

HJR 16: State-Operated Institutions ***Montana State Hospital***

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General Overview

The Montana State Hospital (MSH) provides treatment to adults with mental illness, most of whom have been either:

- committed to the hospital through a civil proceeding because they represent a danger to themselves or others; or
- ordered to be evaluated or treated at the hospital because they have been charged with or convicted of a crime.

A small number of individuals voluntarily seek admission to the hospital.

The Department of Public Health and Human Services operates the facility at Warm Springs. The 380-acre campus includes:

- a 114-bed main hospital building where patients live in one of four units, based on the type of treatment they need;
- a 60-bed facility for patients with long-term mental health conditions or significant physical limitations;
- three group homes ranging in size from seven to 12 beds; and
- two classroom-style buildings that house therapeutic programs and activities.

The hospital has 174 licensed beds in its two main facilities and 27 licensed beds in its transitional group homes, for a total of 201 licensed beds. In fiscal year 2013, the average daily census was 168. However, the number of patients fluctuates on a daily basis because people are admitted as ordered by a court and discharged as their mental health condition improves.

MSH logged 604 admissions in fiscal year 2013, involving 548 separate individuals. There were 594 discharges during the same time period, involving 539 individuals.

Makeup of the Hospital's Population

The hospital serves all Montanans, and admissions data for fiscal year 2013 show that patients came from 36 of Montana's 56 counties. In FY 2013, eight counties accounted for 449 of the hospital's 604 admissions, or 74 percent. Those eight counties are the most populous in the state. The table on P. 2 shows the number of admissions from each of those counties.

MSH Admissions by Counties with Highest Admissions, FY 2013

| County | Admissions | Population |
|-----------------|------------|------------|
| Missoula | 123 | 110,977 |
| Yellowstone | 64 | 151,822 |
| Flathead | 60 | 91,633 |
| Lewis and Clark | 58 | 64,876 |
| Gallatin | 42 | 92,614 |
| Silver Bow | 42 | 34,403 |
| Cascade | 30 | 81,723 |
| Ravalli | 30 | 40,617 |

The vast majority of patients come to MSH through the following civil proceedings:

- involuntary commitment, in which a court has found that because of a mental illness, an individual has caused an injury to self or others, poses an imminent threat of injury to self or others, or is substantially unable to provide for the individual's basic needs of food, clothing, shelter, health, or safety;
- emergency detention, in which a county attorney approves a request from a mental health professional to hold the person at MSH until a commitment proceeding is held; or
- court-ordered detention, in which a judge determines probable cause exists to hold a person at the hospital until a commitment hearing is held.

The hospital also evaluates, treats, and houses "forensic" patients who come to MSH because they are involved in a criminal proceeding and the hospital is either:

- conducting a mental health evaluation to determine a defendant's fitness to proceed with the case or the person's mental state at the time the crime was committed;
- providing mental health treatment so that a defendant will be fit to continue with a criminal proceeding;
- conducting a pre-sentence evaluation for an individual convicted of a crime; or
- housing and treating individuals who have been found:
 - guilty of a crime but having a "mental disease or defect" that prevented them from appreciating the criminality of their conduct or to act in conformance with the law, a status typically described as "guilty but mentally ill" (GBMI); or

- ▶ not guilty because a mental disease or defect prevented them from having the mental state of mind that is an essential element of the crime, a status typically described as "not guilty but mentally ill" (NGBMI).

About 8 percent of the hospital's admissions in FY 2013 fell into the forensic category. However, forensic patients tend to be held at the hospital longer — particularly those who are serving a criminal sentence. As a result, they make up about 37 percent of the current census.

Forty GBMI patients and 11 NGBMI patients were at the hospital in August 2013. The GBMI patients had been convicted of a total of 59 felony offenses, while the NGBMI patients had been convicted of a total of 17 felony counts. Some patients also were convicted of misdemeanor offenses. The table on P. 5 provides a breakdown of the felony offenses.

Mental Health Services at MSH

Mental health treatment at MSH is organized around five clinical "pathways" that each focus on different aspects of treatment with a goal of helping patients return to the community and regain independence. The hospital has identified for each of its units an appropriate treatment pathway from one of the following options:

- Social and Independent Living Skills Pathway, generally offered to patients with acute or chronic conditions who are housed in the 31-bed A Unit or the 25-bed E Unit.
- Coping Skills Pathway, generally offered to patients in the 26-bed B Unit, which houses patients with personality disorders, maladaptive behaviors, and co-occurring chemical dependency.
- Co-Occurring Disorders Pathway, offered as appropriate to patients in the B Unit.
- Management of Legal Issues Pathway, for forensic patients in the 32-bed D Unit — the locked, fenced, and secure wing of the main hospital that's also called the Forensic Unit.
- Adaptive Living Skills Pathway, generally offered to patients in the 60-bed Spratt Building, which houses patients with long-term mental and physical health conditions.

