



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

**PETITIONS FOR COMMITMENT/ RECOMMITMENT
AND
RECEIVING AND RECORDING HEARINGS/ORDERS**

Effective Date: September 19, 2018

Policy: CP-01

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- I. PURPOSE:** To provide procedures for filing petitions for commitment or recommitment in accordance with provisions of state law. To standardize the manner in which voluntary patients may request or withdraw their request to be released from voluntary admission status at Montana State Hospital (MSH), and to outline a procedure when MSH decides to file for the involuntary commitment of a patient who has submitted a Request for Release from Voluntary Commitment.
- II. POLICY:** To ensure petitions for commitment or recommitment are filed in a manner which allows proper notification to the patient, attorneys, professional people, and the courts, and to ensure proper tracking of the process; this procedure will be followed. Montana statute allows for a voluntary patient to request release from MSH. This will be accomplished through the signing, submission, and processing of a standardized form (attachment A) utilized for that purpose. A voluntary patient may also withdraw a Request for Release from Voluntary commitment through the signing, submitting, and processing of another part of the same standardized form.
- III. DEFINITIONS:**
- A. ***Mental Health Professional Person (MHPP)*** is defined as:
1. a medical doctor, or
 2. another person who has met education, experience, and examination requirements established by the Addictive and Mental Disorders Division of the Department of Public Health and Human Services.
- B. ***Mental Status Examination/Evaluation*** is both a descriptive inventory of behaviors and a method by which to systematically organize and record observations, which describe the patient's behaviors. The patient's verbal and nonverbal behaviors as well as the patient's self-report of certain subjective experiences, are included in the mental status exam. From observation of these variables, inferences about the mental and emotional condition of the patient can be made. From these inferences, a working diagnosis and a treatment approach may be formulated.

IV. RESPONSIBILITIES:

- A. Admissions Administrative Assistant:
 - 1. Maintain an accurate database of commitment information using the Electronic Health Record (EHR). The EHR will be utilized to inform the MSH MHPP when commitment/recommitment reports are due.
 - 2. Monitor recommitment due dates and ensure reports are completed and routed to the admissions office three weeks prior to the expiration of commitment.
 - 3. Process legal documents related to recommitment in an efficient manner per statute requirements.
- B. Administrative Assistant to Clinical Services: Maintain an accurate database of commitment information. This database will be utilized to inform the MSH MHPP when commitment/recommitment reports are due.
- C. MSH MHPP: Complete and submit to the Admissions Office, three weeks prior to the end of the current commitment, an updated Mental Status Examination (MSH Recommitment Report) for patients requiring recommitment.
- D. MSH Social Work Staff: Ensure patients receive the Notice of Petition Extending Commitment, explain the petition process to the patient, and obtain the patient's signature on the Receipt by Patient of Copy of Petition Order (attachment B).

V. PROCEDURE:

- A. Patient commitment information will be entered into the EHR by the Admissions Administrative Assistant. The Administrative Assistant to Clinical Services will maintain a separate database of commitment information. The databases will include each patient's name and hospital number, date of commitment order, due date for recommitment petition, commitment expiration date, and the date petition/affidavit was filed.
- B. **PROCEDURE FOR FILING RECOMMITMENT PETITIONS.**
 - 1. Notice will be provided each month to the Program Manager, Licensed Independent Practitioner, Social Worker, Board of Visitors and the DPHHS Legal Unit of recommitment petitions due for patients on their treatment program. This notice will list the patient's name and hospital number, the date the commitment expires, and the date by which the petition and mental status evaluation must be received by the Admissions Administrative Assistant for processing.
 - 2. Petitions for recommitment and accompanying Mental Status Evaluations must be received by the Admissions Administrative Assistant three weeks before the expiration of a commitment. The Admissions Administrative Assistant will provide adequate notice of this date to the professional person responsible for filing the petitions.

