

Human Rights Manual & Complaint Process Training

Employee/Provider Name: _____

Provider Agency: _____

I acknowledge that I have received and reviewed the following information:

1. I understand that it is my responsibility to ensure the wellbeing and human rights of the individuals that MDS and Provider Agencies support.
2. I have been provided with the MDS Incident Reporting Guidelines and expectations. I understand the need to report incidents in a timely, accurate and complete manner and am aware of where/how to access the Incident Reports.
3. I have been provided with Mandated Reporter Information, including the BDS Human Rights Complaint Process as well as BDS and BEAS contact information.
4. I am aware that I am a mandated reporter and understand the Complaint Process. I am aware of who to ask if I have questions or need assistance.

Disclaimer: In the case of an actual emergency involving risk of physical or emotional harm, contact 911 to activate the Emergency Response System immediately or as indicated by individual specific protocols. Follow up with the reporting requirements as noted below.

Employee/Provider Signature: _____

Date: _____

Every US citizen has the same rights.....

We all have the following Fundamental Rights and responsibilities...

- The right to freedom of religion and the responsibility to respect the religious beliefs of others.
- The right to vote and the responsibility to learn about the voting process and what we are voting for. We also have the responsibility to respect the opinions of others that disagree with us.
- The right to manage our own affairs and must also take responsibility for the consequences of the decisions we make – good or not so good...
- The right to hold licenses, CPR, Occupational, Professional, Motor Vehicle, etc... Only IF we have demonstrated our ability to perform the task and meet all requirements.
- The right to have relationships, marry or divorce and the responsibility to accept that others have these same choices, even if we wish they would choose what we do.
- The right to Make a will or enter into contracts and the legal responsibility to do what we agreed to do once we sign them.
- The right to decide who our friends are, where we will live, work, etc... We also have the responsibility to choose from realistic options, some things may not be possible or available.
- We have the right to exercise our civil rights and the responsibility to respect the rights of every other person.
- We have a right NOT TO BE discriminated against due to race, color, gender, religion, age, handicaps, sexual orientation, or degree of disability.
- We all have Personal Rights to
- We have the right to be treated with dignity and respect but we are responsible for treating every other person with dignity and respect.
- We have the right to privacy and the responsibility to respect the privacy of other people.
- We have the right to confidentiality but must respect the confidentiality of other people.
- We have the right to access to our records and the responsibility to learn and follow the procedures required to request them.
- We have the right to complain if we feel something violates our rights and the responsibility to speak up for others when their rights may have been violated.
- We have the right to be free from abuse, neglect or exploitation
 - Free from verbal, non-verbal, mental, physical or sexual abuse or neglect, personal or financial exploitation, intentional use of force (with the exception of the absolute minimum force necessary to prevent harm).
 - We are responsible to make sure that we never abuse, neglect or exploit other people.

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- We have the right to be treated with dignity and respect but we are responsible for treating every other person with dignity and respect.
- We have the right to privacy and the responsibility to respect the privacy of other people.
- We have the right to confidentiality but must respect the confidentiality of other people.
- We have the right to access to our records and the responsibility to learn and follow the procedures required to request them.

- We have the right to complain if we feel something violates our rights and the responsibility to speak up for others when their rights may have been violated.
- We have the right to be free from abuse, neglect or exploitation
 - Free from verbal, non-verbal, mental, physical or sexual abuse or neglect, personal or financial exploitation, intentional use of force (with the exception of the absolute minimum force necessary to prevent harm).
 - We are responsible to make sure that we never abuse, neglect or exploit other people.

We also have Treatment Rights to...

- We have the right to quality treatment and services but may have to choose from what is available through our benefits and in the area we live.
- We have a right to have a Treatment Plan and the responsibility for our own actions if we choose not to follow it.
- We have a right to services in the least restrictive environment possible and the responsibility to be safe, follow the expectations that our community has for all people and to be safe.
- We have the right to make informed decisions and the responsibility to ask questions if we do not understand something, or ask someone to help us to this.
- We have a right to Voluntary Services, we cannot be forced into them, however, if we choose not to accept them, we are responsible for our decisions, good or not so good.
- We have a right to services that promote independence and the responsibility to do all we can to act legally, safely and in a respectful manner. Our inability to do so may limit our options and choices.
- And the list goes on... We have the right to
- Refuse Medications and treatment and the responsibility to understand that doing so may make us sick, or make it harder to make good choices. We are still responsible for our actions.
- Have people we trust with us at treatment and service planning meetings.
- We have a right to services that promote full participation in our community and the responsibility to be a respectful community member and follow all rules and regulations that others do.
- We have a right to adequate & humane treatment and will treat others the same way.
- We have the right to Freedom from restraint and it is our responsibility to be sure we never restrain another person.
- We have the right to be Freedom from coercion and we must be sure that we do not intimidate or coerce other people.

