



**MONTANA STATE HOSPITAL
Forensic Mental Health Facility
POLICY AND PROCEDURE**

**SECURITY PROCEDURES: Security Practices
for the Forensic Mental Health Facility**

Effective Date: April 26, 2018

Policy: MSH FMHF-22

Page 1 of 4

- I. PURPOSE:** To provide security procedures specific to the Forensic Mental Health Facility (FMHF) of Montana State Hospital (MSH).
- II. POLICY:** The Forensic Mental Health Facility of MSH primarily serves individuals on forensic commitments, or persons transferred from state correctional facilities. A high level of security will be maintained in this facility in order to provide appropriate safety for patients, employees, contractors, and the public, and to reduce the risk of unauthorized leave. This policy does not apply to other units of MSH where people on forensic commitments may be placed.
- III. DEFINITIONS:**
 - A. Forensic Commitments – Those occurring under Title 46, Section 14 of the Montana Code and refer to person on Court Orders for Evaluation (COE); Unfit to Proceed (UTP); Not Guilty by Reason of Mental Illness (NGMI); Guilty but Mentally Ill (GBMI); Presentence Evaluation (PSE) or revocation of a conditional release under this section of law. The term also refers to persons transferred from Montana Department of Corrections facilities who may be on civil commitments.
 - B. Forensic Patients– Patients at the MSH FMHF.
 - C. FMHF – The Forensic Mental Health Facility located in Galen.
 - D. Contraband – Items which patients are prohibited from owning, purchasing or having in their possession. This is an item that constitutes a safety or security concern, which can be denied or confiscated. These items pose a serious threat to the facility, are never approved for possession or admission to the facility, or present a health, fire or safety hazard. Contraband items include but are not limited to tobacco products, lighters or matches, weapons of any kind, illicit drugs or narcotics, other sharps such as needles, straight or safety pins, scissors, razors, metal nail files, combs or letter openers, plastic bags and steel toed boots or high heeled shoes. Any devices that have recording capabilities will not be made available to patients to ensure confidentiality during their stay at the FMHF. Any exceptions to contraband items must be approved by the Hospital Administrator or their designee. Please see Contraband and Searches policy SF-02 for additional information and lists of contraband items.

Montana State Hospital Forensic Mental Health Facility Policy and Procedure

IV. RESPONSIBILITIES:

- A. Licensed Independent Practitioner (LIP) assigned to the Unit –Assists the Program Manager in day to day management of safety and security concerns by evaluating patient needs, writing orders, and directing treatment plan entries specific to individual patients.
- B. Program Manager – Manage the program and personnel assigned to the facility in a way that provides safety and security and meaningful active patient treatment.
- C. Registered Nurse – Coordinates operation of the facility on every shift and provides supervision of nursing department personnel including Licensed Practical Nurses and Forensic Mental Health Technicians.
- D. Forensic Mental Health Technicians (FMHT's) – Ensure safety and security in the FMHF by:
 - 1. Monitoring safety and security of the FMHF.
 - 2. Encouraging compliance with safety policies.
 - 3. Implementing clothed body searches, room searches, pod searches, yard searches, and facility searches.
 - 4. Limiting the type and amount of items in a patient's possession or room in accordance with FMHF policies and procedures.

V. PROCEDURES:

- A. Security Doors:
 - 1. Main Pod and medication rooms:
 - a. Doors to the pod medication rooms will be closed and locked at all times except for when authorized staff are entering or leaving.
 - b. Doors will remain closed and locked, and patients will remain at least 10 feet from the main pod door at all times unless they are entering or leaving the pod.
 - 2. Main control room door:
 - a. The door to the control room will be locked at all times except for when the control staff member is entering or leaving.
 - 3. Main entrance doors (Sally port or car port):
 - a. One door is opened at a time when entering or leaving the FMHF
 - b. The main control officer will only open doors after audio and visual verification of the person's identity.
- B. Patient Authorized and Unauthorized Areas:
 - 1. Patients are only allowed in their own room or common areas of their assigned pod such as the day room. Patients are not to go into rooms assigned to other clients.

Montana State Hospital Forensic Mental Health Facility Policy and Procedure

2. Clients are not authorized to be within five (5) feet of the pod medication room doors, or within ten (10) feet of the exit doors unless authorized to enter or exit the pod
 3. Patients must be escorted on and off their assigned pod; they are not authorized to leave their pod unattended.
- C. Facility Entrance:
1. FMHF or MSH staff or contractors will not be allowed in the facility without proper identification.
 2. FMHF or MSH staff or contractors are required to wear their official identification at all times while in the facility.
 3. All staff or contractors must check in the main lobby entrance only, when arriving for their scheduled shift.
 4. The front main entrance will be the control point for the facility. A log will be maintained to record entries.
 5. Personal belongings such as cell phones, car keys, personal medication, purses, backpacks, coats, jackets, and hoodies are restricted to enter the facility and will be secured in the staff lockers. Only facility issued equipment will be allowed on the facility main floor.
 6. Any persons in direct or indirect possession of contraband or anything that is not allowed by the facility may be subject to disciplinary action up to and including termination or prosecution.
 7. All staff may be required to pass through the facility metal detector upon arrival for shift or at the Program Manager's discretion.
- D. Staff and Contractor Security and Movement:
1. Staff will remain inside the building in designated break areas during paid breaks. Staff are prohibited from taking breaks in the parking lot or inside their cars.
 2. Tobacco product use is prohibited in the facility or on the FMHF grounds. Staff must be readily available for duty at all times, even during paid breaks.
 3. During regular operations at least two Forensic Mental Health Technicians will be required to be on each pod at all times.
 4. During emergency events and/or subsequent patient lockdown, one staff member must remain on the unit.
 5. A minimum of one FMHF staff will escort patients on and off of the pods to the dining room or other authorized areas of the FMHF.
 6. All Forensic Mental Health Technicians will carry a facility radio and secure their facility-issued keys to their person.
- E. Purchases:
1. If authorized by the FMHF treatment team, patients may make purchases from approved vendors which must be sent directly by the vendor to the FMHF, received by staff, searched, and authorized before given to the patient.

Montana State Hospital Forensic Mental Health Facility Policy and Procedure

2. If a package comes in from a family member with unauthorized items, they will be returned at the expense of the patient. If the patient does not have money to return the item, it will be considered “abandoned property” and will be donated or destroyed.

- VI. REFERENCES:** ARM 37.106.1908, 37.106.1609, 37.106.1614, and 37.106.1615
- VII. COLLABORATED WITH:** Hospital Administrator, Director of Nursing, FMHF Treatment Team, FMHF Program Manager, and Safety Officer.
- VIII. RESCISSIONS:** MSH FMHF-22, *Security Procedures: Security Practices for the Forensic Mental Health Facility* dated March 1, 2016; MSH FMHF-22, *Security Procedures: Security Practices for the Forensic Mental Health Facility* 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:** FMHF Program Manager
- XII. ATTACHMENTS:** None

Signatures:

Jay Pottenger
Hospital Administrator

Thomas Gray, M.D.
Medical Director