

Nevada Rural Hospital Partners Behavioral Health Resource Binder

2021

Jessica Flood

NEVADA RURAL HOSPITAL PARTNERS | 4600 KITZKE LANE, RENO, NEVADA 89509, SUITE I209

Table of Contents

| | |
|--|-----------|
| <i>DPBH Crisis Response Programs & Nevada Rural Hospital Partners Emergency Room Consults</i> | 2 |
| NRHP ER Consults- Quick Overview | 3 |
| NRHP ER Consults- Detailed Overview | 4 |
| NRHP ER Consults- Program Overview | 5 |
| NRHP ER Consults Flowchart | 6 |
| NRHP ER Consults- VSee Instructions | 7 |
| NRHP ER Consults- Rural Clinics Consultation Summary | 8 |
| NRHP ER Consults- Final Patient Disposition Form..... | 9 |
| Hospital and Discharge Planning Support - Children’s Mobile Crisis Response Team | 10 |
| Discharge Support: DPBH Rural Clinics CARE Team..... | 11 |
| <i>Peer and Family Support Resources</i> | 12 |
| NAMI Nevada Warmline | 13 |
| NAMI Caring Contacts | 14 |
| <i>Dementia resources</i> | 15 |
| Alzheimer’s Association | 16 |
| <i>Sex Trafficking Resources</i> | 17 |
| <i>Mental Health Crisis Hold (Legal Hold) Resources</i> | 21 |
| Mental Health Crisis Hold Information for Patients and Families | 22 |
| Mental Health Crisis Hold One Page Overview for Patients and Families..... | 38 |

DPBH Crisis Response Programs & Nevada Rural Hospital Partners Emergency Room Consults

Hospital and Discharge Planning Support



NRHP EMERGENCY ROOM CONSULTS-QUICK OVERVIEW

WHAT is it?

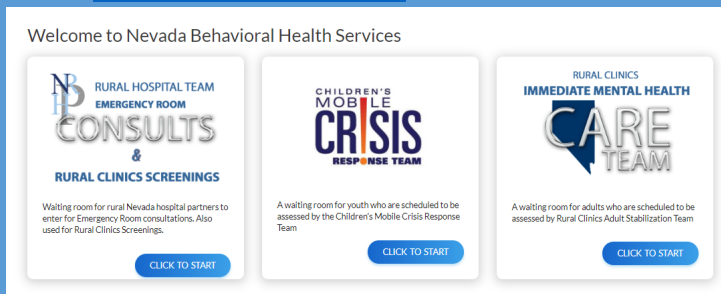
A partnership between **Rural Clinics** and **Nevada Rural Hospital Partners** to help provide quick, quality mental health consultation to rural hospitals. The consultations are done via phone or video using the VSee platform.

WHEN to use it

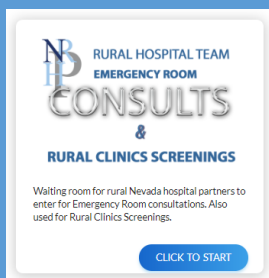
A patient is admitted to the Emergency Department due to mental health symptoms and you would like consultation with a licensed mental health professional to assess if patient is at risk or find out treatment history of a patient.
Monday – Friday 8am-5pm

HOW to use it

1. Go to <https://nevada.vsee.me>



2. Click on



3. Complete the brief questionnaire
4. Wait for the on-call clinician to accept the request
5. Once the request is accepted the video assessment will start

***For a more detailed description see next page

WHY use it

- Provides patient follow up with a Case Manager if they are discharged from the ED
- To reduce wait times in ER's
- Provides consultation by a licensed mental health professional
- Rural Clinics can provide hospital with a history of patients mental health treatment



PROGRAM DESCRIPTION: Nevada Rural Hospital Partnership addresses the behavioral health needs of individuals in rural communities who are seeking services through their local hospital emergency room with a known behavioral health disorder or suspected behavioral health concern. Rural Clinic clinicians provide consultation by conducting telemedicine consultations. The focus of these consultations is to provide treatment history, assess risk (danger to self or others, inability to properly care for self as a result of one's condition), crisis intervention/de-escalation (when telemedicine intervention is deemed suitable), determine level of care, and assistance in linkage and referral to local, community-based resources for mental health, substance use, and social service needs.

PURPOSE: To improve transitions and decrease wait time to an appropriate level of care or treatment for patients with behavioral health needs.

SERVICES OFFERED: Rural Clinics provides two types of consultation services for the hospitals:

1. Patient Treatment History: Hospitals can call to obtain information about a patient's mental health treatment history or medications. If the patient has received services through Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) or Rural Clinics and that information will be helpful for the hospital to treat the patient, then the clinician can share the treatment information with hospital staff for continuity of care. The records can be sent directly to the hospital.
2. Mental Health Consultation: Clinicians can provide a mental health screening for patients in the hospital to assess for risk to self and others, provide crisis stabilization if needed and assist with linking to community resources.

HOURS OF OPERATION: Rural Clinics consultation and follow-up services are offered Monday-Friday 8:00am to 12:00pm and 1:00pm to 5:00pm, excluding State holidays.

Rural Clinics Special Programs

Rural Clinics has **three** special programs to help consumers, in rural Nevada, who are



EMERGENCY ROOM CONSULTS

This program is a partnership between Rural Clinics and Nevada Rural Hospital Partners (NRHP). Hospitals associated with NRHP can **enter this waiting room directly** and **be connected** with a mental health professional to help **assesses a patient for risk, provide recommendations** and **offer consultation** to Emergency Room Staff.

Use this program if you are a hospital and need consultation for an ADULT patient who is admitted to the ER due to mental health symptoms.

CHILDREN'S RURAL MOBILE CRISIS RESPONSE TEAM

This program can provide hospitals help in two ways: 1) If the family chooses, the Team can **assess** a youth who is in the ER due to mental health symptoms and **provide recommendations** for ER staff 2) If the family chooses, the Team can be contacted at the time of discharge to **help stabilize** a youth and **connect them** to community outpatient resources.

Use this program, by helping the family call the hotline while they are in the ER or getting ready to discharge from the ER.