And the list goes on.... We have the right to

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There are times when rights can be limited...

- Guardianship order
- RSA 171-B Involuntary admission or persons found not competent to stand trial
- Imposition of emergency treatment as per He-M 305 This rule defines the circumstances in which, involuntary emergency treatment, seclusion, or restraint can be provided in facilities serving individuals with mental illness.
 - These emergency interventions are designed to be effective, safe, and time-limited and utilized only after all less restrictive options have been exhausted.

GUARDIANSHIP – WHAT IT IS ...

At age 18 a person becomes his/her own guardian, unless a guardian appointed by the court. Parental rights and guardian rights are different issues. Guardianship should be considered necessary only when it is the least restrictive option and all other alternatives have been explored.

The guardianship decree will specify the particular powers a guardian may possess.

- New Hampshire 2009 New Statutes
TITLE XLIV — GUARDIANS AND CONSERVATORS (Includes Chapters 462 - 465)
CHAPTER 464-A — GUARDIANS AND CONSERVATORS
Section 464-A: 25 General Powers and Duties of Guardian of the Person.
- (h) A guardian shall act with respect to the ward in a manner which safeguards to the greatest extent possible the civil rights of the ward, and shall restrict the personal freedom of the ward only to the extent necessary.

All guardians are responsible to:

- Act on behalf of individuals to secure services & supports.
- File court reports on behalf of the individual.
- Act as part of a *team* in determining individual support needs & services.
- Apply for services, entitlements, & supports on behalf of the individual.
- Treat the individual with dignity & respect, regardless of the individual's level of ability.
- Advocate for the best interests of their ward.
- May be responsible for specialized options deemed necessary by the court.
- Limits to Guardianship

Guardianship – What it is NOT... a guardian may not.... (Unless is it specified in the court order)

- Choose friends

- Choose personal clothing styles, hair styles, etc.
- Decide how a person spends personal time & money
- Limit or censor mail
- Prevent the individual from having visitors or having confidential correspondence
- Choose social activities
- Speak on behalf of the individual if they are able to speak for themselves
- Decide if a person marries, votes, dates, choose their occupation, testify, make a will or own property.
- Prevent the individual from being involved in intimate relationships

You and I have the right to make all those choices – good or bad

- Every other person does as well –

There can be no restrictions of any person's rights without careful consideration of the need for such...

- Unless the restriction is identified, a plan is drafted and authorized by the Human Rights Committee and included in the service plan.

Rights Violations

- Act or omission that are not accidental and harm or threaten the physical, mental, emotional health & safety of a person.

Dignity & Respect – What Does That Mean –

Think about the people you care most about in the world – and ask yourself is the way this person is being treated right now good enough for the person you love... If the answer is no... The individual's right to be treated with Dignity & Respect was most likely violated.

Abuse – Neglect and Exploitation

- **Emotional Abuse** – The misuse of power, authority, or both, verbal harassment, or unreasonable confinement when such conduct results or could result in mental anguish or emotional distress of a person.
- **Physical Abuse** - The use of physical force without consent or justification which results or could result in physical injury to an individual.
- **Sexual Abuse** - Any sexual contact between an individual and an employee, consultant or volunteer of a service provider. Unwanted or nonconsensual sexual advances or actions.
- **Exploitation** - The use of an individual's person or property for another's profit or advantage.
- **Neglect** - An act or omission which results or could result in the deprivation of essential services necessary to maintain the minimum mental, emotional or physical health of an individual.

You are a MANDATED REPORTER – What you should know about Human Rights & Reporting

As an individual receiving services through the New Hampshire Developmental Services System, the individual has the same rights as any other adult in NH, unless the court restricts their rights or their actions would hurt or interfere with the rights and/or welfare of another person. If you have any questions please speak with your supervisor. If you feel that an individual's rights have been violated in some way, you are **required** to report.

