

<p>GEORGIA DEPARTMENT OF CORRECTIONS</p> <p>Standard Operating Procedures</p>		
<p>Policy Name: Mental Health Crisis Stabilization Unit</p>		
<p>Policy Number: 508.31</p>	<p>Effective Date: 12/9/2019</p>	<p>Page Number 1 of 7</p>
<p>Authority: Commissioner</p>	<p>Originating Division: Health Services Division (Mental Health)</p>	<p>Access Listing: Level I: All Access</p>

I. Introduction and Summary: Crisis Stabilization is a level of care (Level V) requiring intensive mental health services. Crisis Stabilization Unit mental health services will only be provided in designated Georgia Department Corrections' (GDC) prison infirmaries located at facilities with a mental health mission.

II. Authority:

- A. ACA Standards: 4-4410 and 4-4411;
- B. NCCHC Standards for Health Services in Prisons;
- C. NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities; and
- D. 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; 507.04.42, Infirmary Care; 508.04, Credentialing Verification and Privileging; 508.20, Mental Health Rounds in Isolation/Administrative Segregation Units; 508.27, Time Out and Physical Restraints; 508.28, Managing Potentially Suicidal, Self-Injurious, and Assaultive Behavior; and 508.29, Suicide Precautions.

III. Definitions:

- A. **Crisis Stabilization Unit (CSU)** - A designated infirmary area expressly set-up and operated for the purpose of treating mental health offenders who are in crisis and need 24-hour health care presence while being in a safe environment.
- B. **CSU Nurse** - A nurse, Registered Nurse (RN), or Licensed Practical Nurse (LPN), who is qualified as a mental health nurse due to training and/or experience, and who will coordinate and provide care during all shifts.
- C. **Stabilization Team** - The staff members making up the treatment team for offenders housed in CSU. Team members include, but are not limited to, a psychiatrist/Advanced Practice Registered Nurse (APRN), a CSU nurse, and the CSU counselor.

IV. Statement of Policy and Applicable Procedures:

- A. The Crisis Stabilization Unit will provide intensive inpatient mental health services for offenders who require 24-hour monitoring by professional staff. Crisis Stabilization Unit (CSU) services will be based in infirmaries throughout the state as designated by the State MH Program Supervisor in coordination with the GDC

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Medical Director. Male juveniles will be sent to Augusta State Medical Prison (ASMP) for CSU services. Female juveniles will be sent to Lee Arrendale State Prison for CSU services. Wardens will be informed of all incidents, measures of restraint, and movements associated with CSU at their respective facilities.

- B. The number of CSU beds per infirmary area will be specific, but there will be flexibility to expand or reduce the number of beds according to need and in coordination with medical staff. CSU will be recognized as a temporary stay unit with an average length of stay to be approximately five days. Length of stay may vary based on clinical justification and may be shorter or longer than the average five day stay.

- C. The psychiatrist/APRN will be the attending provider for the offender while he or she is admitted to the CSU. A psychiatrist will be on-call 24 hours per day. The Medical Director has ultimate authority over medical services in the infirmary. The Mental Health Unit Manager is responsible for ensuring that CSU activities are coordinated with the multidisciplinary team. CSU Nurses cover the CSU seven days per week on all shifts. The Director of Nursing, in coordination with the Mental Health Nurse Coordinator, must ensure that there is adequate nursing coverage for the CSU. A Mental Health Counselor, approved by the Clinical Director pursuant to SOP 508.04, will be on call 24 hours per day (acting as a duty officer). A mental health duty officer "on-call" roster and a psychiatrist "on-call" roster will be posted in the infirmary.

- D. All offenders transferred from another institution for CSU services may be held on sleeper status. Reassignments may also be considered if appropriate.

- E. The decision to admit an offender to the CSU may be based on any of the following criteria:
 - 1. Extreme agitation as evidenced by self-harm or harm to others;
 - 2. Need for mental health observation due to abrupt behavioral change with diagnostic questions of possible underlying medical problem(s);
 - 3. Suicidal preoccupation/actively self-injurious and has history of particularly lethal acts;
 - 4. Need for restraints as a last resort due to the imminent threat or self-harm or harm to others; and/or

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5. Need for intensive psychopharmacological treatment.

F. Admission Process:

1. Offenders may refuse mental health treatment, but they may not refuse crisis stabilization placement. All offenders admitted to the infirmary will be within sight or sound of a licensed health care provider 24 hours per day.
2. Once a decision is made that an offender may need CSU services, the CSU nurse must be notified. The CSU nurse must contact the psychiatrist/APRN within an hour of placement in the infirmary to discuss the case with the psychiatrist/APRN and obtain admission orders.
3. The admitting order will include:
 - a. Reason for admission and diagnosis;
 - b. Frequency of vital signs;
 - c. Type of diet required (consider medical condition and safety concerns);
 - d. Frequency of observation;
 - e. Diagnostic or treatment measures to be taken during the infirmary stay;
 - f. Restraint as needed per SOP 508.27; and
 - g. Laboratory tests as clinically indicated.
4. Property and clothing for those 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 a psychiatrist/APRN/psychologist. This is to be determined on an individual basis.