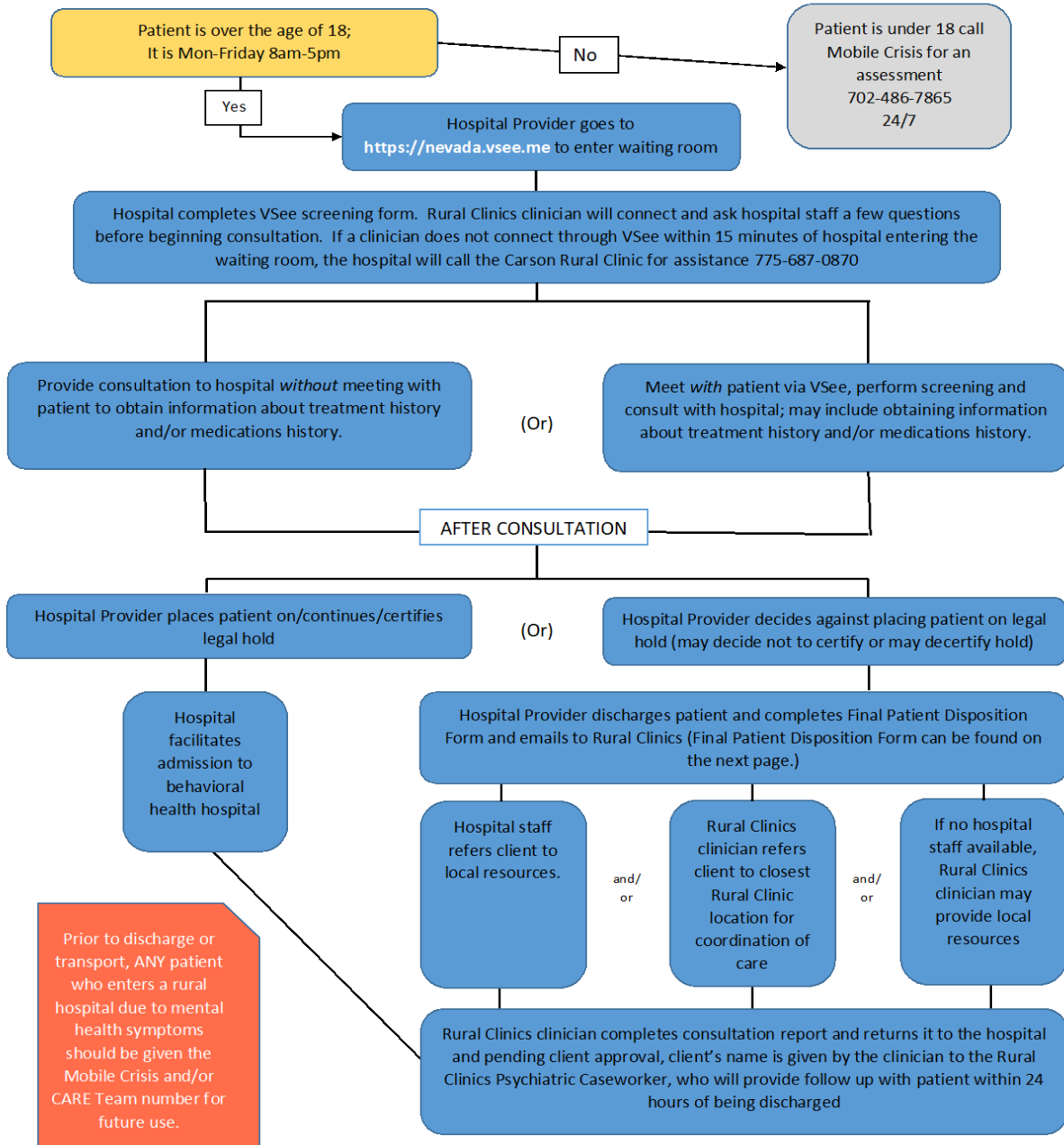
IMMEDIATE MENTAL HEALTH CARE TEAM

This program can help patients who are being discharged from an ER, after being seen for a mental health crisis. If the patient consents and prior to discharge, the Team can connect with the patient to **provide stabilization** and **connect them** to community outpatient resources.

Use this program, by helping the patient call the hotline while they are getting ready to discharge from the ER.



NRHP EMERGENCY ROOM CONSULTS FLOWCHART





NRHP EMERGENCY ROOM CONSULTS-VSee Instructions

[For Providers](#) [Help](#) [Test Computer](#)

Welcome to Nevada Behavioral Health Services

**RURAL HOSPITAL TEAM
EMERGENCY ROOM
CONSULTS
&
RURAL CLINICS SCREENINGS**

Waiting room for rural Nevada hospital partners to enter for Emergency Room consultations. Also used for Rural Clinics Screenings.

[CLICK TO START](#)

**CHILDREN'S
MOBILE
CRISIS
RESPONSE TEAM**

A waiting room for youth who are scheduled to be assessed by the Children's Mobile Crisis Response Team

[CLICK TO START](#)

**RURAL CLINICS
IMMEDIATE MENTAL HEALTH
CARE
TEAM**

A waiting room for adults who are scheduled to be assessed by Rural Clinics Adult Stabilization Team

[CLICK TO START](#)

For **COMPUTERS** or **MOBILE DEVICES**, please visit <https://nevada.vsee.me>

1. Click on the appropriate waiting room
 - a. **Emergency Room CONSULTS** - A waiting room for rural hospital partners to enter for Emergency Room Consultations.
2. Enter patient information and check consent box.
3. Clinician will connect via video once you enter the waiting room.

For those members utilizing **VSEE CARTS**

1. You can still enter the NRHP waiting room by going to the direct link of <https://nevada.vsee.me/u/dpbh> but it is recommended that you change the home page to the new landing page of <https://nevada.vsee.me/>
2. Enter patient information and check consent box.
3. Clinician will connect via video once you enter the waiting room.

IMPORTANT NOTES:

*If the patient is under 18, the hospital should call this triage number: **702-486-7865** to access Mobile Crisis Response Team before using VSee. The VSee waiting rooms for **Mobile Crisis and the CARE Team** are by **APPOINTMENT ONLY**

*Once you have entered the waiting room, if a clinician doesn't connect via VSee within 15-20 minutes please call Rural Clinics Carson for assistance: **775- 687-0870**

NRHP ER Consults- Rural Clinics Consultation Summary



| RURAL CLINICS CONSULTATION SUMMARY | | | | |
|--|----------------------|---|--------------------------|----------------------------------|
| Date: Click to Enter | Time: Click to enter | <input type="radio"/> AM | <input type="radio"/> PM | Avatar # Episode: Click to enter |
| Client Name: Click to enter | DOB: Click to enter | Sex: <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Trans MTF <input type="radio"/> Trans FTM | | |
| Referral Source: Choose an item. | | | | |
| Is patient on a legal hold: Choose an item. | | Who placed the hold: Choose an item. | | |
| Was Mobile Crisis or the CARE Team accessed prior to the pt. coming to the ER: Choose an item. | | | | |

| QMHP CLINICAL INFORMATION | |
|----------------------------------|------------------------------|
| Diagnostic Code: Click to enter. | Description: Click to Enter. |
| Diagnostic Code: Click to enter. | Description: Click to Enter. |
| Diagnostic Code: Click to enter. | Description: Click to Enter. |

Description/Assessment: Click to enter

ASSESSMENT:

Suicidal Ideations: Choose an item. Plan: Choose an item.; Intent: Choose an item.; Means: Choose an item.

Homicidal Ideations: Choose an item. Plan: Choose an item.; Intent: Choose an item.; Means: Choose an item.

Hallucinations: Choose an item.

Delusions: Choose an item.

Notes:

Clinical Recommendations/Plan:

| | |
|--|-----------------------------|
| Choose an item. | Other: Click to enter |
| Patient Agreed to Follow up Case Management Services: YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Clinicians Name & Credentials: | Date: Click to enter |

NRHP ER Consults- Final Patient Disposition Form



FINAL PATIENT DISPOSITION FORM

(to be completed by referring facility and emailed to Rural Clinics Clinician)

Referring Facility: [Click here to enter text.](#)

Patient Name: [Click here to enter text.](#)

Date and Time of Final Disposition: [Click here to enter text.](#)

While in Referring Facility, client was admitted to:

ER only

Hospital Floor

N/A or Other (Please specify): [Click here to enter text.](#)

Length of Stay (hours or days, please specify): [Click here to enter text.](#)

Disposition:

Discharged, patient declined additional referrals

Discharged, referral to Rural Clinics for Coordination of Care

Discharged, referral to community provider

Transfer to psychiatric hospital

Admit to inpatient for medical treatment

Other (please specify): [Click here to enter text.](#)

Name/Title of Reporting Party: [Click here to enter text.](#)

Date/Time: [Click here to enter text.](#)

Update: 8-4-21



**Hotline
Telephone
702-486-7865
Available 24/7**

Mental health response and stabilization for youth and their families seeking immediate support for behavioral health concerns.

