

SOUTHERN NEVADA COMMUNITY HEALTH CENTER DISTRICT-WIDE POLICY

DIVISION:	FQHC	NUMBER(s):	CHCA-005
PROGRAM:	Behavioral Health	VERSION:	1.03
TITLE:	Behavioral Health Crisis Event and Security Communication Policy and Procedure	PAGE:	1 of 5
		EFFECTIVE DATE:	Click or tap here to enter text.
DESCRIPTION:	Process for handling Behavioral Health (BH) patients experiencing a mental health crisis and/or in need of immediate need of inpatient treatment.	ORIGINATION DATE:	8/29/2022
APPROVED BY:		REPLACES:	
CHIEF EXECUTIVE OFFICER - FQHC		Version 2 – dated 11/18/2025	
Randy Smith, MPA		Date	

I. PURPOSE

To provide timely and appropriate response in the event of an immediate behavioral health crisis or security need in Behavioral Health (BH) or medical Clinic when a BH patient is interacting with a member of the clinical staff or BH team. To streamline communication between BH or medical staff and Security to ensure safety for BH patients and all staff members.

II. SCOPE

Applies to workforce members that provide Behavioral Health and clinical services to individuals/groups at Southern Nevada Community Health Center (SNCHC).

III. POLICY

The SNCHC is committed to providing a timely and appropriate response to SNCHC BH patients in need of immediate medical care or attention due to a behavioral health crisis.

IV. PROCEDURE

A1. Patient in Crisis with BH Provider Present

1. This emergency does not fall under Responding to Medical Emergencies Policy (CHCA-021). The patient is experiencing a mental health crisis and is in immediate need of inpatient treatment/higher level of care. The patient presents as non-disruptive and has had a conversation with the mental health provider that they are willing to go to the hospital.
 - a. BH Provider will remain with the patient and call extension 1130 to alert security of the behavioral health crisis and that emergency personnel will be called to respond
 - b. BH Provider will call 911.
 - c. BH Provider will remain with the patient, and text/call CHN Manager. BH Provider will leave door cracked open for when Security Personnel arrive.
 - d. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
 - e. Security Personnel will direct emergency personnel to the location. Upon arrival of emergency personnel, BH Provider will provide the necessary information pertaining to the crisis.
 - f. BH Provider/Team will contact designated family and/or significant others, if applicable (with appropriate release of information forms signed) and provide the necessary information about transport and admission. BH provider will document in the patient record relevant clinical information. BH provider will complete FQHC Incident Report and alert Medical Director of the incident.
 - g. BH Team/provider will conduct a debrief/safety huddle with all appropriate parties in order to support safe and effective behavioral health services.
 - h. BH Provider will follow-up with patient as clinically appropriate.

A2. Patient in Crisis with Medical Provider Present

1. This emergency does not fall under Responding to Medical Emergencies Policy (CHCA-021). The patient is experiencing a mental health crisis and is in immediate need of inpatient treatment/higher level of care. The patient presents as non-disruptive and has had a conversation with their medical provider that they are at risk of harming themselves and/or others and are willing

to go to the hospital.

- a. Medical provider/M.A. to Teams BH integration staff member to meet with the patient.
- b. BH Provider will remain with the patient and call extension 1130 to alert security of the behavioral health crisis and that emergency personnel will be called to respond
- c. BH Provider will call 911.
- d. BH Provider will remain with the patient, and text/call CHN Manager. BH Provider will leave door cracked open for when Security Personnel arrive.
- e. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
- f. Security Personnel will direct emergency personnel to the location. Upon arrival of emergency personnel, BH Provider will provide the necessary information pertaining to the crisis.
- g. BH Provider/Team will contact designated family and/or significant others, if applicable (with appropriate release of information forms signed) and provide the necessary information about transport and admission. BH provider will document in the patient record relevant clinical information. BH provider will complete FQHC Incident Report and alert Medical Director of the incident.
- h. BH Team/provider will conduct a debrief/safety huddle with all appropriate parties in order to support safe and effective behavioral health services.
- i. BH Provider will follow-up with patient as clinically appropriate.
- j. If BH Provider is not able to be present, medical provider to complete the Mental Health Crisis Hold Packet and follow the steps above to engage 911, Security Personnel, etc.

A3. Crisis response for those not established with BH and/or the health center

- a. When a person presents to SNHD/SNCHC who is not a current patient of BH, and who is not receiving medical services in the clinic, and is a safety risk to themselves/others, staff member present to contact security for further response needed.
- b. When a person calls SNHD/SNCHC who is not a current patient of BH, and who is not receiving medical services in the clinic, and is a

safety risk to themselves/others, staff member present to establish address/location of the caller and contact 911, keeping the caller on the line.

B. Use of Panic Button During a BH visit

- a. If a **BH** patient presents as disruptive/aggressive and is a safety risk to themselves/others, the BH Provider will activate the panic button.
- b. Security Personnel and CHN Manager will receive the following text message. "Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at (location name). Please take appropriate measures."
- c. Security Personnel will respond to the location and manage the environment.
- d. Security Personnel will attempt to deescalate the situation. If necessary, BH provider will call 911. Should a patient meet criteria for a mental health crisis hold, the form will be completed by the licensed mental health BH provider and given to emergency personnel for transport. A copy of the form will be scanned into the patient record. In addition, the BH provider will document in the patient record any additional relevant clinical information. If the patient is a minor, attempts to obtain consent from their parent or legal guardian will be made by the BH provider and will be documented in the patient's record.
- e. BH Provider will follow-up with patient as clinically appropriate. BH provider will complete FQHC Incident Report.

C. Communication between BH/security

- a. Regular communication will be established between BH and Security Personnel by way of morning daily huddles (as needed) should there be any known patient concerns who are scheduled for the day or as needed throughout regular business hours to discuss any concerning trends in the clinic pertaining to BH patients, staff, etc.
- b. When panic button is not needed, but "mild" security presence is requested, BH provider to call extension 1130 and state "Have you seen the green folder? I believe it's in room 1."

ACRONYMS/DEFINITIONS

Not Applicable.

REFERENCES

Not Applicable.

DIRECT RELATED INQUIRIES TO

Behavioral Health Manager

ATTACHMENTS-FORMS-TEMPLATES

Attachment 1, CHCA-005 ATT-1, FQHC Incident Report

Attachment 2, CHCA-005 ATT-2, Nevada Mental Health Crisis Packet for Adult and Minor

HISTORY TABLE

Table 1: History

Version No.	Effective Date	Change Made
Version 3		1. Formatted to current template. 2. Updated the description. 3. Updated section A under procedures (A1 and added A2 and A3) to apply to medical and BH staff.
Version 2	11/18/2025	1. Under BH Crisis Emergency, added instructions for Security Personnel (1-c) and Medical Director involvement (1-f).
Version 1	06/18/2024	1. Updated policy name. 2. Revised content as appropriate and updated the procedure.
Version 0	08/29/2022	First issuance