

FULTON STATE HOSPITAL

PLAN FOR SERVICES

Quality Improvement Officer

Chief Executive Officer

Chief Operating Officer

Revised: October 2011

INTRODUCTION

The Department of Mental Health is the Missouri state agency charged with the responsibility of providing services for those citizens with mental disorders and illnesses, substance abuse, mental retardation and developmental disabilities.

The Division of Comprehensive Psychiatric Services is divided into five (5) geographical administrative regions: Eastern, Central, Southwestern, Southeastern, and Western. Each of these regions is under the direction of a regional executive officer who reports to the division's Deputy Director.

Fulton State Hospital (FSH) provides high security forensic inpatient services for the entire state of Missouri. Additionally, FSH operates a minimum-security unit for intellectually and developmentally disabled individuals on forensic commitments. FSH also provides pre-trial evaluations for individuals as designated by court order.

The hospital is under the direction of a Chief Operating Officer, who reports to the Chief Executive Officer, and who has overall responsibility for the operation of the facility as set out in the Governing Body Bylaws. The hospital provides services 24 hours a day, 7 days a week. A physician is on call 24 hours a day for psychiatric or medical emergencies.

DESCRIPTION OF SERVICES AND POPULATION

Mission, Vision, and Values

Following are the mission, vision, and values for the hospital. These concepts guide the delivery of services as well as the conduct of staff and clients.

Mission
"Partnership and Recovery"

A community of caring, skilled individuals, partnering with people challenged by mental disorders to inspire healing and recovery.

Vision
"Hope and Excellence"

Creating hope through excellence.

Values
"RECOVERY"

RESPECT: Contributes to a respectful environment for employees and clients. Manages conflict and builds trust through respectful communication skills. Communicates honestly and accurately, avoiding negative language and stereotypes. Maintains appropriate personal and professional boundaries.

ENCOURAGEMENT: Affirms the process of self-discovery and goal setting in others. Provides immediate feedback and gratitude for the contributions of others.

COMPASSION: Recognizes and respects the experience of others. Demonstrates sensitivity to language and cultural attributes. Extends concern to the communities that we serve.

OPPORTUNITY: Asks for help and seeks out appropriate resources. Acknowledges personal strengths and limitations.

VALUE: Honors the worth and dignity of each person, including self. Prioritizes the use of time, property, and events for life enrichment opportunities. Maximizes the use of the personal, financial and professional resources.

EXCELLENCE: Personally commits to the highest quality performance. Strives to achieve individual and team objectives for service and quality.

RESPONSIVENESS: Assists others, consistent with one's strengths and limitations. Addresses unique needs of individuals with respect, acceptance and genuine, timely concern.

YOU: Accepts and positively regards each person's uniqueness by working effectively with people of any age, race, ability, religion, sexual orientation and background. Brings to the workplace energy and vitality of body, mind, and spirit. Takes responsibility for actions, decisions, results, and commitments.

Organizational Structure

FSH is comprised of four major treatment units. Each unit has a management team to oversee daily operations. Within each unit, treatment programs are offered to meet the needs of clients. Some programs cut across units in order to enhance continuity of care as individuals move from one unit to another.

A. Biggs Forensic Center – Maximum Security

The Biggs Forensic Center (BFC) is Missouri's only maximum-security psychiatric treatment facility. The unit is a 201-bed facility that receives admissions from throughout the state. Those admissions include court orders, transfers from the Department of Corrections, and administrative transfers from other mental health facilities who have been determined to be too dangerous to maintain in a minimum or intermediate security setting. For these clients, the desired goal is progressive movement from a highly structured setting to the less structured environment found in Guhleman and other Department of Mental Health facilities.

