

CHAPTER 232 - STATE DEPARTMENTS		DCFS	DPBH
<p>NRS 232.361 Creation; composition; Chair; terms of members; vacancies.</p> <p>1. There is hereby created in the Department a Commission on Behavioral Health consisting of 10 members appointed by the Governor, at least 3 of whom have training or experience in dealing with intellectual disabilities.</p> <p>2. The Governor shall appoint:</p> <p>(a) A psychiatrist licensed to practice medicine in this State, from a list of three candidates submitted by the Nevada Psychiatric Association;</p> <p>(b) A psychologist licensed to practice in this State and experienced in clinical practice, from a list of four candidates submitted by the Nevada Psychological Association, two of whom must be from northern Nevada and two of whom must be from southern Nevada;</p> <p>(c) A physician, other than a psychiatrist, licensed to practice medicine in this State and who has experience in dealing with intellectual disabilities, from a list of three candidates submitted by the Nevada State Medical Association;</p> <p>(d) A social worker who has a master's degree and has experience in dealing with mental illness or intellectual disabilities, or both;</p> <p>(e) A registered nurse licensed to practice in this State who has experience in dealing with mental illness or intellectual disabilities, or both, from a list of three candidates submitted by the Nevada Nurses Association;</p> <p>(f) A marriage and family therapist licensed to practice in this State, from a list of three candidates submitted by the Nevada Association for Marriage and Family Therapy;</p> <p>(g) A person who has knowledge and experience in the prevention of alcohol and drug abuse and the treatment and recovery of alcohol and drug abusers through a program or service provided pursuant to chapter 458 of NRS, from a list of three candidates submitted by the Division of Public and Behavioral Health of the Department;</p> <p>(h) A current or former recipient of mental health services provided by the State or any agency thereof;</p> <p>(i) A representative of the general public who has a special interest in the field of mental health, and</p> <p>(j) A representative of the general public who has a special interest in the field of intellectual disabilities.</p> <p>3. The Governor shall appoint the Chair of the Commission from among its members.</p> <p>4. After the initial terms, each member shall serve a term of 4 years. If a vacancy occurs during a member's term, the Governor shall appoint a person qualified under this section to replace that member for the remainder of the unexpired term.</p> <p>(Added to NRS by 1985, 2275; A 1989, 1549; 1999, 110, 1640; 2005, 547; 2007, 387; 2013, 692, 2995)</p>	<p>DCFS has helped with making sure that all vacancies are sent to Governor's Office so that there is no lapse in Commissioner Vacancies.</p> <p>DPBH has not been fully staffed, so we have been helping facilitate this task in the interim.</p> <p>DCFS Staff create the schedule for the yearly meeting for both sides and sends it to the full Commission to get approved, DCFS follows up to see if there will be a quorum before the meeting even takes place and notifies the chair if there will not be a quorum, for the Children's side we pay the stipends, if there is travel which there</p>	<p>DPBH is now fully staffed and is more than willing to help/take over this role from DCFS</p> <p>DPBH blocks all rooms/reservations once the meeting schedule is confirmed. DPBH also ensures there will be a quorum a before each meeting. DPBH pays a stipend and any travel expenses that may occur for each member, including airfare, mileage reimbursement, etc.</p>	
<p>Commission Establishment</p> <p>232.361</p>	<p>NRS 232.363 Meetings; quorum; salary; expenses; restrictions on ownership or employment by certain enterprises.</p> <p>1. The Commission shall meet at the call of the Chair at least 6 times but not more than 12 times a year. A meeting may last for more than 1 day. A majority of the members of the Commission constitutes a quorum and is required to transact any business of the Commission.</p> <p>2. Each member of the Commission is entitled to receive a salary of not more than \$80, as fixed by the Commission, for each day the member is engaged in the business of the Commission.</p> <p>3. While engaged in the business of the Commission, each member and employee of the Commission is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.</p> <p>4. A person is ineligible for appointment to or continued service on the Commission if the person or the person's spouse owns an interest in or is employed by any enterprise or organization, whether or not conducted for profit, which derives 25 percent or more of its gross revenues from the Division of Public and Behavioral Health.</p> <p>(Added to NRS by 1985, 2276; A 1987, 1303; 1989, 1708; 1999, 111) — (Substituted in revision for NRS 232.306)</p>	<p>DCFS follows up to see if there will be a quorum before the meeting even takes place and notifies the chair if there will not be a quorum, for the Children's side we pay the stipends, if there is travel which there</p>	
<p>Title 39: Chapter 433 - General Provisions</p>	<p>232.363</p>	<p>DCFS</p>	<p>DPBH</p>

