# WELCOME TO MONTANA STATE HOSPITAL


**Department of Public Health & Human Services**
**Addictive & Mental Disorders Division**

## MONTANA STATE HOSPITAL

**Mission**

- To provide quality psychiatric evaluation, treatment, and rehabilitation services for adults with severe mental illness.

**Vision**

- To be the leader in providing innovative mental health services which enhance the quality of life for Montanans. In doing so, we will maximize individual ability, potential, and satisfaction.

# MONTANA STATE HOSPITAL

## Guiding Principles

- Keep people safe
- Treat people with respect, trust, and dignity
- Consider all patient needs with sensitivity
- Utilize a holistic approach for provision of care
- Assist patients toward achieving greater levels of self-sufficiency and autonomy
- Support informed choice and decision making
- Advance the mission of the hospital through teamwork
- Ensure public trust through personal and professional integrity

## Licensed Capacity

- 174 Acute Psychiatric Beds
- 27 Mental Health Group Home Beds

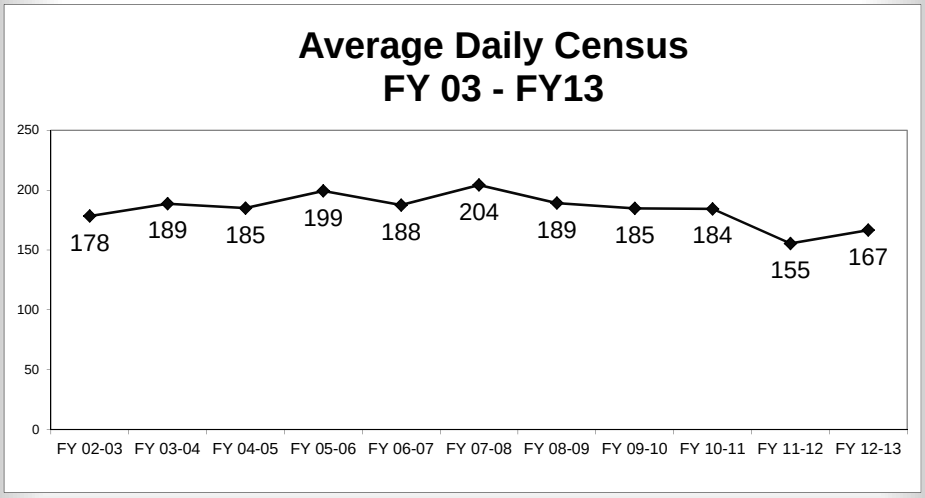
**Total: 201 Beds**

**Budget of $33,090,558 million per year**

**405.4 Full Time Equivalents**

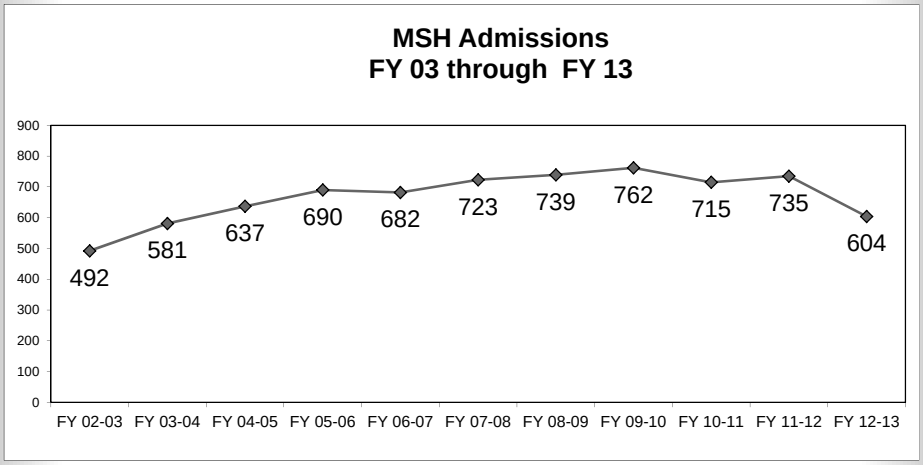
**Serve over 700 people a year**

# Montana State Hospital
# Average Daily Census



# Admissions

**The Hospital admitted 604 patients during FY 13 which is a 17% decrease from FY 12**




# Patient Demographics

- **60% Male 40% Female**
- **Average Age of 35 years**
- **Range in Age from 18 to 85**
- **Main racial and ethnic groups**
  - ✓ **White 83%**
  - ✓ **Native American 14%**
  - ✓ **3% Afro-American, Asian, Other**
- **Significant homeless and transient population**
- **Significant Co-Occurring Disorders – 58%**
- **Significant Medical Problems**