The Biggs Forensic Center consists of four programs: Social Learning Program, New Outlook Program, Psychiatric Rehabilitation Program, and Competency Restoration and Acute Forensic Treatment Program. The unit includes areas for recreation and groups, including a gymnasium with a fitness room, outside recreation areas, game room, group/activities rooms and library with internet access. Biggs houses its own Medical

Clinic, Dental Clinic and Infirmary. Clients have access to a beauty/barber shop, Chapel and Canteen. Biggs also houses its own Brandt Vocational Enterprise (sheltered workshop). Staff office areas are designated throughout the Unit.

B. Guhleman Forensic Center – Intermediate Security

The Guhleman Forensic Center (GFC) is a 91-bed intermediate security treatment facility. Admissions are received from throughout the state. Those admissions include step-down transfers from maximum security, administrative transfers from other mental health facilities, court orders, and individuals who have had conditional releases revoked. For these clients, the desired goal is progressive movement from a highly structured setting to the less structured environment found in other Department of Mental Health facilities.

The Guhleman Forensic Center consists of three programs: New Outlook Program, Psychiatric Rehabilitation Program, and Social Learning Program. The Cremer Activity Center houses a large activity and recreational area, a fitness center, a library, a barber/beauty shop and the various medical clinics. Finally, the Brandt Vocational Enterprises building consists of a vocational training center, client-staff canteen, and administrative and clerical offices.

C. Sexual Offender Rehabilitation and Treatment Services

The Sex Offender Rehabilitation and Treatment Services (SORTS) Unit is a 50-bed unit that provides treatment for individuals committed as sexual violent predators. In addition, to sex offending behaviors, many individuals have psychiatric and medical disorders. Individuals receive a full array of treatment and rehabilitation services through the SORTS program.

Housed within the secure perimeter of the Guhleman complex, clients have access to the Cremer Activity Center for recreational activities, a fitness center, a library, a barber/beauty shop, various medical clinics, and Brandt Vocational Enterprises

D. Hearnese Forensic Center

Hearnese Forensic Center (HFC) is a 24-bed Developmental Disabilities Forensic program serving individuals with developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services, persons with these disabilities must be substantially limited in their ability to function independently and have been determined to require a Forensic program based on their legal status; individuals with a legal status of incompetent to stand trial (IST), not guilty by reason of mental disease or defect (NGRI), permanently incompetent to stand trial (PIST), or other forensic commitment under Chapters 552 or 557, RSMo.

ADMISSION PROCEDURES

Admission procedures are designed to follow all applicable state laws and federal mandates. Fulton State Hospital admission policies and procedures are defined in the Hospital Policy and Procedure Manual.

TREATMENT PROCESS

Upon admission, disciplines conduct assessments to identify the outcomes, objectives and barriers of each client. An accurate and continuing assessment basic to the understanding and treatment of the client includes clinical consideration of the client's medical, psychological, and social needs. Based on the initial assessments, clients are assigned to a clinical program determined to be best suited to their needs.

The physician assesses and treats the physical and psychiatric needs of the individual. The nurse assesses needs and assists the client in meeting self-care needs while providing health and medication education. The social worker collects data for the social history and identifies support systems while initiating and developing a discharge and aftercare plan for reintegration to the home or community environment. The psychologist provides testing and evaluation to determine the client's level of intellectual and psychological functioning. Rehabilitation services provide an assessment of physical/mental abilities, life skills and recreational needs. Other rehabilitation services are provided as needed (e.g., speech and hearing, substance abuse treatment, vocational rehabilitation and education). The chaplaincy makes initial contact, provides religious services and spiritual assessment upon referral. The dietitian assesses the client's nutritional needs and provides dietary treatment for specific illnesses in coordination with the physician. The pharmacist maintains a client profile for the establishment of contraindicated medications.

A. Treatment Planning and Periodic Reviews

Treatment plan development for Fulton State Hospital clients occurs along three distinct stages.

