



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**INITIATING SERVICES FOR PATIENTS AT
THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy: MSH FMHF-07

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- I. PURPOSE:** This policy defines the process for referring patients to the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF), initiating services, and reviewing service provisions.
- II. POLICY:** MSH will ensure that services for MSH FMHF patients are initiated in a timely manner according to needs of the patient and the court's order. The process of providing services will include assessment of the patient's needs to determine the appropriate type and level of care.
- III. DEFINITIONS:**
- A. ***MSH FMHF Program Manager:*** The individual responsible for overseeing the process of reviewing referrals; reviewing court orders; coordinating assessments; coordinating treatments; and reviewing service effectiveness and efficiency.
 - B. ***MSH FMHF Social Worker:*** The individual responsible for communicating with the community court and legal systems, reviewing court orders, managing referrals to FMHP, and coordinating assessment and treatment.
 - C. ***Licensed Independent Practitioner:*** The individual responsible for providing or coordinating medical and psychiatric services to patients.
 - D. ***Patient:*** A person committed to the MSH FMHF for evaluation or custody, care, and treatment.
- IV. RESPONSIBILITIES:**
- A. ***MSH FMHF Program Manager:***
 - 1. Responsible for day-to-day operation of the MSH FMHF, orientation of FMHF staff, orientation of FMHF contractors, and oversight of services.
 - 2. Ensures court orders for patients to be committed to FMHF are received and verified.
 - 3. Ensures appropriate decisions regarding the acceptance of patients into FMHF.
 - 4. Oversees the coordination of patient admissions, transfers, and discharges from the FMHF.

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B. *MSH FMHF Staff and Contractors:*

1. Provide evaluation, custody, care, and treatment services as indicated and court-ordered for patients at the FMHF.
2. Orient the patients to the program.
3. Inform patients of their rights and the grievance process.
4. Review the treatment plan with the patient at least every 90 days.
5. Assist the patient with the development of a daily schedule of activities.
6. Complete documentation describing the patient's response to the services provided.
7. Provide reports of the patient's evaluation, treatment, and progress to the courts as requested or ordered.
8. Provide testimony for the courts as requested or ordered.

V. PROCEDURES:

A. REFERRALS:

1. The MSH FMHF Social Worker will receive and quickly process requests and orders for admission to the FMHF. The Social Worker will verify that the referral meets the admission criteria as outlined in the Patient Admission Criteria policy for the FMHF. Patients who do not meet the criteria will not be admitted and the referring party will be informed of the denial.
2. If the FMHF is at licensed capacity, the Social Worker may develop a waiting list for admission.

B. ADMISSION PROCEDURES

1. The MSH FMHF Social Worker will coordinate admissions with the FMHF Program Manager and the Treatment Team.
2. The FMHF staff and contractors will initiate an orientation process for the patient upon admission to the FMHF, which will include:
 - Rights and grievance procedures;
 - unit rules;
 - potential consequences for rule violations;
 - treatment expectations;
 - personal space upkeep;
 - personal hygiene maintenance;
 - personal laundry upkeep;
 - unit chores;
 - personal schedule maintenance;
 - continuation of treatment and recovery;
 - unit routines;
 - safety and emergency procedures;

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3. FMHF staff and contractors will initiate a multidisciplinary assessment of the patient's needs upon admission. The results of the assessment will be used to guide decisions about the evaluation, custody, care, and treatment initiated.

C. EVALUATION OF PATIENT PROGRESS

1. The MSH FMHF Treatment Team will be responsible for monitoring and evaluating the patient's progress toward treatment objectives.
2. The treatment plan will be reviewed and updated as the patient's needs indicate, with intervals of no longer than 90 days between reviews.
3. The FMHF Social Worker will initiate discharge planning procedures soon after admission and assist the patient in understanding the discharge criteria and developing an appropriate aftercare and safety plan.

VI. REFERENCES: Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Forensic Psychiatrist, Director of Clinical Services, Director of Nursing, and FMHF Program Manager.

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF Policy and Procedure Manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: FMHF Program Manager.

XII. ATTACHMENTS: None.

Signatures:

John Glueckert
Hospital Administrator

Thomas Gray, MD
Medical Director