Individuals living in the group homes have demonstrated that they are able to live more independently and are not in a specific pathway. The group homes offer a less restrictive environment for individuals who are not easily placed in communities; about two-thirds of the group-home residents are at MSH on a forensic commitment.

The hospital's mental health treatment staff includes seven psychiatrists, two psychologists, four licensed clinical professional counselors, 14 social workers, two licensed addiction counselors, and four advanced practice registered nurses. In addition, six recreational therapists and one occupational therapist provide rehabilitation services.

MSH Appropriation and Daily Costs

House Bill 2 appropriated \$32.2 million for the Montana State Hospital in the current fiscal year and \$32.6 million in FY 2015. The figures do not reflect pay increases or retirement adjustments made in other legislation in 2013.

Nearly all of the HB 2 appropriation comes from the general fund, although \$1 million was appropriated in each year of the biennium from federal funds the state received for increasing enrollment in the Children's Health Insurance Program.

The hospital is expected to contribute about \$7.2 million to the state general fund this year and \$7.6 million next fiscal year because of reimbursements it receives from either Medicaid, Medicare, private insurance, or payments from individuals.

The average cost of housing and treating patients at MSH is projected to be \$572 a day in FY 2014 and \$579 a day in FY 2015, or \$208,643 per year in 2014 and \$211,262 per year in 2015.

Length of Stay and Recidivism

Patients who are civilly committed to MSH stay until their mental health condition allows a return to the community. The average length of those stays ranges from four days for an emergency detention to 94 days for a court-ordered involuntary commitment.

Individuals who have been criminally committed typically have longer lengths of stay. Individuals being evaluated to see if they are fit for a criminal proceeding stayed, on average, 145 days in FY 2013. People undergoing a pre-sentence evaluation stayed 91 days, while those who were guilty but mentally ill were at the hospital for 685 days, on average. The average length of stay for all forensic patients in FY 2013 was 436 days.

The hospital has identified 279 of the 604 admissions in FY 2013 as re-admissions. The length of time between the initial discharge and subsequent readmission that year is as follows:

- 36 of the 279, or 13 percent, were readmitted within 30 days of discharge;
- 28 of the 279, or 10 percent, were readmitted anywhere from 31 to 90 days after discharge;
- 81 of the 279, or 29 percent, were readmitted three months to a year after discharge; and
- 134 of the 279, or 48 percent, had been discharged at least a year earlier.

Offenses Committed by GBMI and NGBMI Patients, August 2013

| Felony Conviction | Number of Counts | |
|------------------------------------|------------------|-------|
| | GBMI | NGBMI |
| Deliberate Homicide | 7 | 6 |
| Mitigated Deliberate Homicide | 3 | |
| Attempted Deliberate Homicide | 4 | 1 |
| Sexual Intercourse Without Consent | 2 | 2 |
| Sexual Assault | 1 | |
| Incest | 1 | |
| Deviate Sexual Conduct | | 1 |
| Aggravated Kidnapping | | 1 |
| Aggravated Assault | 4 | |
| Assault with a Weapon | 11 | 1 |
| Assault on a Peace Officer | 7 | 2 |
| Aggravated Burglary | 2 | |
| Felony Burglary | 3 | |
| Felony Robbery | | 1 |
| Felony Theft | 1 | |
| Felony DUI | 1 | |
| Concealed Weapon | 1 | |
| Criminal Mischief Common Scheme | 1 | |
| Criminal Mischief | 2 | |
| Possession of Dangerous Drugs | 4 | |
| Criminal Endangerment | 4 | 2 |

Sources:

- Interviews with and e-mails from the following Department of Public Health and Human Services staff members in July and August 2013: Montana State Hospital Administrator John Glueckert and Addictive and Mental Disorders Division Administrator Glenda Oldenburg
- *Pathways to Recovery*, Montana State Hospital
- *Treatment Program Descriptions*, Montana State Hospital, September 2012
- Title 53, Chapter 21, Montana Code Annotated
- Title 46, Chapter 14, Montana Code Annotated
- *2015 Biennium Fiscal Report*, Legislative Fiscal Division, June 2013, Table 33-C cl0429 3246soxa.

