



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

**NOTIFICATION OF POLICY IMPLEMENTATION OR CHANGE
FOR THE
FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy: MSH FMHF-04

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- I. PURPOSE:** To establish a procedure to assure that staff assigned to the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF) understand and follow policies specific to operation of the program. To establish a method of informing patients of new or revised policies and procedures.
- II. POLICY:** All staff assigned to the MSH FMHF will review all policies and procedures concerning the operation of the program or the facility. Updated information will be provided to staff as policies and procedures are initiated or revised. Patients at the FMHF will be informed of new or revised policies and procedures that may have a direct impact on them.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
 - A. **MSH FMHF Program Manager:** Ensure staff have access to all policy and procedures and understand the applicability of this information to the program and operation of the facility. Inform patients of new or revised policies and procedures that may have a direct impact on them.
 - B. **MSH FMHF Staff** will read, attempt to understand policies and procedures, ask questions to clarify uncertainty, and bring concerns to their supervisor's attention. Staff must sign a form verifying they have reviewed and understood FMHF policies.
- V. PROCEDURE:**
 - A. A policy and procedure manual will be available at the FMHF and as a desktop shortcut on all staff computers.
 - B. Each member of the hospital assigned to work the FMHF will review the policy and procedure manual and sign a confirmation sheet. This signature signifies that the employee understands the information and their obligation to follow the policy or procedure.

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- C. When new policies are implemented or existing policies are revised, this information will be communicated to staff by the program manager and through memos. Staff will sign a confirmation sheet indicating they understand the information and their obligation to follow the policy or procedure.
 - D. The program manager will periodically announce and summarize new or revised policies for the patients at the FMHF that may be impacted by their implementation. Supplemental written information describing FMHF policies may be provided in the FMHF program handbook.
- VI. REFERENCES:** Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908 and 37.106.1614.
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director; Forensic Psychiatrist, Director of Clinical Services, Director of Nursing, Director of Quality Improvement, and Program Manager of the Montana State Hospital Mental Health Group Homes.
- 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:** For internal use only.
Attachment A. MSH FMHF New Policy/Revised Policy Confirmation Form

Signatures:

John W. Glueckert
Hospital Administrator

Thomas Gray, MD
Medical Director