	<p>NRS 433.314 Duties. The Commission shall:</p> <ol style="list-style-type: none"> 1. Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities and persons with related conditions, substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution; 2. Set policies for the care and treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders provided by all state agencies; 3. Review the programs and finances of the Division; and 4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on the quality of the care and treatment provided for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment. <p>(Added to NRS by 1975, 1593; A 1985, 2265; 1999, 2591; 2009, 662, 2013, 664, 3005)</p>	<p>On the DCFS side, the Commission reviews agency policies and approves them, but I have never seen the updates Commission draft their own policy. Once finalized, Commissioners they are sent to the letter to the Commission for Governor each year, but I don't believe it includes the yearly quality of care - governor's mostly gaps in service for SED, SMI, SA. Substance Abuse information letter entails</p>
<p>Duties</p>	<ol style="list-style-type: none"> 1. Collect and disseminate information pertaining to mental health, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders. 2. Request legislation pertaining to mental health, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders. 3. Review findings of investigations of complaints about the care of any person in a public facility for the treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders. 4. Accept, as authorized by the Legislature, gifts and grants of money and property. 5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders provided through private nonprofit organizations, governmental entities, hospitals and clinics. 6. Promote programs for the treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders. 7. Create a plan to coordinate the services for the treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders and treatment provided. 8. Establish and maintain an appropriate program which provides information to the general public concerning mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders and consider ways to involve the general public in the decisions concerning the policy on mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders. 9. Compile statistics on mental illness and study the cause, pathology and prevention of that illness. 10. Establish programs to prevent or postpone the commitment of residents of this State to facilities for the treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders. 11. Evaluate the future needs of this State concerning the treatment of mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders and develop ways to improve the treatment already provided. 12. Take any other action necessary to promote mental health in this State. <p>(Added to NRS by 1985, 2263; A 1999, 2592; 2009, 663, 2013, 665, 3006)</p>	<p>On the DCFS side, the annual letter to the Governor addressing gaps and asking for requests, testifying at the Legislature letter</p>
<p>Powers</p>		

	<p>DPBH is always staffed to these meetings, agendas, take minutes and help with the dissemination of the letter or of the Conostia plans.</p>	<p>DCFS is staff to post these meetings when requested, agendas, help with take minutes and help with dissemination of the letter or of the Conostia plans.</p>	<p>DPBH is always staffed to these meetings, agendas, take minutes and help with the dissemination of the letter or of the Conostia plans.</p>
<p>Appointments</p>	<p>NRS 433.317 Appointment of subcommittee on the mental health of children; duties; compensation to extent of available funding.</p> <ol style="list-style-type: none"> The Commission shall appoint a subcommittee on the mental health of children to review the findings and recommendations of each mental health consortium submitted pursuant to NRS 433B.335 and to create a statewide plan for the provision of mental health services to children. The members of the subcommittee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee, to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose. <p>(Added to NRS by 2009, 662)</p>	<p>NRS 433.318 Appointment of subcommittee or advisory committee; member qualifications; duties; compensation to extent of available funding.</p> <ol style="list-style-type: none"> The Commission may appoint a subcommittee or an advisory committee composed of members who have experience and knowledge of matters relating to persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders and who, to the extent practicable, represent the ethnic and geographic diversity of this State. A subcommittee or advisory committee appointed pursuant to this section shall consider specific issues and advise the Commission on matters related to the duties of the Commission. The members of a subcommittee or advisory committee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee or advisory committee 	<p>DPBH does this upon request of the Commission.</p>
<p>Facility Inspections</p>	<p>NRS 433.325 Inspection of facility. The Commission or its designated agent may inspect any state facility providing services for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders to determine if the facility is in compliance with the provisions of this title and any regulations adopted pursuant thereto.</p> <p>(Added to NRS by 1985, 2263; A 1993, 2715; 1999, 2593; 2009, 664; 2013, 666, 3007)</p>	<p>In my tenure (10) I have not ever heard of the Commission and inspections DPBH has not had any experience with the Commission and inspections DPBH has not had any experience with this Commission and the Commission</p>	<p>DPBH does this upon request of the Commission.</p>
