

ARE YOU A VOLUNTEER WITH A CLIENT WHO HAS BEEN HOSPITALIZED AT A MENTAL HEALTH FACILITY? HERE'S WHAT YOU NEED TO KNOW:

YOUR CLIENT MAY BE MAY BE ADMITTED TO A LOCKED PSYCHIATRIC FACILITY IN AN EMERGENCY SITUATION.

- This is referred to as an “acute admission” and usually occur when the client’s behavior is out of control, such that the client is an immediate threat to themselves or others, and the behavior cannot be managed through crisis intervention. The child is taken to an emergency room (sometimes by ambulance) which then, in turn, sends the child to a mental health facility with an open bed after the child has been cleared medically. Practice Pointer: Youth are commonly admitted for threats of self-harm, such as disclosing a plan to commit suicide, or physically damaging property to the extent that the client injures themselves or a bystander. CAP Attorneys are not formally notified about the incident until after the client is admitted to the psychiatric facility.
- Spring Mountain Treatment Center, Desert Parkway Behavioral Health Hospital, Seven Hills Behavioral Health Hospital, and Southern Hills Hospitals are the local mental health facilities which take foster youth. Your client will be evaluated by a facility psychiatrist. Each hospital holds weekly Treatment Team Meetings to discuss how the youth is doing, whether the youth is participating in group or individual therapy, whether medication is needed, and to develop a plan for discharge. The DFS Clinical Team and the District Attorney’s Office send email notices to attorneys and caseworkers regarding the admission and the date and time of the next Treatment Team Meeting. Practice Pointer: These TTM’s are an invaluable opportunity for a CAP Attorney to learn directly from the psychiatrist about the client’s diagnosis, treatment plan and discharge. CAP Attorneys usually have the most knowledge about the client’s home, past trauma, and goals, making the TTM a perfect time for the CAP Attorney to provide relevant knowledge to the mental health providers.
- If your client remains in a locked facility for more than five business days, DFS must file a Mental Health Petition, pursuant to NRS 432B.7075, which supported by a physician’s certificate.
- Judge Sullivan conducts mental health hearings on Thursdays at 1:00 pm in Courtroom 9. CAP Attorneys appear and verbally respond to the petition on behalf of the child. Judge Sullivan will review the petition weekly until the child is released.
- The court must find by clear and convincing evidence that the child’s behavior is likely to cause harm to the client or others if the client doesn’t remain in such a facility. Less restrictive alternative courses of treatment must be explored and found insufficient. (NRS 432B.6076(2)). Practice Pointer: Generally, hearings on acute admissions are informal, with both DFS and CAP providing information about the incident, treatment and client’s wishes. Since acute admissions are, by definition, meant to be short, it is not uncommon for the matter to be continued one or two weeks while the client is waiting to be discharged.

IF YOUR CLIENT HAS BEEN ADMITTED TO A LOCKED PSYCHIATRIC FACILITY, HERE'S WHAT YOU SHOULD DO:

- Go visit your client. After you receive notice of the admission, contact the caseworker to ensure you are on the client's call and visitor list. Calendar and attend the treatment team meeting.
- Watch for potential disruption of your client's placement. Some foster parents are reluctant to have a child return after violent behavior. Ask questions about what services can be added to help the client in the home.
- Be wary of conversations about placement at a Residential Treatment Center (RTC). These start during the third acute hospitalization, and involve the admission of a child at a facility, usually out of state, from 3 months to one year.
- The DFS will request an order placing a youth at an RTC on a separate mental health petition. These are different from the initial mental health petition, in that the petition is supported by an affidavit/letter from treating psychiatrist recommending long-term residential placement and explaining the reasons why nothing else will work.
- Your client has a right to a second opinion from a physician who is not connected to the doctor who made the original recommendation. Practice Pointer: The client will be examined by the physician preparing the second opinion, but that physician may not receive all of the pertinent information prior to writing the opinion. Before the hearing, you should identify all the facts which support a less restrictive placement, and review those with the physician issuing the second opinion.
- Any order granting admission to an RTC must be renewed after 90 days.
- NRS 432B.6079 contains a list of factors for the court to consider when faced with a request for admission to an RTC; this list includes the client's wishes. Practice Pointer: Your client is always welcome to testify about their wishes regarding RTC admission.
- Even if the client agrees to go (and the second opinion and evidentiary hearing are not needed), the CAP Attorney should still utilize the proceedings as an opportunity to advocate for the client to remain connected to family and the community.

STILL HAVE QUESTIONS? WE ARE HERE TO HELP:

- Call or email our Pro Bono Project CAP Liaison: Carmen Ramirez, (702) 386-1551 or cramirez@lacs.org with questions or to connect with your Mentor.
- Check out the resources on our website: <http://www.lacsprobono.org/resources-and-training/childrens-attorneys-project/>.
- Call or email your mentor. Don't know who your mentor is? Email our Prop Bono Project CAP Liaison Carmen Ramirez for a virtual introduction: CRamirez@lacs.org.
- Keep an eye out for a lunchtime CLE.