We all have the same rights – This is what MDS tells those we support to expect from us....

- You have the right to be treated with dignity and respect. This includes being called by the name you like the most and having your ideas and wishes listened to and honored.
- You have the right to be free from abuse and neglect. This includes the right to not be yelled at or have people use bad language toward you. You should receive the services that you may need to protect you from harm.
- You have a right to be treated without discrimination for any reason, including the severity of your disabilities.
- You have the right to be free from searches of your person and possessions without due process, be free from physical or chemical restraint, isolated from others, have your needs ignored, and to refuse medications which control your moods.
- You have the right to be informed; you have a right to know what is happening to you and to have all of these rights explained to you. Make decisions free from coercion (no one forcing you). You must be given the opportunity to ask questions and to be given understandable answers.
- You have a right to vote in any and all elections, enter into legal contracts, make a will, marry, to have children and to divorce. You may hold any license or credential that you qualify for.
- You have a right to practice the religion of your choice.
- You have a right to control your own finances, purchase and/or sell your own property.
- You have the right to privacy and to limit access to your files. You have a right to confidentiality and to personal privacy. You have the right to be left alone. You have the right to refuse to be filmed or photographed.
- You have the right to communicate openly and privately by phone or in writing, send and receive mail and to have access to visitors in your home and community.
- You have the right to personal choice - You can choose your own friends, where you live, what you wear, how you spend your free time, decorate your room, etc...
- You have a right to be paid for the work that you do according to Department of Labor Regulations.
- You have a right to access the services and treatments that you need. You have a right to quality treatment and services that use professional standards and modern practices. You may obtain consultations/treatment from other/unfunded professionals at your own expense.

- You have a right to an Individual Service Plan, to live in the least restrictive environment possible that will meet your needs, quality services which promote your independence. You have a right to be part of all placement decisions.
- You have the right to attend and to invite others to planning meetings, agree or disagree with placement and planning decisions, withdraw from placement/services, choose alternatives available to you or refuse them.
- You have a right to know what to expect; all termination of services shall require a 30 day notice and you have a right to challenge a termination. You have a right to complain, to know how to do so, your right to due process and know whom you complain to.

The Human Rights Complaint Process for individuals we serve

Individuals who receive services in the Developmental Services system have a right to be free from abuse, neglect, being taken advantage of and to be treated with dignity and respect. If you receive services and believe that your rights have been violated, you have the right to file a complaint.

You may complain if you believe you are being treated unfairly or improperly, if you do not agree with your placement in a program or if you do not agree with a decision to stop services to you.

You may complain as often as you feel necessary. You will not be penalized or harassed if you complain.

You have a right to have your rights explained to you.

You may file a complaint either verbally or in writing. You may give the complaint to any employee of an area agency or program, or directly to the NH Bureau of Developmental Services. Any person may file the complaint for you.

As part of our service provision, MDS will review rights, reporting procedures and contact information with individuals, their legal guardians or representatives, annually or as indicated by regulation.

The Human Rights Complaint Process – What you are expected to do as a MANDATED REPORTER

All employees and representatives of Monadnock Developmental Services and provider agencies are **mandated** to report concerns and violations of human rights on behalf of those individuals receiving services. **It is not a choice – it is our responsibility.**

To file a complaint with the New Hampshire Bureau of Developmental Services (BDS), **call toll free 1-855-450-3593**. After you file a complaint, an investigator will contact you. (BDS handles all complaints regarding the actions of all paid supports/employees)

When you call BDS you will speak to a Call Logix answering service member. This person may not understand our service delivery system so try to report accounts as clearly and concisely as possible so that you are not misquoted. They will ask a series of predetermined questions in the following order:

Name:

Address:

Phone Number:

Email:

Best time to contact you:

Best method to contact you:

Do you wish to remain anonymous? Please note that you **MUST** give your name/address for the report to be completed. Your information will be shared with the complaint investigator but your information will not be shared with other contacts.

On whose behalf are you making this complaint?

Do you believe the individual is 18 years of age or older?

Please describe your complaint (be as factual as possible)

By whom? (Alleged respondent/perpetrator- person violating rights)

When did incident occur?

Witnesses:

Area Agency:

Vendor/Provider Agency:

You will be then directed to make a complaint to BEAS if applicable.