<p>Rights of Employees</p>	<p>NRS 433.327 Right of certain employees of Department to submit information or requests to Commission or appear before Commission. Every employee of the Division, and every person employed by the Division of Child and Family Services of the Department pursuant to chapter 433B of NRS is entitled to submit written information or requests directly to the Commission or its individual members, or appear before it with its permission, but the Commission shall not interfere with the procedures for resolving the grievances of employees in the classified service of the State.</p> <p>(Added to NRS by 1985, 2263; A 1993, 2716)</p> <p>NRS 433.395 Acceptance by Administrator of donations, gifts and grants for disbursement to certain programs; contract for services for evaluation and recommendation of recipients for disbursements.</p> <ol style="list-style-type: none"> Upon approval of the Director of the Department, the Administrator may accept: <ol style="list-style-type: none"> Donations of money and gifts of real or personal property; and Grants of money from the Federal Government, The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with mental illness in a manner that supports the plan to coordinate services created by the Commission pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with mental illness in consideration of the nature and value of the donation, gift or grant. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section. <p>(Added to NRS by 1997, 3231; A 1999, 2593; 2013, 666, 3009)</p>	<p>In my tenure (10) I have not ever heard of the Commission and inspections DPBH has not had any experience with this Commission and the Commission</p>	<p>DPBH does this upon request of the Commission.</p>
<p>Acceptance of Donations</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

Fee Schedule	<p>NRS 433.404 Schedule of fees for services rendered through programs supported by State; disposition of receipts; amount of fee for services of facility.</p> <p>1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of chapters 433 to 433C, inclusive, of NRS. The schedule must be submitted to the Commission and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 433.554 for fees collected pursuant to contract or agreement.</p> <p>2. For a facility providing services for the treatment of persons with mental illness, the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay. (Added to NRS by 1975, 1594; A 1985, 2265; 1993, 2716; 1999, 2593; 2011, 411; 2013, 667, 3009)</p>	I have no knowledge of these going through the Commission but I could be wrong. I am unaware of this	N/A
433.404	<p>NRS 433.482 Personal rights. Each consumer admitted for evaluation, treatment or training to a facility has the following personal rights, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:</p> <ol style="list-style-type: none"> 1. To wear the consumer's own clothing, to keep and use his or her own personal possessions, including toilet articles, unless those articles may be used to endanger the consumer's life or others' lives, and to keep and be allowed to spend a reasonable sum of the consumer's own money for expenses and small purchases. 2. To have access to individual space for storage for his or her private use. 3. To see visitors each day. 4. To have reasonable access to telephones, both to make and receive confidential calls. 5. To have ready access to materials for writing letters, including stamps, and to mail and receive unopened correspondence, but: <ol style="list-style-type: none"> (a) For the purposes of this subsection, packages are not considered as correspondence; and (b) Correspondence identified as containing a check payable to a consumer may be subject to control and safekeeping by the administrative officer of that facility or the administrative officer's designee, so long as the consumer's record of treatment documents the action. 6. To have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired. 7. To designate a person who must be kept informed by the facility of the consumer's medical and mental condition, if the consumer signs a release allowing the facility to provide such information to the person. 8. Except as otherwise provided in NRS 439.538, to have access to the consumer's medical records denied to any person other than: <ol style="list-style-type: none"> (a) A member of the staff of the facility or related medical personnel, as appropriate; (b) A person who obtains a waiver by the consumer of his or her right to keep the medical records confidential; or (c) A person who obtains a court order authorizing the access. 9. Other personal rights as specified by regulation of the Commission. <p>(Added to NRS by 1981, 892; A 1985, 2266; 1989, 1755; 1997, 3492; 2007, 1980; 2011, 413)</p>	N/A	N/A