G. CSU Treatment:

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1. The CSU nurse will perform a Nursing Assessment (Form M70-02-01).
2. Nursing documentation will require an admission note that includes, at a minimum, chief complaint, vital signs, relevant history, relevant observations.
3. Psychiatry/APRN will evaluate the offender and complete the Psychiatric Admission Form (Form M70-02-02). If the offender is being readmitted within 30 days, the Abbreviated Psychiatric Admission Form (Form M70-02-03) may be used. The evaluation will occur within 24 hours or the next business day unless an emergency condition exists.
4. Vital signs will be taken daily or as ordered by the provider.
5. The CSU counselor will initiate a CSU Treatment Plan (Form M70-02-04) for cases in which the offender is in CSU, not on Suicide Precautions (SP) status. [In cases of SP status, a Suicide Precautions Treatment Plan (Form M69-01-02) must be completed.] The CSU Treatment Plan will be mental health-oriented and will include problems, goals and interventions. The Mental Health Counselor and Psychiatrist/APRN may specify interventions to be included. The plan should focus on the primary reason for admission and any psychological or social factors that may have contributed to the crisis. It should include information on present mental status and history of mental illness.
6. The CSU Nurse will coordinate with a non-psychiatric physician or Physician's Assistant (PA) to perform a history and physical (Form P30-0012.01) within 24 hours of admission.
7. The CSU nurse will work with the offender throughout the CSU admission period. The assigned Mental Health Counselor will spend time with the offender daily, Monday-Friday. The Psychiatrist/APRN will evaluate the offender daily, Monday-Friday. These clinicians will be considered the Stabilization Team.
8. Phone rounds are conducted Saturday, Sunday, and on holidays between the mental health duty officer, CSU Nurse and Psychiatrist/APRN.
9. During each 8-hour shift, the CSU Nurse will complete a Nursing Assessment and Database (M70-02-01) including a mental status exam. The Mental Health Counselor and Psychiatrist/APRN will document daily rounds, Monday through Friday.

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10. The CSU Counselor or the on-call duty officer will write a progress note addressing the primary reason for admission and the clinical status of the offender daily.
11. The CSU Counselor, in accordance with the Stabilization Team's deliberations, will utilize available resources such as Chaplaincy, Education, Library Services, Activity Therapy, etc. to supplement care. The Stabilization Team should be consulted and will approve any activity outside of the CSU cell.
12. CSU admissions will be discussed daily in Rounds. All members of the Stabilization Team should participate in the Rounds.

H. Discharge Process:

1. The CSU Discharge Summary (Form M70-02-06) will be utilized for documentation by the Attending Psychiatrist/APRN and will clearly reflect the offender's discharge diagnosis(es) and discharge plan. The nursing portion of the Discharge Summary will be completed upon discharge.
2. A Psychiatrist/APRN is required to review and sign all infirmary discharges with the appropriate date, time, and signature.
3. All non-mental health offenders admitted to the CSU will have a complete mental health evaluation using form M31-01-01 before being discharged from CSU.
4. The completed Crisis Stabilization documentation package will be filed in the medical record behind the Infirmary Admission divider.
5. The Mental Health Counselor will complete a discharge summary note (in lieu of a progress note, on the day of discharge) to include information pertinent to the CSU stay and the time period of admission using form M70-02-09. A copy of the CSU Discharge Summary (M70-02-06) will be filed in section 1 of the mental health record.
6. Once the offender is permanently assigned to an institution upon discharge from CSU, the newly assigned treatment team will decide the most appropriate housing according to treatment needs and coordinate with security for the move and placement.

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7. The CSU Stabilization Team will determine the level of services needed upon discharge from the CSU. The MH Unit Manager will ensure placement at an institution with the appropriate level of care by coordinating with local and Central Office classification personnel.
8. Discharge from the CSU on weekends is discouraged unless it is to an ACU at the same facility.
9. 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 the Qualified Mental Health Professional on that offender within the first 10 - 12 hours of placement in Isolation/Segregation.

I. Data Collection:

1. A CSU Admission Log (Form M70-02-07) will be maintained and will include the following data:
 - a. Offender's Name and ID number;
 - b. Date of admission;
 - c. Admitting diagnosis(es);
 - d. Discharge diagnosis(es);
 - e. Discharge placement;
 - f. Referral source; and
 - g. Date of discharge.

- J. Readmission: If an offender is readmitted within 30 days for the same condition, the CSU nurse will coordinate with the non-psychiatric medical providers to update the previous history and physical. A complete history will not be necessary unless clinically indicated. All other documents must be completed for a new admission.

V. **Attachments:**

- Attachment 1: Crisis Stabilization Unit Nursing Assessment and Database (M70-02-01)
Attachment 2: Crisis Stabilization Unit Psychiatric Admission Form (M70-02-02)

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Attachment 3: Abbreviated Psychiatric Admission for Crisis Stabilization Unit (M70-02-03)

Attachment 4: Crisis Stabilization Unit Treatment Plan (M70-02-04)

Attachment 6: Crisis Stabilization Unit Discharge Summary (M70-02-06)

Attachment 7: Crisis Stabilization Unit Admission Log (M70-02-07)

Attachment 8: Crisis Stabilization Unit Referral Report (M70-02-08)

Attachment 9: Crisis Stabilization Unit Summary Discharge Note (M70-02-09)

Attachment 10: Crisis Stabilization Unit Admission Cover Page (M70-02-10)

VI. Record Retention of Forms Relevant to this Policy:

Upon completion, Attachments 1, 2, 3, 4, and 8 shall be placed in the offender's medical file (Infirmary Section with CSU/ACU packets) and retained for ten (10) years. Attachments 6, 9, and 10 shall be placed in the offender's medical file (Infirmary Section on the top of the CSU packet) and a copy in the mental health file (section 1). 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 7 shall be maintained for four (4) years in the mental health area.