What We Do:

Mobile Crisis Response Team (MCRT) supports youth and families who want help for any mental health/behavioral health situation or crisis with a child or adolescent in any community in Nevada. Crisis is different and unique for every youth and family, and may include concerns such as suicidal thoughts, self-harming behaviors, anxiety, depressed mood, anger and aggression, bullying, drug and alcohol or any other presenting concerns for which a youth or family wants a crisis assessment, supports and interventions.

MCRT uses a team approach of a clinician and case manager who will complete an assessment, provide support and crisis interventions, short-term stabilization and case management services. Responses and stabilization services are provided in the families location of choice when possible and may be in community settings, home and/or through phone/video telehealth. In rural Nevada, services are provided via phone/video through telehealth.

**Visit our website at:
KNOWCRISIS.COM**



**PARTNERSHIP WITH DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
AND DIVISION OF CHILD AND FAMILY SERVICES**

RURAL CLINICS
IMMEDIATE MENTAL HEALTH



1-877-283-2437

Telephone Triage open 24/7

CARE Team response hours 9am-6pm 7 days a week, excluding holidays

Rural Clinics Immediate Mental Health CARE Team supports adults anywhere in Rural Nevada who need immediate mental health care.

How it works:

TELEPHONE TRIAGE: Crisis staff are available to provide support over the phone and assist in gathering information to determine how to help. If staff are assisting other callers, leave a message and they will call you back within minutes.

CARE Team RESPONSE: Once crisis staff determine you are safe, then they connect you with a licensed CARE Team clinician. The CARE Team clinician will contact you within minutes. The Clinician will provide immediate mental health help. This is done by video, wherever you are located. If you are not able to connect via video then services will be done by phone.

STABILIZATION: A short-term, mental health intervention. It is designed to assess, manage, monitor, stabilize and support your wellbeing. The CARE Team may develop an individualized safety plan with you to help support you. We also have a crisis case manager who will help you find resources in your community.

AFTER CARE: The CARE Team is available to follow up with you to ensure there is a smooth transition to needed supports and services in your community.

Goals:

- Provide stabilization services to individuals in their home, helping safety plan and find services in their own communities.
- Reduce costs to individuals by preventing hospitalization, when possible.
- Reduce trauma and remove barriers that can happen when individuals do not know where to get help.
- Help Facilitate hospitalization, when needed.
- Facilitate referrals to mental health services in the persons home community.
- Reduce emergency department visits and psychiatric hospitalizations, when appropriate, by providing immediate support and interventions, stabilization and case management.
- Connect individuals with National Alliance on Mental Illness (NAMI) for peer support.

****Services are billed to insurance and will be without charge if a person is unable to pay.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH/ RURAL CLINICS



Peer and Family Support Resources

People with lived experience providing support to people in need of social support and connection



What is the Warmline?

- Inbound/Outbound Contact*
- No cost, non-crisis line for support*
- Operates year-round*
- One-on-one peer support*
- Phone, text, and video conference options*
- Calls are made or answered by Peer Wellness Operators*
-

What is Peer Support?

- Shared lived experience with mental illness*
- *Social and emotional support*
- Linkage to clinical care and community resources*
- Ongoing support, extended over time*
- Person-centered approach*
- Complement and supplement care*

Why is it needed in Nevada?

- Repeat ER visits due to stress causes on crisis systems*
- As many as 70% of those that survive suicide attempts never attend their first appointment or maintain treatment*
- Overuse of crisis support services that can be addressed at a lower level of care*

How is a referral made?

- Providers make a referral directly to the Warmline by phone or through Open Beds)*
- The first call from Warmline is within 24 hours of referral*
- Participant and Warmline operator set up scheduled contact times*
- No referral is needed for inbound calls to the Warmline*

**To talk to a Peer Wellness Operator or to make a referral
call 775-419-8865**

If you are experiencing a mental health emergency, please contact (800)273-8255

"The Nevada Warmline is supported by the Nevada State Division of Public and Behavioral Health through Grant Number 3B09SM010039-18S2 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor SAMHSA." Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 3B09SM010039-18S2 from the Substance Abuse and Mental Health Services Administration (SAMHSA)."

Nevada Warmline Postvention Program

Nevada Caring Contacts



What is Nevada Caring Contacts?

- Offers adjustable intervention for preventing suicide attempts and ideations
- Supplements traditional mental health services
- Provides messages of support and valid resources
- Fills the gap between identification and follow-up

Why is it needed in Nevada?

- Repeat ER visits due to stress on crisis systems
- As many as 70% of those that survive suicide attempts never attend their first appointment or maintain treatment
- Risk of another attempt remains high up to 3–6 months after discharge

How to make a Referral?

- Connect with the Warmline main phone number or soon through Open Beds
- Make a referral including when to call and how often
- Set up time and day for initial introduction
- Client receives scheduled calls until the situation has de-escalated

How does it work?

- Providers make a referral directly to the Warmline (or soon through Open Beds)
- First call from Warmline is within 24 hours of referral
- Participant and Warmline operator set up scheduled contact times
- Warmline closes the information loop by following up with the source of the referral

What is the Warmline?

- Inbound/Outbound Contact
- Operates year-round
- One-on-one peer support
- Phone, text, and video conference options
- Calls are made or answered by Peer Wellness Operators

What is Peer Support?

- Shared lived experience with mental illness and/or suicide attempt
- Supports daily management
- Social and emotional support
- Linkage to clinical care and community resources
- Ongoing support, extended over time
- Person centered approach
- Complement, and supplement care

For more information or to make a referral:

call - (775) 241-4212

or

email - caringcontacts.namiwnv@gmail.com

Dementia resources



AROUND-THE-CLOCK INFORMATION AND SUPPORT

**ALZHEIMER'S ASSOCIATION
24/7 HELPLINE: 800.272.3900**

The free Alzheimer's Association® 24/7 Helpline allows people living with Alzheimer's disease or dementia, caregivers, families and the public to:

- » Speak confidentially with master's-level care consultants for decision-making support, crisis assistance and education on issues families face every day.
- » Learn about the signs of Alzheimer's and other dementias.
- » Get general information about medications and other treatment options, and legal, financial and care decisions.
- » Find out about local programs and services.
- » Receive help in their preferred language through our bilingual staff or translation service, which accommodates more than 200 languages.
- » Access support through our TTY service (TTY: 866.403.3073) if assistance is required via a teletype device.

This project was supported, in part by grant number 90AC2811-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

alzheimer's  association®

800.272.3900 | alz.org®

Sex Trafficking Resources

PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings



In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to help guide health professionals on how to provide **trauma-informed assistance** to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. The PEARR steps are based on an approach in which patients are **educated and empowered** with information about violence and resources, in a developmentally- and culturally-sensitive manner, before further screening is conducted. The goal is

to have an informative conversation with patients in order to promote health, safety, and well-being, and to create a safe environment for affected patients to possibly share their own experiences and/or accept further services, such as intervention support. For additional information about violence, see page 2.

