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Clark County Family Services
Policy

SUBJECT:
Children's Mental Health Acute Care

Effective Date	Amendment Number	Amendment Effective Date
June 12, 2017	1	October 2, 2025

SCOPE:
To provide clarity for Clark County's Family Services' response to children being served by the agency who are in need of mental health acute care and support.

SPECIFIC LEGAL and OTHER REFERENCES:
NRS 432B

PROGRAMS IMPACTED:
Child Haven
Emergency Response Team
Nevada Initial Assessment
Permanency
Placement

SUMMARY OF CHANGES:
Adds procedures to involve Educational Decision Maker, and help meet child's educational needs.
Clarifies expectations for filing of Mental Health Petitions with the court.
Updates collaboration with Clark County Clinical and Community Services.

DEFINITIONS:
For a list of acronyms and a glossary of terms used throughout CCFS, refer to Acronyms and Glossary located on DFSNet.

FORMS, PUBLICATIONS, AND INSTRUCTIONAL DOCUMENTS:
Child Placement Request and Well-Being Information (in UNITY)
Children's Rights when in a Psychiatric Facility (FPI Library)
Mental Health Petition Request (in UNITY)
Placement and/or Movement Form (in UNITY)

POLICY:

A. General Acute Care Support

1. Clark County Family Services' (CCFS) partners with Clark County Clinical and Community Services (CCCCS) to provide support to children, CCFS Specialists, and caregivers for children who have been admitted to psychiatric facilities.
2. Acute care refers to emergency admission of a child with an emotional disturbance for temporary treatment with the goal of stabilizing the child to safely return to the community.
3. The clinical care and overall well-being of CCFS children admitted to an acute care treatment facility are monitored by a CCCCS.

a. CCCCS does this by participating in the child's treatment team, treatment team meetings, and includes case consultation, assistance with discharge planning, and linkages for treatment follow-up at discharge.

4. CCCCS provides intensive, time-limited assistance to the assigned NIA and/or Permanency Specialist while the child is in acute care.
5. Parents, the NIA and/or Permanency Specialist, or a CCFS representative may consent to the emergency admission of children under Court jurisdiction to a psychiatric facility.
    a. When acute admission is necessary, the CCFS preference is for parents to consent to admission. If parents are unable or unwilling to consent to admission, the NIA and/or Permanency Specialist, or CCFS representative may consent to the emergency admission.
6. Children whose emergency admission into an inpatient psychiatric facility that may continue beyond five (5) calendar days must be referred to mental health court for judicial oversight pursuant to NRS 432B.6075.

B. Coordination and Oversight during Acute Hospitalization

1. CCCCS provides the following to support the coordination and oversight of treatment for hospitalized children:
    a. Assist with gathering information
    b. Treatment monitoring
    c. Address potential barriers and concerns
    d. Discharge planning
    e. Termination of acute care clinical oversight
2. The goals of these activities are to ensure that the child has their clinical needs met, that discharge is conducted successfully and timely, and to plan for the successful transition to community-based care at discharge.

C. Discharge Planning

1. Clear, documented support is required for ongoing acute hospitalization. Once the medical necessity is resolved, the child's right to be in the least restrictive setting prevails.
2. Immediately upon the child's admission, the NIA or Permanency Specialist, in conjunction with their Supervisor, CCCCS, and the hospital facility, must begin discharge planning. This includes:
    a. Determining whether the child can be safely discharged to their placement setting and, if not, identifying suitable alternatives.
    b. Identifying any new or continued clinical services that are necessary following the child's discharge.
    c. Identifying and enlisting any supports the placement needs in order to manage the child's care.

D. Case File

1. CCCCS maintains a case file of pertinent information regarding treatment history, contacts regarding current treatment needs, contacts to/from collateral providers, and provisions for follow-up treatment once the child/youth is discharged.
2. CCFS continues to maintain the Child Welfare case file.
3. Specific information obtained from each treatment team is recorded in the case file.

Abigail Frierson, Interim Director
Clark County Department of Family Services

September 23, 2025
Approved Date