

ACUTE TREATMENT UNIT (ATU) SERVICES

I. Definition of Service:

An Acute Treatment Unit (ATU) is a 24-hour residential treatment facility licensed by the Colorado Department of Public Health and Environment (CDPHE) and monitored by the Division of Behavioral Health (DBH). ATUs may serve as an alternative to inpatient hospitalization when it is determined the client can receive equal benefit at the ATU level of care. They provide a level of care and supervision for individuals who are in need of intensive psychiatric interventions for stabilization. An ATU must be capable of ensuring individual safety by qualifying as a secure facility under the provisions of Colorado Department of Public Health and Environment (CDPHE), Chapter VI 6 CCR 1011-1 Acute Treatment Units, or by having restraint and seclusion capacity under 27-65 licensure. To receive Mental Health Services program approval as an ATU, each facility must have written protocols that include administrative functions, program description, services provided, and staffing.

ATUs provide 24-hour services in a facility setting for individuals with acute psychiatric needs, who require stabilization in a secure setting. These psychiatric needs may include, but are not limited to, suicidal or homicidal thoughts and behaviors. The ATU may also be used to provide ongoing 24-hour observation and therapies for individuals who require this setting for longer periods of time because it is determined that discharge would result in de-stabilization and/or exacerbation of symptoms. In the ATU setting, individuals receive therapeutic intervention and specialized programming in a controlled environment with a high degree of supervision and structure. The ATU program addresses identified problems through a wide range of diagnostic and treatment services. Life skills training in areas such as social skills and activities of daily living are provided in the context of a comprehensive, multidisciplinary treatment plan. At a minimum, ATU treatment includes weekly medication management sessions with a psychiatrist.

Secured Facility Designation: For an ATU to be approved as a secured facility, it must comply with the CDPHE's Chapter VI 6 1011-1 Acute Treatment Units.

II. Admission Criteria:

Any of the following criteria are necessary for admission:

- A. The individual demonstrates symptoms consistent with a covered DSM-IV-TR (AXES I-V) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
- B. The individual exhibits suicidal or homicidal ideation or acute mood symptoms/thought disorder that requires an intensive level of care.
- C. The individual is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic environment.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The individual is imminently dangerous to self and/or others and cannot be safely maintained in an ATU level of care. In this case, a psychiatric inpatient hospital stay will be secured.
- B. The individual can be safely maintained and effectively treated at a less intensive level of care.
- C. The individual has medical conditions or impairments that would prevent beneficial utilization of services.
- D. The primary presenting problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care,
- E. The admission is intended for use as an alternative to incarceration.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be clinically appropriate.
- B. The individual continues to display symptoms that meet the admission criteria or has not completed treatment goals necessary for discharge.
- C. Client does not need to transfer to a higher level of care to stabilize, and it is determined that the ATU level of care remains appropriate.
- D. Client cannot reduce the level of care to meet the stabilization goals.
- E. The treating psychiatrist believes that continued stay is necessary to avoid de-stabilization and/or exacerbation of symptoms, even though the client may have reached the "acute" stabilization goals on the ATU unit. In this event, the treating psychiatrist should identify a timeframe (i.e., in number of days) to continue to evaluate the client and assure discharge coordination. This is considered a "necessary" transition period without which the client is likely to de-stabilize.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

- A. The individual's documented treatment plan goals and objectives have been substantially met.
- B. The individual meets criteria for an alternative level of care.
- C. The individual, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that ATU treatment is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation.
- D. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
- E. The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. If the client

remains a danger to self or others, a transfer to a psychiatric inpatient facility will occur.

Bibliography

Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1; Standards for Hospitals and Health Facilities, Chapter VI—Acute Treatment Units; Adopted 01/17/2007, Effective 04/01/2007

Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1; Standards for Hospitals and Health Facilities, Chapter XVIII—Psychiatric Hospitals; Amended 11/28/2007, Effective 01/30/2008