****A double asterisk indicates points at which this conversation may end. Refer to the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.**

P PROVIDE PRIVACY | Discuss sensitive topics **alone** and in a **safe, private setting** (ideally a private room with closed doors). If a companion refuses to be separated from the patient, this may be an indicator of abuse, neglect, or violence.**** Strategies to speak with the patient alone:** Suggest the need for a private exam. For virtual or telephonic visits, request that the patient moves to a private space but proceed with caution as the patient may not actually be alone.**** Note: Companions are not appropriate interpreters**, regardless of communication abilities. In order to ensure safety for the patient, use a professional interpreter per your facility's policy.**** Also, explain limits of confidentiality** (e.g., mandated reporting requirements); however, do not discourage the patient from disclosing victimization. The patient should feel in control of disclosures. Mandated reporting includes your requirements to report concerns of abuse, neglect, or violence, as defined by applicable laws or regulations, to internal or external authorities or agencies, as described by laws and regulations.

E EDUCATE | Educate the patient in a manner that is **nonjudgmental** and **normalizes sharing of the information**. Example: "I educate many of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, such as human trafficking, and offer the brochure or card to the patient. Ideally, this brochure or card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If the patient declines the materials, respect the patient's decision.******

A ASK | Allow time for open discussion with the patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you, **or someone you know?**"**** If physically alone with the patient, and especially if you observe significant concerns** (e.g., a high number or pattern of risk factors) or indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."**** Note:** Limit questions to only those needed to determine the patient's safety, connect the patient with resources (e.g., trained victim advocates), and guide your work (e.g., perform a medical exam). **Optional:** If available and as appropriate, use an evidence-based tool to screen the patient for abuse, neglect, or violence.

RR RESPECT & RESPOND | If the patient denies victimization or declines assistance, respect the patient's wishes.**** If you still have concerns about the patient's safety**, offer the patient a discrete hotline card or other information about emergency services (e.g., a local shelter). Otherwise, if the patient accepts or requests assistance, **arrange a personal introduction** with a local victim advocate (see page 3) or **assist the patient in calling a national hotline:** [Domestic Violence Hotline, 1-800-799-7233](https://www.dvhotline.org/); [Sexual Assault Hotline, 1-800-656-4673](https://www.sahotline.org/); [Human Trafficking Hotline, 1-888-373-7888](https://www.humantraffickinghotline.org/).******

**** Report safety concerns** to appropriate personnel (e.g., a security officer), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport with the patient and to monitor the patient's health, safety, and well-being.

Page 1 of 3



Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home, parents/guardians exhibiting mental health or substance use disorders, parents/guardians overly stressed, parents/guardians involved in criminal activity, presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears or anxiety, unexplained injuries (e.g., bruises, fractures, burns—especially in protected areas of child’s body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see Child Welfare Information Gateway: childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorders with caregiver, caregiver exhibits hostile behavior, lack of preparation or training for caregiver, caregiver assumed responsibilities at an early age, caregiver exposed to abuse as a child.

Potential indicators of victimization include (not limited to): Disappearing from contact, signs of bruising or welts on the skin, signs of burns, cuts, lacerations, puncture wounds, sprains, fractures, or dislocations, internal injuries or vomiting, wearing torn, stained, bloody, or soiled clothing, appearing disheveled, hungry, or malnourished.

For additional information, see National Association of Adult Protective Services (NAPSA): napsa-now.org; Centers for Disease Control and Prevention (CDC): cdc.gov/violenceprevention

Intimate Partner Violence (IPV)

IPV can affect anyone of any age, gender, race, or sexual orientation. All women of reproductive age should be intermittently screened for IPV [U.S. Preventive Services Task Force (USPSTF) Grade B].

Risk factors include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault (e.g., signs of strangulation, bruises, burns, broken bones), mental health disorders (e.g., depression, anxiety, sleep disturbances), sexual/reproductive health issues (e.g., STIs, unintended pregnancy).

For additional information, see National Domestic Violence Hotline: thehotline.org; CDC: cdc.gov/violenceprevention

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines.

Statistics from U.S.-based 2015 National Intimate Partner and Sexual Violence Survey (National Center for Injury Prevention & Control and CDC, 2018) show that 43.6% of women and 24.8% of men report some form of contact sexual violence in their lifetime. Violence experienced in youth is a **risk factor** for repeated victimization as an adult.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see Rape Abuse & Incest National Network (RAINN): rainn.org; CDC: cdc.gov/violenceprevention

Human Trafficking

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers typically target people in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or trauma, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by a controlling companion, inconsistent history, medical or physical neglect, STIs, and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see National Human Trafficking Hotline: humantraffickinghotline.org; HEAL Trafficking: healtrafficking.org

Substance Abuse and Mental Health Services Administration (SAMHSA) describes the guiding principles of a trauma-informed approach as safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender considerations.

To learn more, see SAMHSA’s *Concept of Trauma and Guidance for a Trauma-Informed Approach*.

For more information, visit commonspirit.org/united-against-violence



PEARR Tool – Contact list of resources and reporting agencies



Local, Regional, and State Resources/Agencies

County Child Welfare Agency:

County Welfare Agency for Vulnerable Adults:

Sexual Assault Response Team (SART) Center
or Child Advocacy Center (CAC):

Local Law Enforcement Agency:

Local FBI Office:

Local DV/IPV Shelter – Program:

Local Runaway/Homeless Shelter:

Local Immigrant/Refugee Organization:

Local LGBTQ Resource/Program:

National Agencies, Advocates, Service Providers

National Human Trafficking Hotline: 1-888-373-7888

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Teen Dating Abuse Hotline: 1-866-331-9474

National Runaway Safeline for Runaway and Homeless Youth: 1-800-RUNAWAY (786-2929)

StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

National Suicide Prevention Lifeline: 1-800-273-8255

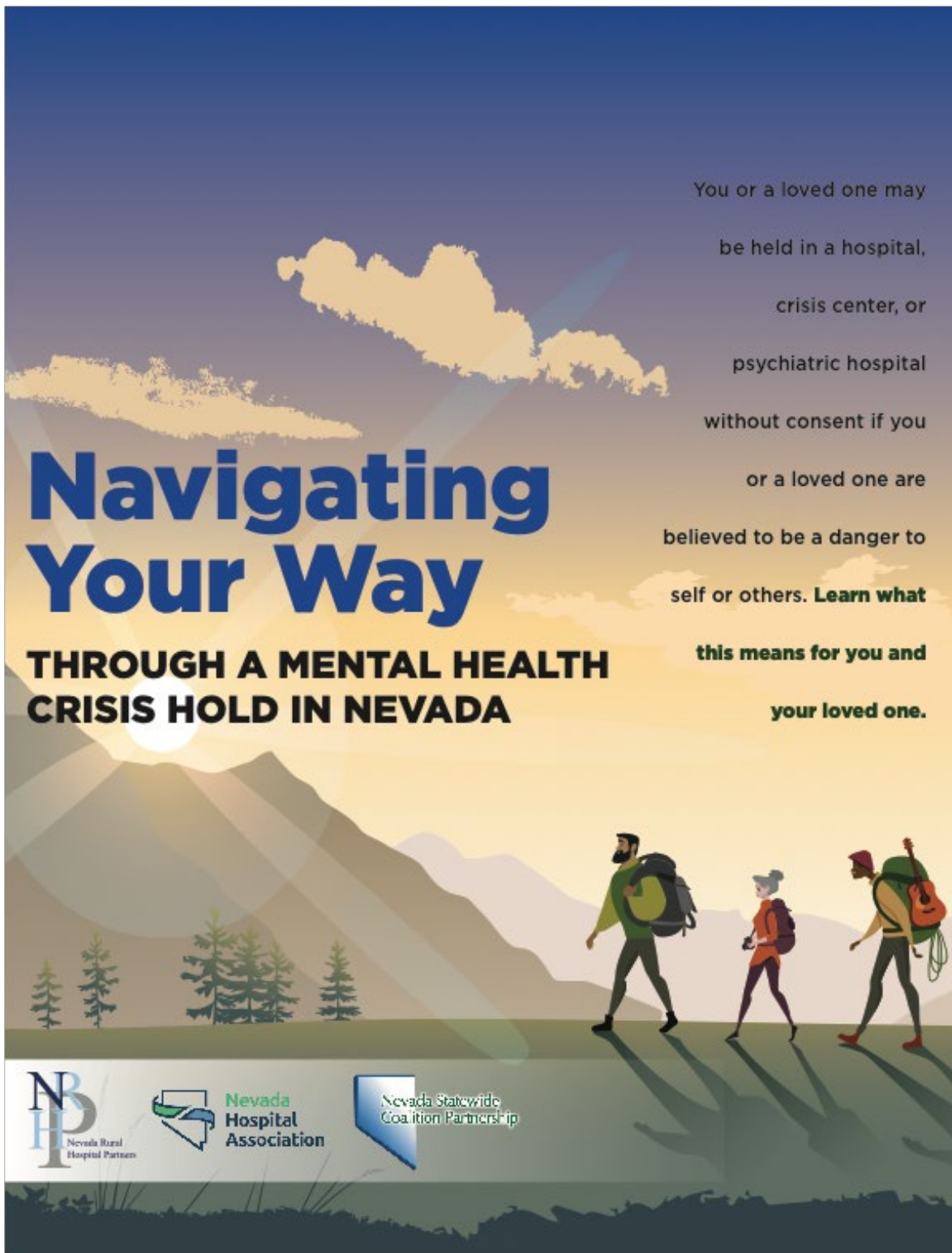
CommonSpirit Health, HEAL Trafficking, Pacific Survivor Center. PEARR Tool:
Trauma-Informed Approach to Victim Assistance in Health Care Settings. 2020.

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Notes



Mental Health Crisis Hold (Legal Hold) Resources



You or a loved one may be held in a hospital, crisis center, or psychiatric hospital without consent if you or a loved one are believed to be a danger to self or others. **Learn what this means for you and your loved one.**

Navigating Your Way

THROUGH A MENTAL HEALTH CRISIS HOLD IN NEVADA




  

TABLE OF CONTENTS

| | |
|--|----|
| Getting Started | 3 |
| Youth Mental Health Crisis Holds & General Information | 4 |
| Individual & Family Options to Support Those Experiencing Mental Illness | 5 |
| Psychiatric Advance Directives (PAD) | 7 |
| Mental Health Crisis Hold: What to Expect | 8 |
| Patient Bill of Rights: Part One Your Rights While in a Hospital | 9 |
| Patient Bill of Rights: Part Two Your Privacy Rights | 10 |
| Patient Rights & Nevada Law | 11 |
| Frequently Asked Questions | 12 |
| Planning for Discharge & Advocating for Your Care | 13 |
| Resources | 14 |
| Nevada Law & Mental Health Crisis | 15 |

***1 in 5 Americans
live with mental
illness.***

**—NATIONAL ALLIANCE ON
MENTAL ILLNESS (NAMI)**



Getting Started...

WHERE IS ONE TAKEN ON A MENTAL HEALTH CRISIS HOLD?

If you are placed on a hold, you will be taken to a hospital or crisis center for evaluation. Once evaluated by a healthcare professional, you may either be discharged or transported to an inpatient psychiatric unit.

- Physician Assistant
- Psychologist
- Marriage and Family Therapist
- Clinical Professional Counselor
- Social Worker
- Registered Nurse
- Advanced Practice Registered Nurse

HOW LONG DOES A MENTAL HEALTH CRISIS HOLD LAST?

A mental health crisis hold lasts for up to 72 hours. If, at any time during the crisis hold, the healthcare provider overseeing your care believes you need additional treatment to address your mental health crisis, they may petition the court for a court ordered admission to extend the hold.

WHY WAS I OR MY LOVED ONE PLACED ON A MENTAL HEALTH CRISIS HOLD?

A person may be held if there is a substantial likelihood of serious harm to himself/herself or others due to mental illness, and if, without care or treatment, is at risk of:

- Attempting suicide or having thoughts or plans of suicide
- Attempting homicide or having thoughts or plans of homicide
- Causing bodily injury to himself/herself or others
- Incurring a serious injury, illness, or death resulting from being unable to care for oneself due to mental illness with complete neglect of basic needs for food, clothing, shelter, or personal safety.

WHO CAN PLACE A MENTAL HEALTH CRISIS HOLD?

The following individuals can put someone on a mental health crisis hold:

- Authorized Law Enforcement
- Physician

MENTAL HEALTH CRISIS HOLD PROCESS

| STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 |
|--|--|---|---|---|--|
| Individual is assessed to be at risk of harming self or others due to mental illness | Mental health crisis hold is placed in community or in healthcare facility and 72-hour detainment begins | Individual receives a medical assessment to make sure there is no medical condition that requires immediate treatment | Individual receives evaluation from medical professional in order to certify that crisis is due to mental illness | Individual, while under detainment at any time, may be accepted and transported to inpatient psychiatric facility | If 72 hours is anticipated to run out, and individual is still assessed to be danger to self or others, hospital provider may petition court for court ordered admission, extending detainment until court hearing for court ordered admission. (Court must schedule hearing within six business days) |

An individual on a hold can be released at any point during the process if they are assessed to no longer be a danger to self or others due to mental illness.



Youth Mental Health Crisis Holds

What the law says...

Many of the laws in Nevada associated with adults in mental health crisis also apply to minors:

- 1)** Under Nevada law, a mental health facility or hospital can hold a minor under emergency admission without parental consent for up to 72 hours from the time when the mental health crisis hold is initiated.
- 2)** The person who may be placing the mental health crisis hold must attempt to contact the parent or guardian to obtain their consent prior to initiating the hold.
- 3)** If a mental health crisis hold is necessary, the child will be transferred to a hospital for their safety.
- 4)** The hospital or mental health facility must provide notice to the parent or guardian as soon as practicable and no later than 24 hours after admission.
- 5)** It is important to know that a youth mental health crisis hold is not necessary or recommended if a parent or guardian is supportive of the recommended treatment.

WHAT NEVADA LAW SAYS ABOUT MENTAL HEALTH CRISIS

A person in mental health crisis: any person (1) who has a mental illness; and (2) whose capacity to exercise self-control, judgment and discretion in the conduct of the person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself/herself or others.