## How Do We Cooperate with Other Institutions

- Inter-Institutional Transfers – ten days at request of MDC, MSP, MMHNCC.
- MSP backs MSH up when requested with security/emergency management team when risk of injury is high.
- Purchase cook chill from MSP – MSH is one of MSP's largest food service customers.
- MMHNCC is one of MSHs primary discharge options – often step up when no-one else will accept a given patient.
- MSP has performed safety and security assessments of our Forensic Unit.
- Guilty but Mentally Ill patients that reach maximum hospital benefit are frequently accepted at MSP.
- Free to request consultations as needed from any of the institutions.
- Share time keeping, inventory management and patient account software.

## Who is Served By Montana State Hospital

**CIVIL PATIENTS**: People from all over Montana that are suspected of being or found to be a danger to themselves or others or gravely disabled due to suspected serious mental illness. (Civil Commitments)

*Suspected of being a danger to themselves or others due to serious mental illness =*

- Emergency detention (ED) determined by Community Mental Health Professional in conjunction with County Attorney.
- Court Ordered detention (COD) determined by judge

*Found to be a danger to self or others =*

- Involuntary Civil Commitment by Judge. Up to 90 days plus renewals

## Who is Served By Montana State Hospital
### Continued

**FORENSIC PATIENTS**: People suspected or determined to have a serious mental illness who are involved with the Criminal Justice System at ALL stages i.e. arrested, convicted, sentencing and post sentencing.

***Court Ordered Evaluation*** – request to assess person for:
- level of knowledge and purpose they had at the time of the crime and/or
- Ability to assist in their own defense.

***Unfit to Proceed*** – person who is unable to assist in their defense. Court asks MSH to diagnose and treat to gain or regain fitness.

***Pre-sentence Evaluation*** – after conviction but prior to sentencing, court asks for psychiatric evaluation to recommend suitable placement for the person considering their diagnosis and psychiatric needs.

***Guilty But Mentally Ill*** – persons found guilty of committing a crime but suffer from a mental illness. Will be treated at MSH until reach maximum hospital benefit and then may be discharged through probation or parole or transferred to Prison.

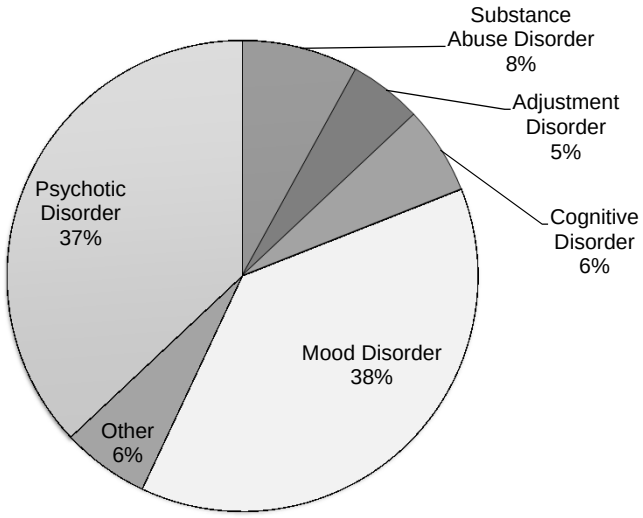
***Not Guilty By Reason of Mental Illness*** – persons who have committed an offense but are not guilty by reason of mental illness. Likely will be at MSH indefinitely.

