

## Objectives and Issues Identified by Statewide L2K group for NRS 433a

9.12.18

### **Overview:**

NRS 433A.120 lists out three types of admission:

1. Voluntary admission
2. Emergency admission
  - Legal 2000s generate emergency admissions. Emergency admissions are usually made without court authorization, but there is a statutory provision for obtaining a court order requiring “Any peace officer to take a person alleged to be a person with mental illness into custody to allow the applicant for the order to apply for the emergency admission of the person for evaluation, observation and treatment.” NRS 433A.160(1)(b). This is basically the court’s version of an L2K.
3. Involuntary court-ordered admission.
  - Involuntary admissions are reliant on the court process. NRS 433A.200.

### **Objectives:**

1. Clarify the emergency admission process
2. Modifying the involuntary court-ordered admission protocol
3. Identifying needed regulations for admissions under NRS 433A

### **Neutral issues:**

1. Stigmatizing language:
  - Change “person with mental illness” to person in mental health crisis
  - Process for extending hold should be more clearly defined (**regulation**)
2. Behavioral health transport
  - Adding behavioral health transport language
3. Continuity of Care
  - Clarifying language that allows providers to exchange information aligned with HIPPA and confidentiality law during crisis
4. 433a language clean up
  - Cleaning up NRS so that it is comprehensive, and easy to read and understand

## **Objectives and issues on which consensus is needed**

### Pre- admission

- Multiple holds or keep one 72-hour hold? (i.e. 24-hour law enforcement hold, 24-hour physician hold)

### Hospital:

- When does 72-hour clock start?
- Multiple clocks versus one clock: Legal hold 72 hours, 48 hours, 24 hours
- Mandated reporting for legal holds
- Define medical clearance (through regulation?)
- Court ordered involuntary medication (through regulation?)
- Aligning mutilation with risk to self or other's (through regulation?)
- Lack of oversight with legal hold, and patients inappropriately staying on holds due to liability issues

### Court:

- Add "independent" to 433.240 "the court shall promptly cause two or more physicians, licensed psychologists or advance practice registered nurses who have the psychiatric training."
  - a. NRS 433A.250- Evaluation teams
  - b. NRS 433A.260- Court proceedings to be paid by county of origin
- Extending time from 5 to 6 days for scheduling court hearing for petitions for involuntary court ordered admission
- Separate AOT from "Involuntary Court Ordered Admissions", and add court ordered "Assisted Outpatient Treatment" protocol

### Other supporting initiatives to prevent/ divert holds:

- Assisted Outpatient Treatment
- Assertive Community Treatment
- Implementation of Psychiatric Advance Directives
- Psychiatric Assessment/ Medication management via telehealth
- Develop working continuum of care through HIE
- Dementia Court
- State dementia Facility
- Impact of rural population on urban centers and effects