WHAT IS NOT A MENTAL HEALTH CRISIS?

The following health issues are not a mental health crisis, but may occur at the same time as mental health crisis:

- Epilepsy
- Intellectual disability
- Dementia (i.e., Alzheimer's)
- Delirium
- Alcohol/drugs (either brief intoxication or dependence/addiction)
(NRS 433A.0175)

WHAT DOES THIS MEAN FOR YOU OR YOUR LOVED ONE?

If a person is in danger of harming themselves or someone else, or is unable to care for themselves due to mental illness, a friend, family member or community member can call 9-1-1 to have law enforcement or a mobile crisis team assess the situation.

If law enforcement, after observation, believes the person to be in a mental health crisis, they can place the person on a mental health crisis hold and bring the person to a hospital for further evaluation.

This process is designed for the safety and well-being of the person in crisis, their family and community.

If you and your child are experiencing conflict or crisis, the Children's Mobile Crisis Response Team is available to help 24/7 at 702-486-7865. More information can also be found at knowcrisis.com.

Individual & Family Options to Support Those Experiencing Mental Illness

You may have a loved one who is struggling with mental illness. Here are some options that you can consider:

National Alliance on Mental Illness (NAMI) Family-to-Family Class

NAMI Family-to-Family is a free, 8-session educational program for family, significant others and friends of people with mental health conditions. It is a designated evidenced-based program. This means that research shows that the program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition. NAMI Family-to-Family is taught by NAMI-trained family members who have been there, and includes presentations, discussions and interactive exercises. More information on NAMI Nevada can be found here: naminevada.org | 775-470-5600

Nevada PEP (Parents Empowering Parents)

Nevada PEP services are about empowering families to be life-long advocates for their children through education and skill building. PEP recognizes that parents are experts on their children and must learn about disabilities, intervention needs, and how to develop a support system to meet those needs. More information can be found here: nvpep.org | 702-388-8899

Psychiatric Advance Directive (PAD)

A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis. Completing a PAD, along with general estate planning and health care power of attorney documentation, are all important steps that designate someone to communicate your healthcare and estate decisions for you in the event that you are unable to. More information on PADs can be found here: nrc-pad.org/states/nevada/

Crisis Hotline: Crisis Support Services of Nevada

The Crisis Hotline is for individuals in Nevada who are in need of an empathetic ear, a caring heart and a helping hand to anyone in need. Help is available through hotline, text line and in-person advocacy services. For more information please visit: cssnv.org | 1-800-273-8255

Welfare Check

A welfare check is a law enforcement contact with a person when there is a significant concern for their wellness or safety. Requests for welfare checks often originate from the person's family members, loved ones, significant others, close friends, employers or neighbors. If a citizen makes a request for a welfare check it is important that they provide information regarding the person's medical history, psychological history, substance use history, access to weapons, and any other circumstances surrounding the person that give rise to the concern for their wellbeing. If a welfare check is found to be warranted, the responding officers will use this information when determining which course of action is most appropriate. It is not unusual for a responding officer to call the requestor to obtain more information based on the unique circumstances of the call, so those requesting such checks should keep their phone nearby. Welfare checks do not give officers automatic authority to go into someone's house. If you believe a welfare check is needed, you may request one by contacting your local law enforcement.



Individual & Family Options to Support Those Experiencing Mental Illness CONTINUED

Mobile Outreach and Response

Mobile Outreach Safety Teams (MOST), Rural MOST, and Crisis Response Team (CRT)/ Mobile Crisis Response Team (for youth) are behavioral health outreach teams using mental health clinicians and, at times, law enforcement who engage individuals experiencing crisis due to mental illness and other substance use issues. Mobile Crisis Response Team (for youth) is available statewide, 24/7. MOST Teams are not yet available in all parts of Nevada. Please visit Nevada's Crisis Intervention Team training website at nvclit.org/find-support-in-crisis/ for more specific information on where these teams are located in Nevada.

Family Petition to Courts

NRS 433A allows for families to petition district courts for a pick-up order for an individual alleged to be in mental health crisis. There are some limitations to this option:

- Courts follow the same criteria for mental health crisis, described in NRS 433A.0175, as law enforcement and hospitals. Substance use is not criteria for detaining an individual.
- If the petitioner obtains a pick-up order, it is their responsibility to provide the pick-up order to law enforcement. Law enforcement staffing is limited in many areas, and this pick-up order may take time for law enforcement to carry out.
- This pick-up order is only to provide for assessment at the hospital.

Supported Decision Making

Nevada state law, NRS 162C, provides for a supported decision making agreement between an individual and the individual's supporter. A supporter can be anyone that the individual trusts, who will look out for the them and give them advice. A supported decision-making agreement is a tool that accommodates an individual with a disability by encouraging providers to support the decision making capacity of an individual with additional guidance from a trusted supporter, instead of discriminating against them. This keeps the individual at the center of all decisions and does not give away personal autonomy. For more information, please go to: www.nevadadddcouncil.org/supported-decision-making/

Guardianship

Guardianship is a legal process used to protect individuals who are unable to care for their own well-being due to disability or incapacity. A court may appoint a legal guardian to care for an individual who is in need of special protection. For more information, please go to: www.nevadadddcouncil.org/supported-decision-making/



PSYCHIATRIC ADVANCE DIRECTIVES (PAD)



Psychiatric Advance Directives are medical-legal documents that allow individuals with mental illness to:

- Advocate for their desired care on their own behalf and uphold core principles in the provision of health care such as the preservation of patients' rights of self direction and self-determination in guiding one's care.
- Direct providers of health care on how they wish their psychiatric care to be provided in the event that they are incapable of making decisions concerning such care or are incapable of communicating such decisions.
- Designate another person to make decisions on their behalf in the event they become incapable of making such decisions.
- You can find a copy of Nevada's Psychiatric Advance Directive at www.nrc-pad.org/states/nevada-forms/
- You can register your Psychiatric Advance Directive with the Advance Directive Registry at the Secretary of State's Office at www.nvsos.gov/sos/online-services/nevada-lockbox/about-advance-directive-registry. The Secretary of State is responsible for electronically storing and making available filed documents to the registrant and/or authorized entities by request in conjunction with the registrant's medical care. This central repository allows your psychiatric advance directive to be accessed by healthcare providers when you experience crisis.

Situations in which your PAD may not be taken into consideration:

Mental health providers may decline to follow your advance directives if:

- A) Compliance, in the opinion of the attending physician or other provider, is not consistent with generally accepted standards of care for the provision of psychiatric care for your benefit;
- B) Compliance is not consistent with the availability of psychiatric care requested;
- C) Compliance is not consistent with applicable law;
- D) You are admitted to a mental health facility or hospital pursuant to certain sections of the Nevada Revised Statutes that regulate the process of involuntary commitment to inpatient psychiatric facility, and a course of treatment is required pursuant to those provisions; or
- E) Compliance, in the opinion of the attending physician or other provider, is not consistent with appropriate psychiatric care in case of an emergency endangering your life or health, or the life or health of another person.

In the event that one part of the advance directive is unable to be followed, all other parts of the advance directive must still be followed.



What to Expect...



Below are some things that you can expect with a mental crisis hold.

WHAT CAN YOU EXPECT DURING THE 72 HOURS?