## WHERE DO THEY COME FROM ?

### Counties with Largest Number of Admissions – FY 13

| | |
|---|---|
| Missoula | 123 |
| Yellowstone | 63 |
| Flathead | 60 |
| Lewis & Clark | 58 |
| Gallatin | 42 |
| Silver Bow | 42 |
| Cascade | 30 |
| Ravalli | 30 |
| Lake | 26 |
| Deer Lodge | 16 |
| Glacier | 16 |
| Hill | 12 |
| Fergus | 10 |
| Custer | 8 |

## Primary Diagnoses for Individuals Admitted in FY13

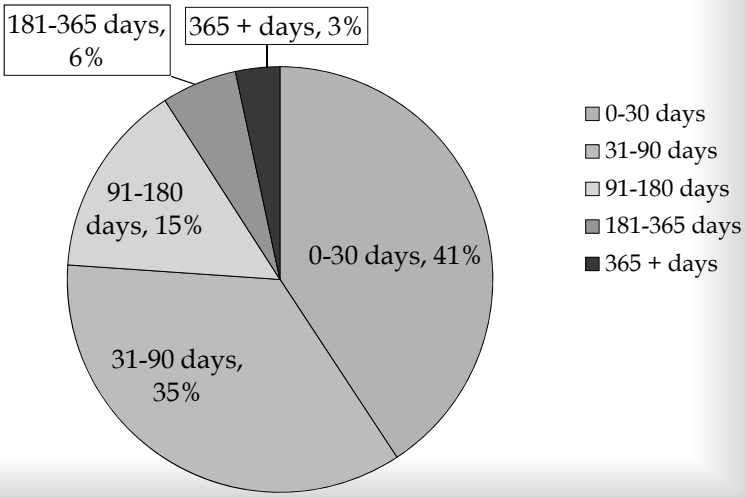



## What is Their Status When They Arrive?

| Commitment Type | Process | Description/Major Characteristics | Number of Admissions in FY 12-13 |
|---|---|---|---|
| Emergency Detention | Civil | Detained pending commitment hearing – ordered by county attorney | 162 |
| Court Ordered Detention | Civil | Detained pending commitment hearing – ordered by district court or municipal court judge | 56 |
| Involuntary Commitment | Civil | Court finding of danger to self or others and no community alternative – initial commitment up to 90 days | 308 |
| Tribal Court Involuntary Commitment | Civil | Civil commitment ordered by tribal courts | 32 |
| Voluntary | Civil | Patient requests admission and is screened by CMHC | 0 |
| Inter-Institutional Transfer | Civil | Transfer from another state institution (DPHHS or DOC) pending commitment hearing | 5 |
| Competency to Stand Trial Evaluation | Forensic | Evaluation to determine mental status | 21 |
| Unfit to Proceed | Forensic | Evaluation and Treatment to enable defendant to stand trial | 13 |
| Guilty but Mentally Ill | Forensic | Sentenced to DPHHS on criminal charges; may be transferred to DOC by Department Director | 7 |
| Not Guilty by Reason of Mental Illness | Forensic | Not guilty of criminal charges due to mental status | 0 |
| **Total Admissions in FY 13** | | | 604 |

# How Long Do They Stay ?

**Length of Stay for Patients Discharged**
**FY 2012 - 2013**




# Clinical Services Description

**Montana State Hospital**

# Overview of Clinical Services

- Philosophy and approach
  - Recovery orientation
  - Holistic
  - Multidisciplinary
  - Person-centered
  - Evidenced-based treatment
  - Co-Occurring disorders
  - Trauma-informed care
  - Least-restrictive treatments
  - Relapse-prevention

# Overview of Clinical Services

- Holistic Approach
  - Biological
  - Psychological
  - Social
  - Spiritual

# Overview of Clinical Services

- Biological
  - Psychiatric services
  - Medical services
  - Nursing services
  - Dental services
  - Pharmacy services
  - Nutrition services
  - Rehabilitation services

# Overview of Clinical Services

- Psychological
  - Evaluation services
  - Consultation services
  - Psycho-educational services
  - Counseling and psychotherapy services
  - Leisure and recreational services
  - Behavior modification
  - Risk management

# Overview of Clinical Services

- Social
  - Social services
  - Educational services
  - Vocational and occupational services
  - Peer support and advocacy services
  - Legal and advocacy services
  - Discharge planning
  - Financial services