The telephone number for NH Bureau of Elderly & Adult Services (BEAS): 603-271-7014

(BEAS handles complaints regarding non-paid supports, community and family members – they also investigate reports forwarded to them by BDS)

Additional reporting information and assistance.

➤ Information for Individuals:

- If you would like someone to sit with you please let your Service Coordinator, Mary Anne Wisell or Priscilla Brisson know. MDS would be more than happy to support you through the process, until you are comfortable filing reports independently. The MDS telephone number is: 603-352-1304.
- You and or Your Guardian are always entitled to an answer to your complaint. You may appeal the decision. You may be represented at any time by your legal guardian or representative, a friend, lawyer or other advocate of your choice.

➤ Information for Mandated Reporters

- Please make sure this complaint is made confidentially and do not discuss with persons who do not need to know.

- Limit the discussion you have with involved parties about the complaint, especially the respondent (accused person) as He-M 202 stipulates that Area Agencies are not to perform investigations until BDS/Office of Client and Legal Services (OCLS) has completed the full investigation.

MDS Incident Reporting Guidelines

- **Severity Level & MDS Reporting Timeline Requirements Chart**

Severity Level 1 EMERGENCY INCIDENTS Cause for Immediate Concern & Notification	<p>Hospitalization (either ER visit or unplanned admittance) All incidents involving police or emergency personnel involvement Injury requiring medical intervention Causing injury to another Removal from residence Discontinuation of program Human rights violation that threatens harm to the individual PRN administration due to behavioral incidents</p> <p><i><u>Immediate</u> (within 3 hours) telephone notification to the MDS Service Coordinator (or on-call if after business hours) is required;</i></p> <p><i>Incident report submitted to MDS to the attention of the Executive Assistant, Jill Ouellette, within 24 hours! (Reports can be faxed (603-352-1637) or scanned to jill@mds-nh.org.</i></p>
Severity Level 2 NON- EMERGENCY INCIDENTS Cause for Monitoring	<p>All incidents not outlined in Severity Level 1 or 3</p> <p><i>Incident report submitted to MDS to the attention of the Executive Assistant, Jill Ouellette, within 24 hours! (Reports can be faxed (603-352-1637) or scanned to jill@mds-nh.org.</i></p>
Severity Level 3 NON- EMERGENCY INCIDENTS Tracking Purposes	<p>Seizure Injury not requiring medical attention Administration of PRNs (with a protocol for doing so in place) Documentation of a known behavior pattern</p> <p><i>Incident report submitted to MDS to the attention of the Executive Assistant, Jill Ouellette, within 48 hours! (Reports can be faxed (603-352-1637) or scanned to jill@mds-nh.org.</i></p>

Emergency Incident Clarification

If an emergency occurs, the support staff/home provider or program manager should verbally notify the service coordinator immediately (or the on-call Service Coordinator outside of business hours), and must provide written documentation within 24 hours. An emergency is defined as “unexpected occurrence or set of circumstance in an individual’s life which consists of, culminates in, or has resulted from serious physical or psychological injury or both and

requires immediate remedial attention.” This includes all visits to the emergency room, hospitalizations or any police or emergency personnel involvement. At MDS, emergency incidents are designated as Severity Level 1 incidents.

Why do I need to report?

It is the expectation of MDS that incident reports will be completed by responsible parties as indicated and as required by regulation, including He-M 1001.06(d, e), He-M 1201.04(k) and He-M 1201.07(i).

He-M 1001.06 (d, e) –

(d) Providers having personal knowledge of an emergency as described in (c) above shall notify the individual’s service coordinator immediately, and in writing within 24 hours.

(e) The written notification shall be kept on file at the area agency and a copy of the notice retained in the individual’s residential record.

He-M 1001.02 (o) – “Emergency” means an unexpected occurrence or set of circumstances in an individual's life which consists of, culminates in, or has resulted from serious physical or psychological injury, or both, and requires immediate remedial attention

He-M 1201.04 (k) – In the event of discovery of a medication occurrence, an authorized provider shall:

1. Consult immediately with a licensed person concerning any actions to be taken;
2. Document each medication occurrence pursuant to He-M 1201.06 (g) within 8 hours of discovery of the occurrence; and
3. Forward the documentation to the nurse trainer within 24 hours.