The **Initial Treatment and Rehabilitation Plan (ITRP)**, completed within seventy-two (72) hours of admission, is comprised of three major components. The process begins immediately with the completion of the physician admission orders followed by the nursing assessment within the first eight (8) hours of admission. The process is completed with the social service preliminary assessment that is completed within seventy-two (72) hours of admission. These three (3) documents are the basis of implementing immediate treatment goals based on the client's presenting problems, physical and emotional health, and behavioral status.

The **Master Treatment and Rehabilitation Plan** is developed by the inter-disciplinary team for any client whose stay exceeds ten (10) days. The core treatment team consists of a psychiatrist, registered nurse, and a social worker. This plan is based on a comprehensive assessment of the client's strengths and needs. It is derived from the

nursing, medical, psychiatric, psychological, rehabilitation services, and social assessments. Client input and family input is integrated in formulation the master ITRP. In the master ITRP, outcomes and objectives are developed by the treatment team with the client and clinical interventions and supports are identified to assist the client in achieving these objectives and outcomes.

Treatment and Rehabilitation Plan Reviews occur regularly throughout hospitalization and when significant changes occur. The inter-disciplinary team reviews the master treatment plan within thirty (30) days following the first ten (10) days of treatment and every sixty (60) days thereafter for the first year of treatment. If hospitalization exceeds one (1) year, the master treatment plan is reviewed at least every ninety (90) days. For clients under twenty-two (22) years of age, treatment plans are reviewed every thirty (30) days throughout hospitalization or until they reach the age of twenty-two (22).

A review of the client's treatment and rehabilitation plan is also done after each episode of seclusion or restraint. This review, called a debriefing, is initiated at the time of each episode and is concluded when staff meets with the client within one business day of release from seclusion or restraint. Changes to the treatment plan are made as needed to further reduce the use of seclusion and restraint.

When a transfer occurs between the facility units or programs, the existing treatment plan is evaluated and revised/reviewed within seven (7) days of transfer. When a client returns from a medically authorized absence or an authorized absence from jail or correctional facility, the existing treatment plan is reviewed within seven (7) days after return to the hospital.

Treatment planning is an evolutionary and dynamic process. All treatment plan reviews involve assessment of client progress toward meeting identified objectives. Staff and the client evaluate the success of interventions and determine what, if any, changes in treatment are needed to facilitate client movement to a less restrictive environment. As clients achieve objectives, plans are revised to discontinue no longer needed interventions and/or to revise or add new interventions. Additionally, treatment plan review sessions involve identification of new areas of concern requiring modification. New outcomes may be identified based on these concerns and relevant objectives and related interventions then are integrated into the existing treatment and rehabilitation plan.

B. Clinical Programs

1. Competency Restoration and Acute Forensic Treatment (CRAFT)

The Competency Restoration and Acute Forensic Treatment program serves individuals who generally have a relatively brief length of stay. The program provides psychiatric services to individuals from the Department of Corrections and county jails. Many of the individuals have been found Incompetent to Stand Trial and sent to Fulton State Hospital to learn about the legal system and how to work with their attorneys to prepare a defense. Other individuals come from jails or

prisons for acute psychiatric stabilization services secondary to suicidal and/or dangerous behavior. This program provides comprehensive evaluation and assessment, symptom stabilization, competency education, intensive case management, and recreational activities.

2. Social Learning Program (SLP)

The purpose of this program is to provide comprehensive psychosocial rehabilitation that addresses all problem areas of persons with severe and persistent mental illnesses. Major emphasis is on the development of skills necessary for returning to the community. This is accomplished through an integrated set of skills training and educational techniques. The program offers a full daily schedule of groups, classes, recreational, and vocational activities.

3. Psychiatric Rehabilitation Program (PRP)

The purpose is to assist clients in learning skills so that they can realize their goals and safely return to the community. An emphasis is on skills training groups and classes designed to help clients understand issues associated with managing their illnesses and developing skills for healthy social, vocational, and recreational pursuits.