# Overview of Clinical Services

- Spiritual
  - Evaluation services
  - Counseling services
  - Activities and services

# Current Trends

- Increasing demand for inpatient psychiatric treatment
- Shortage of psychiatrists in Montana and nationally
- Increasing demand for forensic inpatient services
- Increasing frequency of illicit drug use that induces and/or exacerbates mental illness.
- Decreasing availability of community-based mental health services, particularly in certain regions
- Increasing demand for managing behavioral issues of patient diagnosed with Alzheimer's or dementia.
- Forensic patients comprising larger and larger share of state hospital licensed beds – Montana and nationally.

# Barriers to Discharge

- No community or mental health provider or regional obligation or incentive to accept patients/provide care.
- Persons who have committed crimes or offenses deemed unacceptable to the “community”.
- No structure to monitor and care for NGMI patients.
- Limited funding or funding that is not acceptable to community providers.
- Former nursing home patients that have exhibited behavior challenges and are admitted to the State Hospital are rarely accepted for care again at private nursing homes.
- Lack of group home/residential services for those in recovery in select communities.
- Long waiting lists for psychiatrist and case management services for patients who require timely assistance/support with transition back into community.
- Patient history of non-compliance/ follow through/cooperation with treatment.

# Barriers to Discharge

Continued

- Limited and or difficult to access community services for dually diagnosed patients – mental illness and developmentally disabled.
- Community Treatment Challenges for patients with co-occurring mental illness and chemical dependency issues.
- Limited Community Services for Personality Disorder, Self-Harm and Dementia patients though current research suggests that state hospital type care is not beneficial/effective.
- Developing adequate aftercare placements and services with limited influence on community-based placements and service centers
- Overcoming periodic stigma and prejudice towards individuals who have been hospitalized and are in need of community-based services
- Managing the after-care and supervision needs of individuals found Not Guilty by reason of Mental Illness
- Identifying appropriate and sufficient placements for individuals convicted of certain crimes

## Suggestions for Over-coming barriers

- Financially integrate Mental Health System in communities with MSH
- Examine less restrictive structure and setting to care for NGMI patients.

**Explore**

- Ways to allow Involuntary Medications in the community.
- Ways to ensure medication compliance for those who have repeated readmission due to discontinuation of medication regimen.

## Caution

In Mental Health Care Re-admissions Do Not Equal Failed Care

How many re-admissions occurred in last fiscal year? – 55 of 604 admissions

Most common reason for re-admission – discontinued prescribed medications and/or other drug or alcohol use including illicit drug use.

Hospital is entrusted with caring for patients while respecting their civil rights

A number of reasons for patient discharge

- Unplanned Discharge: Emergency Detention or Court Ordered Detention released by court
- Planned Discharge: *No longer a danger to self or others
  - ✓ Cared for in the least restrictive environment possible
  - ✓ Patient/Guardian informed choice
  - ✓ If needed, provider acceptance.

# Current Challenges

- Managing an apparent increasing need for inpatient mental health services with limited input over commitments, bed space, staffing, community placement and funding
- Managing an apparent increasing demand for forensic inpatient services (evaluations, restoration, sentences). Not many Forensic admissions but limited discharges.
- Managing the needs of individuals admitted on emergency detentions (before they are involuntarily committed to the hospital), attempting to conserve and appropriately utilize limited resources (beds, staff, services)

# Current Challenges

- Recruiting and retaining treatment providers in a rural and remote location
- Managing the needs of individuals with increasingly complex medical problems
- Managing the needs of individuals with drug induced mental problems
- Managing female and male patients in the current facility

# Current Challenges

- Managing the safety and security needs of individuals (patients and staff) while attempting to satisfy federal and state standards for hospital care
- Managing patient and staff rights to a safe treatment and work environment with limited resources to investigate and prosecute criminal behaviors
- Readily accessing community-based services that are adequate to meet the needs of individuals prepared for discharge
- Developing and implementing an adequate electronic health record

**“The Task of Medicine:**
**Cure Sometimes; Relieve Often; Care Always”**
**Ambroise Paire (1517-1590)**