Personal Rights	<p>NRS 433.534 Denial of rights prohibited; exceptions; report; investigation and action by Commission; closure of meeting in certain circumstances.</p> <ol style="list-style-type: none"> 1. The rights of a consumer enumerated in this chapter must not be denied except to protect the consumer's health and safety or to protect the health and safety of others, or both. Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be forwarded to the administrative officer of the facility. Failure to report denial of rights by an employee may be grounds for dismissal. 2. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must not be disclosed. A copy of the report must be sent to the Commission. 3. The Commission: <ol style="list-style-type: none"> (a) Shall receive reports of and may investigate apparent violations of the rights guaranteed by this chapter; (b) May act to resolve disputes relating to apparent violations; (c) May act on behalf of consumers to obtain remedies for any apparent violations; and (d) Shall otherwise endeavor to safeguard the rights guaranteed by this chapter. 4. Pursuant to NRS 241.030, the Commission may close any portion of a meeting in which it considers the character, alleged misconduct or professional competence of a person in relation to: <ol style="list-style-type: none"> (a) The denial of the rights of a consumer; or (b) The care and treatment of a consumer. <p>§ The provisions of this subsection do not require a meeting of the Commission to be closed to the public. (Added to NRS by 1975, 1598; A 1979, 812; 1985, 2268; 1989, 1757; 1993, 2112, 2719; 1995, 676, 1735; 2007, 2106; 2011, 417)</p>	DPBH receives seclusion and restraint reports, which are then sent to each Commission member. After reviewed by the Commission, the reports are sent back to each facility.	N/A
Denial of Rights	<p>CHAPTER 435 - PERSONS WITH INTELLECTUAL DISABILITIES AND RELATED CONDITIONS</p>	DCFS facilitates this process and all requests for the Commission on the Children's side.	N/A

<p>Consumer Rights</p>	<p>NRS 435-610 Denial of rights prohibited; exceptions: report; investigation and action by Commission on Behavioral Health; closure of meeting in certain circumstances.</p> <ol style="list-style-type: none"> The rights of a consumer enumerated in this chapter must not be denied except to protect the consumer's health and safety or to protect the health and safety of others, or both. Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be forwarded to the administrative officer of the facility. Failure to report denial of rights by an employee may be grounds for dismissal. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must not be disclosed. A copy of the report must be sent to the Commission on Behavioral Health. The Commission on Behavioral Health: <ol style="list-style-type: none"> Shall receive reports of and may investigate apparent violations of the rights guaranteed by this chapter; May act to resolve disputes relating to apparent violations; May act on behalf of consumers to obtain remedies for any apparent violations; and Shall otherwise endeavor to safeguard the rights guaranteed by this chapter. Pursuant to NRS 241.030, the Commission on Behavioral Health may close any portion of a meeting in which it considers the character, alleged misconduct or professional competence of a person in relation to: <ol style="list-style-type: none"> The denial of the rights of a consumer; or The care and treatment of a consumer. <p>§ The provisions of this subsection do not require a meeting of the Commission on Behavioral Health to be closed to the public.</p> <p>(Added to NRS by 2013, 3025)</p>	<p>N/A for DCFS</p>	<p>DPBH receives seclusion and restraint reports, which are then sent to each Commission member. After reviewed by the Commission, the reports are sent back to each facility.</p>
<p>Consumer Rights</p>	<p>NRS 435-350 Rights of person admitted to division facility.</p> <ol style="list-style-type: none"> Each person with an intellectual disability and each person with a related condition admitted to a division facility is entitled to all rights enumerated in NRS 435.006, 435.565 and 435.570. The Administrator shall designate a person or persons to be responsible for establishment of regulations relating to denial of rights of persons with an intellectual disability and persons with related conditions. The person designated shall file the regulations with the Administrator. Consumers' rights specified in NRS 433.482, 433.484, 435.565 and 435.570 may be denied only for cause. Any denial of such rights must be entered in the consumer's treatment record, and notice of the denial must be forwarded to the Administrator's designee or designees as provided in subsection 2. Failure to report denial of rights by an employee may be grounds for dismissal. Upon receipt of notice of a denial of rights as provided in subsection 3, the Administrator's designee or designees shall cause a full report to be prepared which sets forth in detail the factual circumstances surrounding the denial. A copy of the report must be sent to the Administrator and the Commission on Behavioral Health. The Commission on Behavioral Health has such powers and duties with respect to reports of denial of rights as are enumerated for the Commission on Behavioral Health in subsection 3 of NRS 435.610. <p>(Added to NRS by 1975, 1624; A 1981, 895; 1985, 2273; 1999, 2602, 3236; 2011, 436; 2013, 677, 3035; 2015, 59)</p>	<p>N/A</p>	<p>N/A</p>
<p>Acceptance of Donations/Gifts</p>	<p>NRS 435-490 Acceptance by Administrator of donations, gifts and grants for disbursement to certain programs; contract for services for evaluation and recommendation of recipients for disbursements.</p> <ol style="list-style-type: none"> Upon approval of the Director of the Department, the Administrator may accept: <ol style="list-style-type: none"> Donations of money and gifts of real or personal property; and Grants of money from the Federal Government. <p>§ for use in public or private programs that provide services to persons in this State with intellectual disabilities and persons with related conditions.</p> <ol style="list-style-type: none"> The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with intellectual disabilities and persons with related conditions in a manner that supports the plan to coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316. In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with intellectual disabilities and persons with related conditions in consideration of the nature and value of the donation, gift or grant. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section. <p>(Added to NRS by 2013, 3015)</p>	<p>N/A</p>	<p>N/A</p>