3. Near the expiration of any civil involuntary or criminal commitment, patients may be assessed to determine whether they may remain at the hospital on voluntary status. If the staff and the patient agree that the conditions for voluntary status are met, the voluntary admission forms must be completed and forwarded to the Admissions Administrative Assistant. The status change will occur on the expiration date of the involuntary or criminal commitment. *Patients determined to be incapacitated and for whom a guardian has been appointed may not be converted to voluntary status even with the authorization of the guardian.*
4. The MSH MHPP responsible for the recommitment evaluation must present the signed (in blue ink) original mental status evaluation to the Admissions Administrative Assistant who then routes a scanned PDF copy to the DPHHS Legal Unit. The DPHHS Legal Unit completes the petitioning process with the Clerk of District Court. The Admissions Administrative Assistant distributes as follows:
 - a. Original: Patient's Medical Record;
 - b. Scanned PDF copy routed to the DPHHS Legal Unit;
 - c. One copy: Admissions patient folder;
 - d. One copy: Legal Services Office of the Board of Visitors.
5. Upon receipt of the signed recommitment evaluation the Admissions Administrative Assistant contacts the Clerk of the Court in Anaconda/Deer Lodge County and obtains a DI number and completes the form "Receipt by Patient of Copy of Petition Order." The Admissions Administrative Assistant enters into the EHR legal status form the DI number, date report received and filed, the licensed independent practitioner who completed the recommitment evaluation, and the length of time requested for the commitment extension. The recommitment report, patient face sheet, the Receipt by Patient of Copy of Petition Order, and the legal status form will be scanned and sent to the DPHHS Legal Unit via ePass file transfer.
6. The DPHHS Legal Unit completes a Petition for Extension of Commitment and a Notice of Petition for Extension of Commitment and forwards these documents by ePass to the Clerk of District Court Anaconda/Deer Lodge and the MSH Admissions Administrative Assistant. The DPHHS Legal Unit will distribute a copy of the recommitment evaluation and the petition documents to the Legal Services Office of the Board of Visitors; a copy of the Petition for Commitment to the Chief Deputy Attorney General; and A Notice of Petition Extending Commitment to the patient's responsible party or next of kin and his/her court appointed friend of the respondent.
7. The Admissions Administrative Assistant will send the patient a copy of the Notice of Petition via in-house mail. The patient's assigned social worker will be sent two copies of the Notice of Petition and the Receipt by Patient of Copy of

Petition Order. Social Work staff are responsible for ensuring the patient receives the Notice of Petition, signs the Receipt by Patient of Copy of Petition Order form, explaining the petition process to the patient, and providing them or their families with any necessary assistance.

C. PROCEDURE FOR FILING PETITIONS ON VOLUNTARILY COMMITTED PATIENTS WHO REQUEST DISCHARGE.

1. When a patient on a voluntary commitment to MSH petitions for release, the patient is to sign and submit the form titled “Request For Release From Voluntary Commitment” (attachment A). Documentation of the patient’s request for Release from Voluntary Commitment is to be entered immediately in the progress notes in the patient’s medical record on the day the request for release is signed. The Admissions Administrative Assistant or Admission Office Personnel are to be notified the same day a patient has requested release from voluntary admission status. If the petition has been signed after regular business hours or on the weekend, notification must occur no later than the next business day. In accordance with Montana Statutes, the MSH MHPP, usually the licensed independent practitioner, must make a decision to either discharge the patient or file a petition for involuntary commitment. While the law allows the hospital to hold the patient for up to five business days before releasing the patient or filing for involuntary commitment, notice of the action that will be taken must be received in the Admissions Office *within three days* to ensure adequate time to file the proper documents with the court.
2. A treatment team member will discuss the request for release with the patient and inform the patient of the hospital’s right to detain him/her for no more than five days, excluding weekends and holidays, from the date on the form. The patient will also be informed the hospital may seek an involuntary commitment through district court if it is believed by the treatment team the patient is seriously mentally ill, and if it is determined the patient meets involuntary commitment criteria. The Program Manager will, following the treatment team’s decision, immediately forward the signed request for release from voluntary commitment to the Admissions Administrative Assistant. The form will then be distributed as follows:
 - a. Original: Patient’s Medical Record;
 - b. Copy 1: Patient’s Attorney;
 - c. Copy 2: DPHHS OLA in Helena;
 - d. Copy 3: Patient.
3. After the request for release from voluntary commitment is signed by the patient, one of three possibilities must occur:
 - a. Release.
 - i. If it is determined by the treatment team the patient does not meet involuntary commitment criteria, the patient shall be released as soon as appropriate arrangements can be made (but no later than five

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business days following the signing of the request) from MSH. MSH discharge planning procedures shall be the same as with any other type of discharge from the hospital.