4. New Outlook Program (NOP)

The New Outlook Program treats people who experience severe mood dysregulation and people who exhibit challenging behavior. Many of the people in this program also have intellectual disabilities. The goals are to teach people to recognize the relationship between their thoughts, moods, and behaviors; to understand the function of a person's challenging behavior; and to teach new skills that will encourage future self-management. A person-centered planning approach is used to engage consumers in formulating a treatment and rehabilitation plan that best meets their needs. Major treatment components include Dialectical Behavior Therapy and Positive Behavior Supports, in addition to psychiatric medications and psychoeducational interventions.

5. Sex Offender Rehabilitation and Treatment Services (SORTS)

Sex Offender Rehabilitation and Treatment Services is a civil involuntary program for the treatment of sexually violent predators. The program serves the entire State of Missouri in a high security facility. The program is designed to treat these individuals and safely return them to the community. Treatment in the program is accomplished through a daily schedule of sex offender treatment as well as other skills training, recreational, and vocational activities.

C. Treatment Modalities

The hospital provides a variety of treatment modalities and related activities designed for comprehensive client treatment. Each client's needs, determined through various assessments and indicated in the treatment plan, determine the use of specific modalities/procedures.

1. Therapeutic Environment

The surroundings have a significant impact on the client's response to therapy. The hospital has the responsibility for maintaining a therapeutic environment which provides privacy, preserves human dignity, maintains appropriate sound/light levels, provides suitable clothing, attractive and appropriate furnishings, housekeeping services, opportunities for personal expression and adequate space for therapeutic and personal activities.

2. Nursing Care

Psychiatric nursing provides support and education to individuals to help them acquire the skills and knowledge necessary for successful discharge.

As needed, nursing staff monitors vital signs, dispenses medications, engages in preventive care, pre-natal care, and performs basic nursing activities.

3. Group Therapies

Group therapies are conducted in an organized supervised setting by clinical staff to assist clients in improving reality testing, impulse control, interpersonal communications and management of their lives. In addition, group therapy may assist clients to gain insight into their mental and emotional problems.

4. Individual Psychotherapy

Individual psychotherapy, provided by clinical staff, is guided by an orderly and integrated series of concepts and is directed toward beneficial change in the individual.

5. Psychopharmacotherapy

Medications are prescribed where indicated by a staff physician to aid in the client's treatment and to help the client more effectively participate in other treatment modalities by increasing their attention span and reducing agitation or psychotic episodes.

6. Psychiatric Crisis Prevention/Intervention

Psychiatric crisis prevention and intervention is the means by which staff provides immediate assistance and treatment for the psychiatric emergencies. Included is recognition of early indicators of impending emotional outbursts and challenging behavior and assisting clients with developing alternative coping strategies.

7. Pastoral Services

Pastoral counselors help the clients come to terms with their personal questions regarding their spirituality through the use of religious services, pastoral visits, spiritual groups and pastoral counseling.

8. Skills Training

Many of our clinical programs emphasize a rehabilitative approach that places an emphasis on providing skills training in a wide variety of areas to help clients develop those skills they have never learned or have forgotten. Training is provided in functional living skills, social skills, self-care skills, coping skills, self-soothing skills, skills necessary for employment, medication management and symptom management.

9. STAR

The hospital has a service for individuals dually diagnosed with a mental illness and substance abuse. The program uses the therapeutic modalities of psycho-education, group therapy, individual therapy, and self-help groups. Substance abuse treatment services are integrated into clinical programs and tailored to meet the needs of the population of each program.

10. Education Services

Educational assessments and services are provided as required by state law to qualifying individuals under 21 years old as well as to adults wanting or needing training in basic education. These services are provided by certified special education teachers on staff. Additionally, services are provided for individuals wishing to pursue a General Education Degree (GED).