<p>Fee Schedules</p>	<p>NRS 435.495 Schedule of fees for services rendered through programs supported by State; disposition of receipts; amount of fee for services of facility.</p> <p>1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the Commission on Behavioral Health and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 435.465 for fees collected pursuant to contract or agreement and in NRS 435.120 for fees collected for services to consumers with intellectual disabilities and related conditions.</p> <p>2. For a facility providing services for the treatment of persons with intellectual disabilities and persons with related conditions, the fee established must approximate the cost of providing the service, but if a consumer is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer is able to pay.</p> <p>(Added to NRS by 2013, 3019)</p>	<p>N/A</p>
<p>Consumer Rights</p>	<p>NRS 435.570 Rights concerning care, treatment and training. Each consumer admitted for evaluation, treatment or training to a facility has the following rights concerning care, treatment and training, a list of which must be prominently posted in all facilities providing those services and must be otherwise brought to the attention of the consumer by such additional means as prescribed by regulation:</p> <p>1. To medical, psychosocial and rehabilitative care, treatment and training including prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. All of that care, treatment and training must be consistent with standards of practice of the respective professions in the community and is subject to the following conditions:</p> <p>(a) Before instituting a plan of care, treatment or training or carrying out any necessary surgical procedure, express and informed consent must be obtained in writing from:</p> <ul style="list-style-type: none"> (1) The consumer if he or she is 18 years of age or over or legally emancipated and competent to give that consent, and from the consumer's legal guardian, if any; (2) The parent or guardian of a consumer under 18 years of age and not legally emancipated; or (3) The legal guardian of a consumer of any age who has been adjudicated mentally incompetent; <p>(b) An informed consent requires that the person whose consent is sought be adequately informed as to:</p> <ul style="list-style-type: none"> (1) The nature and consequences of the procedure; (2) The reasonable risks, benefits and purposes of the procedure; and (3) Alternative procedures available; <p>(c) The consent of a consumer as provided in paragraph (b) may be withdrawn by the consumer in writing at any time with or without cause;</p> <p>(d) Even in the absence of express and informed consent, a licensed and qualified physician may render emergency medical care or treatment to any consumer who has been injured in an accident or motor vehicle crash or who is suffering from an acute illness, disease or condition if, within a reasonable degree of medical certainty, delay in the initiation of emergency medical care or treatment would endanger the health of the consumer and if the treatment is immediately entered into the consumer's record of treatment, subject to the provisions of paragraph (e); and</p> <p>(e) If the proposed emergency medical care or treatment is deemed by the chief medical officer of the facility to be unusual, experimental or generally occurring infrequently in routine medical practice, the chief medical officer shall request consultation from other physicians or practitioners of healing arts who have knowledge of the proposed care or treatment.</p> <p>2. To be free from abuse, neglect and aversive intervention.</p> <p>3. To consent to the consumer's transfer from one facility to another, except that the Administrator of the Division or the Administrator's designee, or the</p>	<p>N/A</p>

	<p>NRS 435.610 Denial of rights prohibited; exceptions; report; investigation and action by Commission on Behavioral Health; closure of meeting in certain circumstances.</p> <ol style="list-style-type: none"> The rights of a consumer enumerated in this chapter must not be denied except to protect the consumer's health and safety or to protect the health and safety of others, or both. Any denial of those rights in any facility must be entered in the consumer's record of treatment, and notice of the denial must be forwarded to the administrative officer of the facility. Failure to report denial of rights by an employee may be grounds for dismissal. If the administrative officer of a facility receives notice of a denial of rights as provided in subsection 1, the officer shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. Except as otherwise provided in NRS 239.0115, such a report is confidential and must not be disclosed. A copy of the report must be sent to the Commission on Behavioral Health. <ol style="list-style-type: none"> The Commission on Behavioral Health: <ol style="list-style-type: none"> Shall receive