While at the medical facility, your healthcare team (doctors, nurses, social workers, etc.) will meet with you to determine your medical and mental health needs. They will also help you get to the appropriate treatment if you can't get it at their facility.

During your time, you will receive medical assessment based on your health needs that may include vital signs, diagnostic tests, labs, etc.

Many people will not need to go into an inpatient mental health hospital, but for those that do, the process can take anywhere from several hours to several days.

There are several factors that affect how long you stay at the hospital while waiting to get into an inpatient mental health treatment facility:

- Treatment of a critical medical condition or an infectious disease
- Injury
- Assessment of the cause of your crisis which may be due to a mental illness
- Referral to the appropriate treatment facility based on insurance and method of payment

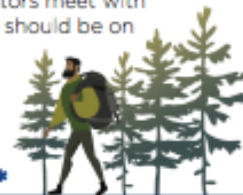
WHAT MAY HAPPEN DURING THE CRISIS HOLD?

- You may be discharged.
- You may opt to stay as a voluntary patient.
- The hospital may ask the court for an order to extend the hold up to an additional 180 days. This is called a court-ordered admission. (For the majority of people, inpatient hospitalizations are often brief, lasting an average of 5-7 days.)

THE COURT PETITION PROCESS

What you should know about the court petition process that extends the hold after 72 hours:

- When the healthcare provider petitions the court to extend the hold, the court will schedule a hearing within six judicial days, excluding weekends and holidays, and appoint an attorney to represent you or your loved one. During that time, your attorney will meet with you and determine if you are willing to stay in the hospital or if you want to challenge the hold.
- The court may have their doctors meet with you as well, to make sure you should be on the hold.



THE COURT PROCESS AND YOUR LEGAL RIGHTS*

Nevada law states that you have the following rights while going through the court process:

1. You have the right to a hearing and the right to be present at that hearing.
2. You have the right to an attorney, if you cannot afford to hire an attorney, one will be appointed for you.
3. The court will provide doctors, who will see if you meet criteria for inpatient mental health hospitalization, prior to your hearing.
4. At the hearing, the district attorney represents the state and will present evidence in support of the petition.
5. The court will hear and consider all relevant testimony including your perspective and the doctors' opinions.

8

*INFORMATION OBTAINED FROM NRS 433A.270- NRS 433A.290

The mental health crisis hold process is designed to keep you safe. With this in mind, your rights may be denied if your actions put the health and safety of you and those around you at risk.



PATIENT BILL OF RIGHTS: PART ONE

YOUR RIGHTS WHILE IN A HOSPITAL

1) Your Treatment

You have the right to be informed of the nature of your condition, proposed treatment or procedure, risks, benefits and prognosis and any continuing health care needs in terms you understand.

2) Participation in Your Treatment

You have the right to participate in the decision making process related to the plan of your care. You also have a right to participate in the discussion of ethical issues that may arise.

3) In the Least Restrictive Setting

You have the right to receive medical and psychiatric care and treatment in the least restrictive treatment setting possible, suited to meet your individual needs.

4) No Discrimination

You have the right to receive access to medical treatment or accommodations regardless of race, sex, creed, sexual orientation, gender identity, national origin, religion, disability, or sources of payment.

5) Right to Refuse Treatment

You have the right to refuse treatment as otherwise provided by law, and to be informed of the consequences of your refusal.

6) To be Informed

You have the right to be informed of the hospital's rules and regulations as they apply to your conduct.

7) Respectful Care

You have the right to receive considerate respectful care at all times and under all circumstances.

8) Communication

You have the right to effective communication with your health care team and other hospital members including being provided with an interpreter or other communication aides or services at no cost to you.

9) Patient Support and Advocacy

You have the right to know what patient support services are available, including patient advocates to assist with care coordination, quality of care concerns, and billing issues.

10) Access to Medical Records

You have the right to have access to your medical records according to hospital policy.

11) Cultural and Spiritual Practices

You have the right to have access to professionals to assist you with emotional and/or spiritual care. You also have the right to exercise your cultural values and spiritual beliefs as long as they do not interfere with others, or the planned course of medical care.

12) Grievance

You have the right to express concerns regarding any of these rights in accordance with the grievance process.

13) Advance Directive

You have the right to create a medical advance directive or a psychiatric advance directive (PAD) to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law.

14) Confidentiality

You have the right to expect that all communication, and records pertaining to your care are confidential, and will not be used or disclosed except as required or permitted by law.



PATIENT BILL OF RIGHTS: PART TWO

YOUR PRIVACY RIGHTS

The exchange of information for care coordination between your providers is important, however, the Health Insurance Portability & Accountability Act of 1996 (HIPAA) federal law protects your healthcare privacy rights as well as addresses security and privacy of health-related information.

- Your medical records, including treatment plans, are confidential and you have the right to control who is able to access your information except for special circumstances as discussed below.
- A patient must sign an authorization for the hospital to release information about your medical care to anyone including confirming or denying if someone is or was a patient.
- Listening carefully to family members may be all the staff is able to do during a phone call.

Family members are welcome to call the hospital at any time to share information with an employee. An employee will not share information and/or provide an update to the family member unless the patient has signed an authorization allowing disclosure of information to that person.

PLEASE NOTE: If you are a parent of a patient under the age of 18 or a legal guardian of a patient, you always have the right to receive information.

Patients often change their minds and sign an authorization one day and revoke it the next which means that contact with family members could change within 24 hours. Patients retain their right of choice even in cases where family disagrees. In cases where patients and families disagree or oppose, patient rights and choices override family preferences and directives.

YOUR RIGHTS REGARDING YOUR HEALTH CARE INFORMATION

You have the right to...

- Inspect and copy your medical records
- Amend the information
- Request a summary of who has been provided your health information
- Request restrictions on who can receive your health information
- Request confidential communication
- Receive a paper copy of the Notice of Privacy Practices



Patient Rights & Nevada Law

YOUR LEGAL RIGHTS IN AN INPATIENT MENTAL HEALTH FACILITY*

1) Legal

You have the right to retain and consult with an attorney at any time. Also, you have the right to request a court hearing if you think you are being wrongly held. The court will decide whether or not your mental health crisis hold should be removed.

2) Right to Be Informed

If you are in a psychiatric facility, you have the right to receive a copy of the facility's admission and discharge criteria.

3) Second Opinion

You have the right to receive a second evaluation from a psychiatrist or psychologist who does not have a contractual relationship with or financial interest in the facility.

4) Clothing and Personal Items

You have the right to wear your own clothing and keep personal items, including toilet articles, unless those articles may be used to harm yourself or others.

5) Personal Storage

You have the right to have access to storage for private use.

6) Visitors

You have the right to see visitors during regular visiting hours.

7) Telephones

You have the right to reasonable use of telephones, including making and receiving confidential calls.

8) Letters

You have the right to access materials for writing letters, including stamps, and to mail and receive unopened correspondence with some exception noted in NRS 433.482. This does not include packages.

9) Language Interpreter

You have the right to have reasonable access to an interpreter if you do not speak English or are hearing impaired.

10) Coordination with Family and Friends

If you sign a release of information form, you have the right to designate a person for the facility to share your medical and mental health information. Otherwise, your information will not be shared with others and will remain confidential (except as permitted or required by law).