He-M 1201.07 (i) – Upon discovery of each medication error, and each time an individual refuses medications, except as noted in He-M 1201.04 (l), the authorized provider or licensed person shall document, at a minimum, the following:

1. The individual’s name;
2. The date and time of the occurrence or refusal;
3. The drug name, dosage, frequency and route of administration;
4. A description of the occurrence or refusal;
5. Date and time of notification of a licensed person, pursuant to He-M 1201.03 (k) or He-M 1201.03 (l);
6. Actions recommended by the licensed person;
7. Actions taken by the authorized provider; and
8. Date and time of notification of a nurse trainer.

In addition to these guidelines, MDS has created more specific guidelines to help you determine when and how to fill out an incident report.

Report/Document All Unusual Behavior or Events – behaviors or events that a person *DOES NOT* typically exhibit or encounter.

Examples might include:

- Refusing to eat, go to work, get up in the morning, etc.
- Extreme mood swings
- Contact with law enforcement
- Destructive behavior
- Unexplained change in routine with staff
- Causing physical harm to self or others (including service providers)
- Verbal outbursts

Document Patterns of Questionable (At Risk) Behavior or Events – behaviors or events that a person repeatedly exhibits or encounters.

Examples might include:

- Recurring criminal behavior
- Destructive behavior
- Verbal outbursts
- Inappropriate food choices (which worsen specific health issues)
- Financial short-falls due to personal budgeting choices
- Police Involvement

Document All Accidents and Injuries (that may or may not require professional medical attention)

- **Please note that if professional medical treatment is provided/required, the nursing/medical intervention report must be completed in addition and submitted with the incident report**

Document All Potential Human Rights Violations – An incident report must be completed. In addition to this, please note the mandated reporting requirements apply and follow those procedures.

Document All Incidents related to Restrictive Behavior Plans

Examples might include:

- Administration of a psychotropic PRN due to behavioral challenges
- Removal of a person from an activity due to unsafe behavior
- Restrictive from participating in the community due to unsafe behavior
- **Physical restraint in response to an unsafe behavior**
 - Please note that if a physical restraint of any type is implemented, regardless of whether it is included in the behavior plan, the physical

restraint report must be completed **in addition** and submitted with the incident report.

Document All Medical issues

- Illnesses & injuries
- EMS services or Emergency room visit – requires Nursing Medical Intervention report * requires immediate notification to MDS
- Unplanned admittance to the hospital - requires Nursing Medical Intervention report * requires immediate notification to MDS
- Seizure
- Improper administration of medication

How do I report/document an incident?

You **MUST USE** the Incident Report (Required by the state of NH).

- ALSO ...and in addition to...
 - If there is **nursing/professional medical involvement**, the Nursing & Medical Intervention Report must also be completed and attached.
 - If **any type of physical intervention** was used during an incident – the Physical Restraint Report must also be completed and submitted with the incident report.
- When filling out these forms, they must be filled out completely, all fields, check options, etc.... must be completed. DO NOT leave any field blank or option blank. ***Incomplete and/or illegible reports will be returned for correction and will need to be resubmitted.***
- The incident report must be used to record information on the incident, it is NOT acceptable to submit reports that read “See attached”. The information must be written and included on the Incident report itself
 - If more space is required to complete the entry, please use reverse side of report. If you must attach a separate sheet clearly note the individuals full name, date of incident, date of report and name of person completing the report clearly noted and clearly identify the “section title-continued” ...
- Be sure the following information is clearly noted in appropriate fields
 - Name of the individual served
 - Date and Time of the incident
 - Name of the provider agency providing services at time of incident
 - Name of person filing the report & Signature
 - Date the report was written
 - Description of the incident, including any/all follow-up actions
 - Person/Organizations Notified – MUST include the Service Coordinator as noted in the guideline grid.

- Review the entire incident report to ensure that all appropriate fields have been completed.
- Supervisors must review, sign, date and submit all incident reports within the reporting time frame required noted above.

Medical Occurrences – are documented using the Medical Occurrence report – not the Incident Report.

The direct support staff should document the medication occurrence within 8 hours of discovering the occurrence. This documentation should then be forwarded to the nurse trainer within 24 hours of the occurrence. Medical occurrences do not fall under the Severity Level ranking, as they require that a unique form be completed.

