



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

**STAFFING REQUIREMENTS FOR
THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: August 13, 2018

Policy: MSH FMHF-03

Page 1 of 3

- I. PURPOSE:** To define and clarify the requirements for staff who serve at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:** All staff members and contractors assigned to work at the MSH FMHF will be qualified, oriented, educated, and trained in the essential elements of their work. Documentation of qualifications, credentials, licensure, orientation, education, and training will be maintained in the continuing education record for each employee. The FMHF will maintain a sufficient number of qualified staff in order to consistently and adequately care for the patients served in the facility.
- III. DEFINITIONS:**
 - A. Emergent Staffing:** Staffing ratios that by nature only allow for safety and security functions to be sustained. Any active treatment needs will be offered on unit.
 - B. Individual Pods:** Assigned patient housing location, i.e. A-Pod.
- IV. RESPONSIBILITIES:**
 - A. FMHF Program Manager:** In conjunction with the Staff Development Department develops staff selection criteria adequate to ensure staff meet minimum requirements; oversees staff orientation, education, and training to ensure minimum competency; monitors in-service staff training to meet minimum requirements; and ensures there are adequate qualified staff to meet the needs of the patients served at the FMHF.
 - B. Human Resources Department:** Verifies staff and contractor credentials, qualifications, and licensing upon hire and periodically during service. Maintains personnel records that contain documentation of adequate staff training, credentialing, and licensing.
 - C. Staff Development Department:** Provide pre-service and in-service training to meet the needs of staff and requirements of administrative rules.

V. PROCEDURE:

- A. Pre-service orientation and training for staff and contractors will be provided by the MSH Staff Development Department prior to active service, including:
 - 1. Orientation and training in the essential elements of their work and responsibilities;
 - 2. Review the FMHF policy and procedure manual;
 - 3. Review their job description;
 - 4. Orientation to patient rights;
 - 5. Orientation to the services provided to patients at the FMHF;
 - 6. Instructed in safety practices, security practices, and emergency response procedures;
 - 7. Education, training, and certification in first aid and cardiopulmonary resuscitation;
 - 8. Education and training in patient de-escalation methods;
 - 9. Education and training in implementing seclusion and restraint.

- B. In-service training and certification for staff and contractors will be coordinated by the Staff Development Department and the FMHF Program Manager. Staff must accrue a minimum of 20 hours of training per year. Training will include but not be limited to:
 - 1. Basic first aid training.
 - 2. Recertification in CPR;
 - 3. Recertification in de-escalation methods.
 - 4. Seclusion and Restraint competency

- C. The FMHF Program Manager will work with the Nursing Department to ensure adequate and sufficient staffing for the FMHF. The following minimum, preferred and optimal staffing requirements will be maintained:
 - 1. Sufficient number of qualified licensed mental health professionals on staff to meet the individualized treatment needs of patients served in the facility
 - 2. Sufficient qualified staff on duty to effectively operate the facility and meet the needs of patients 24 hours per day, seven days per week.
 - 3. In the event of a client emergency that requires either seclusion/restraint or close observation needs. Staffing ratios will be adjusted accordingly to those needs.
 - 4. During emergent staffing needs, the charge nurse or program manager will contact staffing to express that the facility is operating on safety and security operations only. A request will be made for additional staffing. Notifications will be immediately made to appropriate administrative staff of the current staffing situation.

Montana State Hospital Forensic Mental Health Facility Policy and Procedure

5. A minimum of one Registered Nurse on site and available 24 hours per day, seven days per week.
6. A minimum of one Licensed Health Care Practitioner assigned to the FMHF in order to monitor, evaluate, and treat the needs of the patients.
7. An on-call Licensed Health Care Practitioner system with designated Practitioners who are available to respond to emergent needs 24 hours per day, seven days per week.
8. At least one staff member on each shift has keys to all relevant client care areas and resources.

D. The Staff Development and Human Resources Departments will maintain records of staff qualifications, credentials, education, and training. These departments will develop a system for identifying and responding to the ongoing training needs of staff at the FMHF.

VI. REFERENCES: Administrative Rules of Montana, Mental Health Center: Organizational Structure 37.106.1907, 37.106.1614, and 37.106.1618.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Forensic Psychiatrist; Director of Clinical Services; Director of Nursing, Director of Human Resources, Director of Quality Improvement, and Program Manager of the Montana State Hospital Mental Health Group Homes.

VIII. RESCISSIONS: MSH FMHF-03 Staffing Requirements for the FMHF dated February 1, 2016.

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.

Signatures:

Kyle Fouts
Interim Hospital Administrator

Thomas Gray, MD
Medical Director