11) Informed Consent

You or a parent or guardian (for minors under 18 years of age) have the right to review your treatment plan, including reasonable risks, benefits and purposes of the treatment. This includes any treatment alternatives available. You must provide a signature consenting to the agreed upon treatment plan. You can also withdraw your consent.

**Information obtained from Nevada Revised Statute 433.*



FREQUENTLY ASKED QUESTIONS



WHAT CAN I EXPECT FROM TREATMENT?

Treatment starts with the evaluation of the situation directly related to the admission, the gathering of patient history, and diagnosis evaluation. Patients work on developing the life skills and coping strategies appropriate for their illness and circumstances, which they will need to continue to use after discharge. The more a patient and their support system is engaged in treatment and embracing new ways of doing things, the more successful treatment can be.

WHAT IS A TYPICAL DAY LIKE?

Each day, patients follow a structured schedule that may include group and/or individual therapy, recreational activities, treatment plan meetings, family sessions, and private time for reflection and working on written assignments. Each patient is seen regularly by a psychiatric provider (psychiatrist and/or advanced practice psychiatric nurse and/or physician assistant).

ARE FAMILIES EXPECTED TO BE INVOLVED?

Yes! It is extremely important that family members participate in treatment. Family members are essential members of each patient's treatment team and family support assists in healing. It is also very helpful for families to understand and participate in the discharge and aftercare plans. Once discharged, if you notice any changes in behavior or the safety level of your loved one, please call the treating provider and make them aware of your concerns immediately.

HOW CAN I OBTAIN UPDATES ON MY FAMILY MEMBER'S STATUS IN TREATMENT OR IN THE HOSPITAL?

In order for you to obtain information about the status or condition of your loved one, the patient must sign a release that allows the hospital to share their information with others. Some hospitals in Nevada have attempted to make this process easier by providing patients with codes that family members can use to see if the patient is currently hospitalized. Codes may be words or a short combination of numbers that lets the provider know that your family member of loved one shared it with you and that they support you getting updates and other information about their progress.

WHAT IF I DON'T HAVE INSURANCE TO PAY FOR TREATMENT?

There are several options for those who do not have insurance but need mental health treatment. A hospital social worker or staff person will work with you to ensure you get the care you need.

The following options are available so you can get treatment:

- Many individuals are eligible for Medicaid, which after an often quick enrollment process, will allow you to access private hospitals offering inpatient mental health services.
- If you are ineligible for Medicaid and do not have insurance, the State of Nevada operates two psychiatric hospitals (Northern Nevada Adult Mental Health Services (NNAMHS) in Reno and Southern Nevada Adult Mental Health Services (SNAMHS) in Las Vegas) that provide services for individuals without insurance. However, these state hospitals are considered to be "safety net" services and could take several days before you could be admitted due to limited bed availability.



FAQ

Planning for Discharge & Advocating for Your Care

PLANNING FOR DISCHARGE

What to expect:

- A discharge planner, who could be a social worker, nurse, or other hospital staff, will meet with you within the first 24 hours of your stay to discuss your goals, preferences, and needs to begin developing a discharge plan to leave the hospital. Your provider overseeing your care will also be involved in making sure that this plan is aligned with your goals for care and treatment.
- If your plan changes during your stay, you can meet with your discharge planner to reassess and change the plan as needed.
- The following elements will be used to develop your plan and connect you to providers who can support you after discharge:
 - Your diagnosis
 - Medical issues and past medical history
 - Ongoing needs after discharge
 - Any risk for needing to be admitted again
 - Your social, family, psychological, employment, food, housing and transportation needs
 - Communication needs, language barriers, diminished eyesight or hearing, literacy
- When your discharge planner meets with you, they will help you select a provider and can give you information on the provider's quality of services.
- You and your caregiver (if you have one) will be involved in the development of your discharge plan and will be notified of your final plan so you can prepare for after discharge.

HAVE A CONCERN ABOUT YOUR CARE?

All hospitals strive to provide the best care possible, however there may be times when you are not satisfied with the care you are receiving. The following actions can help in these situations:

- If you believe your rights have not been observed, discuss your concern with any staff member in person and/or in writing.
- Request to speak to a patient advocate at the hospital, who can help you navigate the hospital's complaint and grievance process. This person serves as an advocate for those admitted to the hospital. The patient advocate is available to both you and your family, assisting in clarifying information, supporting your rights and connecting people to the right resources. The patient advocate can help with grievances and also can pass along compliments regarding your rights and the quality of care and service at the hospital.
- If you have a concern about your rights, you may discuss your concerns with your attorney.



NEVADA LAWS THAT APPLY TO MENTAL HEALTH CRISIS

To read the specific laws, please visit:
www.leg.state.nv.us/NRS/NRS-433A.html

Thank you to the Northern Regional Behavioral Health Policy Board for their leadership and support in clarifying and standardizing the mental health crisis hold process in the 2019 Nevada legislative session through AB 85. This document was prepared by the Statewide Mental Health Workgroup, a multidisciplinary group composed of law enforcement, courts, hospitals, healthcare providers, peers and family members, and treatment providers across Nevada, and was facilitated by the Northern Regional Behavioral Health Coordinator. A special thanks to the Statewide Mental Health Crisis Hold Workgroup for their work on developing and supporting language and ideas for AB85 and ongoing development of education on mental health crisis holds.

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15



Navigating Your Way

THROUGH A MENTAL HEALTH CRISIS HOLD IN NEVADA

You or a loved one may be held in a hospital, crisis center, or psychiatric hospital without your consent if you are believed to be a danger to yourself or others. Learn what this means for you and your loved one.

WHAT IS A MENTAL HEALTH CRISIS HOLD?

A mental health crisis hold, also known as a "legal hold" is a brief period of time in which a person who appears to be at risk of harming themselves or others due to mental illness, can be held involuntarily for up to 72 hours.

WHEN IS A MENTAL HEALTH CRISIS HOLD USED?

This detention, called an "emergency admission" in Nevada Law, is placed when on a person who appears to be a risk of harming themselves or others due to mental illness.

WHO CAN PLACE A MENTAL HEALTH CRISIS HOLD?

The following individuals can put someone on a mental health crisis hold:

- Authorized Law Enforcement
- Physician
- Physician Assistant
- Psychologist
- Marriage and Family Therapist
- Certified Professional Counselor
- Social Worker
- Registered Nurse
- Advanced Practice Registered Nurse

WHERE IS ONE TAKEN ON A MENTAL HEALTH CRISIS HOLD?

If you are placed on a hold, you will be taken to a hospital or crisis center for evaluation. Once evaluated by a healthcare professional, you may be discharged or transferred to an inpatient psychiatric unit.

WHY WAS I OR MY LOVED ONE PLACED ON A MENTAL HEALTH CRISIS HOLD?

A person may be held if there is a *substantial likelihood of serious harm to himself/herself or others due to mental illness*, and if, without care or treatment, is at risk of:

- Attempting suicide
- Homicide
- Causing bodily injury to himself/herself or others
- Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety

HOW LONG DOES A MENTAL HEALTH CRISIS HOLD LAST?

A mental health crisis hold or "emergency admission" lasts for 72 hours. If, at the end of the 72 hours, the healthcare provider overseeing your care believes you need additional treatment to address your mental health crisis, they may petition the court for a court ordered admission to extend the hold.

For more information, or to download the full mental health crisis brochure, visit:

nvcit.org