



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

**PSYCHIATRIC ASSESSMENTS AT THE  
FORENSIC MENTAL HEALTH FACILITY**

**Effective Date:** June 19, 2020

**Policy:** MSH FMHF-09

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- I. PURPOSE:** To provide guidelines for assessing patients' psychiatric needs while they are at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:** Patients' psychiatric needs will be evaluated in a systematic manner at regular intervals throughout their stay. This information will facilitate prompt and accurate decision making about each patient's care.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
- A. **Nursing staff:** Notify the Licensed Independent Practitioner of any new admission to the FMHF as soon as the patient physically arrives at the facility, if not beforehand.
  - B. **Licensed Independent Practitioners:** Assess the patient, complete an admission psychiatric evaluation, and chart the progress of the patient per policy standards.
  - C. **Admissions Staff:** Send out a list of the patients due for recommitment no later than three (3) weeks prior to the due date.
- V. PROCEDURE:**
- A. The *Admission Psychiatric Evaluation* is performed and completed by a Licensed Independent Practitioner within seven (7) days of the patient's admission to the MSH FMHF. The evaluation will be documented in a report and include the following information:
    - 1. Identifying data
    - 2. Chief complaint/reason(s) for admission
    - 3. Source of information
    - 4. History of present illness
    - 5. Past history (psychiatric, drug/alcohol, family, medical, social, work, marital/children, military, criminal, living situation)
    - 6. Mental status examination
    - 7. Strengths and assets

8. Summary and formulation
9. ICD-10/DSM 5 diagnoses
10. Other conditions which may be a focus of clinical attention.
11. Core measures: physical health, education, employment skills, family support, knowledge of illness and treatment
12. Initial treatment plan
13. Level of supervision/precautions
14. Suicidal/self-injury risk
15. Assaultive risk
16. Estimated length of stay
17. *Certification requirement:* Pursuant to Federal Regulation 424.14(b).

- B. A comprehensive psychiatric intake exam progress note will be performed by a Licensed Independent Practitioner for transfer/admissions from MSH to FMHF within *24 hours* of the transfer. The psychiatric intake exam progress note is done in lieu of the **Admission Psychiatric Evaluation for transfer/admissions from MSH to FMHF**.
- C. Psychiatric reassessments will occur when there are major changes in the patient's condition. Progress notes will be recorded by the attending Licensed Independent Practitioner. The frequency of the progress notes is determined by the condition of patient, but will be recorded at least monthly for the first two (2) months and at least every ninety (90) days thereafter.

The progress notes will contain recommendations for revisions in the treatment plan as indicated, as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan.

- C. An Annual Psychiatric Summary will be completed for each patient on a yearly basis. This report will summarize the following information:
1. Identifying data
  2. History of present illness
  3. Pertinent past history (psychiatric, drug/alcohol, family, medical, social, work, marital/children, military, criminal, living situation, significant medical/physical findings, lab/x-ray/other consultation findings).
  4. Hospital course (including response to medications)
  5. Mental status
  6. Strengths and assets
  7. Summary and formulation
  8. IDC-10/DSM 5 diagnoses
  9. Other conditions which may be a focus of clinical attention
  10. Core measures (physical health, education, employment skills, family support, knowledge of illness and treatment)
  11. Medications
  12. Informed consent

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13. Treatment plan
14. Level of supervision
15. Suicidal/self-injury risk
16. Assaultive risk
17. Estimated length of stay
18. Certification requirement Pursuant to Federal Regulation 424.14(b).

- VI. REFERENCES:** CMS Hospital Licensure Standards – § 482.61; Administrative Rule of Montana 37.106.1915 and 37.106.1621.
- VII. COLLABORATED WITH:** Medical Staff, Medical Director, Forensic Psychiatrist, Director of Health Information, and Hospital Administrator.
- VIII. RESCISSIONS:** MSH FMFH-09, *Psychiatric Assessments at the FMHF* dated February 1, 2016.
- IX. DISTRIBUTION:** All MSH FMHF policy 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:** Medical Director.
- XII. ATTACHMENTS:** For internal use.
- A. Admission Psychiatric Evaluation Template
  - B. Annual Psychiatric Summary Template

Signatures:

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Hospital Administrator

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Medical Director