11. Vocational Training

Vocational training is a critically important component of the psychosocial rehabilitation process. At Fulton State Hospital, vocational training services are organized under the rubric of Brandt Vocational Enterprises (BVE). A continuum of vocational training experiences is offered to clients. These vocational services are arranged to meet the training needs and interests of our diverse population. Due to the severe and persistent mental illnesses, most of our clients have sparse employment histories/experiences. Thus, the goals of vocational services are to assist clients with developing work skills and vocational interests so they may pursue

gainful employment or advanced vocational training in the community upon discharge from the hospital. Program components include sheltered workshops in each of the treatment units, work enclaves, and a supported employment program whereby clients are able to work in various support departments at the hospital.

12. Other Clinical Support Services:

Other clinical support services provide activities and services closely aligned with client treatment. Included are the following services:

- Speech Pathology and Audiology
- Interpretation for Hearing Impaired
- Language other than English Interpretation
- Volunteer Services
- Library Services
- Radiology
- Physiotherapy
- Dental Care
- Pharmacy
- Eye Clinic
- Specialty Treatment Clinics
- Dietary
- Clinical Pharmacy Services

D. Discharge and Aftercare Planning

Discharge planning begins at the time of admission and is an ongoing process throughout treatment as the social worker and other team members consult with the client regarding the maintenance of treatment gains following discharge. Frequently, community agencies and family members work with the client and team social worker to develop a comprehensive aftercare plan that identifies the specific plan for meeting each need the client will likely encounter following discharge (e.g., housing, vocational training, medication, family therapy, etc.). With the appropriate legal consent, information is communicated to those community agencies that will provide aftercare services so that the agencies can assist the client in maintaining and building upon progress made during inpatient care and can continue to carry out the client's treatment plan.

For many, a crucial need following discharge is adequate housing with the supports necessary to maintain functioning outside of the hospital. Those clients who can live independently do so, but many clients need a structured supervised environment in order to maintain treatment gains. A referral is made to the appropriate administrative agent to develop a plan to place the client in the least restrictive setting in which he or she can function. Placement settings range from nursing home care to boarding homes, halfway houses and apartment programs. When possible, the social worker accompanies the client on a pre-placement visit to the facility recommended and works with the client to help facilitate a positive adjustment in the community.

Another crucial need for many clients to continue functioning outside of the hospital is psychiatric aftercare. To promote continuity of care, the client and social worker develop a plan for the client to receive ongoing aftercare at a community mental health center of the administrative agent as near to the client's home as possible. Upon discharge, the client is provided with sufficient medication to last until the outpatient appointment.

For clients returning to jails and correctional facilities, care is taken by the social worker to work closely with facility liaisons to ensure continuity of psychiatric aftercare.

E. Provision of Other Medical, Special Assessment and Therapeutic Services

The hospital has internal medicine physicians on staff, as well as a dentist and consultants in podiatry and optometry. The hospital also contracts for physical therapy, radiology services, and interpretation language services. On staff at the hospital is a half-time audiologist, a full-time deaf interpreter, and a full-time dentist. The hospital uses Callaway Community Hospital and University of Missouri Health Care for other medical and surgical evaluations and services.

F. Professional Staff Organization

The inter-disciplinary team approach to treatment enables mental health professionals to share in providing quality comprehensive psychiatric treatment to the client. Staff members from professional disciplines contribute their expertise to the treatment of clients. The function of the treatment team is the evaluation of the client, with subsequent planning and implementation of individualized treatment and rehabilitation plans. Represented disciplines are as follows:

1. Medical Staff

The medical staff is responsible for evaluating, diagnosing and treating the psychological and physical well-being of the client. They prescribe treatment modalities, drug therapy, individual therapy, group therapy, etc. The medical staff must complete comprehensive assessment of the client prior to formulation of the master treatment plan on each client.

2. Nursing

The role of nursing is to relate information to the treatment team about a client's general health status, behaviors manifested during the 24-hour day, interactions with staff and peers, adjustment to environment/milieu and discussions of treatment modalities, compliance with medications and client teaching needs. In order to be able to perform these functions, the nurses must evaluate the clients and analyze information gained from the nursing aides. Nursing also provides individual counseling with clients and education.

