician or behavior specialist, who is or is not assigned as counselor to the offender.

d. A Psychologist who has a doctoral degree and currently licensed by the Georgia Board of Examiners as an applied psychologist, will evaluate offenders serving a life sentence or a sentence due to a sexual abuse charge.

e. The Mental Health Unit Manager will ensure the Parole Board receives the report within 30 days of the receipt of the request for a Parole Board Evaluation.

f. A Parole Evaluation Log (Attachment 4, form M31-01-04) will be established at each mental health unit to track Parole Psychological Evaluations (Attachment 6, form M31-01-06). The following information will be logged:

i. The offender's name and number;

ii. Date of Receipt of request for evaluation;

iii. Name and Title of the evaluator;

iv. Date evaluation conducted; and

v. Date the submitted Parole Board Evaluation report is sent to the Parole Board.

V. Attachments:

Attachment 1: Mental Health Evaluation for Services (M31-01-01)
Attachment 2: Mental Status Evaluation (M31-01-02)

Attachment 3: Authorization for Release of Information (M31-01-03)
Attachment 4: Parole Evaluation Log (M31-01-04)
Attachment 5: Requested Records Log (M31-01-05)
Attachment 6: Parole Board Evaluations (M31-01-06)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachments 1, 2, and 6 will be placed in the offender's mental health file, section four (4). Attachment 3 will be placed in the offender's mental health file, section five (5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years. Attachments 4 and 5 will be maintained in the mental health area for four (4) years, then destroyed or archived.

Exhibit C

GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Suicide Precautions		
Policy Number: 508.29	**Effective Date:** 7/1/2020	**Page Number:** 1 of 10
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 offenders who are potentially suicidal, self-injurious, and may require a heightened observation status will be identified, assessed and referred for further evaluation and/or appropriate stabilization/management. This procedure is applicable to all Georgia Department of Corrections facilities.

II. Authority:

A. GDC Standard Operating Procedures (SOPs): 508.27, Time Out and Physical Restraints; 508.30, Mental Health Acute Care Unit; 508.31, Mental Health Crisis Stabilization Unit; 508.19, Mental Health Referral and Triage; 209.04, Use of Force and Restraint for Offender Control; 209.05, Stripped Cells and Temporary Confiscation of Personal Property; and 507.04.10, Consultations and Procedures;

B. NCCHC Standards for Health Services in Prisons (2014);

C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities (2015);

D. Correctional Health Care: Guidelines for the Management of an Adequate Delivery System: National Institute of Corrections, March 2001;

E. Prison Suicide: An Overview and Guide to Prevention: National Institute of Corrections, June 1995; and

F. ACA Standards: 5-ACI-6A-35 (ref. 4-4373 Mandatory), 5-ACI-6B-08 (ref. 4-4389 (Mandatory), 5-ACI-6E-01 (ref. 4-4416), 4-ALDF-4C-32, 4-ALDF-4C-33, 4-ALDF-4D-08 (Mandatory), 4-ACRS-4C-04 (Mandatory), and 4-ACRS-4C-16 (Mandatory).

III. Definitions:

A. **Suicidal Behavior** - The act, apparent intention, or threat of voluntarily and intentionally taking one's own life.

B. **Self-Injurious Behavior** - Any act or expressed intention of self-injury, for an apparently non-lethal goal.

C. **Assaultive Behavior** - Behavior patterns characterized by destructiveness or violence directed towards an object or person.

D. **Hardened Cell** - An observation cell, Acute Care Unit (ACU) cell, and/or Crisis Stabilization Unit (CSU) cell which has been reviewed and certified by the GDC Central Office of Health Services. The facility maintaining said cell will be issued a certificate of compliance, and the cell will contain no device that could potentially be used by the offender in harming either self or others.

E. **Mental Health Observations** - A specified sequence of documented visual observations, i.e., one-on-one, continuous observation, 15-minute watch, etc., of an offender who is experiencing a mental health crisis, which will take place in a Hardened Cell.

