

# CASA Day In: Mental Health Hospitalizations and Residential Treatment Centers

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 *of Southern Nevada*

# Two Types of “Hospitalizations”

- Acute psychiatric hospitalizations
  - An emergency admission to stabilize a child and prevent harm to self or others.
  - Typically a relatively short stay (2 weeks or less).
- Placement in a residential treatment center (RTC)
  - Living in a locked treatment setting to receive longer-term care.
  - Typically at least 90 days, often much longer.

# Acute Hospitalizations – Where?

- Local Acute Hospitals for Youth:
  - Desert Parkway Behavioral Healthcare Hospital (Special Needs Unit)
  - Desert Willow Treatment Center
  - Desert Winds
  - The Pavilion at Southern Hills Hospital
  - Seven Hills Hospital
  - Spring Mountain Treatment Center
  - Reno Behavioral

# Acute Hospitalizations – Court Process

- If a child is admitted to a locked facility on an emergency basis and remains there more than 5 judicial days, the Department of Family Services (DFS) must file a Mental Health Petition.
- Filing of a Mental Health Petition (case number – M1, M2, etc.) results in a hearing on the next Thursday's Mental Health Calendar.
- Mental Health Court is every Thursday at 2:00 before Judge Gibson.
- DFS Clinical will provide an update on the youth and all parties may share updates and concerns with the Court.
- Case will be reviewed weekly until the child is released.

# Acute Hospitalizations – The Law

- NRS 432B.607-.6085 (*amended slightly last session and not yet updated on legislative page*)
- After 5 judicial days DFS must file the MH Petition supported by a certification from a treating professional alleging the youth is emotionally disturbed, in a mental health crisis, and presents a substantial likelihood of serious harm to herself or others if discharged because of the emotional disturbance.
- Court must find by clear and convincing evidence that the child has an emotional disturbance, is in a mental health crisis, and presents a substantial likelihood of serious harm to herself or others if discharged.
- Release required when the youth is no longer acute.

# Acute Hospitalizations – Advocacy Tips

## ■ Visit the Youth

- Get the code and make sure you are on the call/visitor list.
- Call/email ahead.
- Understand what lead to the admission & if the youth wants to stay.

## ■ Attend Treatment Team Meetings (TTM)

- Usually weekly, by phone/video, and sometimes with little notice.
- DFS Clinical always attends.
- Where medication changes, discharge planning, and recommendations for RTC are discussed.
- Psychiatrist is often just meeting the youth and typically has very little history compared to team members.

## ■ Advocate for Appropriate Discharge Plan

- Return to a placement, not Child Haven.
- Stepdown to Partial Hospitalization Program (PHP).
- Re-entry meeting with the school.

# Residential Treatment Centers – Where?

## ■ In State vs. Elsewhere:

- In Nevada: Desert Willow Treatment Center, Sunarch (FKA Desert Winds)
- Out-of-State examples: Provo Canyon (UT); Mill Creek (AR), Copper Hills (UT); Jasper Mountain (OR), etc.

## ■ General vs. Specialized Programming:

- Neurodevelopmental disabilities (example: Texas Neuro)
- Juvenile sex offenders (example: Turning Point)
- Substance abuse
- Eating disorders

# Residential Treatment Centers – Court Process

- If a treating professional recommends placement in RTC, DFS must file a petition, attaching a letter from the treating professional.
- Filing of a Mental Health Petition (case number –M1, M2, etc.), separate and apart from any acute petition that might be pending, results in a hearing on the next Thursday's Mental Health Calendar.
- Mental Health Court is every Thursday at 1:30 before Judge Gibson.
- Issue is rarely resolved at the initial hearing on the RTC Petition and is often continued out a week or a few weeks.
  - CAP often needs to discuss with the youth.
  - Youth is entitled to a second option.
  - Youth is entitled to an evidentiary hearing if she disagrees with the recommendation.
- If youth agrees to go or the Court decides to send youth after evidentiary hearing, the Court enters an order for admission which initially expires at the end of 90 days.
- Court typically holds status checks every 30 days, monitoring the youth's progress and typically having the youth participate via video.



# Residential Treatment Centers – The Law

- NRS 432B.607-.6085 (*amended slightly last session and not yet updated on legislative page*)
- The Petition must allege that a child is emotionally disturbed and, as a result, presents a substantial likelihood of serious harm to herself if allowed at liberty and cannot be treated effectively in a less restrictive setting.
- Youth has a right to an independent second opinion
  - Requested by CAP if youth opposes RTC.
  - Arranged by DFS Clinical.
  - Must be completed by an independent physician, psychiatrist, psychologist, or advance practice registered nurse with psychiatric training and experience.
  - Must be completed within 45 days.
- If the matter goes to trial, the DA must prove by clear and convincing evidence that the youth: 1) is a child with an emotional disturbance; 2) as a result, presents a substantial likelihood of serious harm to herself or others if allowed at liberty; and 3) cannot be treated in a less restrictive environment that is appropriate for the child.