reports of and may investigate apparent violations of the rights guaranteed by this chapter; May act to resolve disputes relating to apparent violations; May act on behalf of consumers to obtain remedies for any apparent violations; and Shall otherwise endeavor to safeguard the rights guaranteed by this chapter. Pursuant to NRS 241.030, the Commission on Behavioral Health may close any portion of a meeting in which it considers the character, alleged misconduct or professional competence of a person in relation to: <ol style="list-style-type: none"> The denial of the rights of a consumer; or The care and treatment of a consumer. <p>È The provisions of this subsection do not require a meeting of the Commission on Behavioral Health to be closed to the public. (Added to NRS by 2013, 3025)</p> 	<p>DCFS facilitates this process and all requests for the Commission on the Children's side.</p> <p>N/A</p>	<p>DPBH facilitates this process and all requests for the Commission on the Children's side.</p> <p>N/A</p>
Denial of Rights	Facility Transfers		
CHAPTER 217 - AID TO CERTAIN VICTIMS OF CRIME			
	<p>NRS 217.450 Procedure for award of grants; formula.</p> <ol style="list-style-type: none"> The Commission on Behavioral Health shall advise the Administrator of the Division concerning the award of grants from the Account for Aid for Victims of Domestic Violence. The Administrator of the Division shall give priority to those applications for grants from the Account for Aid for Victims of Domestic Violence submitted by organizations which offer the broadest range of services for the least cost within one or more counties. The Administrator shall not approve the use of money from a grant to acquire any buildings. The Administrator of the Division has the final authority to approve or deny an application for a grant. The Administrator shall notify each applicant in writing of the action taken on its application within 45 days after the deadline for filing the application. In determining the amount of money to be allocated for grants, the Administrator of the Division shall use the following formula: <ol style="list-style-type: none"> A basic allocation of \$7,000 must be made for each county whose population is less than 100,000. For counties whose population is 100,000 or more, the basic allocation is \$35,000. These allocations must be increased or decreased for each fiscal year ending after June 30, 1990, by the same percentage that the amount deposited in the account during the preceding fiscal year, pursuant to NRS 122.060, is greater or less than the sum of \$791,000. Any additional revenue available in the account must be allocated to grants, on a per capita basis, for all counties whose population is 20,000 or more. Money remaining in the account after disbursement of grants does not revert and may be awarded in a subsequent year. <p>(Added to NRS by 1981, 381; A 1983, 911; 1985, 2275; 1989, 892, 1911; 1993, 551; 1999, 109, 119; 2001, 56, 1960)</p>	<p>DPBH just started to report to the Commission on this information on the regular basis. Commission DCF has it on a standing agenda item.</p>	<p>DPBH just started to report to the Commission on this information on the regular basis. Commission DCF has it on a standing agenda item.</p>
Award of Grants			
CHAPTER 433B - ADDITIONAL PROVISIONS RELATING TO CHILDREN			

<p>NRS 433B.130 Administrator: Powers and duties.</p> <p>1. The Administrator shall:</p> <p>(a) Administer, in accordance with the policies established by the Commission, the programs of the Division for the mental health of children.</p> <p>(b) Establish appropriate policies to ensure that children in division facilities have timely access to clinically appropriate psychotropic medication that are consistent with the provisions of NRS 432B.197 and NRS 432B.4681 to 432B.469, inclusive, and the policies adopted pursuant thereto.</p> <p>2. The Administrator may:</p> <p>(a) Appoint the administrative personnel necessary to operate the programs of the Division for the mental health of children.</p> <p>(b) Delegate to the administrative officers the power to appoint medical, technical, clerical and operational staff necessary for the operation of any division facilities.</p> <p>3. If the Administrator finds that it is necessary or desirable that any employee reside at a facility operated by the Division or receive meals at such a facility, perquisites granted or charges for services rendered to that person are at the discretion of the Director of the Department.</p> <p>4. The Administrator may accept children referred to the Division for treatment pursuant to the provisions of NRS 458.290 to 458.350, inclusive.</p> <p>5. The Administrator may enter into agreements with the Administrator of the Division of Public and Behavioral Health of the Department or with the Administrator of the Aging and Disability Services Division of the Department for the care and treatment of consumers of the Division of Child and Family Services at any facility operated by the Division of Public and Behavioral Health or the Aging and Disability Services Division, as applicable.</p> <p>(Added to NRS by 1993, 2709; A 1999, 103; 2009, 271, 414; 2011, 432, 2677; 2013, 3015)</p>	<p>I don't know of any policies the Commission has created but all policies from DCFS are sent through the DPBH Administrator or is aware of all duties for approval.</p>