F. **Upper Level Provider (ULP)** - Providers such as MD/DO, CNS/APRN, PA, or PhD/Psy.D, who are part of a sub-group of licensed independent practitioners who are more customarily associated with infirmary settings.

G. **Qualified Mental Health Professional** - Mental Health Unit Managers, Psychiatrists, Psychologists, Licensed Registered Nurses, Licensed Professional Counselors, Social Workers, Marriage and Family Therapists, Mental Health Counselors, Mental Health Technicians, Mental Health Behavior Specialists and others who, by virtue of their education, credentials, approved privileges and experience are permitted by law to evaluate and care for the mental health needs of offenders.

H. **Suicide Precautions** - Increased level of clinical intervention and observation to ensure safety when an offender has demonstrated signs or risks of suicide.

IV. Statement of Policy and Applicable Procedures:

A. Identification and Referral of Potentially Suicidal or Self-Injurious Offenders:

GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Suicide Precautions		
Policy Number: 508.29	**Effective Date:** 7/1/2020	**Page Number:** 3 of 10
Authority: Commissioner	**Originating Division:** Health Services Division (Mental Health Services)	**Access Listing:** Level I: All Access

1. If any staff determines that an offender may be suicidal or self-injurious, the offender will be referred at once to the mental health staff for further assessment and disposition. A written record of referral and disposition will be made using either the Mental Health Referral Form (SOP 508.19 Mental Health Referral and Triage Attachment 1 form M35-01-01) or the Medical Consultation Form (PI-2007), as referenced in SOP 507.04.10, Consultations and Procedures, and placed in the medical and mental health record.

2. At facilities with mental health units, offenders who demonstrate suicidal behaviors, verbalize suicidal intent or are otherwise deemed to be suicidal or self-injurious will be assessed by a Qualified Mental Health Professional to determine the potential for self-harm. Consideration of the history and seriousness of previous suicide attempts, suicidal behaviors, method of potential self-harm, mental status, and the presence or absence of a plan for taking one's life will determine interventions and precautions to be taken.

3. Assessment of suicide risk will include completion of the Suicide Risk Assessment Instrument (Attachment 1 form M69-01-01) within twenty-four (24) hours or the next working day of identification of potentially suicidal or self-injurious offenders. This form must also be completed a second time upon discharge from Suicide Precautions. Any Qualified Mental Health Professional may complete the following sections of the Suicide Risk Assessment Instrument: Reasons for Referral, History of Suicidal Behavior, Risk Factors and Protective Factors. An Upper Level Provider must complete Risk Level and Intervention Guidelines, or Discharge from Suicide Precautions, Recommendations and Upper Level Provider signature and date.

4. At facilities without mental health units, offenders who demonstrate a risk factor for suicidal/self-injurious behavior will be assessed by medical and/or general population counseling staff in consultation with the mental health staff at the designated mental health facility in their catchment.

5. At facilities without mental health units, mental health staff from the catchment facility will provide guidance and determine when the offender will be

transported for an evaluation. The catchment facility mental health staff will also provide guidance for appropriate precautionary measures pending transfer. Standard Operating Procedures 209.04 Use of Force and Restraint for Offender Control and 209.05 Stripped Cells and Temporary Confiscation of Personal Property may be used to keep the offender safe.

B. Housing the Suicidal and Self-Injurious Offender:

1. The goal of placing offenders on Suicide Precautions status is to keep them safe, enable them to regain control of themselves and return to the lowest level of supervision consistent with their security requirements.

2. Offenders shall only be placed on a Suicide Precautions status at those facilities having:

   a. Established on-site mental health services, or

   b. Hardened Cells.

3. Suicide Precautions are not intended to manage offenders who are primarily aggressive, agitated due to situational stressors, destroying property or hostile and threatening others. These aggressive offenders will be managed by other means that may include time out and/or alternative sanctions in accordance with GDC policy.