When filling out a Medical Occurrence report, you must also include the following information:

- Date and time the nurse trainer or licensed person was notified
- Name of the nurse trainer or licensed person who was notified
- Name, dose, frequency, time and route of the medication(s)
- Instructions from the nurse trainer or licensed person
- Explanation of how the instructions were followed
- Other information requested on forms unique to the contracting agency

Where do I get the Incident & Reporting Forms that have been discussed?

- REPORTS which you may need include –
 - Incident Report (Print or electronic versions are available)
 - Incident Report Attachments – as applicable
 - Nursing/Medical Intervention Report (Intervention Report Nursing Medical)
 - Physical Restraint Report (Emergency Physical Restraint Report)
- Each Provider Agency has unique systems and office lay out – Ask your supervisor where all reporting forms are kept in your work area – BEFORE one is needed.
- You can obtain copies of the forms listed above by contacting the MDS Receptionist or the Adult Service Coordination Department. The MDS telephone number is 603-352-1304. You may also contact the MDS Quality & Compliance Coordinator for copies– mari@mds-nh.org
- These forms are also available from the MDS Website www.mds-nh.org at the bottom of the home page you will the link “For Providers” – You can choose the forms from the list located there.
 - <http://www.mds-nh.org/index.php/providers>

ADDITIONAL INFORMATION

TYPES OF GUARDIANSHIP & PROTECTIONS – Information from Office of Public Guardian

GUARDIANSHIP OF PERSON

- Insuring the adequate care, comfort and maintenance of wards including housing, food, clothing and other necessities;
- Arranging for adequate training, education and/or rehabilitation for wards;
- Providing informed consent for medical care, counseling and treatment;
- Maintenance of thorough records regarding each ward;
- Seven days a week round the clock availability in case of emergency through an on-call system.

GUARDIANSHIP OF ESTATE

- Overseeing and protecting all real and personal property and taking possession of all income and benefits of wards;
- Making and filing an inventory of the ward's estate;
- Monitoring estate to ensure that benefit eligibility is maintained;
- Monitoring estates to ensure that clients' needs can be met within their budget constraints and that expenses are paid to proper payees in timely manner;
- Monitoring medical bills to ensure that all medical insurance has been billed before the client makes any payments;
- Protecting and maximizing the estates of wards and applying them for their support, care and education;
- Where wards have significant assets, OPG contracts with TD BankNorth Wealth Management to assist in maximizing wards' assets through prudent investments.

POWER OF ATTORNEY

Powers of Attorney for finances and/or health care are a less restrictive alternative to guardianship. Supports are tailored to the individual needs of clients and may include the following:

- Assistance in preparing and executing necessary legal documents, including advance directives if necessary;
- Providing informed consent for necessary or desirable medical care, counseling and treatment;
- Maintenance of thorough records regarding each client;
- Seven days a week round the clock availability in case of emergency through an on-call system;
- Work with clients and care providers to protect and maximize the client's assets and apply them for their support, care and education;
- Maintain client funds in checking and savings accounts (and investment accounts if budget allows);

- Monitor medical bills, ensuring that all medical insurance has been billed before the client makes any payments.

OTHER ADVOCATES & CONTACTS

NH Office of Client and Legal Services (OCLS) - 1-855-450-3593

Disability Rights Center - 603-228-0432 – 1-800-834-1721 V/TTY – Fax: 603-225-2077

NH Legal Assistance - NHLA serves all of New Hampshire from five offices across the state. Office hours are 8:30 AM to 5:00 PM Monday through Friday.
www.nhlegalaid.org or call 1-800-639-5290

Long Term Care Ombudsman at (800) 442-5640 or (603) 271-4375 - For Nursing or Assisted Living Facilities

Division of Children & Youth - Central Intake Unit - 800-894-5533 (In-state only) 603-271-6562

Psychiatric Emergency & Crisis Services - Services are available 24 hours a day, 7 days a week to any person in the state of New Hampshire who may be experiencing psychiatric distress. If you are dealing with an immediate crisis, please call

- 911,
- or call the statewide suicide hotline at 1-800-273-talk (1-800-273-8255),
- or visit the emergency room at your local hospital,
- or contact your local community mental health center.
 - **Monadnock Family Services**
Philip Wyzik, Executive Director
64 Main Street, Suite 301
Keene, NH 03431
Telephone: (603) 357-4400