# Residential Treatment Center – Advocacy Tips

- Youth's ability to maintain in out-patient setting during pendency of petition process is hugely important.
- Evaluator doing the second opinion will consider input from DFS. Should also be open to input from CAP and CASA.
- Ensure less restrictive alternative placements and necessary supportive services have been explored.
  - Can the current/previous placement be preserved with additional supports and services?
  - What other services have been recommended? Provided? For how long? Has there been continuity of care?
  - Has an Intensive Outpatient Program (IOP) or a Partial Hospitalization Program (PHP) been tried?
  - Have other higher levels of care like QRTP and unlocked PRTF been tried?

# Detour: Placement Continuum

- Advocating for Appropriate Placements/Understanding the Continuum of Placement Options and Specialized Settings
  - Home
  - Relatives/Fictive Kin
  - Foster care
  - Higher Level of Care (HLOC) Placements & Desert Regional Center (DRC) Homes: 180 Wellness, Advanced Foster care, Apple Grove, Bamboo Sunrise, Eagle Quest, SAFY, New Vista, etc.
  - Qualified Residential Treatment Programs (QRTPs)
  - Psychiatric Residential Treatment Facilities (PRTFs): Oasis, North, Enterprise, Aurora Healing Center, Moriah, *Silver State ICF for IDD*
  - Residential Treatment Centers (RTCs)

# Detour: Placement Stabilization

- Avoiding the Child Haven/Hospital/Detention Cycle
  - Strategies for Advocacy – Protocols
    - Ensure appropriate assessments have been done and recommendations are being followed.
    - Reach out to DFS/DA to try to resolve placement concerns. Request a Child and Family Team Meeting (CFT).
    - Try to work with one of the attorneys on the case to put the matter on calendar (by Stip & Order, Motion to Place on Calendar, Motion for LRE, Motion for Immediate Appropriate Placement).
    - Escalate: Request frequent status check hearings with increasing levels of DFS supervisors/management present.
    - Considering setting for multidisciplinary/multiagency staffing.

# Residential Treatment Centers – Renewal Orders

- Initial order for admission automatically expires at the end of 90 days unless the child is discharged sooner or DFS files a Renewal Petition.
- If the youth is not ready for release, the Renewal Petition will set forth specific reasons why further treatment in the facility is needed, with a report from the treating professional.
- The court applies the same standard for renewal as it did for the original petition and makes its findings by clear and convincing evidence.
- Typically renewals are for 60-day increments unless otherwise specified.

# Residential Treatment Centers – During Treatment

- Closely monitor the youth's progress and well-being:
  - Participate in regularly TTMs (usually at least monthly; DWTC = weekly).
  - Schedule phone/video visits often.
  - See the youth in person if possible; explore Medicaid funding for out-of-state travel.
  - Request copies of incident reports in real time.
  - Have youth available by video for monthly status check hearings with the Court.

# Residential Treatment Centers – During Treatment

- Start discharge planning on the day of admission:
  - Review statutory requirements for both child welfare and education (NRS 432B.6081 & NRS 432B.60847).
  - Ensure the Educational Decision Maker (EDM) is in close contact with the facility regarding educational progress and needs, and is coordinating with the home school.
  - If a placement resource upon discharge is known, ensure the placement is included in the process (family therapy, TTMs, etc.).
  - Keep the Court involved in the process at the monthly status checks.
  - As discharge approaches, ensure arrangements are made for step-down and wrap-around services.

# Residential Treatment Centers – A Word of Caution

- An estimated **38%** of youth discharged from psychiatric treatment centers nationally are readmitted within one year of discharge, with over half readmitted within 90 days.  
*Sarah E. Otterson, et al. (2021)*
- The potential negative impacts on youth by lengthy RTC stays should not be underestimated.
- A recent North Carolina study of PRTFs support the idea that:
  - RTCs may be over utilized for youth in FC to provide structured placement options
  - Youth are removed to access MH treatment when needs exceed families' capabilities
- Key findings from the NC study:
  - About 1/3 of youth discharged later returned to a PRTF, typically within 18 months.
  - Use of community-based services before/after care was surprisingly low: Only 50% had prior family therapy, 69% individual therapy and 42% prior to residential treatment.
  - Average age at admission: 14 / Average length of stay: 111-131 days.
  - Less than 1% (9000) of kids 6-17 in NC are in FC, but kids in FC constitute 26-42% of RTC placements.
  - RTCs are big business: 5 year expenditures for RTC placements (2018-2022) was \$557 million.



# Thank You for Attending!

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