C. Suicide Precautions:

1. Assessment will be used to determine whether the offender's suicide risk level is mild or requires Suicide Precautions and appropriate interventions for clinical contact and housing.

   a. If suicide risk is assessed as mild, the offender will be coached on coping strategies, seeking social support, and problem resolution to help the offender manage current stressors and emotional distress. An appropriate interval for mental health follow-up will be established and the offender will be informed of the best way to access mental health staff if symptoms worsen.

b. If Suicide Precautions status is warranted, the offender will be placed on Suicide Precautions. Notification of this status will be made to clinical staff and relevant security staff. An increased level of clinical contact and treatment interventions will be instituted until the status is discontinued. The offender may be placed in a Hardened Cell for a safe housing situation.

D. Monitoring Safety for Offenders on Suicide Precautions:

Safety precautions shall include increased frequency and/or duration of counseling contact at a minimum of two times per week and more contact if considered appropriate by the mental health treatment team. Consider referral to a suicide prevention group in consultation with the clinical supervisor and/or treatment team. Consider pharmacological intervention, if not currently on psychotropic medication. Carefully document clinical status and interventions. Inform appropriate security and on-call staff as needed. Those offenders on Suicide Precautions will be documented in the Suicide Precaution Log (Attachment 5 form M69-01-05). Information in the log will include the offender's identifying information, assigned mental health counselor, beginning and ending dates of placement on Suicide Precautions status, facility where Suicide Precautions were initiated and the name of the Upper Level Provider who initiated and/or removed the offender from Suicide Precautions status.

E. Property Restriction and Clothing:

1. Property and clothing potentially available for those in Hardened Cells where Suicide Precautions occur will be suicide-resistant garments, booties and suicide-resistant bedding (and appropriate resources for females during menses). Provisions are made to supply the offender with a security garment that will promote offender safety in a way that is designed to prevent humiliation and degradation. The person will have no other property unless modification (i.e. additional items) is allowed based on the documented direction of an Upper Level Provider. This is to be determined on an individual basis.

2. If an offender is placed in a Hardened Cell and there is no clinical reason to restrict property or clothing, the Upper Level Provider will give a directive for the offender to have clothing and property deemed clinically appropriate (e.g., jumpsuit, shoes without laces, food tray, etc.). It is strongly suggested a door sheet be posted indicating the property directed by the Upper Level Provider. Mental health staff should communicate and coordinate door sheets with medical and security staff.

F. Provision of Food While on Suicide Precautions:

Facilities shall designate that the default food for those in Hardened Cells will be "finger foods". As with property and clothing, this may be modified by the Upper Level Provider on an individual basis.

G. Activities During Suicide Precautions:

1. The offender on Suicide Precautions status will generally be restricted to a Hardened Cell but may attend activities directly supervised by mental health staff that promote wellness.

2. When safe and clinically appropriate, the offender may leave the Hardened Cell for activities such as clinical appointments, group therapy and activity therapy. Security concerns shall be carefully considered for these activities.

3. Clinical activities must be determined by the Suicide Precautions Treatment Plan. (Attachment 2 form M69-01-02).

H. Contact with Offenders Housed in Hardened Cells for Suicide Precautions:

1. Regular business week working hours at a facility:

a. Daily rounds by Upper Level Provider(s); and

b. Daily clinical contacts by mental health counselor.

2. Weekends and holidays:

   a. A Qualified Mental Health Professional or the facility's assigned mental health duty officer will perform daily, on-site rounds on individuals on Suicide Precautions status. At those facilities where there is a mental health nurse, or a nurse who is experienced with the mental health program, weekend and holiday rounds may be completed by that nurse in consultation with an Upper Level Provider and the mental health duty officer (or designated mental health counselor). Should the nurse be unable to complete said rounds it is the responsibility of the mental health duty officer to complete them. Upon completion of rounds, phone consultation with an Upper Level Provider shall occur to determine if any changes/modifications to Suicide Precautions Treatment Plan (Attachment 2 form M69-01-02) are warranted at that time. Weekend and holiday rounds are to be documented both in the mental health duty officer logbook and in a Mental Health Progress Note (SOP 508.10 Confidentiality of Mental Health Records Attachment 2 form M20-02-02).