- b. Involuntary Commitment Petition (CI90).
 - i. If it is determined the patient meets criteria for a CI90, and should not be released, the Admission Administrative Assistant shall be notified immediately.
 - ii. When a decision is made to file a CI90, an Affidavit will be completed by the DPHHS Legal Unit. The MSH MHPP must submit a short statement regarding the need for additional treatment to the Admission Administrative Assistant. Once completed, the affidavit must be signed by the MSH MHPP. A CI90 commitment report must be completed, signed, and forwarded to the Admissions Administrative Assistant by the MSH MHPP.
 - iii. The date the affidavit was filed will be entered into the MSH commitment database.
 - iv. After the affidavit is filed, an initial hearing is held at which time a MSH MHPP (normally the same licensed independent practitioner who filed the affidavit) will be appointed to conduct an evaluation regarding the need for involuntary commitment.
- c. Withdrawal of Request for Release.
 - i. A patient may withdraw his/her request for release from voluntary commitment by signing the bottom section of the form entitled "Withdrawal of Request for Release from Voluntary Commitment" (see attachment A). The Admissions Administrative Assistant must be notified the same day as the withdrawal was signed, or the next working day, if after hours. Should the patient decide to withdraw his/her request for release from voluntary commitment, the form will be distributed as noted in section "C, 2-" above.

One of the above options must occur within five days following the signing of the Request for Release From Voluntary Commitment.

4. **Procedure regarding the receipt of commitment orders by the hospital:**
 - a. All commitment orders are to be routed to the Admissions Office. Staff in the Admissions Office will review the order and update necessary information in the EHR. Questions regarding the contents of an order will be referred to the DPHHS Legal Unit. The Admissions Administrative Assistant will distribute new orders and route them as follows:
 - i. Original is to be filed in the patient's medical record;

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- ii. One copy routed to the patient;
- iii. Two copies routed to the reimbursement office;
- iv. One copy routed to the Board of Visitors Legal Services;
- v. One copy routed to the DPHHS Legal Unit;
- vi. One copy routed to the Administrative Assistant to Clinical Services;
- vii. For patients on a criminal commitment, one copy routed to the Forensic Mental Health Facility lead social worker.

VI. REFERENCES: 53-21-111, MCA Voluntary Admissions; 53-21-121 through 53-21-128 Petition for Extension of Commitments.

VII. COLLABORATED WITH: Associate Hospital Administrator; Social Work Discipline Chief/Admissions Coordinator, Director of Health Information Management, Medical Director, Addictive & Mental Disorders Division Legal Unit.

VIII. RESCISSIONS: *CP-01, Petitions for Commitment/Recommitment and Receiving and Recording Hearings/Orders* dated January 20, 2012; *CP-01, Petitions for Commitment/Recommitment and Receiving and Recording Hearings/Orders* dated May 2, 2008; *Petitions for Commitment/Recommitment and Receiving and Recording Hearings/Orders* dated May 2, 2005; *CP-01, Petitions for Commitment/Recommitment and Receiving and Recording Hearings/Orders* dated March 15, 2002; *Policy CP-01 Petitions for Commitment/Recommitment & Receiving and Recording Hearings/Orders* dated February 14, 2000; *MSH Hospital Policy CRP-01-96-R; CRP-02-97-R, Petitions for Commitment/Recommitment and Receiving and Recording Hearings/Orders* dated February 26, 1997.

IX. DISTRIBUTION: All hospital 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 M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Clinical Services.

XII. ATTACHMENTS: For internal use only.

Signatures:

Kyle Fouts
Interim Hospital Administrator

Thomas Gray, MD
Medical Director