WELCOME TO
MONTANA STATE HOSPITAL

Serving Montanans since 1877

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

Average Daily Census
FY 03 - FY13

<table>
<thead>
<tr>
<th>Year</th>
<th>Census</th>
</tr>
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<tbody>
<tr>
<td>FY 02-03</td>
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<td>FY 03-04</td>
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<td>FY 10-11</td>
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<td>FY 11-12</td>
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<tr>
<td>FY 12-13</td>
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</table>
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 MSH’s 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.

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**WHERE DO THEY COME FROM ?**

Counties with Largest Number of Admissions – FY 13

<table>
<thead>
<tr>
<th>County</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missoula</td>
<td>123</td>
</tr>
<tr>
<td>Yellowstone</td>
<td>63</td>
</tr>
<tr>
<td>Flathead</td>
<td>60</td>
</tr>
<tr>
<td>Lewis &amp; Clark</td>
<td>58</td>
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<tr>
<td>Gallatin</td>
<td>42</td>
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<tr>
<td>Silver Bow</td>
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<td>Cascade</td>
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<td>Ravalli</td>
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<td>Lake</td>
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<td>Deer Lodge</td>
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<tr>
<td>Glacier</td>
<td>16</td>
</tr>
<tr>
<td>Hill</td>
<td>12</td>
</tr>
<tr>
<td>Fergus</td>
<td>10</td>
</tr>
<tr>
<td>Custer</td>
<td>8</td>
</tr>
</tbody>
</table>
Primary Diagnoses for Individuals Admitted in FY13

- Substance Abuse Disorder: 8%
- Adjustment Disorder: 5%
- Cognitive Disorder: 6%
- Psychotic Disorder: 37%
- Mood Disorder: 38%
- Other: 6%

Commitment Type Process Description/Major Characteristics Number of Admissions in FY 12-13
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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

- 0-30 days, 41%
- 31-90 days, 35%
- 91-180 days, 15%
- 181-365 days, 6%
- 365+ days, 3%

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

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

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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.
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 Paré (1517-1590)