3. Psychology

Psychologists assist the team in analyzing client needs and assets by using their specialized skills in observing, describing and understanding human behavior. The psychologists also promote increased awareness and understanding of the psychological factors that contribute to mental disorders and how to address those factors in treatment. Their primary treatment roles are to provide psychological treatment for clients through group and individual sessions designed to meet the individual needs of clients, to perform psychological evaluations, and to assist in discharge planning. The Director and all supervisors are licensed under Missouri State Statutes.

4. Social Service

Social problems of the clients and their families are assessed and treated by the social worker. Their specialized skills in evaluating and treating the social problems of the clients and their families assist the treatment team to develop the clients' strengths, review their needs and to develop the individualized treatment plans. They complete social assessments on clients (initial and updates), provide individual and group treatment, family therapy, crisis intervention, play a key role in discharge planning and some aspects of aftercare follow-up. They may participate in filing of legal documents relating to involuntary commitments, competency hearings and guardianships. They also provide various other supports and services for clients as necessary and appropriate. The majority of the professional social service staff are licensed or in supervision for licensure.

5. Rehabilitation services

The rehabilitation services staff (occupational therapy, therapeutic recreation and music therapy) is responsible for evaluation and treatment of each individual client's ability to achieve a satisfying life and function adequately (in keeping with their potential) in chosen personal, social and occupational roles. Treatment is provided to clients through both group and individual treatment programs that incorporate purposeful activities as the primary tool.

6. Special Education Teachers

Special Education Teachers are responsible for providing educational assessments as well as special education services as required by state law for certain individuals under 21 years old. Additionally, they provide classes and individual services to adults needing basic education or who wish to pursue a GED.

7. Chaplaincy

The chaplain assists the treatment team to be aware and understand how the client's spirituality/religious beliefs may interact with the treatment process and the mental illness being experienced by the client.

8. Dietary Services

The clinical dietitian addresses dietary needs of the clients. They evaluate the client's dietary needs and its impact on the overall treatment. After evaluating the client, the dietitian consults closely with the medical and nursing staff. When a need is identified for the client to receive nutritional counseling, this is the responsibility of the clinical dietitian.

STAFFING

Fulton State Hospital functions on an inter-disciplinary treatment team model. Members of the medical staff are responsible to the Clinical Director for their administrative and professional direction. Other professional staff are responsible to the Unit Director for administrative direction and to their discipline director for their quality of professional practice. Psychiatrists are responsible for guiding, directing, and overseeing the development and implementation of all aspects of the clinical care for each client at Fulton State Hospital. Additionally each treatment team has a Treatment Team Leader who provides leadership to the inter-disciplinary treatment team and is responsible for the overall functioning of the team.

Fulton State Hospital employs physicians, psychiatrists, psychologists, registered nurses, professional social workers, pastoral counselors, teachers, occupational therapists, recreational therapists, music therapists, a speech pathologist, licensed practical nurses, forensic rehabilitation specialists, work therapy specialists, activity aides, administrative and support personnel in sufficient numbers to provide the assessment, evaluation and treatment services required by the clients for which it is responsible.

Each program has a program coordinator who oversees the integrity of the program, writes, revises and updates the program manuals. Program coordinators are also responsible to train program staff and provide day-to-day guidance on program issues. Each ward of each program in the hospital has a treatment team assigned. The core team consists of a physician, nurse and social worker. In addition, the inter-disciplinary team has a psychologist, chaplain, rehabilitation services staff, education staff, and forensic rehabilitation specialists to present assessment information, as well as report on interventions for which they are assigned on the individualized treatment plan. Assignment of staff to treatment teams relates to the identified clinical needs of the client population being served.

The assignment/numbers of specific categories of staff relate to the overall goals of the hospital, the hospital budget and the plan for hospital services.