

GEORGIA DEPARTMENT OF CORRECTIONS  
Standard Operating Procedures

**Policy Name:** Mental Health Acute Care Unit

**Policy Number:** 508.30

**Effective Date:** 12/9/2019

**Page Number:** 1 of 4

**Authority:**  
Commissioner

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

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

**I. Introduction and Summary:**

This procedure is applicable to all Georgia Department of Corrections (GDC) facilities with a mental health mission. An Acute Care Unit (ACU) requires intensive mental health services but not the intensive medical attention offered in the Crisis Stabilization Unit (CSU). ACU mental health services are provided in facilities with a CSU.

**II. Authority:**

- A. NCCHC Standards for Health Services in Prisons;
- B. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities; and
- C. GDC Standard Operating Procedures (SOPs): 209.04, Use of Force and Restraint for Offender Control; 209.05, Stripped Cells and Temporary Confiscation of Personal Property; and 508.27, Time Out and Physical Restraint.

**III. Definitions:**

- A. **Acute Care Unit (ACU)** - An acute care unit may be either a stand-alone unit or it may consist of some designated beds in a Supportive Living Unit (SLU), which are expressly set-up and operated for the purpose of providing short term intensive mental health care and programming in an attempt to prevent a mental health crisis.
- B. **Stabilization Team** - The staff members making up the treatment team for offenders housed in ACU. Team members include, but are not limited to, a psychiatrist, a mental health nurse, and the CSU/ACU counselor.

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

- A. Criteria for Admission:
  - 1. Extremely agitated but not posing an overt danger to self or others;
  - 2. Abrupt behavioral change secondary to a suspected underlying psychotic process;
  - 3. Not actively self-injurious and without a history of lethal acts;
  - 4. A need for seclusion and/or mental health observation based on the above criteria and expected to last for less than a twenty-four (24) hour period;

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5. Diagnostic clarification needed via observation and evaluation in a structured environment (i.e., "sleeper" from other facilities"); and
6. A place to transition offenders from a higher level of mental health services.

**B. Admission Process:**

1. Offenders may refuse mental health treatment, but they may not refuse ACU placement; and
2. A physician's admission order is not needed; however, placement requires a Mental Health evaluation from a privileged mental health care provider with consultation from a psychiatrist/APRN/psychologist prior to admission or immediately after placement. The psychiatrist/APRN/psychologist will do an admission note within 24 hours or the next working day following admission (Form M70-01-04). The warden/superintendent will be informed of all incidents, seclusion and movement associated with ACUs at their respective facilities.

**C. ACU Treatment:**

1. The ACU Stabilization Team consists of the psychiatrist, mental health nurse, and mental health counselor;
2. Rounds will be made Monday - Friday by the ACU Stabilization Team. Weekend and holiday rounds will be made by a qualified nurse;
3. A program of structured activities will be made available to offenders in the ACU by the Stabilization Team and ancillary MH staff (i.e., activity therapists and chaplains);
4. The Stabilization Team will make decisions on activity levels during rounds each day in collaboration with security;
5. Nurses will deliver and administer medications to offenders in the ACU;
6. The MH Counselor and nurse will make progress notes daily (Monday - Friday), to include a mental status evaluation. These notes will be placed in Section 1 of the Mental Health Record. On weekends and holidays a qualified nurse will make daily rounds and document in a progress note that includes a mental status examination; and

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7. Length of stay should rarely exceed 14 days.

D. Discharge Process:

1. The ACU Discharge Summary Form (Form M70-01-02) will be completed by the MH counselor in collaboration with the Stabilization Team upon discharge. It will clearly state the discharge diagnosis and discharge plan. The ACU Discharge Summary Form will be placed with the ACU packet in the Medical Record (Section 5) with a copy of the discharge summary placed in the Mental Health File (Section 1);
2. All non-mental health offenders admitted to the ACU will have a complete mental health evaluation using form M31-01-01 before being discharged from ACU;
3. The MH counselor assigned to the ACU will write a Discharge Summary Note addressing the offender’s mental status, adjustment to ACU, behavioral problems, length of stay and any clinical issues relevant to the time spent in ACU. The Discharge Summary Note will be filed in section one of the mental health record; and
4. If an offender is placed in Isolation/Segregation after release from Acute Care Unit/Crisis Stabilization Unit, a mental health assessment will be conducted by a Qualified Mental Health Professional on that offender within the first 10 - 12 hours of placement in Isolation/Segregation.
5. Appropriate placement upon discharge from the ACU will be coordinated with both local and Central Office classification personnel. Offenders should generally be stepped down one level of care at a time. Offenders should remain on a level of care (Level IV, Level III or Level II) for at least 60 days before having their level of care reduced. When the Stabilization Team is considering reducing an offender's level of care by more than one level and/or reducing it in less than 60 days, then a Psychiatrist/APRN or Psychologist must evaluate the offender to determine whether to follow the Stabilization Team’s recommendation or not follow the recommendation.

E. Data Collection:

1. An ACU Admission Log (Form M70-01-03) will be maintained and will include the following data:

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- a. Offender’s Name and ID Number;
- b. Date of Admission;
- c. Admitting Diagnosis;
- d. Discharge Diagnosis;
- e. Discharge Placement;
- f. Referral Source; and
- g. Date of Discharge.

**V. Attachments:**

- Attachment 1: ACU Treatment Plan (M70-01-01)
- Attachment 2: ACU Discharge Summary (M70-01-02)
- Attachment 3: ACU Admission Log (M70-01-03)
- Attachment 4: ACU Abbreviated Psychiatric Admission Note (M70-01-04)
- Attachment 5: ACU Discharge Summary Note (M70-01-05)

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

Upon completion, Attachments 1, 2, 4 and 5 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 3 shall be maintained in the mental health area for four (4) years.