I. Frequency of Watch on Suicide Precautions:

1. Offenders housed in a Hardened Cell: A specific time frame, such as every 15 minutes at random, every 5 minutes, 1:1, or line of sight, will be initially recommended by the Qualified Mental Health Professional and then confirmed by the Upper Level Provider once the Upper Level Provider is consulted;

2. Offenders housed outside of a Hardened Cell: The frequency of contact will be at least twice weekly by Qualified Mental Health Professional(s) until the Suicide Precautions status changes;

J. Initiation of Suicide Precautions:

1. Staff with concern that an offender is suicidal or self-injurious will take appropriate steps to keep the offender safe and consult with mental health staff as soon as possible to determine necessary Suicide Precautions' placement.

2. If a mental health counselor identifies suicide risk, that person may initiate Suicide Precautions.

3. Within an hour or as soon as is practical, an Upper Level Provider shall be consulted. Continuation of Suicide Precautions beyond mild risk requires consultation and agreement of an Upper Level Provider.

4. Identifying or placing an offender on Suicide Precautions status does not require a medical order. Initiating Suicide Precautions is a behavioral directive that any Qualified Mental Health Professional can initiate, but only an Upper Level Provider can determine and direct official placement, continuation, and/or discontinuation of Suicide Precautions in a medical or non-medical setting. Suicide Precautions Rounds (Attachment 3 form M69-01-03) shall be used by the Upper Level Provider during rounds for an offender who has been placed on Suicide Precautions status and is being housed in an ACU or CSU cell.

K. Transfer from Suicide Precautions in an Observation Hardened Cell to an Urgent Care Hardened Cell (ACU/CSU):

1. The offender in this transfer status is expected to go to an Acute Care Unit or Crisis Stabilization Unit as soon as one is available and transportation can safely be arranged. There may be times when it is safer not to transport the offender immediately (at night or in bad weather) or when Acute Care Unit or Crisis Stabilization Unit bed space is not available, and the offender must be managed safely at the initiating facility until safe transportation or an available bed is arranged.

2. Improvement and clinical stability may be a byproduct of this transfer status. If, during the process of arranging safe transportation, the offender's clinical status significantly improves, release from Suicide Precautions may be clinically indicated and the Suicide Precautions status may be discontinued.

L. Discontinuation of/Discharge from Suicide Precautions:

1. Suicide Precautions is intended to take measures to keep a person expressing

suicidal thoughts or exhibiting suicidal behaviors safe and to take measures that will help alleviate the suicidal/self-injurious behaviors and risk. It is therefore expected that Suicide Precautions will continue as long as it is determined to be needed.

2. An Upper Level Provider in consultation with other mental health team members will determine when it is clinically appropriate and safe to:

   a. Give property and clothing back;

   b. Allow a food tray;

   c. Participate in activities;

   d. Decrease frequency of watch; and/or

   e. Discharge from Suicide Precautions. At this time, the Suicide Risk Assessment Instrument (Attachment 1 form M69-01-01) must be completed and findings to support discontinuation of Suicide Precautions must be documented.

3. When discontinuing Suicide Precautions, the offender may be continued on an increased contact status if clinically appropriate. This shall be reflected as a problem on the Comprehensive Treatment Plan (SOP 508.21 Treatment Plans Attachment 2 form M50-01-02), with corresponding goal(s) and intervention(s) noted.

M. Suicide Prevention Training:

All mental health staff, including licensed staff, unlicensed staff, and clinical consultants, will be required to attend the GDC annual Suicide Prevention training and/or in-service training focused on Suicide Prevention.

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V. Attachments:

Attachment 1: Suicide Risk Assessment Instrument (M69-01-01)
Attachment 2: Suicide Precautions Treatment Plan (M69-01-02)
Attachment 3: Suicide Precautions Rounds (M69-01-03)
Attachment 4: Suicide Precaution Log (M69-01-04)

VI. Record Retention of Forms Relevant to this Policy:

Completed forms, Attachments 1 - 3 shall be placed in the offender's mental health file. At the end of the offender's need for mental health services or upon release from GDC custody, the mental health file shall be placed within the offender's health record and retained for 10 years. Upon completion, Attachment 4 shall be maintained in the treating facility mental health area for four (4) years.