<p>433B.130 Policies</p> <p>NRS 433B.250 Schedule of fees for services rendered through programs supported by State; disposition of receipts; amount of fee for services of facility.</p> <p>1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the Commission and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 433B.220 for fees collected pursuant to contract or agreement.</p> <p>2. For a facility providing services for the treatment of children with mental illness, the fee established must approximate the cost of providing the service, but if a consumer, or the parent or legal guardian of the consumer, is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer, parent or legal guardian is able to pay.</p> <p>(Added to NRS by 1993, 2711; A 2011, 433)</p>	<p>I have no knowledge of these going through the Commission but I could be wrong.</p>
<p>433B.250 Fee Schedules</p> <p>NRS 433B.335 Long-term strategic plan for provision of services to children with emotional disturbance; Preparation by consortium; requirements; submission; consideration of priorities of and requests for allocations to consortium in agency's biennial budget request.</p> <p>1. Each mental health consortium established pursuant to NRS 433B.333 shall prepare and submit to the Director of the Department a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. A plan submitted pursuant to this section is valid for 10 years after the date of submission, and each consortium shall submit a new plan upon its expiration.</p> <p>2. In preparing the long-term strategic plan pursuant to subsection 1, each mental health consortium must be guided by the following principles:</p> <p>(a) The system of mental health services set forth in the plan should be centered on children with emotional disturbance and their families, with the needs and strengths of those children and their families dictating the types and mix of services provided.</p> <p>(b) The families of children with emotional disturbance, including, without limitation, foster parents, should be active participants in all aspects of planning, selecting and delivering mental health services at the local level.</p> <p>(c) The system of mental health services should be community-based and flexible, with accountability and the focus of the services at the local level.</p> <p>(d) The system of mental health services should provide timely access to a comprehensive array of cost-effective mental health services.</p> <p>(e) Children and their families who are in need of mental health services should be identified as early as possible through screening, assessment processes, treatment and systems of support.</p> <p>(f) Comprehensive mental health services should be made available in the least restrictive but clinically appropriate environment.</p> <p>(g) The family of a child with an emotional disturbance should be eligible to receive mental health services from the system.</p> <p>(h) Mental health services should be provided to children with emotional disturbance in a sensitive manner that is responsive to cultural and gender-based differences and the special needs of the children.</p> <p>3. The long-term strategic plan prepared pursuant to subsection 1 must include:</p> <p>(a) An assessment of the need for mental health services in the jurisdiction of the consortium;</p> <p>(b) The long-term strategies and goals of the consortium for providing mental health services to children with emotional disturbance within the jurisdiction of the consortium;</p> <p>(c) A description of the types of services to be offered to children with emotional disturbance within the jurisdiction of the consortium;</p> <p>(d) Criteria for eligibility for those services;</p> <p>(e) A description of the manner in which those services may be obtained by eligible children;</p> <p>(f) The manner in which the costs for those services will be allocated.</p>	<p>DCFS helps staff the Commission for the Children's side and also the three Regional DPBH staff is more than willing to come through the Commission we provide assistance with.</p>
<p>433B.335 Strategic Plan and Related Requirements</p>	<p>DCFS staff handles the Regional Consortia. DPBH staff is more than willing to help with any needs/assist the Commission with.</p>

Fees and Schedules	433B.250	<p>NRS 433B.250 Schedule of fees for services rendered through programs supported by State; disposition of receipts; amount of fee for services of facility.</p> <p>1. The Division shall establish a fee schedule for services rendered through any program supported by the State pursuant to the provisions of this chapter. The schedule must be submitted to the Commission and the Director of the Department for joint approval before enforcement. The fees collected by facilities operated by the Division pursuant to this schedule must be deposited in the State Treasury to the credit of the State General Fund, except as otherwise provided in NRS 433B.220 for fees collected pursuant to contract or agreement.</p> <p>2. For a facility providing services for the treatment of children with mental illness, the fee established must approximate the cost of providing the service, but if a consumer, or the parent or legal guardian of the consumer, is unable to pay in full the fee established pursuant to this section, the Division may collect any amount the consumer, parent or legal guardian is able to pay.</p> <p>(Added to NRS by 1993, 2711; A 2011, 433)</p>	I have no knowledge of these going through the Commission but I could be wrong.	DP&H is unaware of this
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